OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

Teleconference, Friday, December 4, 2020
11:00 a.m.

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991

OMBC Phone (916) 928-8390

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

TELECONFERENCE BOARD MEETING NOTICE AND AGENDA

Friday, December 4, 2020
11:00 a.m. to 1:00 p.m.
(or until the conclusion of business)

Osteopathic Medical Board
1300 National Drive, Suite 150
Sacramento, CA 95834

Call-in Line for Teleconferencing: +1-415-655-0003 (US Toll)

Participant Code: 146 588 3166

Meeting Link:
https://dca-meetings.webex.com/dca-meetings/j.php?MTID=mc81f2b82b6146fa8f94cbb5212d43139

NOTE: **Pursuant to the provisions of Governor Gavin Newsom's Executive Order N-29-20, dated March 17, 2020, neither Board member locations nor a public meeting location are provided. Public participation may be through teleconferencing as provided above. If you have trouble getting on the call to listen or participate, please call 916-928-8390.**

AGENDA

Discussion and possible action may be taken on any items listed on the agenda, and items may be taken out of order to facilitate the effective transaction of business.

OPEN SESSION

1. Call to Order and Roll Call / Establishment of a Quorum

2. Public Comment on Items Not on the Agenda
   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).)

3. Discussion and Possible Adoption of the Osteopathic Medical Board of California Administrative Manual – Mark Ito

4. Presentation by Osteopathic Physician and Surgeons of California (OPSC) – Nick Birtcil, Executive Director, OPSC and Joseph Zammuto, D.O.

5. Discussion and Possible Approval of 2020/2021 Oversight Report – Assembly Business and Professions Committee and Senate Business, Professions and Economic Development Committee – Mark Ito

6. Future Agenda Items

7. Future Meeting Dates

8. Adjournment

For further information about this meeting, please contact Machiko Chong at 916-928-7636 or in writing at 1300 National Drive, Suite 150, Sacramento, CA 95834. This notice and agenda, as well as any available Board meeting materials, can be accessed on the Board's website at www.ombc.ca.gov

Discussion and action may be taken on any item on the agenda. The time and order of agenda items are approximate and subject to change at the discretion of the Board President to facilitate the effective transaction of business.

In accordance with the Bagley-Keene Open Meeting Act, all meetings of the Board, including the teleconference sites, are open to the public. Government Code section 11125.7 provides the opportunity for the public to address each agenda item during discussion or consideration by the Board prior to the Board taking any action on said item. Members of the public will be provided appropriate opportunities to comment on any issue before the Board, but the Board President, at his or her discretion, may apportion available time among those who wish to speak. Individuals may appear before the Board to discuss items not on the agenda; however, the Board can neither discuss nor take official action on these items at the time of the same meeting. (Government Code sections 11125, 11125.7(a).)

Board meetings are held in barrier free facilities that are accessible to those with physical disabilities in accordance with the Americans with Disabilities Act (ADA). If you are a person with a disability requiring disability-related modifications or accommodations to participate in the meeting, including auxiliary aids or services, please contact Machiko Chong, ADA Liaison, at (916) 928-7636 or e-mail at Machiko.Chong@dca.ca.gov or send a written request to the Board's office at 1300 National Drive, Suite 150, Sacramento, CA 95834-1991. Providing your request at least five (5) business days before the meeting will help to ensure availability of the requested accommodation. Requests should be made as soon as possible, but at least five (5) working days prior to the scheduled meeting. You may also dial a voice TTY/TDD Communications Assistant at (800) 322-1700 or 7-1-1.

Tab 2

DCA

Osteopathic Medical Board of California

Administrative Manual

Osteopathic Medical Board of California 1300 National Drive, Suite 150, Sacramento CA 95834-1991

Osteopathic Medical Board of California Board Administrative Manual

Proposed December 4, 2020
Edmund G. Brown Jr., Governor
State of California

Members of the Board
Cheryl Williams, President
Cyrus Buhari, D.O., Secretary-Treasurer
Gor Adamyan, Public Member
Elizabeth Jensen-Blumberg, D.O.
Claudia Mercado, Public Member
Andrew Moreno, Public Member
Hemesh Patel, D.O.

Executive Director
Mark Ito

This procedure manual is a general reference including a review of some important laws, regulations, and basic board policies in order to guide the actions of the board members and ensure Board effectiveness and efficiency.

This Administrative Procedure Manual, regarding board policy, can be amended by a majority of affirmative votes of any current or future Board.

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CHAPTER 1. Introduction

Mission Statement

To protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons.

Brief History

I. **History and Function of the Osteopathic Medical Board of California (OMBC)**

Developed more than 130 years ago by Andrew Taylor Stills, M.D., D.O., Osteopathic Medicine brings a unique philosophy to traditional medicine. Osteopathic physicians (D.O.s) are fully licensed to prescribe medication and practice in all medical and surgical specialty areas including surgery, just as their M.D. counterparts. D.O.s are trained to consider the health of the whole person and use their hands in an integrated approach to help diagnose and treat their patient.

D.O.s are one of the fastest growing segments of health care professionals in the United States with California having the second largest practicing osteopathic population in the United States.

The Osteopathic Act, pursuant to Business and Professions (B&P) Code § 3600, et seq., the Medical Practice Act, Chapter 5, B & P §2000, et seq., and the California Code of Regulations (CCR) Title 16, Professional and Vocational Regulations, Division 16, §1600 et. seq., authorize the Osteopathic Medical Board of California to license qualified osteopathic physicians and surgeons to practice osteopathic medicine, and to effectuate the enforcement of laws and regulations governing their practice . The Osteopathic Medical Act requires the board to ensure that consumer protection is their highest priority in exercising its licensing, regulatory, and disciplinary functions.

The Osteopathic Medical Board of California (OMBC) is a fully functioning regulatory board within the Department of Consumer Affairs with the responsibility and sole authority to issue licenses to physicians and surgeons (hereafter Doctors of Osteopathic Medicine or D.O.s) to practice osteopathic medicine in California. The OMBC is also responsible for ensuring enforcement of legal and professional standards to protect California consumers from incompetent, negligent or unprofessional D.O.s. The OMBC regulates D.O.s only. Since the last oversight report, the number of licensees nearly doubled in number. At this time, there are 7,656 D.O.s holding California active status licenses. Of this number, 6,582 are practicing within the State. Additionally, there are 595 D.O.s who maintain inactive licenses. In addition to the active and inactive status licenses, there are 853 licenses in a delinquent status. Licenses remain delinquent for five years from the expiration date until the license becomes canceled.

Altogether, the total number of osteopathic physicians and surgeons licenses within the jurisdiction of the OMBC holding a current California license is 9,104.

D.O.s are similar to M.D.s in that both are considered to be "complete physicians," in other words, one who has taken the prescribed amount of premedical training, graduated from an undergraduate college (typical emphasis on science courses) and received four years of training in medical school. The physician has also received at least one additional year of postgraduate training (residency or rotating internship) in a hospital with an approved postgraduate training program.

After medical school, D.O.s may choose to practice in a specialty, such as family practice, internal medicine, surgery or obstetrics, which involves completing a residency program (typically two to six years of additional training). Licensing examinations are comparable in rigor and comprehensiveness to those given to M.D.s. Whether one becomes a D.O. or an M.D., the process of receiving complete medical training is essentially the same. The same laws govern the required training for D.O.s and M.D.s who are licensed in California.

D.O's utilize all scientifically accepted methods of diagnosis and treatment, including the use of drugs and surgery. D.O.s are licensed in all fifty states to perform surgery and prescribe medication. D.O.s practice in fully accredited and licensed hospitals and medical centers. B&P Code §2453 states that it "is the policy of this State that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons."

A D.O. may refer to himself/herself as a "Doctor" or "Dr." but in doing so, must clearly state that he/she is a D.O. or osteopathic physician and surgeon. He or she may not state or imply that he or she is an M.D. while being licensed in California as a D.O.

A key difference between the two professions is that D.O.s have an additional dimension in their training and practice, a component that is not taught in medical schools awarding M.D. degrees. Osteopathic medicine gives particular recognition to the musculoskeletal system (the muscles, bones and joints) which makes up over 60 percent of body mass. The osteopathic physician is trained to recognize that all body systems, including the musculoskeletal system, are interdependent, and a disturbance in one can cause altered functions in other systems of the body. The osteopathic physician is also trained in how this interrelationship of body systems is facilitated by the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning is intended to provide a broader base for the treatment of the patient as a unit. These concepts require a thorough understanding of anatomy and the development of special skills in diagnosing and treating structural problems through manipulative therapy. D.O.s use structural diagnosis and manipulative therapy along

with all of the other traditional forms of diagnosis and treatment to care effectively for patients and to relieve their distress.

To meet its responsibilities for regulation of the D.O. profession, the OMBC is authorized by law to:

1. Monitor licensees for continued competency by requiring approved continuing education.
2. Take appropriate disciplinary action whenever licensees fail to meet the standard of practice.
3. Determine that osteopathic medical schools and hospitals are in compliance with medical education curriculum and post-graduate training requirements.
4. Provide rehabilitation opportunities for licensees whose competency may be impaired due to abuse of alcohol or other drugs.

Additionally the OMBC is charged with enforcement of laws proscribing unlicensed osteopathic medical practice.

II. **History of D.O. Regulation and Legislation in California**

The OMBC's predecessor organization, the Board of Osteopathic Examiners of California (BOEC), was created by an Initiative Measure, "The Osteopathic Act", in November 1922. This Act authorized the BOEC to license osteopathic physicians and surgeons. This had previously been a responsibility of the Board of Medical Examiners. From 1907 to 1919, osteopathic physicians and surgeons were required to pass the same examination for licensure as practitioners of allopathic medicine. However, in 1919, the Board of Medical Examiners stopped allowing osteopathic trained physicians and surgeons to take the examination. As a result, the California Osteopathic Association sponsored the 1922 Initiative Measure in order to ensure the continued viability of the osteopathic medical profession in California.

The Osteopathic Act was amended by referendum in 1962 (Chapter 48, 1962 First Extraordinary Session). The purpose of this referendum measure was to facilitate an agreement in principle to effectively merge the D.O. and M.D. professions. The key provisions of this measure were:

1. Osteopathic physicians and surgeons could choose to be licensed as M.D.s, and if so, would then be under the jurisdiction of the Board of Medical Examiners instead of BOEC;
2. The Osteopathic Act was modified to rescind the authority of the BOEC to issue new licenses to osteopathic physicians and surgeons, but the BOEC would continue to have authority over existing D.O.s who chose not to become M.D.s; and
3. The State Legislature was given authorization to amend or modify the Osteopathic Act.

The provisions of the 1962 referendum which permitted the M.D. election, and which authorized legislative amendments to the Osteopathic Act, were upheld by the State courts in 1974 and 1975 (see, *Board of Osteopathic Examiners v. Board of Medical Examiners* (1975) 53 C.A.3d 78). However, the provisions that rescinded the licensing authority of the BOEC were successfully challenged by out-of-state osteopathic physicians, who were effectively barred by these provisions from being licensed to practice in California, unless they had already been so licensed prior to 1962. In 1974, the California Supreme Court reinstated the BOEC's licensing authority and the BOEC immediately resumed its function as the sole agency with authority to license D.O.s in California (see, *D'Amico v. Board of Medical Examiners* (1974) 11 C.3d 1, 24.).

The Osteopathic Act was further amended by legislation in 1969 and 1971, and new sections were added by legislation in 1982. The most significant changes caused by the legislative amendments were:

1. To change the name of the licensing body from the Board of Osteopathic Examiners to the Osteopathic Medical Board of California;
2. To limit board members to two full terms; and
3. To add two public members to the five member board.

Today, the statutory authority and mandate for the powers and duties of OMBC is provided in the Osteopathic Act (B&P Code § 3600-1 to 3600-5), which incorporates by reference the Medical Practice Act (B & P Code § 2000, et seq.). This statutory authority is further defined under the Medical Practice Act by Article 21, § 2450-2459.7 of the B&P Code: "Provisions Applicable to Osteopathic Physicians and Surgeons." OMBC's powers and duties include:

1. Accepting applications from D.O.s to be licensed to practice in California.
2. Adopting examinations that assess professional competency.
3. Determining the qualifications of, and issuing licenses to D.O. applicants; issuing fictitious name permits; and maintaining a database of all licensees and applicants for licensure.
4. Setting standards for and enforcing compliance with continuing medical education (CME) requirements.
5. Providing information to the public regarding licensed D.O.s.
6. Responding to requests for verification of the license status of D.O.s (e.g., as required for hospital privileges, licensure in another state, contracting with insurers, and patient inquiries.)
7. Enforcing the disciplinary, administrative, criminal and civil provisions of the Medical Practice Act with respect to D.O.s.
8. Providing rehabilitation opportunities for D.O. licensees whose competency may be impaired due to the abuse of alcohol or other drugs.
9. Approving medical schools and their curriculum, for purpose of giving resident professional instruction in osteopathic medicine.
10. Approving hospitals for postgraduate training in osteopathic medicine.

The OMBC's authority has not been materially expanded at any time since the original Osteopathic Act of 1922. Other than the action by the State Supreme Court, to nullify the attempt to rescind the OMBC's licensing authority, the only other significant legal decision relating to the powers and authority of the OMBC was rendered in 1997, by the Court of Appeal, in *Shacket v. Osteopathic Medical Board* 51 Cal. App. 4th 223,58 Cal. Rptr. 2nd 715 This decision established that no formal hearing by a health care licensing board is necessary prior to distribution of a report filed with the board pursuant to B&P § 805.5, concerning action taken by a peer review body against a doctor's membership or staff privileges. As such, this decision set an important precedent for all California health care licensing boards, not just the OMBC.

State of California Acronyms

ALJ Administrative Law Judge
AG Office of the Attorney General
APA Administrative Procedure Act
B & P Business and Professions Code
CCCP California Code of Civil Procedure
CCR California Code of Regulations
DAG Deputy Attorney General
DCA Department of Consumer Affairs
DOF Department of Finance
DOI Division of Investigation
DPA Department of Personnel Administration
OAH Office of Administrative Hearings
OAL Office of Administrative Law
SAM State Administrative Manual
SCIF State Compensation Insurance Fund
SCO State Controller's Office
SCSA State and Consumer Services Agency
SPB State Personnel Board

General Rules of Conduct

All board members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. The board serves at the pleasure of the Governor, and shall conduct their business in an open manner, so that the public that they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act (hereafter referred to as Open Meeting Act) and all other statutory code sections applicable to similar boards within the State of California.

- Board members shall comply with all provisions of the Open Meeting Act.
- Board members shall not speak or act for the board without proper authorization.
- Board members shall not privately or publicly lobby for or publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, when those are in direct opposition to an official position adopted by the board.
- Board members shall not discuss personnel or enforcement matters outside of their official capacity in properly noticed and agenized meetings or with members of the public or the profession.
- Board members shall never accept gifts from applicants, licensees, or members of the profession while serving on the board.
- Board members shall maintain the confidentiality of confidential documents and information related to board business.
- Board members shall commit the time and prepare for board responsibilities including the reviewing of board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the board members by staff, which is related to official board business.
- Board members shall recognize the equal role and responsibilities of all board members.
- Board members shall act fairly, be nonpartisan, impartial, and unbiased in their roles of protecting the public and enforcing the Osteopathic Act and the Medical Practice Act.
- Board members shall treat all consumers, applicants and licensees in a fair, professional, courteous and impartial manner.
- Board members' actions shall serve to uphold the principle that the board's primary mission is to protect the public.
- Board members shall not use their positions on the board for personal, familial, or financial gain. Any employment subsequent to employment as a board member shall be consistent with Executive Order 66-2.

CHAPTER 2. Board Members & Meeting Procedures

Membership

The board is comprised of nine members: five D.O.s and four public members. The Governor appoints all D.O.s and two public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. All members appointed by the Governor are subject to Senate confirmation. The members serve a four-year term and no member may serve more than two full consecutive terms, which does not include time a new member may spend filling an unexpired term of a previous member. Each of the five D.O. members of the board must have, for at least five years preceding appointment, been a citizen of the state and in active practice. Additionally, each D.O. must be a graduate of an osteopathic medical school and hold an unrevoked license to practice osteopathic medicine in the state of California. No D.O. residing or practicing outside of California may be appointed to, or sit as a member of, the board. The four public members of the board may not be licensees of any board which falls under B&P Code Division 2 (commencing with § 500—i.e. Healing Arts), which includes the Medical Practice Act, nor any initiative act referred to in that division.

Board Meetings

(B & P Code § 101.7)

The full board shall meet at least three times each calendar year. The board shall meet at least once each calendar year in northern California and at least once each calendar year in southern California in order to facilitate participation by the public and its licensees. If there is good cause, the director at his or her discretion may exempt any board from the meeting three times per year or meetings that require travel.

All meetings that are webcast must include reference to the fact that the meeting will be webcast. Additionally, pursuant to Government Code § 11125 the board is required to provide written notice of meetings; such notice may include mail and/or email.

The Board shall comply with the provisions of the Open Meeting Act. The board has three duties under the Open Meetings Act. First, give the required notice of meetings to be scheduled. Second, provide an opportunity for public comment. Third, conduct meeting in an open session except where a closed session is specifically authorized. All board and committee meetings, with the exception of closed sessions, are open to the public. Closed session meetings must follow the same meeting notice requirements as open meetings and are specifically for matters designated under law such as discussion of disciplinary cases, pending litigation, personnel matters or other legally authorized issues.

Quorum
(Osteopathic Act, B&P Code § 3600-1)

The quorum for the board is five members. A roll call at the beginning of each board meeting shall be called to determine whether quorum is established. A quorum must be present or in attendance to constitute an act and/or decision on behalf of the board. If a quorum of the board is not in attendance, members in attendance may discuss a topic and suggest an action, but it is considered advisory and must be considered by the board at a time when there is quorum established.

Committee meetings require a majority of committee membership for quorum. For example, if a committee has three members, two constitute a quorum.

Public Comment
(Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, the board President may impose a time per person. Due to the need for the board to maintain fairness and neutrality when performing its adjudicative function, the board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

Meeting Notice Requirements
(Government Code § 11120 et. seq.)

The board must give at least ten (10) calendar day's written notice of each board and committee meeting. This notice shall be sent to interested parties by mail and/or email and posted on the board's website. The meeting notice includes the location(s) where the meeting will be held and the meeting agenda. The agenda must include all items of business to be transacted or discussed at the meeting. A brief description may not be generalized (e.g. miscellaneous topics or old business) and must provide sufficient information so that the public is aware of the item to be discussed. The notice must include the name, address, and telephone number of any person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. Additionally, the notice must contain information that would enable a person with a disability to know how, to whom, and by when a request may be made for any disability-related accommodation.

Teleconference Meetings
(Government Code § 11123)

Meetings held via teleconference are also subject to the same notice requirements under the Open Meetings Act. The meeting notice must be published at least ten (10) days in advance and must include the physical location of each board member attending the meeting remotely. Each

board member must be present at the physical location he or she provided for the meeting notice. The public is permitted to attend the meeting at any of the locations listed on the meeting notice during an open session of the meeting. Members are no longer able to attend meetings via teleconference from their homes, offices or other convenient location unless those locations are identified in the meeting notice and agenda and the public is permitted to attend at those locations. The public is not permitted to attend any part of the meeting that is designated as "closed session."

Agenda Topics
(Board Policy)

Any board member may suggest items for a board meeting agenda to the board President and Executive Director. The Executive Director sets the agenda at the direction and approval of the board President.

Record of Meetings (Minutes)

The minutes are a summary, not a transcript, of each board meeting. The minutes shall be prepared by board staff and submitted for review by board members. Board minutes must be approved or disapproved at a future scheduled meeting of the board. When approved, the minutes shall serve as the official record of the meeting. All meeting minutes shall reflect board member attendance and when a member has been excused or is absent. All staff in attendance including legal counsel shall also be included. Each roll call vote shall list the position of each voting member in addition to the final vote count and whether the motion passed or failed.

What Constitutes a Meeting
(Government Code § 11122.5)

The intention of the Open Meetings Act is to prevent otherwise public business being discussed by public board members in private and not in a meeting that the public has been properly provided notice and invited to attend. As result, there are restrictions on communication between multiple board members. These restrictions begin to be applied to communications between two or more board members.

The Open Meeting Act defines a meeting as two or more members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains. In this definition, the term state body refers to the board. Meetings of three or more board members constitute a meeting that requires ten day prior public notice. Meetings of two members do not require public meeting notice compliance.

The meeting restriction also applies to emails between board members, telephone conversations between board members, and dining conversations if there are two or more members involved in the communication.

If the board members engage in any communication regarding board business with more than one member, this communication would be a violation of the Open Meeting Act. The violating member may be guilty of a misdemeanor (Government Code § 11130.7).

There are exemptions to the meeting definition. When in doubt, contact the Executive Director or the board's legal counsel.

Chapter 3: Selection of Officers & Committees

Officers of the Board

The board shall elect at the first meeting of each year a President, Vice President and Secretary.

Election of Officers

Elections of the officers shall occur annually at the first meeting of each year.

Officer Vacancies

If an office becomes vacant during the year, the President may appoint a member to fill the vacancy for the remainder of the term until the next annual election. If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Committees & Committee Appointments

The President shall establish and abolish committees as he or she deems necessary at any time. The composition of the committees and the appointment of the members shall be determined by the board President. The President can change the composition including the chair at any time. The number of members on each committee can range from two to five members.

Committee with three or more members will be subject to following the Open Meetings Act.

Committee Meetings

Each committee will be comprised of at least two board members. The board President designates one member of each committee as the committee's chairperson. The chairperson coordinates the committee's work, ensures progress toward the board's priorities, and presents reports as necessary at each meeting. During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. These meetings shall also be run in accordance with the Open Meeting Act.

Board Member Attendance at Board Meetings
(Board Policy)

Board members shall attend each meeting of the board and his or her assigned committee meetings. If a member is unable to attend, he or she must contact the board President or the Executive Director and ask to be excused from the meeting for a specific reason.

Public Attendance at Board Meetings
(Government Code § 11120 et. seq.)

Meetings are subject to all provisions of the Open Meeting Act. This Act governs meetings of the state regulatory boards and meetings of committees of those boards where committee consists of more than two members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters, which are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

CHAPTER 4: Other Policies and Procedures

Ex Parte Communications
(Government Code § 11430.10 et. seq.)

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of § 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication." board members are prohibited from an ex parte communication with board enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact board members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Director. If a board member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter and inform the Executive Director and the board's legal counsel.

If the person insists on discussing the case, the board member may be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee. If a board member believes that he or she has received an unlawful ex parte communication, he or she should contact the Executive Director and the board's legal counsel.

Rules for Contact with the Public, a Licensee, an Applicant, or Media

Occasionally, in your role as a board member you may be contacted by a licensee, colleague, applicant, member of the public, or the media regarding an issue or concern that pertains to board business or proceedings. Any one of these contacts may compromise your position related to future decisions about policy, disciplinary actions, or other Board business.

In order to avoid compromising your role as a board member, please refrain from assisting the individual with his/her issue. Instead, offer to refer the matter to the Executive Director or give

the individual the contact information for the Executive Director. Refrain from engaging in discussion with the individual and make every effort to end the conversation quickly and politely. Report all such contacts to the Executive Director as soon as possible.

Board members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all contacts or inquiries to the Executive Director.

Board members should not directly participate in complaint handling and resolution or investigations. To do so would subject the board member to disqualification in any future disciplinary action against the licensee. If a board member is contacted by a respondent or his/her attorney, the board member should refer the individual to the Executive Director.

Honoraria Prohibition
(Government Code § 89503 and Fair Political Practices Commission (FPPC) Regulations, Title 2, Division 6)

As a general rule, members of the board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state board is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a board member should decline all offers for honoraria for speaking or appearing before such entities. There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances:

(1) When an honorarium is returned to the donor (unused) within thirty days;

(2) When an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and

(3) When an honorarium is not delivered to the board member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization. In light of this prohibition, members should report all offers of honoraria to the board President so that he or she, in consultation with the Executive Director and legal counsel, may determine whether the potential for conflict of interest exists.

Conflict of Interest
(Government Code § 87100)

No board member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to

know he or she has financial interest. Any board member, who has a financial interest that may be affected by a governmental decision, shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any board member who feels he or she is entering into a situation where there is potential for a conflict of interest should immediately consult the Executive Director or the board's legal counsel.

Serving as an Expert Witness
(Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee, which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.
2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.
3. Using confidential information acquired by virtue of State involvement for the appointees private gain or advantage, or the private gain or advantage of another.
4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants

A gift of any kind to board members from licensees, applicants for licensure, continuing education providers or approved schools is not permitted. Gifts must be returned immediately.

Immunity from Liability

There are a number of provisions in state law relating to the liability of public agencies and employees. Government Code § 818.4 states "A public entity is not liable for an injury caused by the issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order or similar authorization where the public entity or an employee of the public entity is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Government Code § 821.2 states, "A public employee is not liable for an injury caused by his issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where he is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Specific questions related to defense, payment of a judgment, settlement, and indemnification should be discussed with the board's legal counsel.

Resignation of Board Members
(Government Code § 1750)

In the event that it becomes necessary for a board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the director of Department of Consumer Affairs (DCA), the board President, and the Executive Director.

Board Member Addresses
(DCA Policy)

Board member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority of the individual board Member. A roster of board members is maintained for public distribution on the board's web site using the board's address and telephone number.

CHAPTER 5. Board Administration & Staff

Executive Director

The board may appoint an Executive Director. The Executive Director is responsible for the financial operations and integrity of the board, and is the official custodian of records. The Executive Director is an at will employee, who serves at the pleasure of the board, and may be terminated, with or without cause, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Board Administration

Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Director as an instrument of the board.

Executive Director Evaluation

On an annual basis, the Executive Director is evaluated by the board President. Board members provide information to the President on the Executive Director's performance in advance of the evaluation. Once compiled the board President meets privately with the Executive Director to provide the Board's evaluation.

Board Staff

Employees of the board, with the exception of the Executive Director, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, the board delegates this authority and responsibility for management of the civil service staff to the Executive Director as an instrument of the board. Board members may express any staff concerns to the Executive Director but shall refrain from involvement in any civil service matters. Board members shall not become involved in the personnel issues of any state employee.

Board Budget

The Executive Director or the Executive Director's designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Communications with External Organizations & Individuals

All communications relating to any board action or policy to any individual or organization shall be made only by the President of the board, his or her designee, or the Executive Director.

Any board member who is contacted by any of the above should inform the board President or Executive Director of the contact immediately. All correspondence shall be issued on the board's standard letterhead and will be disseminated by the Executive Director's office.

Business Cards

Business cards will be provided to each board member with the board's name, address, telephone and fax number, and website address.

Service of Legal Documents

If a board member is personally served as a party in any legal proceeding related to his or her capacity as board member, he or she must contact the Executive Director immediately.

Board Member Orientation

The board member orientation session shall be given to new board members within one year of assuming office. (B&P Code § 453.)

Ethics Training

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Training

(Government Code § 12950.1)
Board members are required to undergo sexual harassment training and education once every two years.

CHAPTER 6. Board Member Role in Disciplinary Process

Overview

Discipline is one of the principal responsibilities of the board in regulating the Osteopathic Medical profession. In matters involving discipline, the board, Executive Director, and staff have very distinct roles that must be adhered to in order to preserve the disciplinary process. The board's role is that of "decisionmaker", ultimately authorized to deny licensure or order discipline of a license. The board reviews two types of disciplinary actions: 1) Proposed stipulated settlements; 2) Proposed decisions ordered by the Administrative Law Judge (ALJ) after a formal hearing of the facts in the case. In both situations, the final order and action must come from the board through a vote by the board. This vote can occur at a board meeting or via email.

In disciplinary actions it is the role of the board staff to manage the gathering of facts, to conduct investigations, consult with a medical expert who determines whether there has been a departure from the Standard of Care, and send out ballots to the board. If board members have questions, those questions should be directed to the board's legal counsel. The Executive Director serves the role of the Complainant in the disciplinary process. The Complainant is the individual who has the authority to file charges against the licensee or applicant. In this role, the Executive Director must not have contact with the board in order to ensure the board's neutrality that will then make the final decision in the case. The Office of the Attorney General is responsible for prosecuting actions on behalf of the Complainant. Additionally, for disciplinary matters only, the Office of the Attorney General serves as the legal advisor to the Executive Director (i.e., complainant) and the board's legal counsel serves as legal counsel for the board. In all other non-disciplinary matters, the board's legal counsel advises both the board and the Executive Director.

The board is subject to meeting pre-defined enforcement performance measures and is held accountable for the time it takes to manage its disciplinary cases. One way to expedite the disciplinary timeframe is that proposed decisions and settlements are sent by staff continuously to the board via email for their consideration and vote. This email ballot process streamlines the disciplinary process and reduces unnecessary delays that would otherwise occur if all decisions were made at scheduled Board meetings. However, if board members feel they need to discuss a particular proposed decision or settlement, there is an option to mark on the ballot hold for discussion at a future board meeting.

Email /Mail Vote Process
(Government Code § 11500 et. Seq.+6,)

The board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect. Proposed stipulations and decisions are emailed to each board member for his or her vote.

Proposed ALJ decisions (based on hearing) and proposed stipulated settlements) negotiated settlements) are sent to the board via email for their consideration and vote. Email ballot packet materials are confidential and include the following documents:

1) Proposed ALJ decisions: the ALJ order, accusation or statement of issues;
2) Proposed stipulated settlements (including Stipulated Surrender of License): settlement, accusation, accusation and petition to revoke probation or statement of issues, Deputy Attorney General's (DAG) memo.

Deliberation and decision-making should be done independently and confidentially by each board member. Board members shall only use the information provided to make their determination. For cases decided via email ballot, voting members may not communicate with each other and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the complainant (Executive Director), the ALJ or anyone associated with the case. Additionally, board members should not discuss pending cases with board staff, except as to questions about procedure, which if the nature of the questions are legal, such questions will be referred to the board's legal counsel.

Completed email ballots shall be returned by the due date listed on the ballot. Delays by board members in returning votes, delays final discipline. Board members should retain their email ballot materials including the completed email ballot itself in case there is further action on the case. Final orders of the board do not become effective immediately, the final decision must be served and the board could receive a request for reconsideration which would delay the disciplinary action timeline and the order from becoming final. Once the decision is final, the email ballot packet materials that board members receive must be confidentially destroyed.

Email/Mail Ballot Voting Options

Each email ballot will have the following voting options:

- **Adopt/Grant**: a vote to adopt the proposed action means that you agree with the action as written and accept the action.

- **Reject (Non Adopt)**: A vote to not adopt the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the board's decision. This category should be used (or deleted) or that the penalty should be modified in some other way.

In addition, board members are instructed on the ballot to choose this option if they have questions or concerns about the proposed decision. They are asked to record their question or concerns to facilitate the discussion**.** However, a majority vote to adopt will prevail over a minority vote to not adopt.

- **Recuse self from the case because: (conflict of interest or involvement in case)**

Legal Procedure by Type of Decision

Stipulations—Proposed Settlements

- **Adopt.** If the decision of the board is to adopt the terms proposed in the stipulation that decision becomes effective with 30 days if reconsideration is not requested. Respondent is notified of the decision.
- **Reject**. If the board decides to not adopt the stipulation, the respondent is notified and the matter resumes the process for formal administrative hearing before an ALJ. A new settlement may be submitted to the board at a later date. If the case goes to hearing, the board will consider the ALJ proposed decision.

Proposed ALJ Decisions Following a Formal Hearing

- **Adopt.** If the board members decide to adopt the proposed decision, the proposed decision become effective within 30 days and the respondent is notified of the decision.
- **Reject.** If the board members do not agree with any aspect of the ALJ's proposed decision, they have the option to "non-adopt" the proposed decision. In this case, the respondent is notified. The next step is that board staff will order the administrative hearing transcripts and request written arguments from the respondent. Board members will review the transcripts, evidence, and written arguments and meet in a closed session board meeting with the board's legal counsel who will facilitate the closed session and write the board's decision. The board uses its disciplinary guidelines and applicable law when making such decisions. The board's decision is then adopted by the board and issued as a final order of the board. The respondent is notified of the decision.

Explanation of Terminology

Proposed decision:

Following a hearing, the Administrative Law Judge (ALJ) drafts a proposed decision recommending an outcome based on the facts and the board's disciplinary decision. At its discretion, the board may impose a lesser penalty than that in the proposed decision. If the

board desires to increase a proposed penalty, however, it must vote to reject or non-adopt the proposed decision, read the transcript of the hearing and review all exhibits prior to acting on the case.

Default Decision:

If an accusation mailed to the last known address is returned by the post office as unclaimed, or if a respondent fails to file a Notice of Defense or fails to appear at the hearing, the respondent is considered in default. The penalty in a case resolved by default is generally revocation of the license. A default decision can be set aside and the case set for hearing if the respondent petitions for reconsideration before the effective date of the decision **and** the board grants the petition.

Stipulated Decision

At any time during the disciplinary process, the parties to the matter (Executive Director and the respondent) can agree to a disposition of the case. With the Executive Director's consent, the Deputy Attorney General will negotiate a stipulated decision (sometimes referred to as a stipulated agreement) based on the board's disciplinary guidelines.

Adopt

A vote to adopt the proposed action means that you accept the action as proposed.

Reject (Non-Adopt)

A vote to reject (non-adopt) the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the board's decision. This category should be used if you believe additional or different terms or conditions of probation should be added (or deleted) or that the penalty should be modified in some other way.

If a proposed decision is rejected, the transcript will be ordered and the case scheduled for argument according to board policy. After reviewing the record and discussion, the board can adopt the decision as originally written or modify it as it deems appropriate, except that any cost recovery order may not be increased. If a stipulated decision is rejected, the case will be set for hearing. If a default decision is rejected, the case will be set for hearing.

Recuse: Board Member Disqualification from Deciding Case

With some limited exception, a board member cannot decide a case if that board member investigated, prosecuted or advocated in the case or is subject to the authority of someone who investigated, prosecuted or advocated in the case. Examples of such a conflict is if a person is a family member, close personal friend, or business partner. A board member may be

disqualified for bias, prejudice or interest in the case. When in doubt, board members should contact the board's legal counsel for guidance.

Ex Parte Communications Involving Disciplinary Actions

Ex Parte is Latin for "by or for one party; by one side." In practice, it is a limitation on the types of information and communication that board members may receive or make when considering a case. While a case is pending, there are only limited types of communication with board members that are allowed. The rationale for this limitation is to avoid any communication that would unfairly influence the outcome of the legal proceeding. Communication with staff on the merits of the case, communication with those who investigated the case or communication with the ALJ could all bias the outcome and be unfairly one sided with respect to the respondent. So, the easiest way to avoid ex parte communication is to refrain from communicating to anyone except the board's legal counsel about a case.

CHAPTER 7. Travel and Salary Policies & Procedures

Travel Reimbursement

Board members will be reimbursed for their travel related to all board and Committee meetings. Reimbursements will be in accordance with current travel reimbursement policies. Please refer to the board's policies and DCA Travel Guide for specific travel guidelines and reimbursement policies. . Board members must submit their travel receipts, mileage information (*if applicable*), and start and end time for each trip to the board liaison, who will then process each reimbursement through the State's reimbursement system CalATERS Global.

Travel Approval
(State Administrative Manual (SAM) § 700 et. seq.)

Travel related to board and committee meetings do not require travel approval. All other travel related to board business must be approved by DCA prior to the event. For any travel out of state representing the State of California, prior approval from the Governor's Office is required and must be submitted for endorsement at least 2 months prior to the intended date of departure. Please contact the Executive Director for further information.

Travel Arrangements
(Board Policy)

Generally, government travel is restricted to either a designated carrier or the lowest priced carrier. Similarly, lodging is restricted to hotels that offer a state rate that is under the reimbursement maximum that vary by city. Board members will only be reimbursed up to the maximum, unless they have received prior authorization for excess lodging, which must be secured prior to travel. To facilitate travel arrangements, board members should provide the board liaison with credit card information that can be used to secure lodging reservations that require a personal credit card. The board has no means to secure lodging reservations for board members without your credit card. The board liaison makes board travel arrangements for lodging and flights, so coordinate directly with the board liaison.

Exceptions to Travel Reimbursement Policies

Lodging

State guidelines generally prohibit reimbursement for hotel expenses within 50 miles of an individual's home address or an extra night stay following the conclusion of the board activity. However, an exception to this guideline may be obtained if the circumstances necessitate an overnight stay. Please contact the board liaison for further details.

Airport Parking

State guidelines strongly encourage the use of the least expensive parking available (i.e. economy lot). However, if the board determines that additional parking costs above the lowest-cost option are in the best interests of the State, a justification explaining the necessity for additional cost must be submitted with the travel claim.

Travel Claims
(SAM § 700 et seq.)

Rules governing reimbursement of travel expenses for board members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The board liaison maintains these forms and completes them as needed.

The Executive Director's travel and per diem reimbursement claims shall be submitted to the board President for approval. It is advisable for board members to submit their travel expense forms immediately after returning from a trip and not later than thirty days following the trip and not later than the 15th of the month following the trip. Receipts are required and must be submitted with each travel reimbursement: hotel zero balance receipt, parking, transportation service (taxi, shuttle, etc.), bridge tolls, flight itineraries, gas receipts. Pre-paid gas receipts will not be accepted and must include detailed information (number of gallons, price per gallon, etc.). Meal reimbursement is limited to designated maximums per meal and depends on the time of day. While meal receipts are not required for reimbursement, it is advised to keep receipts in case your claims are audited in the future.

Salary Per Diem
(B & P Code § 103)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for board members is regulated by the B&P Code § 103. Each member of the board shall receive a per diem in the amount provided in § 103 of the B&P Code. Board members fill non-salaried positions, but are paid $100 per day for each meeting day and are reimbursed travel expenses. In relevant part, B&P Code § 103 provides for the payment of salary per diem for board members "for each day actually spent in the discharge of official duties," and provides that the board member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Salary Per Diem
(Board Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. No salary per diem or reimbursement for travel-related expenses shall be paid to board members except for attendance at official board or committee meetings, unless a substantial official service is performed by the board member.
Attendance at gatherings, events, hearings, conferences or meetings other than official board or committee meetings in which a substantial official service is performed the Executive Director shall be notified and approval shall be obtained from the board President prior to board member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a board or committee meeting until that meeting is adjourned. If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.

3. For board-specified work, board members will be compensated for time actually spent in performing work authorized by the board President. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for board or committee meetings and reading and deliberating mail ballots for disciplinary actions.

4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members duties with the board.

5. Board members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official board representative unless approved in writing by the President. Requests must be submitted in writing to the President for approval and a copy provided to the Executive Director. However, board members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the board.

Tab 3

ENGAGE • EDUCATE • ADVOCATE

Continuing Medical Education Requirements for Doctors of Osteopathic Medicine in California

History:
Osteopathic Physicians (DOs) are fully licensed physicians who practice in all specialties around the United States. The principles of the profession were created by Andrew Taylor Still, MD, an ex-Civil War Army surgeon. Dr. Still and his colleagues maintained that the human body was like a machine capable of assisting with the overall healing process in conjunction with medications and surgical intervention. After practicing as an osteopathic physician for over 20 years, Dr. Still opened the first osteopathic medical school in Kirksville, Missouri. Today, there are 37 accredited osteopathic medical schools across the United States, three of which are located in California.

In 1907, the first comprehensive California Medical Practice Act was passed, placing DOs and MDs under one licensing board. However, in 1919, the Board refused to examine any additional DOs. In response, the American Osteopathic Association (AOA) ran an initiative titled "the Osteopathic Initiative Act" to establish a separate licensing board for Doctors of Osteopathic Medicine. In 1922, California voters passed that initiative, creating the Osteopathic Medical Board of California (OMBC).

The original Osteopathic Initiative Act did not prescribe CME requirements for DOs. However, in 1994, the California State Legislature added a CME requirement to Business & Professions Code 2454.5. Since that initial legislation, there have been no substantial changes to CME requirements for osteopathic physicians in California. That requirement for licensure is set at 100 total hours, with 40 of those hours being "AOA Category 1" credit and must be completed every two years. Category 1 credit is the highest credit quality as defined by the AOA. Generally speaking, these credits are obtained by attending a CME conference in-person.

Issue:
Early in the history of osteopathic medicine, DOs were considered second class professionals by their MD colleagues. In fact, MDs and DOs were not permitted to practice in the same facility. Now, DOs are licensed and recognized as the same as MDs in terms of practice rights and privilege. And, the medical residency systems that train graduated medical students have merged, creating one standardized system that trains physicians nationwide.

Due to the recognized parity of DOs with their MD colleagues nationwide, we feel the current difference between CME licensure requirements for MDs under the Medical Board of California (MBC) and DOs under the OMBC does not line up with the parity of skill between the two types of medical degrees. Additionally, California's CME requirements for osteopathic licensure are generally double that of other similar states. This creates confusion for those considering practicing medicine in California.

Finally, most physicians maintain board certification in one medical specialty with many carrying one or more certifications in subspecialties. These certifications carry with them stand alone CME and testing requirements to measure and ensure competence in the specialties. It would be inappropriate to replace general CME licensure requirements with these specialty specific requirements, for the purpose of state licensure

The current 100-hour CME requirement for licensure in addition to any specialty and subspecialty requirements represents an additional barrier for DOs that their MD colleagues do not experience and creates a disincentive for out of state residents and physicians to practice in California.

Proposal:
The Osteopathic Physicians & Surgeons of California (OPSC) is the only professional membership organization specifically dedicated to representing osteopathic physicians in California.

OPSC convened a task force, led by Michael Luszczak, DO, to study current CME licensure requirements in California. **After reviewing national data, as well as the most up to date information regarding the efficacy of CME, we feel an adjustment to current CME requirements for licensure in California is warranted.**

OPSC recommends CME requirements in California be adjusted to:

50 hours of continuing medical education every two years, with 20 of those hours being AOA Category 1 credit.

Rationale:
CME continues to be an effective tool to ensure physicians maintain up-to-date understanding of the latest medical information and procedures. However, CME requirements that are substantially different than those required of others creates confusion in the marketplace and could disincentivize physicians from practicing in California. Establishing new CME requirements of 50 total hours, with 20 of those hours being AOA Category 1 will provide needed regulatory relief to DOs while eliminating marketplace confusion.

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Osteopathic CME FAQ

Main Questions:

- Q What is the difference between a DO and MD?
  - A Osteopathic physicians (DOs) are fully licensed physicians who practice in all medical specialties alongside their allopathic (MD) colleagues. Functionally speaking, there is no distinction between a DO and an MD regarding practice rights and privileges. DOs train at osteopathic medical schools (there are three in the State of California) while MDs train at allopathic medical schools. Both DOs and MDs train in the same residency programs and receive a plenary license to practice upon completion of medical school and residency. DOs receive an additional 200 hours (compared to MDs) of training, specifically in the use of their hands to diagnose and treat patients where and when appropriate.

- Q Why does CA have a separate board for each profession?
  - A In 1922, California voters passed the Osteopathic Initiative Act, recognizing the osteopathic medical profession and establishing the Osteopathic Medical Board of California (OMBC) as the licensing board for osteopathic physicians in California.

- Q Does the Legislature have the authority to change CME requirements?
  - A Continuing Medical Education (CME) requirements can be found in Business & Professions Code 2454.5. The first reference to CME in B&P Code 2454.5 was in 1994. Recently, the OMBC requested the legislature make a minor change to CME licensure requirements, amending the CME cycle to three years. Since there was no CME requirement in the original Osteopathic Initiative Act, the legislature has the authority to amend the requirements.

- Q What are current CME requirements for DOs in California? Do other states have different requirements?
  - A Currently, DOs must complete 100 total hours of CME, 40 of which must be "AOA Category 1" hours every two years to coincide with the California licensure renewal cycle.

    Reference: https://www.ombc.ca.gov/licensees/cme.shtml

Nationwide, CME requirements for licensure vary. Below is a breakdown of CME requirements for similar sized states:

Florida: 40 total hours every two years with 20 of those hours required to be "AOA Category 1."
Pennsylvania: 100 total hours every two years with 12 of those hours being "AOA Category 1."
Illinois: 150 total hours every three years with 60 of those hours being "AOA Category 1."
Texas: 48 total hours every two years with 24 of those hours being "AOA Category 1."
New York: None.

Reference: American Osteopathic Association "US Osteopathic Licensure Study May 2020"

Q What are current CME requirements for MDs in California?

A According to the Medical Board of California (MBC), MDs must complete 50 total hours of CME every two years.

Courses approved by the Licensing Program include:

- Programs accredited by the California Medical Association (CMA), the American Medical Association (AMA), and the Accreditation Council for Continuing Medical Education (ACCME) that qualify for *AMA PRA Category 1 Credit(s)™*;
- Programs which qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and
- Other programs offered by other organizations and institutions acceptable to the Division.

Reference: https://www.mbc.ca.gov/Licensees/Continuing_Education/

Q What are typical things that satisfy CME hours? Who determines what qualifies as CME?

A The typical activities that satisfy CME range from in-person medical education conferences to simple tasks such as reading a scholarly article or teaching a course. However, most physicians obtain CME at in-person conferences.

Q Why is it that DOs have some in-person requirements?

A California currently requires 40 of the required CME hours be "AOA Category 1." Traditionally, category 1 hours are obtained by attending live CME conferences. While OPSC believes the current requirement be reduced, we do not see value in eliminating a requirement to obtain category 1 credit.

Q Why is OPSC recommending CME hours be cut in half?

A The current CME requirements for licensure renewal in California were set in 1994. Since that time, we have seen a dramatic shift in requirements to obtain or maintain board certification. The majority of physicians are Board certified in at least a specialty, with many also holding subspecialty certification.

At the same time, licensure renewal requirements for MDs has been reduced to its current level of 50 hours. Since DOs and MDs are both fully licensed and practice in the same facilities, we see value in ensuring parity in requirements between the two professions. A requirement of 50 total hours every two years with 20 of those hours being "AOA Category 1" credit achieves our goal of modernizing CME requirements without losing focus on the distinctiveness of osteopathic medicine.

When crafting our proposal, OPSC studied various requirements across the United States. Our proposal puts California requirements in line with the national average or large states.

Q Do specialists have additional CME requirements?

A Medical specialties all carry their own unique CME requirements to obtain and maintain Board Certification. CME requirements for licensure are a completely separate set of requirements.

Reference Materials

Refer to: Crum JF: The saga of osteopathy in California. West J Med 122:87-90, Jan 1975

Special Article

The Saga of Osteopathy in California

JEAN F. CRUM, MD, *Downey, California*

ON MARCH 19, 1974 (in the case of D'Amico, et al versus the Board of Medical Examiners, et al) the California Supreme Court removed restrictions enacted in 1962 against the licensing of new osteopathic physicians and surgeons in California. The court ruled, in effect, to reestablish the licensing of DO's in California under the jurisdiction of the long-dormant State Board of Osteopathic Examiners. By its ruling, the state Supreme Court opened yet another chapter in the continuing saga of osteopathy's relationship to medicine in the delivery of health care to Californians.

The story begins with Andrew Taylor Still, MD, an ex-Civil War Army surgeon and itinerant physician who, in 1874, first propounded the principles of osteopathic medicine.[1] Still likened the human body to a machine and theorized that all disease was caused by structural deviations in the vertebrae. He and his early followers maintained that these dislocations of the vertebrae adversely affected the nervous system which, in turn, acted to impair the necessary circulation of the blood and other body fluids.

Early osteopathic treatment therefore consisted chiefly of the manipulations of the spine. According to these founding fathers of osteopathy, surgical operation was sometimes a necessary treatment but drugs and vaccines, herbs and simples, not only did no good, they often induced illness. Given some of the bogus medications often in use at that time, there was some justification for the early osteopaths' suspicion of chemotherapy.

Dr. Still practiced as an itinerant physician for more than 20 years before deciding to open a school which would train young men and women to become osteopathic physicians. The first school chartered to offer instruction in osteopathic medicine was opened in Kirksville, Missouri. Its first faculty consisted of Andrew Still himself, and one or two of his followers. By 1910, there were twelve osteopathic schools throughout the country, of which three were in California. Only one California osteopathic school was to survive, the Los Angeles School of Osteopathy—later called the College of Osteopathic Physicians and Surgeons. It enrolled its first students in 1901 and subsequently matured to the point where it won recognition as perhaps the best of the American osteopathic schools.

The Osteopathic Association of the State of California was incorporated under the laws of California on December 29, 1900. In 1917, the name was changed to the California Osteopathic Association (COA). COA's chief objectives were to establish at California's osteopathic schools educational standards and an educational curriculum which would be considered comparable to that offered at accredited medical schools.

Even as far back as 1901, California osteopaths fought for the same unlimited practice privileges as then enjoyed by the medical profession. The California legislature yielded to these demands partially by passing a law which permitted osteopaths to be awarded an "Osteopathic Physician's Certificate" administered by a licensing board composed of members of the osteopathic profession. This was a limited license, however, and osteopaths were not permitted to prescribe drugs or perform major surgical operations.

In 1907, the first comprehensive California Medical Practice Act was passed. The Act repealed the previous medical and osteopathic act, and provided for a composite medical board to

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Reprint requests to: Committee on Osteopathy, California Medical Association, 731 Market Street, San Francisco, CA 94103.

regulate all systems of practice. From 1907 to 1919, osteopathic physicians and surgeons had to pass the same examination for licensure as allopathic medical graduates. Then, in 1919, the board refused to examine any more osteopaths. Though this action was overruled in court, the court's verdict did not deprive the board of its power to impose future restrictive rules and regulations which could have the net effect of limiting the practice of osteopathy in the state.

To insure their professional survival, the COA developed in 1922 an initiative act creating a separate board of examiners. The American Osteopathic Association (AOA), indicating that the development of such an initiative should be the national organization's responsibility, opposed the initiative. The California Medical Association also opposed the initiative because it was believed that a separate board would further fragment medical practice in the state. Despite this combined opposition, the Osteopathic Initiative Act was passed by the electorate in 1922.

With its own Board of Examiners now firmly written into law, osteopathy in California became an equal and distinct medical profession. Osteopaths owned their own college, their educational standards were improving and they were permitted to prescribe drugs and perform major surgical procedures.[1] And to assure equality at law, the 1922 Osteopathic Act incorporated into itself both the Medical Practice Act and all amendments that might be made to it in the future.

A distinction must be made between the type of medicine practiced by osteopaths in 1930 and that of their historical antecedents of 1900. By the 1930's, California DO's no longer considered manipulation of the vertebrae a cure-all. Lewis Reed, in a comprehensive and scholarly study of osteopathy published in 1933,[2] noted this change in the osteopathic art. "Osteopathy," he said, "instead of being the theory of the cause of all diseases, is tending to become the theory of *one* cause of some diseases." Reed further pointed out that "it is difficult to define present-day osteopathy in a way that will distinguish it as a theory of healing distinct from 'regular' medicine." As osteopathy grew as a profession, young osteopaths appeared as eager to use drugs, radiation and surgical operations as their Doctor of Medicine counterparts. The manipulative osteopath in California was being gradually superseded.

Because of osteopathy's increased professional stature, its heightened professional and educational standards, and its common acceptance of the tenets and techniques of the medical profession, as early as 1938 a few of its practitioners felt the time was ripe to attempt to merge their school, the College of Osteopathic Physicians and Surgeons, with the University of Southern California Medical School. Exploratory talks between COA and the California Medical Association did take place but many MD's opposed the idea at that time and the merger never materialized.

Throughout the ensuing decade or so, as the two medical professions continued to draw closer together in practice and philosophy, the interest in merging the two professions gathered more and more support from DO's and MD's alike. In 1955, Dr. John Cline, a San Francisco surgeon, former CMA and American Medical Association president and chairman of AMA's Committee on Osteopathy, presented the results of his committee's survey of osteopathic colleges in the United States to the AMA House of Delegates. The committee noted that, within the framework of the AMA's Principles of Medical Ethics, the teaching in these schools did not fall into the "cultist" category. It also established that students in osteopathic schools received a fairly adequate training in the clinical and basic sciences. What they chiefly lacked, the Cline Committee reported, was an opportunity for postgraduate clinical training and a closer overall relationship with the medical profession.

Though the interest in a merger between the two professions grew in California, the American Osteopathic Association continued its adamant opposition to the idea, arguing that osteopathy should retain its status as a separate but equal medical profession. Yet the facts in California belied this position. Equal opportunities were at no time available to California DO's. Their hospital facilities, except for the osteopathic wing of the Los Angeles County General Hospital, were poor. Because their osteopathic school was always in need of money, its quality of teaching and its ability to support research tended to suffer. For California osteopaths, merger with the medical profession would bring them from the periphery of the medical community into the medical mainstream.

By 1960, it became apparent that COA and CMA were very close to reaching merger agreement. In July of that year, the American Osteopathic Association formally instructed the COA to cease merger negotiations with CMA. Three months later,

at its House of Delegates meeting, the COA voted to ignore the national body's resolution and to continue negotiations with CMA. The AOA almost immediately withdrew support for COA and recognized as its California representative the Osteopathic Physicians and Surgeons of California, a splinter group of COA members who opposed the proposed merger.

The merger came to fruition in May 1961, when the CMA House of Delegates voted 296 to 63 in favor of ratification of the merger agreement with COA. For the medical profession, the merger was a culmination of nearly 20 years' negotiations to unify the medical community. Under the merger agreement, DO's holding valid physician and surgeons' licenses in the state of California would be able, if they chose, to change to MD's. The College of Osteopathic Physicians and Surgeons in Los Angeles would become the California College of Medicine, an accredited medical school affiliated with the Association of American Medical Colleges. The CMA would work to absorb DO's within the structure of existing county medical societies, but until they were so absorbed, a special, statewide Forty First Medical Society would be created.

The final step to professional unification was the passage of Proposition 22 in 1962. Approved by an overwhelming majority of Californians, Proposition 22 stripped the Board of Osteopathic Examiners of all powers to issue new licenses and limited its activity to the regulation of those osteopaths already licensed. Of the 2,250 practicing DO's in California, all but 400 became MD's.

The unification in 1961 and 1962 standardized the education, examination, licensure and degree for the practice of medicine within the state. Medical postgraduate courses offered at all medical schools were made available to members of the Forty First Medical Society. For the first time residency programs in the specialties of neurosurgery, plastic surgery and psychiatry were opened to the former DO's.

Assimilation of former DO's into the educational programs and the organizational activities of organized medicine continued throughout the period between 1962 and 1974. Several bills were introduced into the state legislature to negate Proposition 22 and to provide reciprocity licensure for out-of-state DO's but these bills were soundly defeated. Then, in March 1974, in a lawsuit brought by eight graduates of out-of-state osteopathic colleges (the D'Amico case), the state Supreme Court ruled that denying them licenses to practice medicine in California violated the equal protection provisions of both state and federal constitutions. While the Court's ruling does not affect those DO's who converted to MD status as licentiates of the Board of Medical Examiners subsequent to 1962, it does reestablish the licensing of DO's in California, including reciprocity for those qualified DO graduates licensed by other states.

California now finds itself in a unique position, with two medical licensing boards—the Board of Medical Examiners and the Board of Osteopathic Examiners—administering a single medical practice act. As of October 15, 1974, the California Board of Osteopathic Examiners had received 2,964 inquiries for applications from DO's outside the state. As of that date, also, the Board had awarded 340 new DO licenses. These figures are likely to continue to rise rapidly in the months ahead.

The conditions which enabled the merger to take place in 1962 have changed significantly. Today, there are no schools or colleges of osteopathy, no osteopathic house staff training programs and no osteopathic hospitals in California—all of which existed before 1962. Yet the one condition that enabled the two professions to join in good conscience—the undisputed overlap and blurring of distinctions in the training and practice of both professions—is even more in evidence today than in the past. It is on this basis that CMA and other groups are continuing to work to bring future and present California DO's into the mainstream of California medicine.

A recent American Medical Association report cites the dramatic improvement in facilities and faculties of osteopathic schools. The report states that "the current competition for admissions to medical schools has been reflected in osteopathic schools and permits the presumption that students of increasing ability are entering osteopathic schools." It further notes that the "Educational Standards of Colleges of Osteopathic Medicine," as approved by the Board of Trustees of the AOA, now contains requirements similar to those developed by the AMA for allopathic medical schools.

In an independent nationwide survey, the National Disease and Therapeutic Index (NDTI) recently found a close parallel between osteopathic and allopathic medical practices. The NDTI report found the two professions treated similar patients and disease conditions and used similar methods of treatment.

Currently, there are nine osteopathic colleges nationwide, educating approximately 3,000 future DO's. By 1978, it is estimated that over 1,000 DO's a year will be graduated. While most physicians trained in osteopathic medicine are general practitioners, there are also DO specialists in general surgery, obstetrics, ophthalmology, psychiatry and many other specialties.

Since 1969, the AMA has admitted qualified DO's to full active membership. Twenty-four state medical societies now accept qualified osteopaths as active members. In the 1972-73 academic year, 417 DO's were enrolled in various AMA-approved residency training programs and 128 osteopathic physicians held AMA-approved internships. Osteopathic physicians also participate in postgraduate medical education programs offered by the AMA and state medical associations. In addition, 14 specialty boards have opened their examinations to qualified osteopathic physicians, and residencies in those specialties are open to qualified graduates of osteopathic colleges.

Currently, the American Hospital Association and the Joint Commission on Accreditation of Hospitals require that MD's and DO's meet identical requirements for appointments to hospitals' medical staffs and hospital privileges.

The California Medical Association, representing its 26,000 physician members, continues to support the principle of a unified medical profession for California. Bridging this principle with the recent Supreme Court ruling, CMA's Council has recommended acceptance for membership in CMA and its component medical societies of qualified DO's practicing in California.[3] The CMA, through its Committee on Osteopathy, has been in close contact with the California Hospital Association, the Deans of California medical schools, and many others, in order to formulate suitable policy and regulations to assure that DO's are accorded the same protection of due process and the same opportunities and privileges on professional staffs of hospitals that are granted to doctors of medicine. The CMA Council's recommendations, designed to allow equal opportunities for CMA membership to qualified DO's, will be considered by the CMA House of Delegates at its 1975 meeting in February. These recommendations reflect a desire on the part of organized medicine to ensure to the public a uniformly high standard of medical care by all physicians, whether they be DO's or MD's.

REFERENCES

1. Kisch AJ, Viseltear AJ: Doctors of Medicine and Doctors of Osteopathy in California. Washington, DC, US Public Health Service, Government Printing Office, Jun 1967

2. Reed L: The Healing Cults. Chicago, University of Chicago Press, 1932

3. California Medical Association Council Action, Aug 9, 1974

1962

OSTEOPATHS. Amendment of Osteopathic Initiative Act

of write-in campaigns because in such a huge district, write-in campaigns have never been, and cannot be, effective.

In fact, it will enhance the effectiveness of write-in campaigns because by merely filing a petition with 100 signatures, the name of the particular judge objected to will have his name placed on the ballot in a conspicuous manner, and not buried among many names that are not in contest.

At present, and without this amendment, judges are elected in the primary elections when the interest and the number of voters voting is not as great as in general elections. This amendment will give a second opportunity for a write-in campaign during the general elections. It will result in making write-in campaigns more effective, doubling the opportunity for write-in campaigns, and giving the voter more opportunity to remove an unqualified judge from office.

It would reduce the length of the ballot, making mechanical vote counting more feasible, result in greater economy, speed up vote counting and reporting, and result in more accurate results. Poll workers now work 12 hou before they start counting votes. Many erro are made which defeat our democratic processes. Mechanical vote counting would eliminate these errors and insure the accurate recording of the voters' democratic expressions.

These errors in vote counting in large districts affect the statewide elections, including the governorship, the constitutional officers, and ballot propositions that affect the entire State of California.

As the population of the state increases, more and more areas will need the provisions of this amendment. This same procedure has been used quite satisfactorily in filling many elective positions in Municipal Water Districts, County Water Districts, Parkway and Recreation Districts, etc.

Democracy functions best when there is no confusion. This Amendment will eliminate confusion.

TOM BANE
California State Assemblyman
DON ALLEN
California State Assemblyman

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22 **OSTEOPATHS. Amendment of Osteopathic Initiative Act. Submitted by Legislature.** Continues Board of Osteopathic Examiners with power to enforce certain provisions of the Medical Practice Act as to osteopaths. Provides that qualified osteopaths who elect to designate themselves "M.D." will be subject to the jurisdiction of the Board of Medical Examiners. Grants Legislature power to amend the Osteopathic Initiative Act of 1922 and repeal that act and transfer functions to Board of Medical Examiners when there are 40 or less licensed osteopaths.

YES

NO

For Full Text of Measure, See Page 30, Part II

Analysis by the Legislative Counsel

This measure amends the Osteopathic Act, an initiative measure, by repealing the authority the Board of Osteopathic Examiners now possesses to issue to graduates of osteopathic schools certificates which permit the holder to practice osteopathy.

It permits osteopaths who elect to do so to use the term or suffix "M.D." and brings those who do so within the jurisdiction of the Board of Medical Examiners of the State of California. Those who do not so elect remain subject to the jurisdiction of the Board of Osteopathic Examiners. Under a 1962 law the election may be made at any time up to December 31, 1962.

The measure would also authorize the Legislature to amend or modify the Osteopathic Act and to completely repeal it if the number of persons subject to the jurisdiction of the Board of Osteopathic Examiners is reduced to 40 or less. If the act is repealed the functions of the Board of Osteopathic Examiners are to be transferred to the Board of Medical Examiners.

Finally the measure requires the Legislature to appropriate to the Board of Osteopathic Examiners such funds as may be reasonably necessary to carry out its functions.

Argument in Favor of Proposition No. 22

In the interest of better health care for all Californians, we respectfully urge your "yes" vote on Proposition Number 22.

Those of us who have been honored with the privilege of addressing this message to you, hope you will encourage all other voters to join in support of this measure which is certain to help increase the quality and amount of medical care available throughout our growing California.

The legislation called for by this proposition will further the attainment of these goals by bringing about the unification of two fine professions, medicine and osteopathy.

This unification has already been enthusiastically endorsed and approved by the members of the California Medical Association and the California Osteopathic Association. These Association members, who bear equal responsibilities and equal rights, are the doctors largely responsible for the health care of California's citizens. These men and women strongly urge your "yes" vote.

Before submission to the California Legislature, all the necessary steps for the unification of the doctors of our State were carefully

worked out by the deans of these medical hools: Clayton G. Loosli, M.D., University of outhern California; Walter E. Macpherson, M.D., Loma Linda University; Stafford L. Warren, M.D., University of California—Los Angeles Medical Center; and W. Ballentine Henley, President of the California College of Medicine.

The unification program was then thoroughly studied and passed by the Legislature. In the Senate the merger was approved by the overwhelming vote of 30 to one.

Another "health dividend" for patients resulting from the merger will be the complete elimination of any and all barriers to full opportunities for medical education—now and in the future.

Better education means better trained doctors. And the better the doctor, the better the care for his patients!

Unification, of course, will not mean any physician will receive any rights, privileges or recognition that he has not earned, solely on his proven ability to care for the sick. As always, each physician will be judged on his merits, his experience and his educational background.

And patients, as always, will maintain the right to choose their own doctor.

The public is assured that osteopathic doctors, who wish to continue with their manipulative therapy, may continue to do so, that their pe of care for their particular patients will t change.

It is for the physicians and surgeons now in practice in California that we ask your "yes" vote so that a unified profession can go forward, with all the advantages for medical progress and education that are available today and will be available in the future, to provide better health care for all.

STEPHEN P. TEALE
State Senator, Calaveras, Mariposa and Tuolumne Counties

DR. OMER W. WHEELER
President, California Medical Association

DR. JOSEPH P. COSENTINO
President, California Osteopathic Association

Argument Against Proposition No. 22

The proposed unification of the two professions, the medical doctors and the osteopathic doctors, was subjected to a thorough discussion in the California Legislature.

Proponents declared that:

Members of both professions take the identical examinations for their respective State licenses to practice either medicine or osteopathy in California, and

Once licensed, medical doctors and osteopathic doctors have the same rights and privileges when providing their own brand of health care to the sick.

I further understand that, because of the growing similarity of the two types of healing, both groups are in more or less general agreement on the proposed merger that will eventually discontinue the practice of osteopathy in California.

This is the main point in my disagreement. It is my conviction that any person has the right to choose his own type of care.

My negative vote was to serve warning that in case this unification program is approved, and if the promises are not properly kept, I shall, at the earliest possible moment, introduce corrective legislation. The Proposition, as now presented to the people for a vote, provides for any necessary changes by future legislatures.

I have been very temperate in the questioning of the merits of this legislation because, as I have pointed out, a person's health care is a very personal matter and decisions are not to be made lightly. And, they are not to be made as the result of emotional, unfounded and unsupported charges. In the interest of good government—as well as good health—it is of vital importance that all voters hear both sides of the question and then come to the conclusions they think best.

SENATOR VIRGIL O'SULLIVAN

qualified to vote with respect to the office, is filed with the county clerk or registrar of voters not less than 45 days before the general election, the name of the incumbent shall be placed on the general election ballot if it has not appeared on the direct primary election ballot.

There may be as many se sions of a superior court, at the same time, as there are judges elected, appointed or assigned thereto. The judgments, orders, and proceedings of any session of a superior court, held by any one or more of the judges sitting therein, sha' equally effectual as though all the judg said court presided at such session.

If, in conformity with this section, the name of the incumbent does not appear either on the primary ballot or general election ballot, the county clerk or registrar of voters, on the day of the general election, shall declare the incumbent re-elected.

OSTEOPATHS. Amendment of Osteopathic Initiative Act. Submitted by Legislature. Continues Board of Osteopathic Examiners with power to enforce certain provisions of the Medical Practice Act as to osteopaths. Provides that qualified osteopaths who elect to designate themselves "M.D." will be subject to the jurisdiction of the Board of Medical Examiners. Grants Legislature power to amend the Osteopathic Initiative Act of 1922 and repeal that act and transfer functions to Board of Medical Examiners when there are 40 or less licensed osteopaths.

22

YES	
NO	

(This proposed law expressly amends an existing law and adds new provisions to the law; therefore **EXISTING PROVISIONS** proposed to be **DELETED** are printed in ~~STRIKEOUT TYPE~~; and **NEW PROVISIONS** proposed to be **ADDED** are printed in **BLACK-FACED TYPE.**)

PROPOSED LAW

An act to amend an intitiative act entitled "An act to establish a board of osteopathic examiners, to provide for their appointment, and to prescribe their powers and duties; to regulate the examination of applicants, who are graduates of osteopathic schools, for any form of certificate to treat disease, injuries, deformities or other physical or mental conditions; to regulate the practice of those so licensed, who are graduates of osteopathic schools; to impose upon said board of osteopathic examiners all duties and functions, relating to graduates of osteopathic schools, holding or applying for any form of certificate or license, heretofore exercised and performed by the board of medical examiners of the State of California under the provisions of the state medical practice act, approved June 2, 1913, and acts amendatory thereof" approved by electors November 7, 1922, by adding Sections 2, 3, and 4 thereto and by repealing Sections 2 and 3 thereof, relating to the practice of osteopathy, said amendment to take effect upon the approval thereof by the electors, and providing for the submission thereof to the electors at a special election to be consolidated with the 1962 general election.

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

Section 1. Section 2 of the act cited in the title is repealed.

~~Sec. 2. All persons who are graduates of osteopathic schools and who desire to apply for any form of certificate mentioned or provided for in the state medical practice act, approved June 2, 1913, and all acts amendatory thereof, shall make application therefor, to said board of osteopathic examiners and not to the board of medical examiners of the State of California. The board of osteopathic examiners in respect to graduates of osteopathic schools, applying for any form of certificate mentioned or provided for in the state medical practice act, approved June 2, 1913, and all acts amendatory thereof, is hereby authorized and directed to carry out the terms and provisions of the state medical practice act, approved June 2, 1913, and all acts amendatory thereof, and all laws hereafter enacted prescribing and regulating the appro schools, the qualifications of applicants for e ination for any form of certificate, the applications for any form of certificate, the admission of applicants to examinations for any form of certificate, the conduct of examinations, the issuance of any form of certificate, the collection of fees from applicants, the collection of an annual tax and registration fee, the compilation and issuance of a directory, the revocation of any form of license or certificate, the prosecution of persons who attempt to practice without a certificate, and all other matters relating to the graduates of osteopathic schools, holding or applying for any form of certificate or license. Every applicant to said board of osteopathic examiners for any form of certificate shall pay to the secretary-treasurer of the board the fees prescribed for such application by said state medical practice act, approved June 2, 1913, or any acts amendatory thereof or laws hereafter enacted. Said board of osteopathic examiners shall, in respect to all the matters aforesaid, relating to graduates of osteopathic schools, applying for or holding any form of certificate or license, take over, exercise and perform all the functions and duties imposed upon and heretofore exercised or performed by the board of medical examiners of the State of California under the provisions of the state medical practice act, approved June 2, 1913, and acts amendatory thereof. The provisions of said state medical practice act, approved June 2, 1913, and acts amendatory there hereby declared to be applicable to said of osteopathic examiners in respect to all of the~~

~~aforesaid matters and all other matters now or hereafter prescribed by law relating to the grades of osteopathic colleges holding or applying for any form of certificate or license. In no other respects than as herein provided shall the jurisdiction, duties or functions of said board of medical examiners of the State of California be in any wise limited or changed, nor shall the board of osteopathic examiners have any power or jurisdiction over the graduates of any other than osteopathic schools. From and after the time of the organization of the board of osteopathic examiners said board of medical examiners of the State of California, shall have no further jurisdiction, duties or functions with respect to graduates of osteopathic schools holding or applying for any form of certificate or license and the said jurisdiction, duties and functions shall be assumed and performed by said board of osteopathic examiners.~~

Sec. 2. Section 2 is added to said act, to read:

Sec. 2. The Board of Osteopathic Examiners shall enforce those portions of the Medical Practice Act identified as Article 12 (commencing with Section 2340), Article 13 (commencing with Section 2360), and Article 14 (commencing with Section 2425), of Chapter 5 of Division 2 of the Business and Professions Code, as now existing or hereafter amended, as to persons who hold certificates subject to the jurisdiction of the Board of Osteopathic Examiners; however, persons who elect to practice using the ...n or suffix "M.D." as provided in Section ...6 of the Business and Professions Code, as now existing or hereafter amended, shall not be subject to the provisions of this section, and the Board of Medical Examiners of the State of California shall enforce the provisions of said articles as to persons who make such election. After making such election, each such person so electing shall apply for renewal of his certificate to the Board of Medical Examiners of the State of California, and the Board of Medical Examiners shall issue such renewal certificates in the same manner as other renewal certificates are issued by it.

Sec. 3. Section 3 of said act is repealed.

~~Sec. 3. This act shall be known and cited as the "osteopathic act."~~

Sec. 4. Section 3 is added to said act, to read:

Sec. 3. This act, as amended, may be further amended or modified by the Legislature. In addition to such power to amend or modify, the Legislature shall have the power to repeal this act, as amended, in its entirety, and transfer any or all of its functions to the Board of Medical Examiners, in the event that the number of persons who are subject to the jurisdiction of the Board of Osteopathic Examiners reaches 40 or less. The Legislature shall, from time to time, appropriate to the Board of Osteopathic Examiners, and in particular for the contingent fund of such board, such sums as may be reasonably necessary for the purpose of carrying out its functions and duties.

Sec. 5. Section 4 is added to said act, to read:

Sec. 4. This act shall be known and cited as the "Osteopathic Act."

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23 **SENATE REAPPORTIONMENT. Initiative Constitutional Amendment.** Establishes and apportions 50 (instead of existing 40) senatorial districts. Provides for election of all senators in 1964, one-half of senators to be elected every two years thereafter. Additional districts allocated to existing single county districts based on population. Requires 1963 Legislature fix boundaries in counties having more than one district. Requires Legislature following 1970 and each subsequent decennial federal census to reapportion senatorial districts based on population, geographic area and economic affinity; provided no county shall have more than 6 districts and no district contain more than 3 counties.

YES	
NO	

(This proposed amendment expressly amends existing sections of the Constitution; therefore, **EXISTING PROVISIONS** proposed to be **DELETED** are printed in ~~STRIKEOUT TYPE~~ and **NEW PROVISIONS** proposed to be **INSERTED** are printed in **BLACK-FACED TYPE.**)

PROPOSED AMENDMENTS TO ARTICLE IV

Section 5 and Section 6 of Article IV of the Constitution of the State of California are hereby amended to read respectively:

SEC. 5. The Senate shall consist of ~~40~~ **50** members, and the Assembly of 80 members, to be elected by districts, numbered as herein... provided. ~~One-half of the Senators shall elected every two years, those from the odd-numbered districts being elected when the number of the year is divisible by four.~~ **The seats of the Senators elected in the year 1962 shall be vacated at the expiration of the second year, so that in the year 1964 a Senator shall be elected from each senatorial district, as provided in Section 6 of this Article. The seats of the 25 Senators elected in the year 1964 from the odd-numbered districts shall be vacated at the expiration of the second year, so that one-half of the Senators shall be elected every two years.**

SEC. 6. For the purpose of choosing members of the Legislature, the State shall be divided into ~~40~~ **50** senatorial and 80 assembly districts ~~to be called Senatorial and Assembly districts~~. Such districts shall be composed of contiguous territory, and assembly districts shall be as nearly equal in population as may

Tab 4

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

2020 SUNSET REVIEW REPORT

PRESENTED TO THE ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS AND SENATE COMMITTEE ON BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT

OMBC
Osteopathic Medical Board of California

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

Members of the Board

Cheryl Williams, D.O., President
Cyrus Buhari, D.O., Secretary-Treasurer
Gor Adamyan, Public Member
Elizabeth Jensen-Blumberg, D.O.
Claudia Mercado, Public Member
Andrew Moreno, Public Member
Hemesh Patel, D.O.

Executive Office

Mark Ito, Executive Director
Terri Thorfinnson, Assistant Executive Director

Additional copies of this report may be obtained at: www.ombc.ca.gov

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SECTION 1

BACKGROUND AND DESCRIPTION OF THE BOARD AND REGULATED PROFESSION

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM
As of December 1, 2020

Section 1 – Background and Description of the Board and Regulated Profession

I. History and Function of the Osteopathic Medical Board of California (OMBC)

Developed more than 130 years ago by Andrew Taylor Stills, M.D., D.O., osteopathic medicine brings a unique philosophy to traditional medicine. Doctors of Osteopathy (D.O.s) are fully licensed to prescribe medication and practice in all medical and all surgical specialty areas, just as their M.D. counterparts. D.O.s are trained to consider the health of the whole person and use their hands in an integrated approach to help diagnose and treat their patient. The OMBC was created by an Initiative Act in 1922. The Act was amended by initiative in 1962 with parts of those amendments subsequently overturned in 1974 by California's State Supreme Court to restore section 2 of the 1922 Act.

D.O.s are one of the fastest growing segments of health care professionals in the United States with California now having the largest practicing osteopathic population in the United States.[1] Nationally, the osteopathic medical professional has grown 300% over the past three decades and 63% in the past decade. More than the half of D.O.'s practice primary care, including family medicine, internal medicine and pediatrics according to the report. That's a 68% increase since 2007. Approximately 52% of those D.O.s are younger than 45, and 47% of those are female. The top five non-primary care specialties for D.O.s includes 9.7% emergency medicine, 4.2% anesthesiology, 4.1% obstetrics and Gynecology, 3.6 surgery, and 3.4% psychiatry.

Since the last Oversight Report, California has overtaken Pennsylvania as having the most licensed D.O.s of any state. In 2017, California was among five states that experienced a 50% increase in its licensed D.O. population since 2011. In 2018, California was second to Pennsylvania with the largest number of licensed D.O.s. In 2019, California overtook Pennsylvania in having the most licensed D.O.s.

About one in four medical students attends a college of osteopathic medicine and enrollment has increased an average of 25% every five years. The 'whole-person philosophy' resonates with patients and physicians alike. It is why more and more medical student applicants are choosing colleges of osteopathic medicine for their medical training.

Over the past five years, the medical and osteopathic professions have been working to integrate residency training programs to allow M.D. and D.O. residents to train side by side. The American Osteopathic Association (AOA) is working with the Accreditation Council for Graduate Medical Education (ACGME) and is halfway through a five-year transition to a single system for residency training. At the end of the five-year transition, all new physicians will be eligible to apply for

[1] American Osteopathic Association Osteopathic Medical Profession Report 2019, https://osteopathic.org/wp-content/uploads/OMP2019-Report_Web_FINAL.pdf

osteopathic and non-osteopathic residencies in every specialty. Previously, physicians with the M.D. degree could not obtain osteopathic training. The establishment of a single accreditation system for all residency programs in 2020 will ensure M.D.s and D.O.s meet identical training standards.

The OMBC is a fully functioning regulatory board within the Department of Consumer Affairs (DCA) with the responsibility and sole authority to issue licenses to D.O.s to practice osteopathic medicine as a physician and surgeon or training licenses for residents and fellows in California. OMBC is also responsible for ensuring enforcement of legal and professional standards to protect California consumers from incompetent, negligent or unprofessional D.O.s. OMBC regulates D.O.s only. Since the last oversight report, the number of licensees has increased significantly. There are 10,199 D.O.s holding California active status licenses at this time. Additionally, there are 553 D.O.s who maintain inactive licenses. In addition to the active and inactive status licenses, there are 1,316 licenses in a delinquent status. Licenses remain delinquent for five years from the expiration date until the license becomes canceled. The total number of D.O. licenses within the jurisdiction of OMBC is 12,068.

D.O.s are similar to M.D.'s in that both are considered to be "complete physicians," in other words, one who has taken the prescribed amount of premedical training, graduated from an undergraduate college (typical emphasis on science courses) and received four years of training in medical school. With the new changes to California's licensure requirements and the creating of a postgraduate training license, D.O.s must complete 36 months of residency training of which 24 months must be in the same training program before they are eligible to apply for full licensure. Additionally, a postgraduate resident must obtain a postgraduate training license in order to practice medicine within their residency or fellowship unless otherwise eligible for licensure.

D.O's utilize all scientifically accepted methods of diagnosis and treatment, including the use of drugs and surgery. D.O.s are licensed in all fifty states to perform surgery and prescribe medication. D.O.s practice in fully accredited and licensed hospitals and medical centers. BPC § 2453 states that it "is the policy of this State that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons."

A D.O. may refer to himself/herself as a "Doctor" or "Dr." but in doing so, must clearly state that he/she is a D.O. or osteopathic physician and surgeon. He or she may not state or imply that he or she is an M.D. while being licensed in California as a D.O.

A key difference between the two professions is that D.O.s have additional dimension in their training and practice, a component that is not taught in allopathic medical schools. Osteopathic medicine gives particular recognition to the musculoskeletal system (the muscles, bones and joints) which makes up over 60 percent of body mass. The D.O. is trained to recognize that all body systems, including the musculoskeletal system, are interdependent, and a disturbance in one can cause altered functions in other systems of the body. The D.O. is also trained in how this interrelationship of body systems is facilitated by the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning is intended to provide a broader base for the treatment of the patient as a unit. These concepts require a thorough understanding of anatomy and the development of special skills in diagnosing and treating structural problems through manipulative therapy. D.O.s use structural diagnosis and manipulative therapy along with all of the other traditional forms of diagnosis and treatment to care effectively for patients and to relieve their distress.

To meet its responsibilities for regulation of the D.O. profession, OMBC is authorized by law to:

1. Monitor licensees for continued competency by requiring approved continuing education.
2. Take appropriate disciplinary action whenever licensees fail to meet the standard of practice.
3. Determine that osteopathic medical schools and hospitals are in compliance with medical education curriculum and post-graduate training requirements.
4. Provide rehabilitation opportunities for licensees whose competency may be impaired due to abuse of alcohol or other drugs.

Additionally, OMBC is charged with enforcement of laws proscribing unlicensed osteopathic medical practice.

The OMBC enforces its specific initiative laws within the Business and Professions (BPC) Code § 3600 (Osteopathic Initiative Act) and the California Code of Regulations (CCR) Title 16 as well as the Medical Practice Act within BPC Chapter 5. Professional and Vocational Regulations, Division 16., §1600 Et. Seq., authorizes the OMBC to license qualified D.O.s to practice osteopathic medicine, and to effectuate the enforcement of laws and regulations governing their practice (BPC Chapter 5, Medical Practice Act). The act requires the OMBC to ensure that consumer protection is their highest priority in exercising its licensing, regulatory, and disciplinary functions.

II. History of D.O. Regulation and Legislation in California

OMBC's predecessor organization, the Board of Osteopathic Examiners of California (BOEC), was created by an Initiative Measure, "The Osteopathic Act" BPC § 360, in November 1922. This Act authorized the BOEC to license osteopathic physicians and surgeons. This had previously been a responsibility of the Board of Medical Examiners. From 1907 to 1919, D.O.s were required to pass the same examination for licensure as practitioners of allopathic medicine. However, in 1919, the Board of Medical Examiners stopped allowing D.O.s to take the examination. As a result, the California Osteopathic Association sponsored the 1922 Initiative Measure in order to ensure the continued viability of the osteopathic medical profession in California.

The Osteopathic Act was amended by referendum in 1962 (Chapter 48, 1962 First Extraordinary Session). The purpose of this referendum measure was to facilitate an agreement in principle to effectively merge the D.O. and M.D. professions. The key provisions of this measure were:

1. D.O. could choose to be licensed as M.D.s, and if so, would then be under the jurisdiction of the Board of Medical Examiners instead of BOEC;
2. The Osteopathic Act was modified in 1962 to rescind the authority of the BOEC to issue new licenses to D.O.s, but the BOEC would continue to have authority over existing D.O.s who chose not to become M.D.s; and
3. The State Legislature was given authorization to amend or modify the Osteopathic Act.

The provisions of the 1962 referendum which permitted the M.D. election, and which authorized legislative amendments to the Osteopathic Act, were upheld by the State courts in 1974 and 1975 (see *D'Amico v. Board of Medical Examiners 11 C.3d 1, 24* and *Board of Osteopathic Examiners v. Board of Medical Examiners 53 C.A.3d 78*). However, the provisions that rescinded the licensing authority of the BOEC were successfully challenged by out-of-state D.O.s, who were effectively barred by these provisions from being licensed to practice in California, unless they had already been

so licensed before 1962. In 1974, the Supreme Court reinstated the BOEC's licensing authority (see *D'Amico v. Board of Medical Examiners 11 C.3d 1, 24*), and the BOEC immediately resumed its function as the sole agency with authority to license D.O.s in California.

The Osteopathic Act was further amended by legislation in 1969 and 1971, and new sections were added by legislation in 1982. The most significant impact of these amendments were:

1. To change the name of the licensing body from the Board of Osteopathic Examiners to the Osteopathic Medical Board of California;
2. To limit board members to two full terms; and
3. To add two public members to the five-member board.

Today, the legal authority and mandate for the powers and duties of OMBC are provided in the Osteopathic Act (BPC § 3600-1 to 3600-5), which includes by reference the Medical Practice Act. This authority is further defined by other provisions of the BPC, particularly the Medical Practice Act (beginning with § 2000) which includes Article 21 (§ 2450-2459.7): "Provisions Applicable to Osteopathic Physicians and Surgeons." board powers and duties include:

1. Accepting applications from D.O.s to be licensed to practice in California.
2. Adopting examinations that assess professional competency.
3. Determining the qualifications of, and issuing licenses to D.O. applicants; issuing fictitious name permits; and maintaining a database of all licensees and applicants for licensure.
4. Setting standards for and enforcing compliance with continuing medical education (CME requirements).
5. Providing information to the public regarding licensed D.O.s.
6. Responding to requests for verification of the license status of D.O.s (e.g., as required for hospital privileges, licensure in another state, contracting with insurers, and patient inquiries.)
7. Enforcing the disciplinary, administrative, criminal and civil provisions of the Medical Practice Act with respect to D.O.s.
8. Providing rehabilitation opportunities for D.O. licensees whose competency may be impaired due to the abuse of alcohol or other drugs.
9. Approving medical schools and their curriculum, for purpose of giving resident professional instruction in osteopathic medicine.
10. Approving hospitals for postgraduate training in osteopathic medicine.

OMBC's authority has not been materially expanded at any time since the original Osteopathic Act of 1922. Other than the action by the State Supreme Court, to nullify the attempt to rescind OMBC's licensing authority, the only other significant legal decision relating to the powers and authority of OMBC was rendered 1996, by the Court of Appeal, in *Shacket v. Osteopathic Medical Board* 51 Cal App 4th 223 (1996*)*. This decision established that no formal hearing by a health care licensing board is necessary prior to distribution of a report filed with the board pursuant to BPC § 805.5, concerning action taken by a peer review body against a doctor's membership or staff privileges. As such, this decision set an important precedent for all California health care licensing boards, not just OMBC.

The OMBC has two license types and one permit type: physician and surgeon license, a postgraduate training license, and a fictitious permit for clinical office locations. The postgraduate training license became effective January 1, 2020. This new statutory license type emerged with the change in new licensure requirements of 36 months of postgraduate training replacing the prior one-

year requirement. All residents must obtain a postgraduate training license to be allowed to practice medicine within a California based residency or fellowship. This new license type also gives the OMBC enforcement jurisdiction over residents during their residency.

III. Current Composition of the Board

OMBC is comprised of nine members: five D.O.s and four public members, all five D.O.s and two of the public members are appointed by the Governor, one public member is appointed by the Speaker of the Assembly and one is appointed by the Senate Pro Tempore. Pursuant to the Osteopathic Initiative Act, members served for terms of three years. Beginning in 2014, pursuant to BPC § 130, the Governor has been appointing board members to a four-year term. No member may serve more than two full consecutive terms, which does not include time a new member may spend filling an unexpired term of a previous member. Currently, the OMBC has two vacancies for Governor appointed licensed members. In the past four years the OMBC has met at least three times per year.

Each of the five D.O. members of OMBC must have, for at least five years preceding appointment, been a citizen of the state and in active practice. Each must be a graduate of an osteopathic medical school and hold an unrevoked license to practice osteopathic medicine in this state. No one residing or practicing outside of the state may be appointed to, or sit as a member of, OMBC.

The four public members of OMBC may not be licensees of any board which falls under Division 2 Healing Arts commencing with § 500 of the BPC, which includes the Medical Practice Act, nor of any initiative act referred to in that division.

The nine-member board is considered satisfactory to handle the volume of business that requires board attention and action.

OMBC had a major change in 2009 when the Legislature placed the Naturopathic Committee within the Osteopathic Medical Board of California. OMBC was increased at that time from seven (five professional and two public) to nine members. The added members were both Naturopathic Doctors and were considered public members. These appointments were in violation of BPC § 3600 1.5 which states, “public members shall not be a licensee of any board in Division 2 commencing with BPC § 500 nor of any initiative act referred to in that Section.” In response, the Osteopathic Physicians and Surgeons of California (OPSC) sponsored SB 1050, supported by OMBC and the Naturopathic Committee. Passage of SB 1050 made the Naturopathic Committee independent and resulted in the removal of the two naturopathic practitioners from OMBC and in their replacement by two public members, one appointed by the Speaker of the Assembly and one by the Senate Pro Tempore.

Committees of the Board

Currently, OMBC has two functioning committees, the Diversion Evaluation Committee *(*DEC*)*, and a committee to develop prescriber guidelines for cannabis.

The DEC is composed of California licensed D.O.s who are appointed by the OMBC and who serve at the pleasure of the OMBC. The D.O.s so appointed must have experience in the diagnosis and treatment of drug or alcohol abuse.

The DEC not only has the responsibility to accept, deny or terminate a participant, they also prescribe in writing for each participant a treatment and rehabilitation plan including requirements for supervision and surveillance. The DEC is currently comprised of three D.O.s qualified to the position.

The committee for developing prescriber guidelines for cannabis was created to research and recommend additional prescriber guidelines for cannabis beyond what is in the Medical Board's prescriber guidelines for cannabis, which is the starting point for OMBC's Board review and guideline development.

Refer to Attachment B for the current organizational chart of the OMBC's two committees.

Table 1a. Attendance			
Joseph Zammuto, D.O.			
Date Appointed:	05/24/2012		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Fremont, CA	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Monterey, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Y
Board Meeting	05/18/2017	Chino, CA	Y
Teleconference	06/28/2017	Fremont, CA	Y
Board Meeting	10/19/2017	Sacramento, CA	Y
Annual Board Meeting	01/18/2018	Sacramento, CA	Y
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	Woodside, CA	Y
Board Meeting	09/27/2018	Sacramento, CA	Y
Teleconference	10/15/2018	Woodside, CA	Y
Board Meeting	12/13/2018	Sacramento, CA	Y
Annual Board Meeting	01/17/2019	Sacramento, CA	Y
Board Meeting	04/30/2019	Sacramento, CA	Y
Board Meeting	05/16/2019	Chino, CA	Y
Teleconference	06/17/2019	S San Francisco, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	Woodside, CA	Y
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Separated

Cheryl Williams			
Date Appointed:	02/07/2014		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	San Diego, CA	Y
Board Meeting	10/7/2016	Vallejo, CA	Y
Teleconference	10/28/2016	San Diego, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Y
Board Meeting	05/18/2017	Chino, CA	N
Teleconference	06/28/2017	San Diego, CA	Y
Board Meeting	10/19/2017	Sacramento, CA	Y
Annual Board Meeting	01/18/2018	Sacramento, CA	N
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	San Diego, CA	Y
Board Meeting	09/27/2018	Sacramento, CA	Y
Teleconference	10/15/2018	San Diego, CA	Y
Board Meeting	12/13/2018	Sacramento, CA	Y
Annual Board Meeting	01/17/2019	Sacramento, CA	Y
Board Meeting	04/30/2019	Sacramento, CA	Y
Board Meeting	05/16/2019	Chino, CA	Y
Teleconference	06/17/2019	San Diego, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	San Diego, CA	Y
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Cyrus Buhari, D.O.			
Date Appointed:	10/28/2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Sacramento	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Stockton, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Y
Board Meeting	05/18/2017	Chino, CA	Y
Teleconference	06/28/2017	Sacramento, CA	Y
Board Meeting	10/19/2017	Sacramento, CA	N
Annual Board Meeting	01/18/2018	Sacramento, CA	Y
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	Sacramento, CA	Y
Board Meeting	09/27/2018	Sacramento, CA	Y
Teleconference	10/15/2018	London, UK	Y
Board Meeting	12/13/2018	Sacramento, CA	Y
Annual Board Meeting	01/17/2019	Sacramento, CA	N

Board Meeting	04/30/2019	Sacramento, CA	Y
Board Meeting	05/16/2019	Chino, CA	Y
Teleconference	06/17/2019	Stockton, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	Sacramento, CA	Y
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Gor Adamyan, D.O.			
Date Appointed:	01/11/2019		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Not Applicable	Not Appointed
Board Meeting	10/07/2016	Vallejo, CA	Not Appointed
Teleconference	10/28/2016	Not Applicable	Not Appointed
Annual Board Meeting	01/20/2017	Sacramento, CA	Not Appointed
Board Meeting	05/18/2017	Chino, CA	Not Appointed
Teleconference	06/28/2017	Not Applicable	Not Appointed
Board Meeting	10/19/2017	Sacramento, CA	Not Appointed
Annual Board Meeting	01/18/2018	Sacramento, CA	Not Appointed
Board Meeting	05/17/2018	Chino, CA	Not Appointed
Teleconference	07/10/2018	Not Applicable	Not Appointed
Board Meeting	09/27/2018	Sacramento, CA	Not Appointed
Teleconference	10/15/2018	Not Applicable	Not Appointed
Board Meeting	12/13/2018	Sacramento, CA	Not Appointed
Annual Board Meeting	01/17/2019	Sacramento, CA	Y
Board Meeting	04/30/2019	Sacramento, CA	N
Board Meeting	05/16/2019	Chino, CA	Y
Teleconference	06/17/2019	Toluca Lake, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	Toluca Lake, CA	Y
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Elizabeth Jensen-Blumberg, D.O.			
Date Appointed:	10/28/2015		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	San Francisco, CA	Y
Board Meeting	10/7/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Monterey, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	N
Board Meeting	05/18/2017	Chino, CA	Y

Teleconference	06/28/2017	San Francisco, CA	N
Board Meeting	10/19/2017	Sacramento, CA	Y
Annual Board Meeting	01/18/2018	Sacramento, CA	N
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	Not Applicable	N
Board Meeting	09/27/2018	Sacramento, CA	Y
Teleconference	10/15/2018	Daly City, CA	Y
Board Meeting	12/13/2018	Sacramento, CA	Y
Annual Board Meeting	01/17/2019	Sacramento, CA	Y
Board Meeting	04/30/2019	Sacramento, CA	Y
Board Meeting	05/16/2019	Chino, CA	Y
Teleconference	06/17/2019	Daly City, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	Not Applicable	N
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Claudia Mercado			
Date Appointed:	07/02/2012		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Oakland, CA	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Oakland, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Y
Board Meeting	05/18/2017	Chino, CA	Y
Teleconference	06/28/2017	San Diego, CA	Y
Board Meeting	10/19/2017	Sacramento, CA	Y
Annual Board Meeting	01/18/2018	Sacramento, CA	Y
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	Oakland, CA	Y
Board Meeting	09/27/2018	Sacramento, CA	Y
Teleconference	10/15/2018	Oakland, CA	Y
Board Meeting	12/13/2018	Sacramento, CA	Y
Annual Board Meeting	01/17/2019	Sacramento, CA	Y
Board Meeting	04/30/2019	Sacramento, CA	Y
Board Meeting	05/16/2019	Chino, CA	Y
Teleconference	06/17/2019	Oakland, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	Oakland, CA	Y
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Andrew Moreno			
Date Appointed:	07/14/2017		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Not Applicable	Not Appointed
Board Meeting	10/07/2016	Vallejo, CA	Not Appointed
Teleconference	10/28/2016	Monterey, CA	Not Appointed
Annual Board Meeting	01/20/2017	Sacramento, CA	Not Appointed
Board Meeting	05/18/2017	Chino, CA	Not Appointed
Teleconference	06/28/2017	Not Applicable	Not Appointed
Board Meeting	10/19/2017	Sacramento, CA	Y
Annual Board Meeting	01/18/2018	Sacramento, CA	Y
Board Meeting	05/17/2018	Chino, CA	N
Teleconference	07/10/2018	Fresno, CA	Y
Board Meeting	09/27/2018	Sacramento, CA	Y
Teleconference	10/15/2018	Fresno, CA	Y
Board Meeting	12/13/2018	Sacramento, CA	Y
Annual Board Meeting	01/17/2019	Sacramento, CA	Y
Board Meeting	04/30/2019	Sacramento, CA	Y
Board Meeting	05/16/2019	Chino, CA	N
Teleconference	06/17/2019	Fresno, CA	Y
Board Meeting	09/05/2019	Sacramento, CA	Cancelled
Teleconference	11/21/2019	Fresno, CA	Y
Annual Board Meeting	01/16/2020	Sacramento, CA	Y
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Hemesh Patel, D.O.			
Date Appointed:	01/23/2020		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Not Applicable	Not Appointed
Board Meeting	10/07/2016	Vallejo, CA	Not Appointed
Teleconference	10/28/2016	Not Applicable	Not Appointed
Annual Board Meeting	01/20/2017	Sacramento, CA	Not Appointed
Board Meeting	05/18/2017	Chino, CA	Not Appointed
Teleconference	06/28/2017	Not Applicable	Not Appointed
Board Meeting	10/19/2017	Sacramento, CA	Not Appointed
Annual Board Meeting	01/18/2018	Sacramento, CA	Not Appointed
Board Meeting	05/17/2018	Chino, CA	Not Appointed
Teleconference	07/10/2018	Not Applicable	Not Appointed
Board Meeting	09/27/2018	Sacramento, CA	Not Appointed
Teleconference	10/15/2018	Not Applicable	Not Appointed
Board Meeting	12/13/2018	Sacramento, CA	Not Appointed
Annual Board Meeting	01/17/2019	Sacramento, CA	Not Appointed

Board Meeting	04/30/2019	Sacramento, CA	Not Appointed
Board Meeting	05/16/2019	Chino, CA	Not Appointed
Teleconference	06/17/2019	Not Applicable	Not Appointed
Board Meeting	09/05/2019	Sacramento, CA	Not Appointed
Teleconference	11/21/2019	Not Applicable	Not Appointed
Annual Board Meeting	01/16/2020	Sacramento, CA	Not Appointed
Teleconference	05/07/2020	Not Applicable	Y
Teleconference	09/10/2020	Not Applicable	Y

Megan Blair			
Date Appointed:	03/02/2016		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Not Applicable	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	San Diego, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Y
Board Meeting	05/18/2017	Chino, CA	N
Teleconference	06/28/2017	San Diego, CA	Y
Board Meeting	10/19/2017	Sacramento, CA	N
Annual Board Meeting	01/18/2018	Sacramento, CA	Y
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	Not Applicable	N
Board Meeting	09/27/2018	Sacramento, CA	Separated
Teleconference	10/15/2018	Not Applicable	Separated
Board Meeting	12/13/2018	Sacramento, CA	Separated
Annual Board Meeting	01/17/2019	Sacramento, CA	Separated
Board Meeting	04/30/2019	Sacramento, CA	Separated
Board Meeting	05/16/2019	Chino, CA	Separated
Teleconference	06/17/2019	Not Applicable	Separated
Board Meeting	09/05/2019	Sacramento, CA	Separated
Teleconference	11/21/2019	Not Applicable	Separated
Annual Board Meeting	01/16/2020	Sacramento, CA	Separated
Teleconference	05/07/2020	Not Applicable	Separated
Teleconference	09/10/2020	Not Applicable	Separated

Michael Feinstein, D.O.			
Date Appointed:	05/24/2012		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Not Applicable	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Coronado, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Separated
Board Meeting	05/18/2017	Chino, CA	Separated

Teleconference	06/28/2017	Not Applicable	Separated
Board Meeting	10/19/2017	Sacramento, CA	Separated
Annual Board Meeting	01/18/2018	Sacramento, CA	Separated
Board Meeting	05/17/2018	Chino, CA	Separated
Teleconference	07/10/2018	Not Applicable	Separated
Board Meeting	09/27/2018	Sacramento, CA	Separated
Teleconference	10/15/2018	Not Applicable	Separated
Board Meeting	12/13/2018	Sacramento, CA	Separated
Annual Board Meeting	01/17/2019	Sacramento, CA	Separated
Board Meeting	04/30/2019	Sacramento, CA	Separated
Board Meeting	05/16/2019	Chino, CA	Separated
Teleconference	06/17/2019	Not Applicable	Separated
Board Meeting	09/05/2019	Sacramento, CA	Separated
Teleconference	11/21/2019	Not Applicable	Separated
Annual Board Meeting	01/16/2020	Sacramento, CA	Separated
Teleconference	05/07/2020	Not Applicable	Separated
Teleconference	09/10/2020	Not Applicable	Separated

Alan Howard			
Date Appointed:	09/14/2007		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Boston, MA	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Monterey, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	Y
Board Meeting	05/18/2017	Chino, CA	Y
Teleconference	06/28/2017	Vilnius, LT	Y
Board Meeting	10/19/2017	Sacramento, CA	Separated
Annual Board Meeting	01/18/2018	Sacramento, CA	Separated
Board Meeting	05/17/2018	Chino, CA	Separated
Teleconference	07/10/2018	Not Applicable	Separated
Board Meeting	09/27/2018	Sacramento, CA	Separated
Teleconference	10/15/2018	Not Applicable	Separated
Board Meeting	12/13/2018	Sacramento, CA	Separated
Annual Board Meeting	01/17/2019	Sacramento, CA	Separated
Board Meeting	04/30/2019	Sacramento, CA	Separated
Board Meeting	05/16/2019	Chino, CA	Separated
Teleconference	06/17/2019	Not Applicable	Separated
Board Meeting	09/05/2019	Sacramento, CA	Separated
Teleconference	11/21/2019	Not Applicable	Separated
Annual Board Meeting	01/16/2020	Sacramento, CA	Separated
Teleconference	05/07/2020	Not Applicable	Separated
Teleconference	09/10/2020	Not Applicable	Separated

James Lally, D.O.			
Date Appointed:	05/08/2013		
Meeting Type	**Meeting Date**	**Meeting Location**	**Attended?**
Teleconference	08/17/2016	Not Applicable	Y
Board Meeting	10/07/2016	Vallejo, CA	Y
Teleconference	10/28/2016	Monterey, CA	Y
Annual Board Meeting	01/20/2017	Sacramento, CA	N
Board Meeting	05/18/2017	Chino, CA	Y
Teleconference	06/28/2017	Chino, CA	Y
Board Meeting	10/19/2017	Sacramento, CA	Y
Annual Board Meeting	01/18/2018	Sacramento, CA	Y
Board Meeting	05/17/2018	Chino, CA	Y
Teleconference	07/10/2018	Montclair, CA	Y
Board Meeting	09/27/2018	Sacramento, CA	Separated
Teleconference	10/15/2018	Not Applicable	Separated
Board Meeting	12/13/2018	Sacramento, CA	Separated
Annual Board Meeting	01/17/2019	Sacramento, CA	Separated
Board Meeting	04/30/2019	Sacramento, CA	Separated
Board Meeting	05/16/2019	Chino, CA	Separated
Teleconference	06/17/2019	Not Applicable	Separated
Board Meeting	09/05/2019	Sacramento, CA	Separated
Teleconference	11/21/2019	Not Applicable	Separated
Annual Board Meeting	01/16/2020	Sacramento, CA	Separated
Teleconference	05/07/2020	Not Applicable	Separated
Teleconference	09/10/2020	Not Applicable	Separated

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re-appointed	Date Term Expires	Appointing Authority	Type (public or professional)
Gor Adamyan	01/11/2019	Not Applicable	06/01/2021	Assembly	Public
Megan Blair	03/02/2016	Not Applicable	10/04/2018	Speaker	Public
Cyrus Buhari, D.O.	10/28/2015	12/17/2019	06/01/2023	Governor	Professional
Michael Feinstein, D.O.	05/24/2012	06/04/2015	11/02/2016	Governor	Professional
Alan Howard	09/14/2007	12/19/2013	07/15/2017	Governor	Public
Elizabeth Jensen-Blumberg, D.O.	10/28/2015	12/17/2019	06/01/2023	Governor	Professional
James Lally, D.O.	05/08/2013	06/02/2016	08/06/2018	Governor	Professional
Claudia Mercado	07/02/2012	05/12/2016	06/01/2022	Pres. Pro Tempore	Public
Andrew Moreno	07/14/2017	Not Applicable	01/01/2021	Governor	Public
Hemesh Patel, D.O.	01/23/2020	Not Applicable	06/01/2023	Governor	Professional
Cheryl Williams	02/07/2014	07/14/2017	01/01/2021	Governor	Public
Joseph Zammuto, D.O.	05/24/2012	06/04/2015	06/01/2020	Governor	Professional

Board Quorum Issues

The OMBC has two vacancies for Governor appointed licensed members. The OMBC has not had an issue with quorum and as such has not had to cancel meetings.

Describe any major changes to the board since the last Sunset Review, including, but not limited to:

Reorganization

In the 2016 Sunset Review, the OMBC indicated that the licensing population nearly doubled since the previous Sunset Review. Since the 2016 Sunset Review, the OMBC has experienced significant growth in its licensing population. The OMBC's D.O. licensing population has increased 31% increasing from 9,206 to 12,068. These figures confirm that D.O.s are one of the fastest growing segments of health care professionals in the United States.

Chapter 775, Statutes of 2017 (Senate Bill 798) was signed by the Governor on October 13, 2017. Among other things, the bill, effective January 1, 2020, created a new license type, the Postgraduate Training License (PTL) and made changes to physician and surgeon licensure requirements. Any Osteopathic Medical School graduate who is accepted into an American Osteopathic Association (AOA) accredited or Accreditation Council for Graduate Medical Education (ACGME) accredited postgraduate training program in California must obtain a PTL. To address the additional licensing and enforcement workload associated with the new license type, the OMBC was successful in obtaining 2.0 additional staff positions in fiscal year 2019-20. The OMBC's current authorized position total is 13.4.

Renovation

The OMBC's office was renovated in January 2019. During the renovation, the OMBC relocated to the DCA Headquarters to maintain daily operations. The renovation was sufficient to accommodate the two additional positions created due to the new Postgraduate Training License.

Change in Leadership

The OMBC's leadership has changed since the 2016 Sunset Review. Mark Ito was appointed as the new Executive Director in January 2019.

The Election of Officers was held in January 1, 2019. The results of the Election of Officers are below:

- President: Joseph Zammuto, D.O.
- Vice-President: Cheryl Williams
- Secretary/Treasurer: Cyrus Buhari, D.O.

Dr. Zammuto's Board Member term expired on June 1, 2020. Cheryl Williams is the acting Board President until a Board President is appointed at the OMBC's January 2021 Board Meeting.

Strategic Plan

The OMBC's 2019-2023 Strategic Plan was developed in 2018. The Strategic Plan is consistent with the OMBC's mission to protect the public by requiring competency, accountability, and integrity in the

safe practice of medicine by osteopathic physicians and surgeons. The plan was adopted at the January 2020 Board Meeting.

Refer to Attachment C for the OMBC's 2019-2023 Strategic Plan.

Legislation Sponsored by the Board and Affecting the Board Since the Last Sunset Review

The OMBC did not sponsor any legislation since the last Sunset Review. The major legislation that affected the OMBC is listed below:

- AB 40 (Santiago, Chapter 607, Statutes of 2017) Cures Database: Health Information Technology System. This bill requires the Department of Justice to provide healthcare practitioners and pharmacists with access to the controlled substance history of a patient, contained in the Controlled Substance Utilization Review and Evaluation System (CURES) database, either through an online portal maintained by the Department of Justice or an authorized health information technology system. This bill also defines a "health information technology system" and establishes criteria for accessing the CURES database.

- SB 798 (Hill, Chapter 775, Statutes of 2017) Healing Arts: Boards. This bill extends the operation of the Medical Board of California (Medical Board) from January 1, 2018, to January 1, 2022, and make several substantive and technical changes to statute. This bill also extends the provision requiring legislative oversight of the Osteopathic Medical Board of California from January 1, 2018, to January 1, 2022, and make several changes to the practice of osteopathic medicine.

- AB 2138 (Chiu, Chapter 995, Statutes of 2018) Licensing Boards: Denial of Application: Revocation or Suspension of Licensure: Criminal Conviction. Beginning July 1, 2020, this bill restricts the discretion of programs within the Department of Consumer Affairs in using prior criminal history as grounds for licensing determinations and establishes new prohibitions relating to the denial, suspension, and revocation of licensure. Under this bill, programs may not use acts involving dishonesty, fraud, or deceit that did not result in a conviction as a basis for the denial of a license. Other revisions include the adoption of a seven-year limitation on convictions eligible for licensure denial, subject to specified exemptions, and a ban on requiring applicants to self-disclose prior convictions unless the application is made for a listed license type that does not require a fingerprint background check. Finally, this bill requires Department programs, as specified, to track data relating to licensure denials, to publish that data on its website, and submit an annual report to the Legislature, among other provisions. OMBC has removed the conviction question from both of its license type applications. The regulatory package to implement required changes was submitted to the Office of Administrative Law in November 2020.

- SB 1448 (Hill, Chapter 570, Statutes of 2018) Healing Arts Licensees: Probation Status: Disclosure. This bill requires licensees of the Medical Board of California, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, the Naturopathic Medicine Committee, California Board of Chiropractic Examiners, and California Acupuncture Board to make a separate disclosure to their patients or patients' guardian if licensees are on probation related to their professional license. This bill limits the circumstances in which licensees of the Medical Board of California, or the Osteopathic Medical Board of California would be required to make a separate disclosure to those cases in which a probationer was accused of one or

more of an enumerated list of offenses. This bill also requires increased reporting of licensee info.

- SB 425 (Hill, Chapter 849, Statutes of 2019) Health Care Practitioners: Licensee's File: Probationary Physician's and Surgeon's Certificate: Unprofessional Conduct. This bill requires health care facilities who receive allegations, written by patients or their representatives, accusing healing arts licensees of sexual abuse or misconduct to report the allegations to the relevant licensing agency. It also makes several changes to the Medical Board of California, processes including probationary license disclosure requirements, interview attendance requirements and licensee file disclosure requirements.

- SB 786 (Committee on Business, Professions and Economic Development, Chapter 456, Statutes of 2019) Healing Arts. This bill makes various minor, noncontroversial, non-substantive, and technical changes to provisions of the Business and Professions Code pertaining to the Medical Board of California, Osteopathic Medical Board of California, Podiatric Medical Board of California, Physician Assistant Board, Dental Hygiene Board of California, and the Board of Behavioral Sciences.

- AB 1076 (Ting, Chapter 578, Statutes of 2019) Criminal Records: Automatic Relief. This bill requires the Department of Justice, as of January 1, 2021, and upon an annual Budget Act appropriation, to review its criminal justice databases on a monthly basis and identify persons who are eligible to have certain arrests and convictions occurring on and after January 1, 2021, sealed, as specified.

- AB 149 (Cooper, Chapter 4, Statutes of 2019) Controlled Substances: Prescriptions. This urgency bill delays the implementation of requirements for prescription forms as specified in AB 1753 (Low, Chapter 479, Statutes of 2018). This bill also allows pharmacists, until January 1, 2021, to continue filling prescriptions written on prescription forms that were valid prior to January 1, 2019. This bill is intended to clarify the provisions of AB 1753 and establish a reasonable time frame for implementing changes to prescription forms without impacting patients' continuity of care.

- AB 241 (Kamlager-Dove, Chapter 417, Statutes of 2019) Implicit Bias: Continuing Education: Requirements. This bill requires, by January 1, 2022, that the curriculum for all continuing education courses for physicians and surgeons, registered nurses, and physician assistants contain instruction in the understanding of implicit bias in treatment. It would also impose related mandates on continuing education providers and require certain boards to audit continuing education providers for compliance.

- AB 528 (Low, Chapter 677, Statutes of 2019) Controlled Substances: Cures Database. This bill adds Schedule V drugs to the Controlled Substance Utilization Review and Evaluation System (CURES) database and changes the timeline for drug dispensers to submit data to the CURES database from seven days to no more than one working day. This bill also changes the current requirement for a practitioner to consult the CURES database every four months if the patient continues using a scheduled drug as part of their treatment to every six months. Additionally, this bill refines reporting requirements and expands CURES access for certain practitioners. The intent of this bill is to help reduce the misuse, abuse, and diversion of Schedule II through V controlled substances. Implementation of the majority of this bill is delayed until January 1, 2021, and when the Department of Justice is able to promulgate regulations.

- AB 1264 (Petrie-Norris, Chapter 741, Statutes of 2019) Medical Practice Act: Dangerous Drugs: Appropriate Prior Examination. This urgency bill clarifies that the requirement for an appropriate prior examination does not need to be a synchronous interaction between a prescriber and the patient. Instead, the prior examination can be achieved using telehealth screening tools such as self-screening tools or questionnaires, provided the tools comply with the appropriate standard of care. This bill is intended to clarify that a live video chat with a prescriber is not needed to obtain self-administered hormonal contraception, or birth control, following the use of a self-screening tool.

Regulation Changes Approved by the Board Since the Last Sunset Review

- Disciplinary Guidelines – This regulatory package proposes to add specified uniformed standards related to substance abuse and updates the OMBC's existing standards and optional terms of probation.

  This package was rejected by Office of Administrative Law (OAL) on December 9, 2016 and a request to resubmit was granted by OAL on March 17, 2017. The revised regulatory language has been approved by the Board and the revised regulatory package is being drafted.

- Substantial Relationship and Rehabilitation Criteria (AB 2138) – This regulatory package amends existing regulations consistent with Chapter 995, Statutes of 2018 (AB 2138) and to accurately reflect the OMBC's authority to consider denials or discipline and petitions for reinstatement or modification of penalty.

  This package was filed with OAL on November 20, 2020 and is waiting for final approval.

- Postgraduate Fee Code – This regulatory package implemented an application and processing fee for the OMBC's new license type, the Postgraduate Training License.

  This package was approved by OAL on June 16, 2020.

- Notice to Consumers – This package creates regulations that outline the requirements for licensees to provide notice to consumers that D.O.s are licensed by the OMBC, patients can check the status of a D.O., and how patients can file a complaint against a D.O.

  This package is currently under review by the Department of Consumer Affairs.

  Continuing Medical Education – This regulatory package amends the renewal process to allow for self-certification of CME and a post-renewal audit process. The revised regulatory language has been approved by the Board and the full regulatory package is being drafted.

  Fee Increase – This regulatory package would increase the application fee for a D.O. The OMBC's fund is currently structurally balanced so the need for a fee increase has been alleviated. If its fund balance begins to decrease, the OMBC will submit this regulatory proposal in the future.

Describe any major studies conducted by the board.

The OMBC did not conduct any major studies since the 2016 Sunset Review. The OMBC does not have the staffing capability to conduct any major studies. The OMBC relies on the national American

Osteopathic Association Osteopathic Medical Profession Reports, Office of State Health Planning and Development studies, and other University of California research projects.

List the status of all national associations to which the board belongs.

The OMBC is a dues paying member of the Federation of State Medical Boards, Inc. (FSMB). OMBC has not been able to attend many of their annual meetings due to the mandated state limitation on out-of-state travel for board members and board staff. FSMB is comprised of membership (with representation) of medical boards of all U.S. States and Territories. During the annual meeting, current important topics including, but not limited to, overprescribing of opioids, Interstate Licensing Compact, telemedicine, medical marijuana, enforcement, credentialing, and underserved populations are discussed. The annual FSMB dues are $2,000 for which OMBC receives all publications and activity reports.

- **Does the board's membership include voting privileges?**

  OMBC's membership includes voting privileges. The current voting delegate for OMBC is the Executive Director.

- **List committees, workshops, working groups, task forces, etc., on which board participates.**

  Joseph Zammuto, D.O., Former Board President of OMBC, is a current Board Member Fellow of the FSMB and works as an ambassador between the OMBC and FSMB.

  Hemesh Patel, D.O., Board Member, was appointed to the FSMB's American Council for Continuing Medical Education, Accreditation Review Committee. Dr. Patel's term starts in 2021.

- **How many meetings did board representative(s) attend? When and where?**

  The OMBC strives to work collaboratively with the FSMB and attend their annual meetings, while at the same time, adhering to the Department of Consumers Affairs directive limiting out-of-state travel. The OMBC attended the following FSMB meetings:

  - Joseph Zammuto, D.O., Board President, Claudia Mercado, Board Member, and Angelina Burton, Executive Director, attended FSMB's Annual Meeting in Fort Worth, Texas on April 19-22, 2017.

  - Joseph Zammuto, D.O., Board President, Mark Ito, Executive Director, and Machiko Chong, Executive Analyst, planned to attend the 2020 FSMB Annual Meeting in San Diego in April 2020 before the meeting was cancelled due to the COVID-19 pandemic.

- **If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?**

  OMBC does rely on a national examination. That examination is generated and administered by the National Board of Osteopathic Medical Examiners (NBOME). The examination, the NBOME COMLEX-USA is the recognized national evaluative instrument for osteopathic students and graduates, and successful completion is required for osteopathic licensure in

California. Statistics are reported in Table 8. The examination is comprised of Level I, Level 2 Cognitive Evaluation (CE), Level 2 Performance Evaluation (PE), and Level 3 and is given at all colleges of osteopathic medicine. Level 1 is taken by students on completion of the first two years of osteopathic education, and covers subjects generally considered to be the basic sciences including, but not limited to, anatomy, biochemistry, and microbiology. Level 2 CE and PE are taken during the third and fourth years of osteopathic medical school and measures the student's knowledge of the clinical sciences including, but not limited to surgery, pediatrics, osteopathic manipulative medicine, general medicine and therapeutics. Level 3 is taken during the first post graduate year. Statistics are reported in Table 8.

SECTION 2

PERFORMANCE MEASURES AND CUSTOMER SATISFACTION SURVEYS

Section 2 –
Performance Measures and Customer Satisfaction Surveys

Provide each quarterly and annual performance measure report for the board as published on the DCA website.

For the OMBC's performance measure reports as published on the DCA's website, please see:

- Attachment D. Enforcement and Licensing Quarterly and Annual Performance Reports for Fiscal Years 2017-18 to 2019-20.

Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

It is a policy of the OMBC to include a Consumer Satisfaction Survey to consumers at the close of their respective enforcement cases. During the reporting period, the OMBC received 30 customer satisfaction survey responses. With so few responses, it is difficult to conclude the level of satisfaction. This could be interpreted as general satisfaction by the majority of consumers. The OMBC is looking into alternative means to encourage more consumers to complete the Consumer Satisfaction Survey.

Below is a summary of the questions and responses provided:

How well did we explain the complaint process to you?	Number	% of Total
Very Poor	16	53%
Poor	1	3%
Good	7	24%
Very Good	0	0%
No Response	6	20%
Total	30	

How clearly was the outcome of your complaint explained to you?	Number	% of Total
Very Poor	22	74%
Poor	3	10%
Good	3	10%
Very Good	1	3%
No Response	1	3%
Total	30	

How well did we meet the timeframe provided to you?	Number	% of Total
Very Poor	18	60%
Poor	2	7%
Good	4	13%
Very Good	2	7%
No Response	4	13%
Total	30	

How courteous and helpful was staff?	Number	% of Total
Very Poor	9	30%
Poor	7	23%
Good	2	7%
Very Good	5	17%
No Response	7	23%
Total	30	

Overall, how well did we handle your complaint?	Number	% of Total
Very Poor	24	81%
Poor	1	4%
Good	2	7%
Very Good	1	4%
No Response	1	4%
Total	30	

If we were unable to assist you, were alternatives provided to you?	Number	% of Total
Yes	1	3%
No	24	81%
Not Applicable	0	0%
No Response	5	16%
Total	30	

Did you verify the provider’s license prior to service?	Number	% of Total
Yes	17	57%
No	4	13%
Not Applicable	3	10%
No Response	6	20%
Total	30	

SECTION 3

FISCAL AND STAFF

Fiscal Issues

Is the board's fund continuously appropriated? If yes, please cite the statute outlining this continuous appropriation.

OMBC's fund is not continuously appropriated.

Describe the board's current reserve level, spending, and if a statutory reserve level exists.

The OMBC's current reserve level is projected to be 15.8 months in reserve, or $4.5 million at the end of 2020-21. The OMBC has historically achieved cost savings each year, largely due to Attorney General expenses being less than what is budgeted. A statutory reserve level does not currently exist for the OMBC.

Describe if/when a deficit is projected to occur and if/when a fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

The OMBC does not currently project a deficit in the foreseeable future and no fee increases or decreases are anticipated.

Table 2. Fund Condition

(Dollars in Thousands)	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	FY 2020/21	FY 2021/22
Beginning Balance	$3,058	$3,136	$3,061	$3,344	$5,024	$4,514
Revenues and Transfers	$2,271	$2,112	$2,575	$4,211	$2,604	$2,624
Total Revenue	$5,329	$5,313	$5,590	$6,017	$7,628	$7,138
Budget Authority	$2,341	$2,476	$2,758	$3,351	$3,275	$3,166
Expenditures	$2,193	$2,174	$2,219	$2,493	$3,275	$3,166
Loans to General Fund	N/A	N/A	N/A	N/A	N/A	N/A
Accrued Interest, Loans to General Fund	N/A	N/A	N/A	N/A	N/A	N/A
Loans Repaid From General Fund	N/A	N/A	N/A	$1,500	N/A	N/A
Fund Balance	$3,136	$3,061	$3,344	$5,024	$4,514	$3,700
Months in Reserve	15.2	15.2	16.1	19.4	15.8	12.6

Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?

In fiscal year 2010-11, a $1.5 million general fund loan was borrowed from the OMBC. The repayment of this loan and related interest was repaid in fiscal year 2019-20.

Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component (list dollars in thousands)

	FY 2016/17		FY 2017/18		FY 2018/19		FY 2019/20	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement	$400	$537	$408	$334	$439	$345	$489	$455
Examination	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Licensing	$556	$122	$567	$139	$610	$138	$643	$165
Administration *	$156	$34	$159	$39	$171	$39	$154	$39
DCA Pro Rata	N/A	$419	N/A	$502	N/A	$456	N/A	$490
Diversion (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
TOTALS	$1,112	$1,112	$1,134	$1,014	$1,220	$978	$1,286	$1,149

*Administration includes costs for executive staff, board, administrative support, and fiscal services.

Describe the amount the board has contributed to the BreEZe program. What are the anticipated BreEZe costs the board has received from DCA?

The OMBC has contributed $460,644 in BreEZe costs through fiscal year 2019-20, with an additional estimated $140,000 budgeted through 2022-23.

Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Licenses are renewed on a biennial basis on the licensee's birth month. Those whose birth month is in an odd numbered month are renewed in odd numbered years and even numbered months is even numbered years. The fee for an active license is $400 and for an inactive license is $300. Delinquent Tax and Registration fee is $100 for an active license and $75 for an inactive license.

Table 4. Fee Schedule and Revenue (list revenue dollars in thousands)

Fee	Current Fee Amount	Statutory Limit	FY 2016/17 Revenue	FY 2017/18 Revenue	FY 2018/19 Revenue	FY 2019/20 Revenue	% of Total Revenue
Biennial Active License Delinquency Fee	$100	$100	$12	$10	$10	$11	0.5%
Biennial Inactive License Delinquency Fee	$75	$75	$5	$4	$4	$3	0.2%
Biennial Active License Renewal	$400	$400	$1,648	$1,507	$1,888	$1,643	74.1%
Biennial Inactive License Renewal	$300	$300	$11	$86	$109	$78	3.1%
Fictitious Name Permit Renewal	$50	$50	$33	$33	$34	$34	1.5%
Application Filing Fee	$200	$400	$173	$207	$198	$189	8.5%

Initial Licensing Fee	Varies	Varies	$214	$184	$185	$287	9.6%
Fictitious Name Permit App Fee	$100	$100	$10	$7	$13	$11	0.5%
Duplicate Certificate Fee	$25	$25	$3	$2	$3	$4	0.1%
Endorsement Fee	$25	$25	$15	$21	$21	$20	0.9%
License Status Change	Varies	Varies	$2	$2	$2	$2	0.1%
Document Sales	Varies	Varies	$0	$42	$0	$0	0.5%
Misc. Service to the Public	Varies	Varies	$0	$0	$0	$24	0.3%
Cite & Fine	Varies	Varies	$2	$4	$13	$4	0.3%

Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)

BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	$ Requested	$ Approved	$ Requested	$ Approved
1111-022	2016 / 17	Ongoing funding for 3.0 positions granted through 2014-15 BCP 1110-26	0.0	0.0	$175,000	$175,000	$0	$0
1111-032	2016 / 17	Rent Augmentation	0.0	0.0	$0	$0	$50,000	$50,000
1111-002	2019 / 20	Budget augmentation for increased enforcement case workload and expert reviewers	0.0	0.0	$0	$0	$250,000	$250,000
1111-013	2019 / 20	Chapter 775, Statutes of 2018 (SB 798)	2.0	2.0	$198,000	$198,000	$26,000 in 2019-20 and $10,000 Ongoing	$26,000 in 2019-20 and $10,000 Ongoing

Staffing Issues

Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.

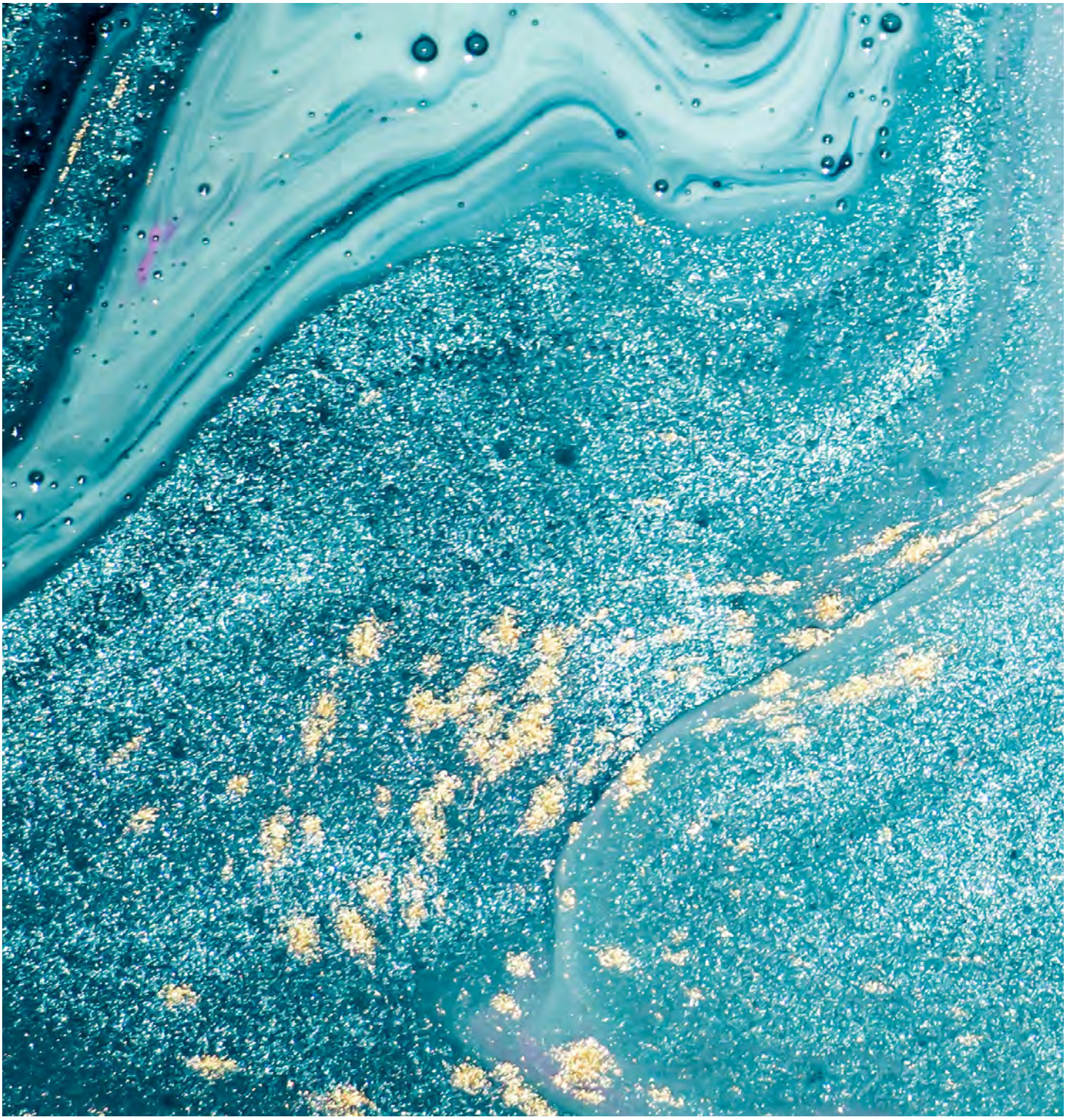
The OMBC's new Executive Director, Mark Ito was hired in February 2020 due to the prior Executive Director retiring in January 2020. The OMBC has excellent retention. The OMBC was granted two additional positions to process the workload associated with its license type, the Postgraduate Training License. The OMBC is collaborating with the DCA's Organizational Improvement Office to reduce the processing times in the Licensing Division and create efficiencies in the OMBC's processes. The OMBC anticipates that the processing times can be reduced within existing resources. However, the OMBC will seek additional staff through the annual budget process if the processing times are not within the target timelines.

Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

The OMBC mostly utilizes the DCA's SOLID training courses, which are included in the DCA pro rata. The OMBC's management staff has attended management training courses provided by the DCA's SOLID team. These courses are provided at no additional cost to the OMBC. The OMBC's enforcement staff has attended the Enforcement Academy and administrative staff have taken the DCA's regulatory class.

SECTION 4

LICENSING PROGRAM



Section 4 – Licensing Program

What are the board's performance targets/expectations for its licensing[2] program? Is the board meeting those expectations? If not, what is the board doing to improve performance? Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?

OMBC performance target for the D.O. license application process is 75 days from the receipt of the application until the issuance of the license. The primary reason the application process is lengthy is that all applications received in this office are incomplete in that required documents, i.e., osteopathic college transcripts, national exam scores, postgraduate training certifications, are primary source documents that are sent to the OMBC office from various institutions at various times. OMBC processes these applications in two steps. The first step includes waiting and gathering the required documents which entails the majority of the application process. The second step takes place after all documents are received, background checks, including the Department of Justice and Federal Bureau of Investigations fingerprint clearances are performed and approved and the application is reviewed for compliance with licensure requirements. The applicant is then billed and must remit their initial licensing fee. Once the fee is received, the issuance of the license takes place. The length of the second step is relatively short if the applicant returns the licensing fee in a timely manner.

OMBC continually evaluates the processing of license applications. Among the processing revisions the Board has made is to utilize existing functionality to improve monitoring of applications at various stages in the process. However, the biggest factor in application delays has been an ever-increasing workload. The OMBC added a licensing staff to handle the new postgraduate training license, but the workload for this new application has far exceeded prior projected workload estimates.

D.O.s are one of the fastest growing segments of health care professionals in the United States. As such, the total number of applications that the OMBC receives has steadily increased since the 2016 Sunset Review. The average processing time to process applications has increased as well. This is partially due to the increase in the total number of applications received per year. The OMBC has been collaborating with the DCA's Organizational Improvement Office to create efficiencies in the licensing process. The OMBC anticipates that the efficiencies created in this process will enable the Licensing Unit to meet the performance targets/expectations within its existing resources, however the OMBC will reevaluate its need for additional staff once the efficiencies are implemented. If additional staff is necessary to meet the OMBC's performance expectations, the OMBC will pursue the positions through the annual budget process.

[2] The term "license" in this document includes a license certificate or registration.

How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

Table 6. Licensee Population					
		FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Osteopathic Physician & Surgeon	Active	9,843	9,441	9,987	10,199
	Delinquent	Unavailable	1,070	1,233	1,316
	Retired	n/a	n/a	n/a	n/a
	Out of State	n/a	n/a	n/a	n/a
	Out of Country	n/a	n/a	n/a	n/a
Fictitious Name Permit	Active	973	728	743	806
	Delinquent	Unavailable	232	276	298
	Retired	n/a	n/a	n/a	n/a
	Out of State	n/a	n/a	n/a	n/a
	Out of Country	n/a	n/a	n/a	n/a
Postgraduate Training License	Active	n/a	n/a	n/a	232
	Delinquent	n/a	n/a	n/a	n/a
	Retired	n/a	n/a	n/a	n/a
	Out of State	n/a	n/a	n/a	n/a
	Out of Country	n/a	n/a	n/a	n/a
Note: 'Out of State' and 'Out of Country' are two mutually exclusive categories. A licensee should not be counted in both.					

Table 7a. Licensing Data by Type											
						Pending Applications			Cycle Times		
	Application Type	Received	Approved	Closed	Issued	Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2017/18	Osteopathic Physician and Surgeon – Initial Application (Step 1)	875	876	n/a	n/a	n/a	n/a	n/a	44	105	n/a
	Osteopathic Physician and Surgeon – Initial Application (Step 2)	901	891	n/a	891	n/a	n/a	n/a	9	8	n/a
	Osteopathic Physician and Surgeon - Renewal	n/a	n/a	n/a	3,976	n/a	n/a	n/a	n/a	n/a	15
	Fictitious Name Permit – Initial Application	142	118	n/a	118	n/a	n/a	n/a	n/a	n/a	30
	Fictitious Name Permit - Renewal	n/a	n/a	n/a	652	n/a	n/a	n/a	n/a	n/a	10
	Postgraduate Training License	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	n/a

FY 2018/19	Osteopathic Physician and Surgeon – Initial Application (Step 1)	999	804	n/a	n/a	n/a	n/a	n/a	67	127	n/a
	Osteopathic Physician and Surgeon – Initial Application (Step 2)	828	773	n/a	773	n/a	n/a	n/a	10	10	n/a
	Osteopathic Physician and Surgeon - Renewal	n/a	n/a	n/a	5,038	n/a	n/a	n/a	n/a	n/a	15
	Fictitious Name Permit – Initial Application	137	94	n/a	94	n/a	n/a	n/a	n/a	n/a	25
	Fictitious Name Permit - Renewal	n/a	n/a	n/a	670	n/a	n/a	n/a	n/a	n/a	10
	Postgraduate Training License	n/a	n/a	n/a	0	n/a	n/a	n/a	n/a	n/a	N/A
FY 2019/20	Osteopathic Physician and Surgeon – Initial Application (Step 1)	986	1,020	n/a	n/a	n/a	n/a	n/a	95	334	n/a
	Osteopathic Physician and Surgeon – Initial Application (Step 2)	1,019	997	n/a	997	n/a	n/a	n/a	11	12	n/a
	Osteopathic Physician and Surgeon - Renewal	n/a	n/a	n/a	4,456	n/a	n/a	n/a	n/a	n/a	15
	Fictitious Name Permit – Initial Application	119	112	n/a	112	n/a	n/a	n/a	n/a	n/a	25
	Fictitious Name Permit - Renewal	n/a	n/a	n/a	678	n/a	n/a	n/a	n/a	n/a	10
	Postgraduate Training License	635	232	n/a	232	n/a	n/a	n/a	n/a	n/a	97
* Optional. List if tracked by the board.											

Table 7b. Total Licensing Data			
	FY 2017/18	FY 2018/19	FY 2019/20
Initial Licensing Data:			
Initial License/Initial Exam Applications Received	1,017	1,136	1,105
Initial License/Initial Exam Applications Approved	1,009	867	1,109
Initial License/Initial Exam Applications Closed			
License Issued	1,009	867	1,109
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)			
Pending Applications (outside of board control)*			
Pending Applications (within the board control)*			
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)			
Average Days to Application Approval (incomplete applications)*	48	54	124
Average Days to Application Approval (complete applications)*	28	34	44
License Renewal Data:			
License Renewed	3,976	5,038	4,456
Note: The values in Table 7b are the aggregates of values contained in Table 7a. * Optional. List if tracked by the board.			

How many licenses or registrations has the board denied over the past four years based on criminal history that is determined to be substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480? Please provide a breakdown of each instance of denial and the acts the board determined were substantially related.

The OMBC has not denied any licenses over the past four years based on criminal history substantially related to the qualifications, functions, or duties of the profession, pursuant to BPC § 480.

How does the board verify information provided by the applicant?

a. **What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant? Has the board denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history? If so, how many times and for what types of crimes (please be specific)?**

   OMBC requires that all applicants have fingerprints completed either manually or via Live Scan pursuant to BPC § 2082 (e) and CCR Title 16, Division 16, Article 4 §1613 (b). Fingerprint clearances are used to determine whether the applicant has a current or past criminal conviction. OMBC also requires a Federation of State Medical Boards (FSMB) background check which reveals licenses held by the applicant in any other state in order to obtain whether any prior or current disciplinary actions have been taken against the applicant by another board.

The OMBC has not denied any licenses over the last four years based on the applicant's failure to disclose information on the application, including failure to self-disclose criminal history.

b. Does the board fingerprint all applicants?

OMBC requires that all applicants be fingerprinted prior to licensure. No licenses are issued until both FBI and DOJ results are obtained and cleared.

c. Have all current licensees been fingerprinted? If not, explain.

All of the OMBC's current licensees have been fingerprinted.

d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?

OMBC uses information obtained by the FSMB to determine if any disciplinary actions have been taken by any other state licensing board prior to the issuance of an initial license. When information is received by OMBC that another state board may have taken disciplinary action against the applicant, OMBC then uses the National Practitioner Data Bank (NPDB) to obtain further disciplinary information. Staff will also obtain certified documents from the other states involved. The NPDB is also used to obtain information on malpractice cases filed against the applicant/licensee. OMBC reports all disciplinary actions to both FSMB and NPDB.

e. Does the board require primary source documentation?

OMBC requires that all osteopathic school transcripts, COMLEX-USA scores, post-graduate forms and license verification from other states be submitted directly to OMBC by primary source.

Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.

OMBC requires that all applicants, both in-state and out-of-state, graduate from an accredited college of osteopathic medicine, complete 36 months of postgraduate training, and successfully complete all levels of the COMLEX-USA exam before applying for licensure. OMBC does not accept foreign graduates from out of the country. Foreign osteopathic schools do not teach the same comprehensive medical and clinical curriculum as is taught in U.S. based osteopathic medical schools.

Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.

a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?

The OMBC identifies and tracks applicants who are veterans.

b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?

See answer in subsection “c” below.

c. What regulatory changes has the board made to bring it into conformance with BPC § 35?

The military does not offer educational credits, which can be applied toward obtaining a D.O. degree, therefore regulatory changes are not necessary.

d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?

Typically, the OMBC receives significantly more requests for waiver of fees, but the vast majority of requests are rescinded when the licensees find out from their commanding officer that they need a full license not a military restricted license that restricts their practice to military bases and facilities. The military license that comes with the fee waiver does not allow practice at non-military civilian facilities. So, the number of those military applicants who really want the military license amounts to approximately four per year. Over the past four years, the OMBC has waived four military application fees each year for the past four years for a total of 16 (16 X $437 = $6,992 in lost revenue).

e. How many applications has the board expedited pursuant to BPC § 115.5?

In reviewing current licensees who are military but are fully licensed and whose license applications were expedited, we have 500 active military licensees and 69 inactive military licensees.

Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

OMBC sends No Longer Interested (NLI) notifications to DOJ on a regular and ongoing basis. The NLI is prepared manually and sent to DOJ when the license is canceled. There is no backlog at this time.

Examinations

Table 8. Examination Data		
California Examination (include multiple language) if any:		
License Type		The OMBC relies on a national examination that is generated by the National Board of Osteopathic Medical Examiners.
Exam Title		
FY 2016/17	# of 1st Time Candidates	
	Pass %	
FY 2017/18	# of 1st Time Candidates	
	Pass %	
FY 2018/19	# of 1st Time Candidates	
	Pass %	
FY 2019/20	# of 1st time Candidates	
	Pass %	
Date of Last OA		
Name of OA Developer		
Target OA Date		
National Examination (include multiple language) if any:		
License Type		The OMBC relies on a national examination that is generated by the National Board of Osteopathic Medical Examiners.
Exam Title		
FY 2016/17	# of 1st Time Candidates	
	Pass %	
FY 2017/18	# of 1st Time Candidates	
	Pass %	
FY 2018/19	# of 1st Time Candidates	
	Pass %	
FY 2019/20	# of 1st time Candidates	
	Pass %	
Date of Last OA		
Name of OA Developer		
Target OA Date		

Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required? Are examinations offered in a language other than English?

OMBC does not administer examinations but relies on a national examination that is generated and administered by the National Board of Osteopathic Medical Examiners (NBOME). The examination, the NBOME Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) is the recognized national evaluative instrument for osteopathic students and graduates, and successful completion is required for osteopathic licensure in California.

COMLEX Level 1 is a problem-based assessment, which integrates the foundational and basic biomedical sciences of anatomy, behavioral science, biochemistry microbiology, osteopathic principles, pathology, pharmacology, physiology and other areas of medical knowledge as they relate

to solving clinical problems and in providing osteopathic medical care to patients. The exam consists of two four-hour computer-based sessions taken in one day. Candidates must pass Level 1 before taking Level 2.

COMLEX Level 2 Cognitive Evaluation (CE) is a problem-based and symptoms-based assessment, which integrates the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles and neuromusculoskeletal medicine, pediatrics, psychiatry, surgery, and other areas relevant to solving clinical problems in proving osteopathic medical care to patients. The exam consists of two four-hour computer-based test sessions during one day, related to diverse clinical and patient presentations.

COMLEX-USA Level 2-Performance Evaluation (PE) is a one-day examination of clinical skills where each candidate encounters 12 standardized patients over the course of a seven-hour examination day. The COMLEX-USA Level 2-PE augments the written COMLEX-USA Level 2-CE of osteopathic medical knowledge by providing an assessment of fundamental clinical skills. The clinical skills tested include: physician-patient communication, interpersonal skills and professionalism, medical history-taking and physical examination skills, osteopathic principles and osteopathic manipulative treatment, and documentation skills. These patient-centered skills are evaluated in the context of clinical encounters with standardized patients whom the candidate evaluates over 14-minutes durations (maximum).

COMLEX Level 3 is also a problem-based and symptoms-based assessment, which integrates the clinical disciplines of emergency medicine, family medicine, internal medicine, obstetrics/gynecology, osteopathic principles and neuromusculoskeletal medicine, pediatrics, psychiatry, surgery, and other areas relevant to solving clinical problems in proving osteopathic medical care to patients. Passing Level 3, candidate has demonstrated competence in the clinical and biomedical sciences and osteopathic principles as required to solve clinical problems and manage patient presentation in unsupervised osteopathic medical clinical practice setting.

The COMLEX-USA is only offered in the English language.

What are pass rates for first time vs. retakes in the past 4 fiscal years? *(Refer to Table 8: Examination Data)* Are pass rates collected for examinations offered in a language other than English?

OMBC does not administer examinations but does rely on a national examination that is generated and administered by the National Board of Osteopathic Medical Examiners (NBOME). The examination, the NBOME Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) is the recognized national evaluative instrument for osteopathic students and graduates, and successful completion is required for osteopathic licensure in California.

Since the OMBC relies on a national examination that is generated and administered by the NBOME, the OMBC does not track the pass rates for the examination.

Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?

The OMBC does not administer examinations. The OMBC receives Board scores from the National Board of Osteopathic Medical Examiners (NBOME) as an original source document.

Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

There are no existing statutes that hinder the efficient and effective processing of applications. OMBC does not administer examinations.

School approvals

Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?

All osteopathic colleges are approved by the Commission on Osteopathic College Accreditation (COCA) utilizing COM Accreditation Standards and Procedures; and are recognized by the U.S. Department of Education. Neither the BPPE nor OMBC, working independently or in conjunction, have a role in the accreditation of any osteopathic college. Schools of Osteopathic Medicine are reviewed by the COCA on a scheduled basis and must satisfactorily meet all markers on the stringent accreditation timetable to obtain provisional and/or permanent accreditation. Schools strive to obtain full accreditation status through the COCA and once approved are granted a seven-year certification, which will need to be reassessed at the end of the seventh year or prior to if otherwise directed by the COCA. OMBC has no role in approval of international schools as there are no colleges outside of the United States which have curricula commensurate with the American model.

How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?

The OMBC does not have a role in the approval process of schools.

What are the board's legal requirements regarding approval of international schools?

OMBC has no role in approval of international schools as there are no colleges outside of the United States which have curricula commensurate with the American model.

Continuing Education/Competency Requirements

Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.

Chapter 775, Statutes of 2017 (Senate Bill 798) made significant changes to the OMBC's continuing medical education (CME) requirement. Prior to this bill being signed by the Governor on October 13, 2017, the requirement for licensees of OMBC was that licensees must complete 150 hours of CME over a three-year cycle with 60 hours obtained in Category 1A or 1B as established by the American Osteopathic Association (AOA). Chapter 775 changed this requirement to 100 hours of CME over a two-year cycle with 40 hours obtained in Category 1A or 1B as established by the AOA.

a. How does the board verify CE or other competency requirements? Has the Board worked with the Department to receive primary source verification of CE completion through the Department's cloud?

OMBC verifies compliance of CME at the time of renewal. Applications for renewal must be accompanied by certificates of completion of courses attended. Technology is advancing rapidly, and new products are emerging. The OMBC continues to explore technological options that are reliable, secure, and protect confidential information at an affordable price that will ultimately save workload and create efficiencies for the OMBC.

b. Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.

Since the OMBC verifies compliance of CME at the time of renewal, there is no need for CE audits of licensees. However, the OMBC is in the process of promulgating regulations that will establish a post-renewal audit for its licensees. This will make the renewal process more efficient and will enable the OMBC to utilize the full capabilities of the BreEZe computer system.

c. What are consequences for failing a CE audit?

Currently, licensees who do not show documentation of the required continuing medical education hours will not have their license renewed until such time all required hours are completed.

Once the OMBC's post-renewal audit regulation is promulgated, licensees who fail a CME audit will be issued a citation and fine and will be unable to renew their license during their next renewal cycle until they have made up deficient coursework and paid their fine.

d. How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?

See answer in subsection "b" above.

e. What is the board's course approval policy?

OMBC accepts all CME courses which are pre-approved by the American Osteopathic Association and/or American Medical Association (AMA).

f. Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?

OMBC does not approve CME providers or courses. OMBC accepts all CME courses which are pre-approved by the American Osteopathic Association and/or American Medical Association (AMA).

g. How many applications for CE providers and CE courses were received? How many were approved?

OMBC does not approve CME providers or courses.

h. Does the board audit CE providers? If so, describe the board's policy and process.

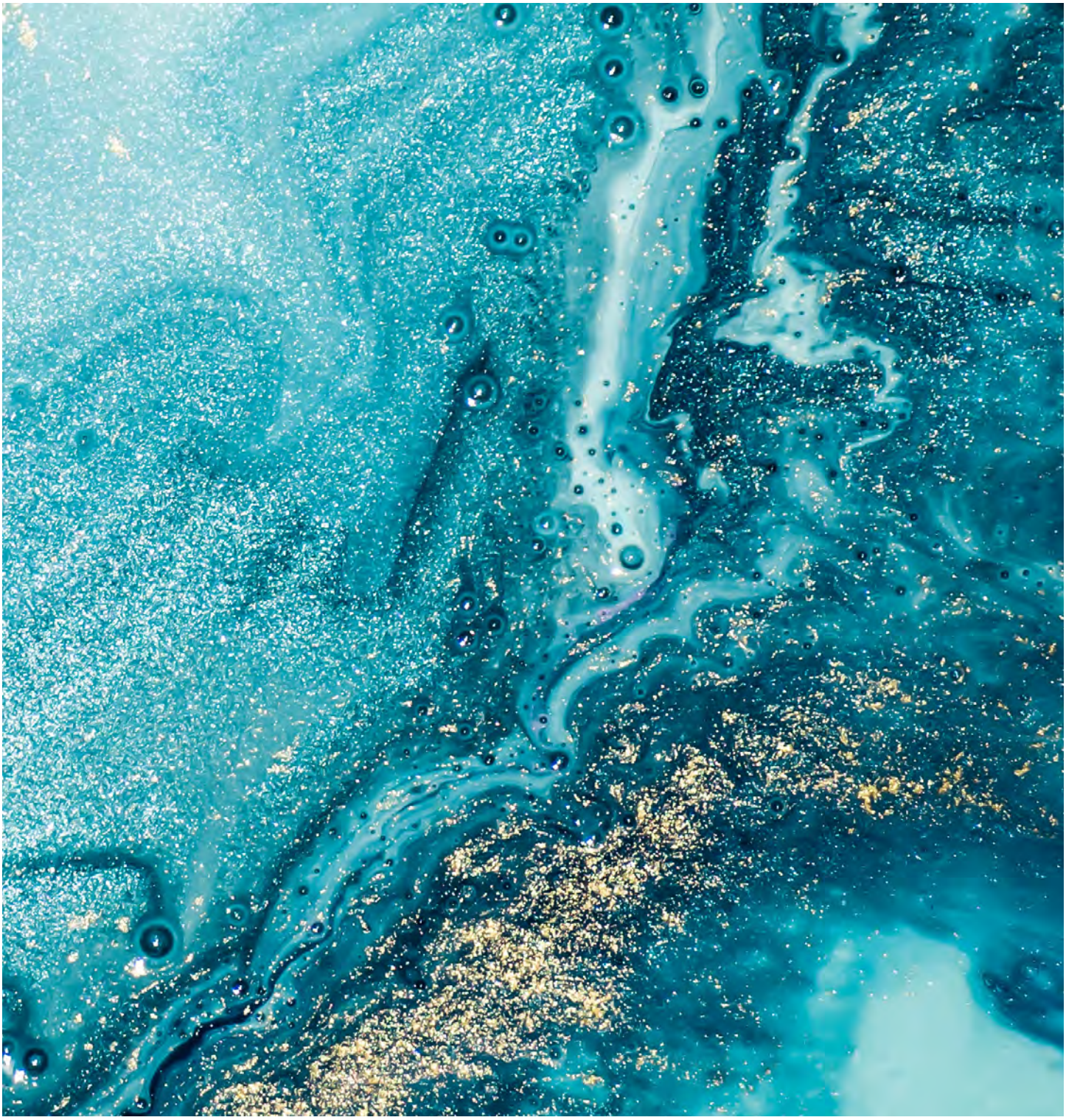
OMBC does not approve CME providers or courses. OMBC accepts all CME courses which are pre-approved by the American Osteopathic Association and/or American Medical Association (AMA).

i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance-based assessments of the licensee's continuing competence.

OMBC is very specific regarding CME requirements for all licensees. Licensees are required to provide documentation of having completed 100 hours every two years. Of the required 100 hours, 40 hours must be Category 1A or 1B as established by the American Osteopathic Association (AOA). The OMBC verifies compliance as all applications for renewal must be accompanied by certificates of completion of courses attended. The required presentation of certificates eliminates the need for scheduled audits. All CME approval including course providers and auditing is provided by the AOA Council of Continuing Medical Education. Individuals lacking the required CME are denied renewal of licensure until the deficits have been eliminated.

SECTION 5

ENFORCEMENT PROGRAM



What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?

The performance target for intake in fiscal years 2017-18 and 2018-19 was 30 days (1 month) from the complaint received date to the date the complaint was assigned to an investigator (Performance Measure 2). During those fiscal years, the OMBC has met this target in six quarters and did not in two quarters. The majority of the performance targets were met during these quarters. The performance target for intake in fiscal year 2019-20 was adjusted to 10 days from the complaint received date to the date the complaint was assigned to an investigator. During this fiscal year, the OMBC did not meet this target in any of the four quarters. The OMBC is in the process of hiring an additional enforcement staff to process the workload associated with this backlog. With this additional position, the OMBC anticipates alleviating this backlog within existing resources.

The performance target for investigations is 360 days (12 months) from the date the complaint was received to closure of the investigation (Performance Measure 3). This performance measure includes both internal and field (sworn) investigations. The OMBC has consistently met this target for the last three years. The highest average cycle time was 208 days during the first quarter of fiscal year 2019-20. The lowest average cycle time was 124 days during the third quarter of 2019-20.

The performance target for Formal Disciplines is 540 days (18 months) from the complaint received date to the disciplinary order filed date (Performance Measure 4). This performance target is largely outside the of the OMBC's control once the case is transmitted to the Attorney General. In general, these cases are heavily investigated by sworn investigators and require a medical expert to provide an opinion. During the third quarter of fiscal year 2017-18 and the fourth quarter of 2018-19, the OMBC was able to meet the performance target.

Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

The complaint volume intake has increased an average of 8 percent per fiscal year; 519, 565 and 609 respectively. The average case volume per quarter was 130 in 2017-18, 141 in 2018-19 and 152 in 2019-20. The 152 average case volume per quarter in 2019-20 is an 18 percent from the 129 average case volume per quarter in 2015-16. This is a significant increase in the OMBC's case volume and is the primary contributor to the OMBC not meeting its target performance expectations. The OMBC is in the process of hiring an additional enforcement staff to alleviate the backlog.

Additional action the OMBC has taken to improve efficiencies and reduce case aging is to implement a monthly report that identifies cases in which the complainant has not responded to an inquiry from the OMBC. These cases are closed if it is determined that the OMBC cannot proceed without the response from the complainant.

Other means that the OMBC is taking to improve efficiencies in enforcement is the implementation of QBIRT (Quality Business Interactive Report Tool IBM Cognos Report Studio). With this data management tool, the OMBC can create and manage reports to provide better insight into our cases.

Table 9a. Enforcement Statistics			
	FY 2017/18	FY 2018/19	FY 2019/20
COMPLAINT			
Intake			
Received	567	614	624
Closed	2	0	2
Referred to INV	545	519	570
Average Time to Close	37	32	50
Pending (close of FY)	41	110	165
Source of Complaint			
Public	439	416	461
Licensee/Professional Groups	99	98	89
Governmental Agencies	43	52	40
Other	0	0	0
Conviction / Arrest			
CONV Received	17	26	17
CONV Closed	0	0	0
Average Time to Close	0	0	0
CONV Pending (close of FY)	1	3	2
LICENSE DENIAL			
License Applications Denied	1	0	1
SOIs Filed	1	0	1
SOIs Withdrawn	0	0	0
SOIs Dismissed	0	0	0
SOIs Declined	0	0	0
Average Days SOI	345	0	0
ACCUSATION			
Accusations Filed	17	14	13
Accusations Withdrawn	0	0	1
Accusations Dismissed	0	0	0
Accusations Declined	1	0	0
Average Days Accusations			
Pending (close of FY)	5	0	4
DISCIPLINE			
Disciplinary Actions			
Proposed/Default Decisions	4	9	3
Stipulations	14	11	7
Average Days to Complete	734	788	902
AG Cases Initiated	35	19	16
AG Cases Pending (close of FY)	29	24	27
Disciplinary Outcomes			
Revocation	2	2	1
Voluntary Surrender	3	7	2
Suspension	0	0	0
Probation with Suspension[1]	0	0	0
Probation[2]	4	10	5
Probationary License Issued	0	0	0
Other	7	2	2
PROBATION			

New Probationers	6	11	5
Probations Successfully Completed	6	7	8
Probationers (close of FY)	41	Unknown	36
Petitions to Revoke Probation	0	0	0
Probations Revoked	1	1	0
Probations Modified	2	1	2
Probations Extended	0	0	0
Probationers Subject to Drug Testing	9	7	8
Drug Tests Ordered	401	375	300
Positive Drug Tests	0	0	1
Petition for Reinstatement Granted	1	0	0
DIVERSION			
New Participants	2	3	1
Successful Completions	0	4	1
Participants (close of FY)	9	7	8
Terminations	1	0	0
Terminations for Public Threat	2	1	0
Drug Tests Ordered	401	375	300
Positive Drug Tests	0	0	1

Table 9b. Enforcement Statistics (continued)			
	FY 2017/18	FY 2018/19	FY 2019/20
INVESTIGATION			
All Investigations			
First Assigned	563	543	570
Closed	540	569	523
Average days to close	124	116	125
Pending (close of FY)	219	191	252
Desk Investigations	491	614	571
Closed	534	585	535
Average days to close	92	94	93
Pending (close of FY)	116	147	193
Non-Sworn Investigation	N/A	N/A	N/A
Closed	N/A	N/A	N/A
Average days to close	N/A	N/A	N/A
Pending (close of FY)	N/A	N/A	N/A
Sworn Investigation	28	33	37
Closed	34	18	31
Average days to close	488	542	275
Pending (close of FY)	29	43	53
COMPLIANCE ACTION			
ISO & TRO Issued	1	0	0
PC 23 Orders Requested	1	0	1
Other Suspension Orders	4	0	0
Public Letter of Reprimand	2	2	0
Cease & Desist/Warning	0	0	0
Referred for Diversion	2	3	1
Compel Examination	0	0	0
CITATION AND FINE			
Citations Issued	4	7	3
Average Days to Complete	74	63	95
Amount of Fines Assessed	$5,500	$15,700	$4,500
Reduced, Withdrawn, Dismissed	1	2	0
Amount Collected	$3,000	$13,100	$3,500
CRIMINAL ACTION			
Referred for Criminal Prosecution	1	1	3

Table 10. Enforcement Aging						
	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
0 - 1 Year	5	5	7	3	20	30.3%
1 - 2 Years	5	2	4	1	12	18.2%
2 - 3 Years	2	3	3	1	9	13.7%
3 - 4 Years	4	3	7	4	18	27.3%
Over 4 Years	2	3	1	1	7	10.5%
Total Attorney General Cases Closed	18	16	22	10	66	100%
Investigations (Average %)						
Closed Within:						
90 Days	304	280	335	334	1,253	58.9%
91 - 180 Days	139	169	151	110	569	26.7%
181 - 1 Year	30	60	50	40	180	8.4%
1 - 2 Years	16	20	24	16	76	3.6%
2 - 3 Years	9	11	9	23	52	2.4%
Over 3 Years	0	0	0	0	0	0
Total Investigation Cases Closed	498	540	569	523	2,130	100%

What do overall statistics show as to increases or decreases in disciplinary action since last review?

The statistics show that the overall case workload has increased each year. Since the last oversight review, the case intake volume has increased by 18 percent. The OMBC cycle time of Performance Measure 4 (the average days to complete a case from the received date to the filed date of the disciplinary order) has slightly increased from the last oversight review. The average cycle time in the previous oversight review was 754 days. For this oversight review, the average cycle time is 808 days, which represents a seven percent increase.

How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.

OMBC prioritizes its cases pursuant to BPC § 2220.05.

Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?

BPC § 801, § 801.1, § 802 requires insurers providing professional liability insurance to a licensee, must report malpractice settlements over $30,000 to the OMBC.

B &P Code § 803 requires the clerk of the court to report a physician and surgeon who has committed a crime, or is liable for any death or personal injury resulting in a judgment of any amount caused by his/her negligence or incompetence.

BPC § 802.5 requires Coroners to report to the board, any death that may be the result of a physician's gross negligence or incompetence.

BPC § 803.5 requires the district attorney, city attorney or other prosecuting agency to notify the board and the clerk of the court in which the charges have been filed, of any filings against a licensee of the Board charging a felony. The clerk of the court in which a licensee of the board is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board.

BPC § 805 requires any peer review body of health care facilities, hospitals, clinics or other setting providing medical services, to report to the board, any action taken with regards to staff privileges. These include, but not limited to denial or termination of staff privileges or employment, and/or restrictions imposed on staff privileges.

OMBC has not experienced any problems in receiving these mandated reports.

a. What is the dollar threshold for settlement reports received by the board?

BPC § 801, § 801.1, § 802 requires insurers providing professional liability insurance to a licensee, must report malpractice settlements over $30,000 to the OMBC.

b. What is the average dollar amount of settlements reported to the board?

OMBC has not been tracking the average dollar amount of settlements reported to the OMBC.

Describe settlements the board, and Office of the Attorney General on behalf of the board, enter into with licensees.

A Stipulated Settlement offer can be made to the licensee and/or his/her legal counsel. Once a settlement offer is reached, the Deputy Attorney General will prepare a Stipulated Settlement and Disciplinary Order, which is signed by both the respondent, his/her legal counsel, if applicable, and the Deputy Attorney General. The document is then submitted to the board members for their vote. If the board members vote to adopt the settlement, then the Stipulated Settlement and Disciplinary Order are filed.

OMBC follows their Disciplinary Guidelines to ensure that the terms and conditions of the probation fit the violations committed by the licensee. The probationary period, on an average, runs five years. If the violation includes negligence or incompetence, the probationary term may include a comprehensive Physician Assessment and Clinical Evaluation course, a supervised structured practice, or a practice monitor. OMBC will require the licensee take courses, such as recordkeeping, prescribing course, ethics course and other courses which would fit the violations committed by the licensee. If the violation includes drug and/or alcohol impairment, the licensee may be required to enter and participate in OMBC's diversion program until such time the program feels the licensee is rehabilitated and no longer in need of monitoring. OMBC also collects cost recovery of investigative and prosecuting costs.

a. What is the number of cases, pre-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

Decision Type Outcome	Case Count from 7/1/2016 to 6/30/2020
Stipulations Pre-Accusation/SOI	8
Hearing Decisions	6
Default Decisions*	9
*Default decisions are included as they represent another potential method through which a disciplinary action can be taken.	

b. What is the number of cases, post-accusation, that the board settled for the past four years, compared to the number that resulted in a hearing?

Decision Type Outcome	Case Count from 7/1/2016 to 6/30/2020
Stipulations Post-Accusation/SOI	52
Hearing Decisions	6
Default Decisions*	9
*Default decisions are included as they represent another potential method through which a disciplinary action can be taken.	

c. What is the overall percentage of cases for the past four years that have been settled rather than resulted in a hearing?

Decision Type Outcome	Percent from 7/1/2016 to 6/30/2020
Stipulations	78%
Hearing Decisions	13%
Default Decisions*	9%
*Default decisions are included as they represent another potential method through which a disciplinary action can be taken.	

Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?

Yes, OMBC operates pursuant to BPC § 2230.5, Limitation of Action.

An accusation filed against a licensee shall be filed within three years after the OMBC discovers the act or omission alleged as the grounds for discipline, or within seven years after the act or omission alleged as the ground for discipline occurs, whichever occurs first.

Describe the board's efforts to address unlicensed activity and the underground economy.

OMBC aggressively investigates any allegations of unlicensed activities; especially when a licensee of OMBC is involved in aiding and abetting of unlicensed practice. Majority of these cases involve the illegal Corporate Practice of Medicine, in which a licensee is hired by a non-physician and "lends" his/her license to unqualified individuals, who run medical spas and/or medical marijuana clinics.

Cite and Fine

Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the $5,000 statutory limit?

Cite and Fine is used by OMBC as a disciplinary measure for D.O.s who remain refractory to board policies and orders. OMBC envisions this as a tool to remind its licensees that failure to be compliant can result in penalty. The current limit is still set at $2,500; however, OMBC may include a fine of $2,501 to $5,000, if the citation involves a violation that has an immediate relationship to the health and safety of another person; the cited individual has a history of two or more prior citations of the same or similar violations, the citation involves multiple violations that demonstrate a willful disregard of the law, or the citation involves a violation or violations perpetrated against a senior citizen or disabled person.

How is cite and fine used? What types of violations are the basis for citation and fine?

A cite and fine is issued for minor violations of the law or unlicensed practice of medicine. For unlicensed practice of medicine, the OMBC does not have jurisdiction to discipline anyone not licensed by the OMBC; however, the OMBC is authorized to issue citations and fines and abatement orders to those who are found to have practiced medicine without a license.

The list of citable offenses is listed in the OMBC's regulations Title 16, California Code of Regulations Section 1659.31. It is not considered a disciplinary action under the California law, but is an administrative action. Payment of the fine amount and compliance with an abatement order represents satisfactory resolution of the matter.

How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?

OMBC held two informal office conferences of a citation and fine in the last four fiscal years. One conference in fiscal year 2018-19 and one in 2019-20.

What are the 5 most common violations for which citations are issued?

The most common violations for which a cite and fine is utilized are:

- Failure to provide medical records to patients in a timely manner
- Failure to display their earned degree
- False advertising
- Use of fictitious business name without valid fictitious name permit

- Failure to notify the OMBC of change of address

What is average fine pre- and post- appeal?

The average fine, pre- and post- appeal is $750.

Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

OMBC currently utilizes the Franchise Tax Board intercept program to collect outstanding fines.

Cost Recovery and Restitution

Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.

Pursuant to BPC § 125.3, OMBC has the authority to collect cost recovery of investigative and enforcement costs from the licensee. The Administrative Law Judge (ALJ) may order the licensee to reimburse OMBC its investigative and enforcement cost as part of a disciplinary order. During a settlement conference, cost recovery can be used as a negotiating tool. Once a licensee is placed on probation and a cost repayment becomes a condition of the probationary order, OMBC's probation monitor tracks compliance of the repayment. Those whose order allows for a payment plan will set up a plan with the probation monitor. The probation monitor ensures that the payments are made in a timely manner. For those who may become delinquent or miss a payment, the probation monitor will either contact them by phone or in writing to get the probationer back on track with their payment. If the probationer does not comply with the probation monitor's request, a Petition to Revoke Probation will be filed for violation of probationary order. With the probation monitor's active involvement, OMBC has been successful in obtaining the ordered cost recovery.

How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.

The amount ordered is found in Table 11, Cost Recovery. When an ALJ orders cost recovery in a revocation case, it is usually difficult to collect as the revocation takes away the D.O.'s means of income and therefore may have little or no financial resource. OMBC feels that their mission is met when the ultimate result is revocation of a license in the most egregious cases; and that the cost incurred in these cases are well spent in protection of the consumers. However, one of the terms in the final order will state that the full cost recovery will need to be paid before respondent can petition the OMBC for reinstatement of his or her license. This language is also often included in a Stipulated Surrender of a license.

Are there cases for which the board does not seek cost recovery? Why?

When negotiating a stipulated surrender of a license, sometimes, it is best to waive cost recovery in exchange for a surrender of license. This saves hearing costs and other additional administrative costs, which, in the long run, could be a cost saving. In some cases, which are heard before the ALJ, the ALJ may reduce the amount of cost recovery sought by OMBC or may reject OMBC's request for cost recovery.

Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.

OMBC has implemented utilization of the Franchise Tax Board intercept to collect cost recovery since the last oversight report.

Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

OMBC has not ordered restitution to any consumer.

Table 11. Cost Recovery (list dollars in thousands)

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Total Enforcement Expenditures				
Potential Cases for Recovery *	11	9	19	7
Cases Recovery Ordered	11	9	19	7
Amount of Cost Recovery Ordered	$163	$43	$162	$106
Amount Collected	$84	$53	$90	$82

* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.

Table 12. Restitution (list dollars in thousands)

	FY 2016/17	FY 2017/18	FY 2018/19	FY 2019/20
Amount Ordered	0	0	0	0
Amount Collected	0	0	0	0

SECTION 6

PUBLIC INFORMATION POLICIES

Section 6 –
Public Information Policies

How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?

OMBC uses its website to provide information regarding board activities as well as legislative and regulatory changes. All board and committee meetings are noticed a minimum of ten days prior to the meeting. At this time, the board agendas and materials on the website date back to 2009.

Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?

OMBC has been webcasting all board meetings since September 2013. Links to webcasts of our prior meetings can be found on our website. The length of time to retain webcast of prior meetings has not been established. Since COVID19, the OMBC has held all meetings by Web Ex and the recordings are located in the same DCA archived web page as the webcasts are located.

Does the board establish an annual meeting calendar, and post it on the board's web site?

OMBC sets the dates for their annual meetings at the January meeting and those dates are published on our website.

Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

OMBC's complaint disclosure policy is consistent with DCA's Recommended Minimum Standards for Consumer Complaint Disclosure. All accusations, petition to revoke probation, statement of issues and all disciplinary actions are posted on the website. These disciplinary documents are linked to the licensee's individual records and consumers may view all documents by selecting the link provided.

What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

In addition to the issuance of licensure and expiration dates, the status of license and address of record of the licensee, consumers can also find information such as number of years of postgraduate training, practice specialty and certification. D.O.s may opt to disclose additional information such as cultural background, foreign language proficiency and their gender.

Additionally, all discipline, past and current, are published. OMBC's website home page provides a link to licensure verification through BreEZe. Using the BreEZe system, consumers may verify the license status, including the information detailed above.

What methods are used by the board to provide consumer outreach and education?

OMBC's website has a "consumer" tab that when selected, provides links to information such as complaint process, frequently asked questions and answers regarding the complaint process, online license search and enforcement actions. OMBC provides a general email address to which consumers may write with questions regarding the osteopathic profession, licensee information and other OMBC functions.

Additionally, OMBC offers a subscriber list that allows consumers to sign up for alerts on enforcement actions and/or information such as board meeting agendas and materials, legislative changes, and opportunity to comment on pending regulations.

SECTION 7

ONLINE PRACTICE ISSUES

Section 7 –
Online Practice Issues

Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

Online practice has become available as an option for patients, but there are still restrictions that limit the scope of online practice without a physical examination of the patient. For this reason, the online practice remains limited in scope. The profession has been wary to change clinical guidelines that would otherwise require a physician to be present in examining the patient in person.

Online practice is regulated the same as the practice in the office setting. The BPC code contains the standards for the practice of Osteopathic Medicine and all practitioners are held to the same level. Under current law, all online practitioners providing care to California based patients must be licensed by the state of California. This requirement is the single best protection of consumers from unlicensed practice and assures quality of care by online practitioners.

The OMBC anticipates the expansion of online practice, particularly in areas where providers are few and travel is difficult; and for senior citizens for whom travel to the provider's office is a burden. The issue of unlicensed activity, although currently not significant, requires continuous monitoring as the expected expansion takes effect and what is designed to be a benefit to patients is seen as an opportunity for some elicit individuals. However, the OMBC remains vigilant.

SECTION 8

WORKFORCE DEVELOPMENT AND JOB CREATION

Section 8 –
Workforce Development and Job Creation

What actions has the board taken in terms of workforce development?

OMBC complies with BPC § 2099.6 by expediting license applications of D.O.s who can demonstrate that he or she will be practicing in an underserved area as defined by Health and Safety Code § 128565. Additionally, OMBC expedites license applications of all osteopathic physicians and surgeons who are or have served in the armed forces, or D.O.s who are spouse or domestic partner of a current military personnel actively stationed in California. The OMBC is in the process of implementing AB 2113 that requires the OMBC to expedite applications from asylum seekers. The OMBC has collaborated with various University of California workforce research projects providing data only.

Describe any assessment the board has conducted on the impact of licensing delays.

OMBC continually evaluates the processing of license applications. Among the processing revisions the OMBC has made is to utilize existing functionality to improve monitoring of applications at various stages in the process. However, the biggest factor in application delays has been an ever-increasing workload. The OMBC added a licensing staff to handle the new postgraduate training license, but the workload for this new application has far exceeded prior projected workload estimates.

The OMBC did try to mitigate the workload with offering the new license type postgraduate training license as an online application; however, less than 50% of applicants utilize the online application so the OMBC still must process a significant amount of manual applications that arrive by mail. The OMBC is in the process of creating an online application for the physician and surgeon license and hopes to have that implemented in the next year or two. However, given the track record for licensees utilizing online versus manual applications, the OMBC does not anticipate a significant workload savings as a result of offering applications online.

Currently, the OMBC has the following applications online: physician and surgeon license renewals, fictitious name permit renewals, postgraduate training license, postgraduate training address changes, duplicate certificate requests, license verifications. The OMBC is in the process of offering online applications for the following requests: address changes, duplicate license requests, and license verifications for the physician and surgeon applicants. In response to COVID19, the OMBC began accepting online notary from Notary Cam, an online notary service that verifies identification of the applicant. The OMBC is in the process of implementing VeriDoc for license verifications.

Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

Prior to COVID19, OMBC tried to hold at least one board meeting annually at an osteopathic medical school to encourage students to attend these meetings. That annual meeting with students provided tremendous outreach opportunity for students to see the licensing policy and issues along with disciplinary cases discussed by the OMBC.

The OMBC works closely with the Osteopathic Physician and Surgeons of California (OPSC) to get out critical information about the change in licensure requirements and the requirements of the new postgraduate training license.

Describe any barriers to licensure and/or employment the board believes exist.

OMBC does not believe there are any barriers to licensure and/or employment for D.O.s.

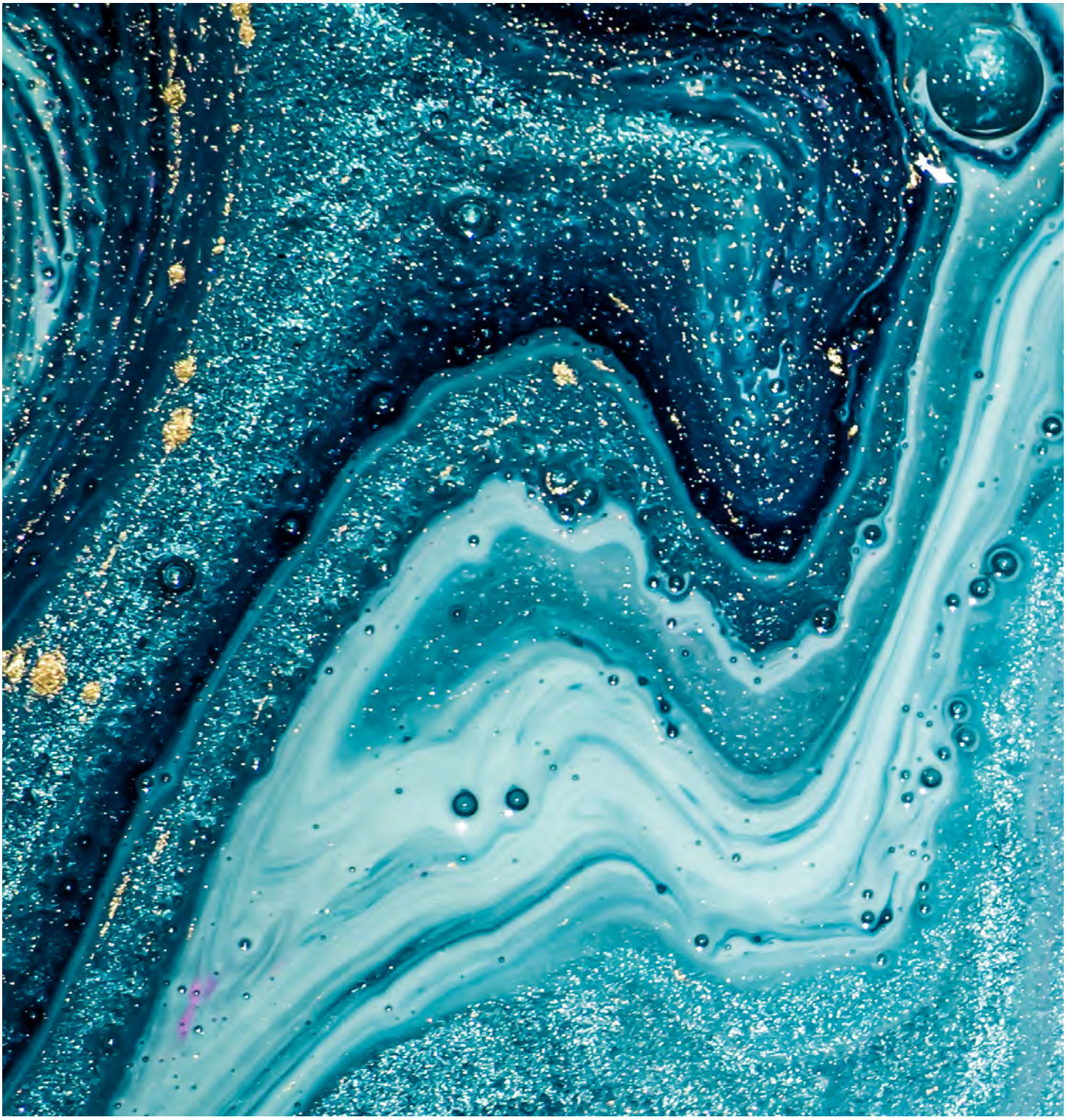
Provide any workforce development data collected by the board, such as:

a. **Workforce shortages**
b. **Successful training programs.**

OMBC does not collect workforce development data. OMBC may consider a research analyst position in the future to collect such data.

SECTION 9

CURRENT ISSUES



What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

The OMBC's disciplinary guidelines that included the addition of the Uniform Standards for Substance Abusing Licenses was rejected by OAL and the subsequent resubmission was denied by DCA. The issue for the rejection related to the language explaining the Uniform Standards. Subsequently, DCA reconvened the workgroup to explore revision to the Uniform Standards. That workgroup has not completed its revisions to the Uniform Standards. In response, the OMBC revised the Disciplinary Guidelines to remove the Uniform Standards language and so the package going forward only revises the disciplinary guidelines updated language that was not flagged by OAL or DCA. The OMBC has approved the language and the revised regulatory package is being drafted.

Once the DCA workgroup completes their recommended revisions to the Uniform Standards, the OMBC will promulgate a regulatory package that adds the Uniform Standards to the OMBC's disciplinary guidelines with updated changes. In the meantime, the Maximus contract for the OMBC's Diversion Program does incorporates the Uniform Standards and they enforcement them on behalf of the OMBC. So, while the regulatory package is pending, the OMBC is enforcing the current standards in its Diversion Program.

What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

No regulations were necessary because the provisions in CPEI are already in statute. BPC § 2224 provides delegated authority to the Executive Director of OMBC to accept and sign Default Decisions and Stipulated Surrender of Licenses. Pursuant to the CPEI, in 2013, we added one additional enforcement analyst and a half time medical consultant.

Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

a. **Is the board utilizing BreEZe? What Release was the board included in? What is the status of the board's change requests?**

   OMBC was part of Release 1 for the new BreEZe data system. Release 1 was implemented in October 2013.

   Since the initial launch of BreEZe, OMBC staff has continued to work with the DCA BreEZe team and the vendor to develop and enhance reports for licensing and enforcement purposes. Staff attend regular meetings with users of the license and enforcement system from other boards to continuously compare and learn about the use of the many functions offered in BreEZe. Additionally, OMBC staff continues its work to identify issues in the data system and to submit a request for change, when needed.

   During the current review period, the OMBC has continued to update Breeze to add additional functionality, update enforcement codes as a result of legislation and data tracking requirements. In anticipation of the end of the Accenture Contract, DCA was proactive in introducing various Enterprise software additions that has vastly improved data access and functionality. Currently, a

new software that allows changes to the Physician Survey is being implemented. This new software solves the problem with Breeze that the survey could not be modified easily and cost effectively. Once implemented this new software will provide more convenient access to data and allows Boards to change the wording on the survey to add new specialties or missing specialties.

Another exciting change is the project management software that tracks requests for changes to Breeze. It is user friendly and provides Boards with weekly updates on status of requests and what requests are assigned for release implementation. DCA has also reorganized how often they do releases so they offer more releases more frequently. This has reduced the wait time from a request to change Breeze to its implementation. As a result, OMBC has been able to implement its requests for Breeze changes within a much shorter time frame than in the past. OMBC has been able to both fix issues and add new functionality within a short time frame. DCA has also taken the lead on addressing legislative changes globally, which has saved IT workload for the Board staff and has produced smooth Breeze implementation of legislative changes. DCA has also created a data portal to handle external data requests that provides data transparency and saves Board workload.

For convenience to applicants, OMBC currently offers its physician and surgeon license renewals online, the postgraduate training license application, address change, duplicate license request, and license verification online, and renewal of fictitious name permits. The OMBC is currently designing the physician and surgeon license application, name change, license verification and duplicate license requests to be available online. The OMBC continues to explore other software, web portal or cloud options for improving its daily operations without compromising the integrity of the process and evaluation of credentials and licensing requirements.

While the OMBC has been playing catch-up on its Breeze implementations since 2013, OMBC is finally in the position to focus on utilizing technology for streamlining daily operations. The OMBC has implemented some existing breeze functionality to better track license applications through the different stages of processing and continues to explore some unutilized functionality of Breeze. The OMBC continues to explore other software, web portal or cloud options for improving its daily operations without compromising the integrity of the process and evaluation of credentials and licensing requirements.

SECTION 10

BOARD ACTIONS AND RESPONSES TO COVID-19

Section 10 – Board Actions and Responses to COVID-19.

In response to COVID-19, has the board implemented teleworking policies for employees and staff?

OMBC continues to encourage telework for employees whose duties can be performed remotely. OMBC has identified several workplace safety protocols to reduce the risk of COVID-19 exposure to employees. These protocols include encouraging the utilization of telework, staff rotation schedules, and staggered employee office visits. OMBC has implemented new cleaning and disinfecting protocols, office equipment practice, front counter protocols, signage, remote meeting opportunities, limited in-person meetings, and revised meeting conference room capacities.

a. **How have those measures impacted board operations? If so, how?**

The OMBC's operations have been slightly impacted by the measures taken to combat the COVID-19 pandemic. There have been several lessons learned balancing being consistent with COVID-19 safety guidelines and ensuring that the OMBC's operational needs are being met. The OMBC has been adjusting teleworking schedules and staggered office visits to ensure that operational needs are being met.

In response to COVID-19, has the board utilized any existing state of emergency statutes?

The OMBC has not utilized any existing state of emergency statutes.

Pursuant to the Governor's Executive Orders N-40-20 and N-75-20, has the board worked on any waiver requests with the Department?

The OMBC worked on the following waiver requests with the Department:

- OMBC requested a waiver for licensees changing their license status from inactive to active. California Code of Regulations § 1646 (b) requires inactive licensees complete 20 hours of Category 1A (in-person) CME to be eligible for an active license. The requested waiver would allow inactive licensees to complete Category 1B (online) CME to be eligible for an active license.

  DCA Waiver 20-57 was issued on September 17, 2020. This waiver superseded DCA Waiver 20-02 that was issued on September 17, 2020. This waiver, among other things, waives any statutory or regulatory requirement that an individual seeking to reinstate or restore their license complete or demonstrate compliance with any CME requirements. A license reactivated or restored pursuant to this waiver if valid until January 1, 2021, or when the State of Emergency ceases to exist, whichever is sooner.

- DCA Waiver 20-69 was issued on October 22, 2020. This waiver superseded previous related waivers dated March 31, 2020, July 1, 2020, and August 27, 2020. This waiver, for active licensees expiring between March 31, 2020 and December 31, 2020, waives any statutory or regulatory requirement to complete or demonstrate compliance with any CME requirements in order to renew a license.

- DCA Waiver 20-76 was issued on October 22, 2020. This waiver superseded previous related waivers dated May 6, 2020 and August 27, 2020. This waiver extends the date that an individual enrolled in an approved postgraduate training program in California must obtain a postgraduate training license from June 30, 2020 to December 31, 2020.

The OMBC has not had any waiver requests denied nor have any waiver requests pending.

In response to COVID-19, has the board taken any other steps or implemented any other policies regarding licensees or consumers?

In response to COVID-19, the OMBC follows the guidelines set forth in the OMBC Resiliency Map and Reopening Plan. Additionally, the OMBC works collaboratively with the DCA Executive Office for guidance and direction on combatting the pandemic while ensuring that the OMBC meets its mandate of protecting the public.

Please refer to Attachment F for a copy of the OMBC Resiliency Map and Reopening Plan.

Has the board recognized any necessary statutory revisions, updates or changes to address COVId-19 or any future State of Emergency Declarations?

The OMBC has not recognized any necessary statutory revisions, updates or changes to address COVID-19, but will continue to work collaboratively with the DCA Executive Office to ensure that the OMBC meets its mandate of protecting the public. The OMBC has concurred with both the need and the waivers that the Governor and the DCA Director have issued. There may be a continued need for such waivers during COVID-19.

SECTION 11

BOARD ACTION AND RESPONSE TO PRIOR SUNSET ISSUES

Issue #1: BreEZe. OMBC transitioned to BreEZe in October 2013 as one of the first entities at DCA utilizing the new system. What is the status of BreEZe? How many of OMBC's service requests are still pending? Does BreEZe track enforcement statistics in a meaningful way for OMBC?

Background: The Committees were concerned about BreEZe implementation and cost for the OMBC. Although OMBC was in Release 1, it was unable to put all of its license types online and was in catch-up mode during the last oversight period. There was also a concern about the unknown costs of breeze changes from year to year.

Staff Recommendation: OMBC should advise the Committees how much it is projected to pay in BreEZe costs for fiscal year 2017-18. OMBC should update the Committees on the number of pending tickets and how swiftly OMBC requests for system upgrades and changes are being processed.

Prior Board Response: DCA projects BreEZe cost for OMBC for fiscal year 2017-18 to be $81,000. At this time, OMBC has five pending triages (tickets). DCA has a process in place where each board will list by importance, their pending tickets in a report called Client Prioritization Report, or CPR. If there is an emergency issue, these are handled in a more expedited process. For non-emergency tickets, they are prioritized on the CPR. Once the fix has been developed, OMBC staff tests to make sure that it is working as designed, then it is slated for the next release. Typically, there is 5-6 weeks between each release. Emergency releases occur as needed and can be accomplished immediately. The BreEZe team also performs data patch "releases" every two weeks.

Board Updated Response: DCA has addressed that concern for Boards by including all BreEZe changes under its annual overhead. The OMBC has worked through its past BreEZe issues and is now focused on adding functionality, implementing new requirements and putting its physician and surgeon license online.

ISSUE #2: NOTICE TO CONSUMERS. Business and Professions Code Section 138 requires DCA entities to adopt regulations requiring licensees to provide notice to consumers that the individual is licensed by the State of California. Notifications to patients may not contain the correct information necessary for consumers to know about OMBC and most importantly, know how to file a complaint with OMBC. Are updates necessary to notification requirements for D.O.s?

Background: The Committee was concerned that OMBC had not promulgated regulations that properly address the statutory notice requirements to patients.

Staff Recommendation: OMBC should develop regulations to comply with existing law for consumer notification. In doing so, OMBC should coordinate with MBC on new signage to direct consumers to a single point of entry to look up a physician and surgeon license and register a complaint.

Prior Board Response: There is regulation currently in progress. The proposed regulatory language which adds Section 1604.10 Notice to Consumer to the California Code of Regulations Division 16, Title 16, was approved by the board at the January 21, 2016 Board Meeting and staff is currently

completing the regulatory packet to move forward to OAL. Additionally, OMBC and MBC websites respectively point consumers to each other's website for license information.

Board Updated Response: The regulatory package is currently under review with the DCA. The OMBC updated the regulatory package to add the new legislative requirements for BPC 2026 that became effective January 1, 2019. Once the regulatory package is approved, the OMBC will be up to date for all Consumer Notice regulations.

ISSUE #3: PRESCRIBER GUIDELINES. Current, appropriate guidelines outlining safe prescribing practices for certain types of medication, or medication prescribed to certain patient populations, are an important tool for D.O.s and OMBC alike. The MBC recently updated its guidelines for prescribing pain medication, but it is unclear what OMBC does to ensure D.O.s read and use these guidelines. Guidance to osteopathic physicians about prescribing psychotropic medication to foster youth and prescribing medical cannabis could also be beneficial. How has OMBC promoted its guidelines for prescribing controlled substances? Is OMBC issuing guidelines related to the appropriate prescribing of psychotropic medication to foster youth or medical cannabis?

Background: How is the Board utilizing CURES?

Staff Recommendation: OMBC should update the Committees on its efforts related to guidelines for prescriptions of controlled substances for pain, psychotropic medication to foster youth and medical cannabis.

Prior Board Response: The President of OMBC, attended the Prescribing Task Force meeting held on September 23, 2013. Subsequent to that meeting, at the Board meeting on September 26, 2013, OMBC's expert consultant provided a presentation of the Canadian model of chronic pain management guidelines. MBC was in the audience to learn about this specific model. In January 2014, our expert was asked to come back to provide a supplemental presentation on pain management as the Federation of State Medical Boards (FSMB) had released an updated Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain. Subsequently, the Board President suggested that due to the creation of a task force by FSMB and an alternate task force created by the Medical Board of California, it was decided to monitor the developments at the national level and continue to collaborate with the MBC's task force. OMBC members, expert consultant and staff participated at each task force meeting and provided input and recommendations. The final Guidelines for Prescribing Controlled Substances for Pain was presented to the Board at its meeting on May 7, 2015 and the board approved to adopt the guidelines. These Guidelines are available to consumers and licensees on the OMBC website.

In August of 2014, FSMB provided a grant to various licensing boards to create a didactive live presentation on Pain Management Guidelines. As OMBC was not able to accept a grant, the board turned to the Osteopathic Physicians and Surgeons of California (OPSC) to create and present a live three-hour presentation at their conference. This course was taught by OMBC board member and received widespread exposure by the osteopathic community.

OMBC directly communicates with their licensees through e-mail blasts, inserts in renewal notices in addition to the website.

The Oversight Committee raises a very important issue regarding the Quality Improvement Project (QIP) Guidelines regarding effective practices to improve psychotropic medication use among children and youths in foster care. OMBC will follow up on this recommendation. OMBC will be

reviewing the FSMB's guidelines regarding the recommendation of medical marijuana at its next board meeting and will discuss further whether to adopt these guidelines.

Board Updated Response: The OMBC appointed a special committee to review MBC Prescriber Guidelines and other Guidelines and make recommendations to the OMBC for any additional language for the OMBC to formally adopt. That committee was created earlier this year and requested additional time for research. The OMBC expects an impending recommendation from this committee early next year.

ISSUE #4: CURES. An important tool to monitor controlled substances prescriptions, D.O.s are required to register to use CURES and required to consult the system prior to issuing a prescription for certain scheduled drugs. How does OMBC promote use of the CURES system? Does OMBC use CURES to gain information proactively about D.O. prescribing patterns?

Staff Recommendation: OMBC should update the Committees on CURES, including how it transmits information to licensees about requirements to utilize CURES, what challenges licensees have reported about registration and use of the system and how OMBC uses CURES data to gain important information about its licensees' prescribing trends.

Prior Board Response: OMBC provides links to the DOJ CURES website for information regarding CURES, Q&A's, etc. Additionally, e-mail blasts have been sent to all DO's regarding the requirement to register in CURES. OMBC attends regular meetings with other DCA boards who utilize CURES and staff from DOJ. OMBC is provided with numbers of DO's who have registered into CURES 2.0. and the number of times DO's have accessed the program and ran Patient Activity Reports (PAR). DOJ reports that as of February 15, 2017, there are 5,191 D.O.'s registered in the CURES 2.0. This is approximately 78% of all actively practicing DO's in California, also keeping in mind that some DO's do not have DEA (Drug Enforcement Administration) permit numbers and are not required to register with CURES 2.0. and may also include a number of licensed DO's still in residency programs and have not yet obtained a DEA permit. Between January 16, 2017 and February 15, 2017 DO's ran over 28, 990 PAR's, which is a good indication that the DO's in California are utilizing the CURES program. The OMBC has received very few calls from its licensees having any difficulties registering or using the CURES 2.0.

OMBC assisted the California Department of Public Health in partnership with University of California, Davis, in participating in a survey regarding the efficiency of CURES. The result of this survey is expected sometime in spring 2017. Information regarding SB 482 and the requirement for DO's to start running PAR's prior to prescribing has been added to our website and another e-mail blast will be scheduled.

CURES 2.0 is intended for proactive monitoring of patient activity to assist the prescriber in protecting the patient from over-prescribing, drug abuse or diversion of drugs.

CURES is used in enforcement; however, a Physician Prescribing History is not ran unless there is indication that a DO may be overprescribing. OMBC may receive a complaint from consumer, pharmacies, or other physicians, who may be concerned that a DO may be overprescribing. CURES Physician Prescribing History will then be ran and the medical consultant will provide preliminary review of the report and determine whether further investigation is warranted. Investigators are then provided with case and further formal investigation is commenced. CURES has been an integral tool in identifying over-prescribers and further action is taken to ensure the DO who is overprescribing or inappropriately prescribing is disciplined.

CURES 2.0 has various report and alert capabilities which can be used as a pro-active tool for enforcement; however, only one training session has been offered to date which OMBC enforcement staff has attended but additional training is needed to benefit from the full use of these tools.

Board Updated Response: Overprescribing has become the leading cause for disciplinary action taken against a licensee. CURES is an invaluable tool in determining whether complaints about overprescribing are valid. It creates a clarity in determining the merits of complaints that are not otherwise easily available in other causes of actions or enforcement cases. OMBC continues to utilize CURES within its statutory authorized perimeters.

OMBC LICENSING ISSUES

ISSUE #5: CME. OMBC requires CME, but verifies D.O.s have completed CME in a different way than other DCA entities. Should OMBC update its CME processes? Are there more effective means by which OMBC can verify that CME was completed other than relying on D.O.s to provide documentation at the time of renewal?

Background: OMBC has discussed whether it can streamline and simplify its renewal process by aligning the Continuing Medical Education (CME) cycle with the renewal cycle for D.O. licenses. Language was proposed and included in the Committee's final bill.

Staff Recommendation: The Committees should amend the Act to align the CME and license renewal cycles. OMBC should explore innovative methods to confirm CME completion and update the Committees on steps it is taking to streamline processes.

Board Response: OMBC appreciates the Committee's recommendation to align the CME and license renewal cycles. This will eliminate confusion for licensees and streamline the license renewal process. Additionally, OMBC has been discussing the use of an audit system. OMBC is in its preliminary stages of exploring possibility of utilizing a clearing house to verify CME in the future.

Board Updated Response: OMBC implemented the revisions to the statute that aligned the CME cycles and renewal cycles. The OMBC approved a regulatory package that creates a self-certification system for licensees that would replace the time-consuming review of CMEs at the time of renewal. Additionally, the regulations create an audit system for the OMBC to audit the self-certifications of CME for all renewals. The OMBC was hesitant to create an audit system that weakened the OMBC's oversight of CME compliance for licensure in the interest of protecting public safety. Once approved, this new renewal system will streamline renewals for both licensees and OMBC staff while still protecting public safety. This regulatory package is being drafted by the OMBC and will be noticed in early 2021.

ISSUE #6: D.O.s FROM OTHER STATES VOLUNTEERING AT FREE CLINICS. Current law authorizes boards to provide exemptions for individuals who are licensed in another state but come to California to provide free services at a sponsored event. Has OMBC provided exemptions for anyone? Has anyone even applied to OMBC for an exemption?

Background: AB 2699 (Bass, Chapter 270, Statutes of 2010) allows specified health practitioners licensed or certified in other states that provide health care services on a voluntary basis to uninsured or underinsured persons in California, at a sponsored event, to be exempt from having to become licensed in California. MBC was the first health board to promulgate regulations to implement the

provisions of AB 2699 and has approved over 30 physicians. While OMBC has discussed this at meetings, it is unclear what steps OMBC has taken to provide a pathway for out-of-state D.O.s to participate in these sponsored events.

Staff Recommendation: OMBC should provide the Committees with an update on its efforts to allow D.O.s licensed in other states to provide services at free clinics that are in compliance with AB 2699.

Board Updated Response: This may be a non-issue in view of the sunset of this legislative provision, but to be responsive, the OMBC has not received any requests pursuant to this provision.

OMBC ENFORCEMENT ISSUES

ISSUE #7: (ARREST AND CONVICTION INFORMATION.) OMBC is not currently authorized to receive reports of arrests and convictions of D.O.s after they are licensed. Should BPC Section 144 be amended to ensure OMBC receives this important information?

Background: BPC Section 144 authorizes specified boards to obtain fingerprints of prospective licensees for the purposes of allowing the OMBC to ascertain if an applicant had been convicted of any crimes prior to licensure. The law allows DOJ and FBI to subsequently notify boards of arrests or convictions of an applicant and subsequent licensee. When the statute was put into place, OMBC already had regulations requiring all applicants to be fingerprinted prior to issuance of a license.

Subsequent legislation in 2013 (SB 305, Lieu, Chapter 516, Statutes of 2013) amended BPC Section 144.5 to authorize specified boards to receive certified records of all arrests and convictions, certified records regarding probation and any and all other related documentation needed to complete an applicant or licensee investigation from a local or state agency. At the time, boards reported that they were being challenged by courts and local law enforcement agencies about eligibility to obtain this important information. These records are necessary for boards to determine when disciplinary action is warranted, however, because the new code section was based on the previous code section, OMBC is not one of the boards authorized to receive these records. Yet, OMBC has express authority to take disciplinary action based on certain criminal convictions.

When a D.O. is arrested, OMBC does receive reports from DOJ but needs to be able to determine when administrative action against a license should be taken and having certified copies of police reports and court documents assists OMBC in determining the proper course of disciplinary action. OMBC cites its lack of inclusion in BPC 144.5 as creating challenges for OMBC to take swift action against licensees who pose a risk to the public.

Staff Recommendation: OMBC should be authorized to obtain information documents that can assist OMBC in taking swift disciplinary action when necessary. BPC Section 144 should be amended to include OMBC, which in turn will ensure that the provisions of BPC 144.5 apply to them as well.

Prior Board Response: OMBC appreciates the Committee's recommendation to add OMBC to BPC Section 144 to ensure authorization under BPC 144.5 will also apply to the OMBC.

Board Updated Response: BPC Section 144 was amended by the Committee to add OMBC. As a result, OMBC is able obtain these records. This issue is been resolved.

ISSUE #8: (MANDATORY REPORTING. OMBC receives reports related to osteopathic physicians from a variety of sources. These reports are critical tools that ensure OMBC maintains awareness about its licensees and provide important information about licensee activity that may warrant further OMBC investigation. OMBC may not be receiving reports as required and enhancements to the Business and Professions Code may be necessary to ensure OMBC has the information it needs to effectively do its job.

Background: There are a significant number of reporting requirements outlined in BPC designed to inform OMBC about possible matters for investigation. Mandatory reports to OMBC include:

BPC Section801.01 requires OMBC to receive reports of settlements over $30,000 or arbitration awards or civil judgments of any amount. The report must be filed within 30 days by either the insurer providing professional liability insurance to the licensee, the state or governmental agency that self-insures the licensee, the employer of the licensee if the award is against or paid for by the licensee or the licensee if not covered by professional liability insurance.

BPC Section 802.1 requires physicians to report indictments charging a felony and/or any convictions of any felony or misdemeanor, including a guilty verdict or plea of no contest.

BPC Section 802.5 requires a coroner who receives information, based on findings reached by a pathologist that indicates that a death may be the result of a physician's gross negligence, to submit a report to OMBC. The coroner must provide relevant information, including the name of the decedent and attending physician as well as the final report and autopsy.

BPC Sections 803, 803.5 and 803.6 require the clerk of a court that renders a judgment that a licensee has committed a crime, or is liable for any death or personal injury resulting in a judgment of any amount caused by the licensee's negligence, error or omission in practice, or his or her rendering of unauthorized professional services, to report that judgment to the board within 10 days after the judgment is entered. In addition, the court clerk is responsible for reporting criminal convictions to OMBC and transmitting any felony preliminary hearing transcripts concerning a licensee to OMBC.

BPC Section 805 is one of the most important reporting requirements that allows the OMBC to learn key information about D.O.s. Section 805 requires the chief of staff and chief executive officer, medical director, or administrator of a licensed health care facility to file a report when a physician's application for staff privileges or membership is denied, or the physician's staff privileges or employment is terminated or revoked for a medical disciplinary cause. The reporting entities are also required to file a report when restrictions are imposed or voluntarily accepted on the physician's staff privileges for a cumulative total of 30 days or more for any 12-month period. The report must be filed within 15 days after the effective date of the action taken by a health facility peer review body.

BPC Section 805.01 is a similarly extremely important requirement. The law requires the chief of staff and chief executive officer, medical director, or administrator of a licensed health care facility to file a report within 15 days after the peer review body makes a final decision or recommendation to take disciplinary action which must be reported pursuant to section 805.
This reporting requirement became effective January 2011 and is only required if the recommended action is taken for the following reasons:

- Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients in such a manner as to be dangerous or injurious to any person or the public.
- The use of, or prescribing for or administering to him/herself, any controlled substance; or the use of any dangerous drug, as defined in BPC Section 4022, or of alcoholic beverages, to the extend or in such a manner as to be dangerous or injurious to the licentiate, or any other persons, or the public, or to the extent that such use impairs the ability of the licentiate to practice safely.
- Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor.
- Sexual misconduct with one or more patients during a course of treatment or an examination.

The purpose of 805.01 reports is to provide OMBC with early information about these serious charges so that OMBC may investigate and take appropriate action to further consumer protection at the earliest possible moment. Accordingly, for any allegations listed above, the Legislature determined that an 805.01 report must be filed once a formal investigation has been completed, and a final decision or recommendation regarding the disciplinary action to be taken against a physician has been determined by the peer review body, even when the licensee has not yet been afforded a hearing to contest the findings.

Staff Recommendation: OMBC should provide the Committees an update on the number of reports it receives pursuant to these requirements, whether OMBC believes there is underreporting and what steps OMBC plans to take to address underreporting, as well as enhancements that should be made to ensure OMBC receives these important reports. OMBC should also update the Committees on how these reports are processed and handled by OMBC, given the serious violations of law that may be connected to OMBC receiving one of these reports.

Prior Board Response: In the past three years, OMBC has received over sixty “801.1” reports of malpractice settlements over $30,000, three “802.2” self- reports of felony charges, one “802.5” coroner’s report of death related to physician’s negligence and thirteen “805” hospital disciplinary reports. Each of these cases were opened and investigated. Additionally, malpractice insurers are required by law to report to the National Practitioner Data Bank, which, in turn, sends OMBC a report alert. This ensures that the malpractice carrier is complying with the 801.1 reporting requirement.

(These numbers may be under-stated as in 2014, staff was still learning the BreEZe system and these reports may not have been coded correctly.)

Board Updated Response: Since the last Oversight review, the OMBC has received more mandatory reports than the prior review period. OMBC received **151** mandatory reports over the past four-year period. The vast majority of these reports are from insurers: **77** out of **151** reports were from insurers. Here’s the break down for each year.

In 2016-17, OMBC received **24** (801 and 801.1) reports and **5** (805) reports. There were **29** total reports received, **13** of which came from insurers.

In 2017-18, OMBC received **24** (801,801.1) reports and **16** (805) reports. There were **40** total reports, **18** of which came from insurers.

In 2018-19, OMBC received **31** (805, 801.1, 801.2) reports and **11** (805) reports. There were **42** total reports, **25** of which came from insurers.

In 2019-20, OMBC received **33** (801,801.1) reports and **7** (805) reports. There were **40** total reports, **21** of which were from insurers.

ISSUE #9: ENFORCEMENT STAFF. OMBC did not raise any issues in its 2016 Sunset Review Report to the Legislature about the role a lack of staff may be playing in OMBC's ability to effectively conduct business yet has discussed the need for more enforcement staff at meetings and in its 2016 Strategic Plan. Does OMBC believe it has the personnel and authorized positions necessary to protect consumers and take enforcement action in a timely manner?

Background: OMBC notes that it does not have staffing issues or challenges. Yet OMBC has discussed the need to increase its enforcement staff at meetings and in fact highlighted a number of efforts related to increasing its staff in OMBC's 2016 Strategic Plan.

Each of these goals noted in the enforcement section of OMBC's Strategic Plan have to do with bringing on additional enforcement staff. It would be helpful for the Committees to understand exactly what authority and personnel OMBC believes it needs to effectively fulfill its mission. It would be helpful for the Committees to understand if OMBC is actually facing enforcement shortfalls as a result of its lack of staff.

Staff Recommendation: OMBC should report to the Committees on its enforcement staff needs. OMBC should provide the Committees with an update of enforcement statistics, particularly for activities that are handled by OMBC staff (rather than any statistics that have to do with case timeframes related to actions pending at HQIU or OAG).

Board Response: OMBC has three enforcement analyst staff, two who provide complaint intakes and work with the Medical Consultant on complaint cases, and one enforcement analyst who oversees the probation monitoring, performance measure data and analysis, and is the liaison to the field investigators.

In 2014, OMBC staff and Medical Consultant reviewed, investigated and closed 421 complaints. Average time to complete these cases was 184 days. These cases were without OAG and HQIU involvement.

In 2015, OMBC staff and Medical Consultant reviewed, investigated and closed 522 case, in an average time of 186 days.

In 2016, OMBC staff and medical consultant reviewed, investigated and closed 559 cases, in an average time of 97 days.

All complaints received at OMBC are initially reviewed by the Staff Manager, who screens and prioritizes the complaints. Complaints of serious nature, such as gross negligence, over-prescribing, sexual misconduct are given priority attention and immediately assigned to one of the analysts for expediting. As the number of cases increase, OMBC could request additional enforcement staff through the BCP process.

OMBC is currently in progress of finding a larger office space to accommodate additional staffing when needed. OMBC anticipates the move to take place sometime in fiscal year 2017-18 or early 2018-19.

Board Updated Response: The Committee was correct, the OMBC needed to evaluate whether it needed additional enforcement staff. Since the last Oversight Report, OMBC did evaluate its staffing needs for enforcement and determined that it needed an additional analyst to address an increasing enforcement workload and the new workload created by the new jurisdiction over postgraduate training licensees. The OMBC received an additional enforcement analyst position.

The OMBC currently has a total of four enforcement analysts to handle its current enforcement caseload and data workload. With the high volume of data tracking and data reporting the OMBC is required to provide, the OMBC is considering creating a position that would handle data and enforcement regulations—both areas that are increasing in workload every year.

ISSUE #10: DIVERSION AND UNIFORM STANDARDS FOR SUBSTANCE ABUSE. OMBC has a diversion program and Diversion Evaluation Committee that recommends treatment for substance abusing D.O.s. Has OMBC adopted the Uniform Standards?

Background: OMBC maintains a diversion program to, as OMBC notes, monitor and treat D.O.s who are impaired by the use of alcohol and or drugs. OMBC utilizes a Diversion Evaluation Committee (DEC), comprised of three D.O. members with expertise in substance abuse and psychosocial disorders, which, as OMBC notes, "provides the diversion program with the needed understanding of impaired D.O.s that could not be obtained by non-physician staff. Face to face meetings with these experts, ensures OMBC staff that the participants are receiving excellent guidance and monitoring in their sobriety, which, in turn, provides consumer safety. When and if there is a need, the DEC may remove a participant from practicing medicine until such time the DEC feels the participant is ready to resume practice."

In response to concerns about the different approaches to deal with substance abusing healing arts licensees, SB 1441 (Ridley-Thomas, Chapter 548, Statutes of 2008) required the DCA to develop uniform and specific standards to be used by each healing arts board in dealing with substance-abusing licensees in 16 specified areas, including requirements and standards for: (1) clinical and diagnostic evaluation of the licensee; (2) temporary removal of the licensee from practice; (3) communication with licensee's employer about licensee status and condition; (4) testing and frequency of testing while participating in a diversion program or while on probation; (5) group meeting attendance and qualifications for facilitators; (6) determining what type of treatment is necessary; (7) worksite monitoring; (8) procedures to be followed if a licensee tests positive for a banned substance; (9) procedures to be followed when a licensee is confirmed to have ingested a banned substance; (10) consequences for major violations and minor violations of the standards and requirements; (11) return to practice on a full-time basis; (12) reinstatement of a health practitioner's license; (13) use and reliance on a private-sector vendor that provides diversion services; (14) the extent to which participation in a diversion program shall be kept confidential; (15) audits of a private-sector vendor's performance and adherence to the uniform standards and requirements; and (16) measurable criteria and standards to determine how effective diversion programs are in protecting patients and in assisting licensees in recovering from substance abuse in the long term. The Uniform Substance Abuse Standards (Uniform Standards) were finally adopted in early 2010, with the exception of the frequency of drug testing which was finalized in March 2011.

The DCA currently manages a master contract with MAXIMUS, Inc. (MAXIMUS), a publicly traded corporation for the healing arts boards that have a diversion program, including OMBC. Under this

model, the individual boards oversee the programs, but services are provided by MAXIMUS. Health practitioners with substance abuse issues may be referred in lieu of discipline or self-refer into the programs to receive help with rehabilitation. After an initial evaluation, individuals accept a participation agreement and are regularly monitored in various ways, including random drug testing, to ensure compliance.

OMBC reports that the DEC meets with participants in the diversion program on a quarterly basis, along with the MAXIMUS Case Manager and OMBC staff. OMBC states that six to eight participants are interviewed and evaluated at each DEC meeting and the DEC monitors the progress of the program participants and may adjust the treatment plan for these D.O.s.

According to OMBC, the annual cost of the program was $39,439.59 for 2015-16. Participants pay a monthly cost of $348.29. According to OMBC, only a portion of the monthly participation costs are collected based on the participants' ability to pay, which is in turn based on the number of hours a participant is allowed to work as determined by the DEC.

Staff Recommendation: OMBC should update the Committees on the work of the DEC and diversion program and advise the Committees on the status of OMBC's adoption of the Uniform Standards. OMBC should advise the Committees whether it plans to utilize MBC's Physician Health and Wellness Program, in the event such a program is implemented at MBC, as the statute creating the program notes the need for "physicians and surgeons", which D.O.s are, and given the multiple other sections of BPC related to "physicians and surgeons" that OMBC follows in its regulatory efforts.

Prior Board Response: The OMBC was, by statute, (BPC Section 2360), required to create a diversion program in 1991. This statute is specific to the osteopathic physicians and surgeons. The OMBC's diversion program is contracted with Maximus, Inc. Maximus has gone through a thorough audit last year and was found to be in compliance with OMBC and other board's statutory requirements. Maximus has amended their contract to include all of the Uniform Standards, therefore OMBC is in compliance with the uniform standards pursuant to SB 1441. OMBC submitted its regulatory packet on the SB 1441 Uniform Standards and its disciplinary guidelines to OAL on October 24, 2016. OAL rejected the packet and has provided OMBC 120 days to resubmit the packed with changes required. We are currently within the 120 days and staff is working on the revisions.

OMBC does not intend to utilize the MBC's "Health and Wellness Program" which currently does not exist. Like OMBC, MBC will also be contracting with an outside vendor for their program. OMBC's contract with Maximus is geared for physicians and surgeons and OMBC feels the program is very successful and will continue to utilize this program.

Board Updated Response: OMBC and other boards have entered into a new five-year contract with Maximus to run their Diversion Program. This new contract incorporates and enforces the Uniform Standards for Substance Abuse. The services for licensees recovering from substance abuse or addiction under Maximus include managing both testing but also referrals for outpatient and inpatient treatment. Licensees are managed and monitored by training case workers trained in substance abuse recovery. No other wellness program offers this high-level quality of case workers who work closely with licensees. OMBC believes that licensees have the highest chance of recovery if they are in a program that offers both treatment and testing, not just testing for abstinence. Many boards only test licensees but do not offer treatment services to assist in their successful recovery. OMBC is satisfied that its Diversion Program with Maximus managing it offers the best recovery options for D.O.s suffering from substance abuse or addiction.

OMBC's Diversion program requires all licensees that are disciplined for substance abuse to enter into the Diversion Program as a condition of probation. OMBC believes that the combination of requiring successful completion of the Diversion Program for all substance abusing licensee that is managed by trained case workers ensures the greatest protection of public safety and greatest chance for licensees to successfully recover from their addiction.

As mentioned earlier, the OMBC is still in the process of obtaining approval for a regulatory package that fully implements the Uniform Standards for Substance Abuse.

ISSUE #11: PUBLIC NOTIFICATION OF DISCIPLINARY ACTION. Access to timely, accurate information about D.O.s is a fundamental means by which patients and the public are informed about medical services provided to them. OMBC posts information on its website and has improved these efforts yet significant gaps remain in the ability for patients to have full awareness of disciplinary action taken against their physician. For the small number of osteopathic physicians ordered on probation by OMBC, requiring that patients are proactively notified of their probationary can serve as a useful tool in patients' efforts to know their physician and know when their physician has violated the Act. What steps should be taken to ensure patients and the public are properly informed about OMBC disciplinary action and about physician probationary status for the rare cases that result in OMBC having to take such action to protect patients from harm?

Board Response: OMBC has recently changed the way the disciplinary orders are displayed on the BreEZe physician look-up site. We have now started to list all terms and conditions in an easy to read and understand formatting. OMBC staff is currently working with BreEZe staff to update the profile page of all D.O.'s on probation so that consumers will not have to read the actual document to see the terms and conditions of the probation.

Board Updated Response: OMBC agrees with the Committee about the importance of making consumers aware of disciplinary status and their right to file a complaint. The OMBC amended its Notice to Consumers regulatory package to add new language to comply with the latest bill that enhance notice to consumers. As mentioned earlier, that regulatory package is currently pending approval from the DCA.

CONTINUED REGULATION OF OSTEOPATHIC PHYSICIANS AND SURGEONS BY THE OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

ISSUE #12: CONTINUED REGULATION BY OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA. Should the licensing and regulation of osteopathic physicians and surgeons be continued and be regulated by the current OMBC membership?

Background: Patients and the public are best protected by strong regulatory boards with oversight of licensed professions. The issue of exactly what regulation of D.O.s should look like in California has been one raised by the Legislature for over ten years, specifically, whether it makes sense for there to be two separate regulatory bodies for virtually identical professions, especially given the clear public policy in this state that D.O.s and M.D.s are to be treated equally. For example, BPC Section 2453(a) states: "It is the policy of this state that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons."
Moreover, this equality is so firmly established that it extends to a statutorily mandated rule of non-discrimination. BPC Section 2453(b) states:

> Notwithstanding any other provision of law, no health facility subject to licensure under Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, no health care service plan, nonprofit hospital service plan, policy of disability insurance, self-insured employer welfare benefit plan, and no agency of the state or of any city, county, city and county, district, or other political subdivision of the state shall discriminate with respect to employment, staff privileges, or the provision of, or contracts for, professional services against a licensed physician and surgeon on the basis of whether the physician and surgeon holds an M.D. or D.O. degree.

In addition to fundamental and statutorily required equality between D.O.s and M.D.s, OMBC manages a relatively small regulatory program, with just over ten staff, to oversee a profession that has an identical license and identical scope of practice as M.D.s regulated by the much larger MBC. It remains very difficult to distinguish differences between the professions and it is unclear what actual regulatory efficiencies are gained, and what consumer benefits are realized, by the continued regulation of physicians by two entities.

As an independent board, OMBC should take steps to ensure consumers are aware of OMBC and ensure that patients know OMBC licenses the D.O. who may provide them services.

Staff Recommendation: The licensing and regulation of osteopathic physicians and surgeons should continue to be regulated by the current board members of the Osteopathic Medical Board of California in order to protect the interests of the public, however, consideration should be given to reviewing how MBC and OMBC may be better aligned, while preserving and respecting the Act and profession. OMBC should be reviewed again in four years.

Prior Board Response: OMBC appreciates the Committee's recommendation that OMBC should continue to be regulated by the current board members of the Osteopathic Medical Board of California to protect the interests of the public. The OMBC and MBC have always worked closely and will continue to work together on issues that may affect the practice of medicine. OMBC is a small but efficiently functioning board with the primary goal of protection of the consumers. OMBC is constantly working on different means to educate consumers on the functions of OMBC and on license information of Osteopathic Physicians and Surgeons.

Board Update Response: OMBC continues to align itself and work closely with the MBC as a separate Board.

SECTION 12

NEW ISSUES

Section 12 – New Issues

Issue #1. Revising Continuing Medical Education (CME) Requirements. The OMBC has been receiving complaints from D.O. specialists that they need more flexibility in the type of CME credit that is required. The OMBC is in the process of considering whether there needs to be a change to the CME requirements or not and if so, what changes would both solve the issues for specialists and protect the public; and whether the current CME requirements are in line with the overall profession.

One area of consideration is to provide flexibility in the required categories to allow for acceptance of either American Osteopathic Association (AOA) approved or American Medical Association approved (AMA) credits. The reason for this policy revision is to provide greater access to appropriate CMEs for specialists who have complained to the OMBC that they are unable to find enough AOA approved CME for their specialty. Providing this flexibility would allow D.O.s who are specialists to meet their CME requirements with either AMA or AOA approved CME.

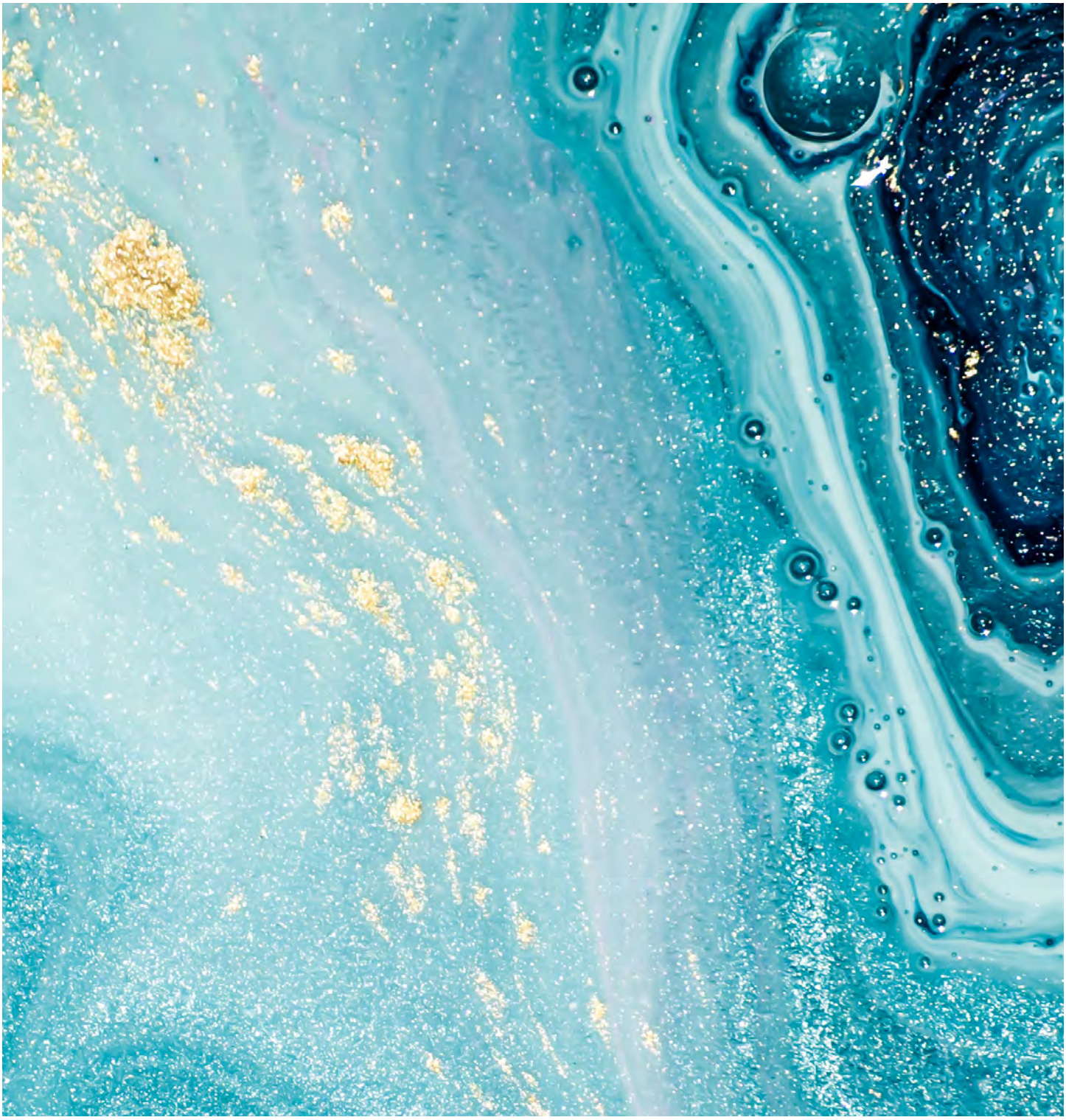
Currently, the OMBC requires licensees to complete 100 CMEs every two years, 40 hours must be AOA approved course work and 60 hours can be either AOA or AMA approved course work. There is already flexibility for the 60 required hours, so the OMBC is considering whether to broaden the flexibility of the required CMEs. The OMBC is also reviewing a proposal to reduce the total number of CMEs and considering whether that is warranted and consistent with the overall profession nationwide.

Issue #2. OMBC staffing Needs. The OMBC has been collaborating with the Department of Consumer Affairs Organizational Improvement Office to create efficiencies in the OMBC's processes. The OMBC anticipates that these efficiencies will enable the OMBC's Licensing and Enforcement Units to appropriately process their workload within existing resources. However, the OMBC may have a need for an analyst for duties that include, but are not limited to, data tracking, regulations, legislation, IT projects and cloud solutions. The OMBC is currently redirecting resources from mission critical areas to process this workload. The OMBC currently has sufficient space in its current location for one additional staff.

OMBCS raises this issue more for informational purposes so that Committees better understand the challenges facing the OMBC, rather than to seek a specific solution from the Committees.

SECTION 13

ATTACHMENTS



Section 13– Attachments

A. Board's administrative manual.

B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).

C. Strategic Plan (Referenced in Section 1).

D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (Referenced in Section 3).

E. Enforcement and Licensing Performance Measures

F. OMBC Resiliency Map and Reopening Plan

ATTACHMENT A

BOARD'S ADMINISTRATIVE MANUAL

DCA

Osteopathic Medical Board of California

Administrative Manual

Osteopathic Medical Board of California 1300 National Drive, Suite 150, Sacramento CA 95834-1991

Osteopathic Medical Board of California Board Administrative Manual

Adopted October 7, 2016
Edmund G. Brown Jr., Governor
State of California

Members of the Board
Joseph Zammuto, D.O., President
James Lally, D.O., Vice-President
Cyrus Buhari, D.O., Secretary-Treasurer
Megan Blair, Public Member
Michael Feinstein, D.O.
Alan Howard, Public Member
Elizabeth Jensen, D.O.
Claudia Mercado, Public Member
Cheryl Williams, Public Member

Executive Director
Angelina Burton

This procedure manual is a general reference including a review of some important laws, regulations, and basic board policies in order to guide the actions of the board members and ensure Board effectiveness and efficiency.

This Administrative Procedure Manual, regarding board policy, can be amended by a majority of affirmative votes of any current or future Board.

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CHAPTER 6. Board Member Role in Disciplinary Process

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CHAPTER 1. Introduction

Mission Statement

To protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons.

Brief History

I. **History and Function of the Osteopathic Medical Board of California (OMBC)**

Developed more than 130 years ago by Andrew Taylor Stills, M.D., D.O., Osteopathic Medicine brings a unique philosophy to traditional medicine. Osteopathic physicians (D.O.s) are fully licensed to prescribe medication and practice in all medical and surgical specialty areas including surgery, just as their M.D. counterparts. D.O.s are trained to consider the health of the whole person and use their hands in an integrated approach to help diagnose and treat their patient.

D.O.s are one of the fastest growing segments of health care professionals in the United States with California having the second largest practicing osteopathic population in the United States.

The Osteopathic Act, pursuant to Business and Professions (B&P) Code § 3600, et seq., the Medical Practice Act, Chapter 5, B & P §2000, et seq., and the California Code of Regulations (CCR) Title 16, Professional and Vocational Regulations, Division 16, §1600 et. seq., authorize the Osteopathic Medical Board of California to license qualified osteopathic physicians and surgeons to practice osteopathic medicine, and to effectuate the enforcement of laws and regulations governing their practice . The Osteopathic Medical Act requires the board to ensure that consumer protection is their highest priority in exercising its licensing, regulatory, and disciplinary functions.

The Osteopathic Medical Board of California (OMBC) is a fully functioning regulatory board within the Department of Consumer Affairs with the responsibility and sole authority to issue licenses to physicians and surgeons (hereafter Doctors of Osteopathic Medicine or D.O.s) to practice osteopathic medicine in California. The OMBC is also responsible for ensuring enforcement of legal and professional standards to protect California consumers from incompetent, negligent or unprofessional D.O.s. The OMBC regulates D.O.s only. Since the last oversight report, the number of licensees nearly doubled in number. At this time, there are 7,656 D.O.s holding California active status licenses. Of this number, 6,582 are practicing within the State. Additionally, there are 595 D.O.s who maintain inactive licenses. In addition to the active and inactive status licenses, there are 853 licenses in a delinquent status. Licenses remain delinquent for five years from the expiration date until the license becomes canceled.

Altogether, the total number of osteopathic physicians and surgeons licenses within the jurisdiction of the OMBC holding a current California license is 9,104.

D.O.s are similar to M.D.s in that both are considered to be "complete physicians," in other words, one who has taken the prescribed amount of premedical training, graduated from an undergraduate college (typical emphasis on science courses) and received four years of training in medical school. The physician has also received at least one additional year of postgraduate training (residency or rotating internship) in a hospital with an approved postgraduate training program.

After medical school, D.O.s may choose to practice in a specialty, such as family practice, internal medicine, surgery or obstetrics, which involves completing a residency program (typically two to six years of additional training). Licensing examinations are comparable in rigor and comprehensiveness to those given to M.D.s. Whether one becomes a D.O. or an M.D., the process of receiving complete medical training is essentially the same. The same laws govern the required training for D.O.s and M.D.s who are licensed in California.

D.O's utilize all scientifically accepted methods of diagnosis and treatment, including the use of drugs and surgery. D.O.s are licensed in all fifty states to perform surgery and prescribe medication. D.O.s practice in fully accredited and licensed hospitals and medical centers. B&P Code §2453 states that it "is the policy of this State that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons."

A D.O. may refer to himself/herself as a "Doctor" or "Dr." but in doing so, must clearly state that he/she is a D.O. or osteopathic physician and surgeon. He or she may not state or imply that he or she is an M.D. while being licensed in California as a D.O.

A key difference between the two professions is that D.O.s have an additional dimension in their training and practice, a component that is not taught in medical schools awarding M.D. degrees. Osteopathic medicine gives particular recognition to the musculoskeletal system (the muscles, bones and joints) which makes up over 60 percent of body mass. The osteopathic physician is trained to recognize that all body systems, including the musculoskeletal system, are interdependent, and a disturbance in one can cause altered functions in other systems of the body. The osteopathic physician is also trained in how this interrelationship of body systems is facilitated by the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning is intended to provide a broader base for the treatment of the patient as a unit. These concepts require a thorough understanding of anatomy and the development of special skills in diagnosing and treating structural problems through manipulative therapy. D.O.s use structural diagnosis and manipulative therapy along

with all of the other traditional forms of diagnosis and treatment to care effectively for patients and to relieve their distress.

To meet its responsibilities for regulation of the D.O. profession, the OMBC is authorized by law to:

1. Monitor licensees for continued competency by requiring approved continuing education.
2. Take appropriate disciplinary action whenever licensees fail to meet the standard of practice.
3. Determine that osteopathic medical schools and hospitals are in compliance with medical education curriculum and post-graduate training requirements.
4. Provide rehabilitation opportunities for licensees whose competency may be impaired due to abuse of alcohol or other drugs.

Additionally the OMBC is charged with enforcement of laws proscribing unlicensed osteopathic medical practice.

II. History of D.O. Regulation and Legislation in California

The OMBC's predecessor organization, the Board of Osteopathic Examiners of California (BOEC), was created by an Initiative Measure, "The Osteopathic Act", in November 1922. This Act authorized the BOEC to license osteopathic physicians and surgeons. This had previously been a responsibility of the Board of Medical Examiners. From 1907 to 1919, osteopathic physicians and surgeons were required to pass the same examination for licensure as practitioners of allopathic medicine. However, in 1919, the Board of Medical Examiners stopped allowing osteopathic trained physicians and surgeons to take the examination. As a result, the California Osteopathic Association sponsored the 1922 Initiative Measure in order to ensure the continued viability of the osteopathic medical profession in California.

The Osteopathic Act was amended by referendum in 1962 (Chapter 48, 1962 First Extraordinary Session). The purpose of this referendum measure was to facilitate an agreement in principle to effectively merge the D.O. and M.D. professions. The key provisions of this measure were:

1. Osteopathic physicians and surgeons could choose to be licensed as M.D.s, and if so, would then be under the jurisdiction of the Board of Medical Examiners instead of BOEC;
2. The Osteopathic Act was modified to rescind the authority of the BOEC to issue new licenses to osteopathic physicians and surgeons, but the BOEC would continue to have authority over existing D.O.s who chose not to become M.D.s; and
3. The State Legislature was given authorization to amend or modify the Osteopathic Act.

The provisions of the 1962 referendum which permitted the M.D. election, and which authorized legislative amendments to the Osteopathic Act, were upheld by the State courts in 1974 and 1975 (see, *Board of Osteopathic Examiners v. Board of Medical Examiners* (1975) 53 C.A.3d 78). However, the provisions that rescinded the licensing authority of the BOEC were successfully challenged by out-of-state osteopathic physicians, who were effectively barred by these provisions from being licensed to practice in California, unless they had already been so licensed prior to 1962. In 1974, the California Supreme Court reinstated the BOEC's licensing authority and the BOEC immediately resumed its function as the sole agency with authority to license D.O.s in California (see, *D'Amico v. Board of Medical Examiners* (1974) 11 C.3d 1, 24.).

The Osteopathic Act was further amended by legislation in 1969 and 1971, and new sections were added by legislation in 1982. The most significant changes caused by the legislative amendments were:

1. To change the name of the licensing body from the Board of Osteopathic Examiners to the Osteopathic Medical Board of California;
2. To limit board members to two full terms; and
3. To add two public members to the five member board.

Today, the statutory authority and mandate for the powers and duties of OMBC is provided in the Osteopathic Act (B&P Code § 3600-1 to 3600-5), which incorporates by reference the Medical Practice Act (B & P Code § 2000, et seq.). This statutory authority is further defined under the Medical Practice Act by Article 21, § 2450-2459.7 of the B&P Code: "Provisions Applicable to Osteopathic Physicians and Surgeons." OMBC's powers and duties include:

1. Accepting applications from D.O.s to be licensed to practice in California.
2. Adopting examinations that assess professional competency.
3. Determining the qualifications of, and issuing licenses to D.O. applicants; issuing fictitious name permits; and maintaining a database of all licensees and applicants for licensure.
4. Setting standards for and enforcing compliance with continuing medical education (CME) requirements.
5. Providing information to the public regarding licensed D.O.s.
6. Responding to requests for verification of the license status of D.O.s (e.g., as required for hospital privileges, licensure in another state, contracting with insurers, and patient inquiries.)
7. Enforcing the disciplinary, administrative, criminal and civil provisions of the Medical Practice Act with respect to D.O.s.
8. Providing rehabilitation opportunities for D.O. licensees whose competency may be impaired due to the abuse of alcohol or other drugs.
9. Approving medical schools and their curriculum, for purpose of giving resident professional instruction in osteopathic medicine.
10. Approving hospitals for postgraduate training in osteopathic medicine.

The OMBC's authority has not been materially expanded at any time since the original Osteopathic Act of 1922. Other than the action by the State Supreme Court, to nullify the attempt to rescind the OMBC's licensing authority, the only other significant legal decision relating to the powers and authority of the OMBC was rendered in 1997, by the Court of Appeal, in *Shacket v. Osteopathic Medical Board* 51 Cal. App. 4th 223,58 Cal. Rptr. 2nd 715 This decision established that no formal hearing by a health care licensing board is necessary prior to distribution of a report filed with the board pursuant to B&P § 805.5, concerning action taken by a peer review body against a doctor's membership or staff privileges. As such, this decision set an important precedent for all California health care licensing boards, not just the OMBC.

State of California Acronyms

ALJ Administrative Law Judge
AG Office of the Attorney General
APA Administrative Procedure Act
B & P Business and Professions Code
CCCP California Code of Civil Procedure
CCR California Code of Regulations
DAG Deputy Attorney General
DCA Department of Consumer Affairs
DOF Department of Finance
DOI Division of Investigation
DPA Department of Personnel Administration
OAH Office of Administrative Hearings
OAL Office of Administrative Law
SAM State Administrative Manual
SCIF State Compensation Insurance Fund
SCO State Controller's Office
SCSA State and Consumer Services Agency
SPB State Personnel Board

General Rules of Conduct

All board members shall act in accordance with their oath of office, and shall conduct themselves in a courteous, professional and ethical manner at all times. The board serves at the pleasure of the Governor, and shall conduct their business in an open manner, so that the public that they serve shall be both informed and involved, consistent with the provisions of the Bagley-Keene Open Meeting Act (hereafter referred to as Open Meeting Act) and all other statutory code sections applicable to similar boards within the State of California.

- Board members shall comply with all provisions of the Open Meeting Act.
- Board members shall not speak or act for the board without proper authorization.
- Board members shall not privately or publicly lobby for or publicly endorse, or otherwise engage in any personal efforts that would tend to promote their own personal or political views or goals, when those are in direct opposition to an official position adopted by the board.
- Board members shall not discuss personnel or enforcement matters outside of their official capacity in properly noticed and agenized meetings or with members of the public or the profession.
- Board members shall never accept gifts from applicants, licensees, or members of the profession while serving on the board.
- Board members shall maintain the confidentiality of confidential documents and information related to board business.
- Board members shall commit the time and prepare for board responsibilities including the reviewing of board meeting notes, administrative cases to be reviewed and discussed, and the review of any other materials provided to the board members by staff, which is related to official board business.
- Board members shall recognize the equal role and responsibilities of all board members.
- Board members shall act fairly, be nonpartisan, impartial, and unbiased in their roles of protecting the public and enforcing the Osteopathic Act and the Medical Practice Act.
- Board members shall treat all consumers, applicants and licensees in a fair, professional, courteous and impartial manner.
- Board members' actions shall serve to uphold the principle that the board's primary mission is to protect the public.
- Board members shall not use their positions on the board for personal, familial, or financial gain. Any employment subsequent to employment as a board member shall be consistent with Executive Order 66-2.

CHAPTER 2. Board Members & Meeting Procedures

Membership

The board is comprised of nine members: five D.O.s and four public members. The Governor appoints all D.O.s and two public members. The Senate Rules Committee and the Speaker of the Assembly each appoint one public member. All members appointed by the Governor are subject to Senate confirmation. The members serve a four-year term and no member may serve more than two full consecutive terms, which does not include time a new member may spend filling an unexpired term of a previous member. Each of the five D.O. members of the board must have, for at least five years preceding appointment, been a citizen of the state and in active practice. Additionally, each D.O. must be a graduate of an osteopathic medical school and hold an unrevoked license to practice osteopathic medicine in the state of California. No D.O. residing or practicing outside of California may be appointed to, or sit as a member of, the board. The four public members of the board may not be licensees of any board which falls under B&P Code Division 2 (commencing with § 500—i.e. Healing Arts), which includes the Medical Practice Act, nor any initiative act referred to in that division.

Board Meetings

(B & P Code § 101.7)

The full board shall meet at least three times each calendar year. The board shall meet at least once each calendar year in northern California and at least once each calendar year in southern California in order to facilitate participation by the public and its licensees. If there is good cause, the director at his or her discretion may exempt any board from the meeting three times per year or meetings that require travel.

All meetings that are webcast must include reference to the fact that the meeting will be webcast. Additionally, pursuant to Government Code § 11125 the board is required to provide written notice of meetings; such notice may include mail and/or email.

The Board shall comply with the provisions of the Open Meeting Act. The board has three duties under the Open Meetings Act. First, give the required notice of meetings to be scheduled. Second, provide an opportunity for public comment. Third, conduct meeting in an open session except where a closed session is specifically authorized. All board and committee meetings, with the exception of closed sessions, are open to the public. Closed session meetings must follow the same meeting notice requirements as open meetings and are specifically for matters designated under law such as discussion of disciplinary cases, pending litigation, personnel matters or other legally authorized issues.

Quorum
(Osteopathic Act, B&P Code § 3600-1)

The quorum for the board is five members. A roll call at the beginning of each board meeting shall be called to determine whether quorum is established. A quorum must be present or in attendance to constitute an act and/or decision on behalf of the board. If a quorum of the board is not in attendance, members in attendance may discuss a topic and suggest an action, but it is considered advisory and must be considered by the board at a time when there is quorum established.

Committee meetings require a majority of committee membership for quorum. For example, if a committee has three members, two constitute a quorum.

Public Comment
(Board Policy)

Public comment is always encouraged and allowed, however, if time constraints mandate, the board President may impose a time per person. Due to the need for the board to maintain fairness and neutrality when performing its adjudicative function, the board shall not receive any information from a member of the public regarding matters that are currently under or subject to investigation, or involve a pending or criminal administrative action.

Meeting Notice Requirements
(Government Code § 11120 et. seq.)

The board must give at least ten (10) calendar day's written notice of each board and committee meeting. This notice shall be sent to interested parties by mail and/or email and posted on the board's website. The meeting notice includes the location(s) where the meeting will be held and the meeting agenda. The agenda must include all items of business to be transacted or discussed at the meeting. A brief description may not be generalized (e.g. miscellaneous topics or old business) and must provide sufficient information so that the public is aware of the item to be discussed. The notice must include the name, address, and telephone number of any person who can provide further information prior to the meeting and must contain the website address where the notice can be accessed. Additionally, the notice must contain information that would enable a person with a disability to know how, to whom, and by when a request may be made for any disability-related accommodation.

Teleconference Meetings
(Government Code § 11123)

Meetings held via teleconference are also subject to the same notice requirements under the Open Meetings Act. The meeting notice must be published at least ten (10) days in advance and must include the physical location of each board member attending the meeting remotely. Each

board member must be present at the physical location he or she provided for the meeting notice. The public is permitted to attend the meeting at any of the locations listed on the meeting notice during an open session of the meeting. Members are no longer able to attend meetings via teleconference from their homes, offices or other convenient location unless those locations are identified in the meeting notice and agenda and the public is permitted to attend at those locations. The public is not permitted to attend any part of the meeting that is designated as "closed session."

Agenda Topics
(Board Policy)

Any board member may suggest items for a board meeting agenda to the board President and Executive Director. The Executive Director sets the agenda at the direction and approval of the board President.

Record of Meetings (Minutes)

The minutes are a summary, not a transcript, of each board meeting. The minutes shall be prepared by board staff and submitted for review by board members. Board minutes must be approved or disapproved at a future scheduled meeting of the board. When approved, the minutes shall serve as the official record of the meeting. All meeting minutes shall reflect board member attendance and when a member has been excused or is absent. All staff in attendance including legal counsel shall also be included. Each roll call vote shall list the position of each voting member in addition to the final vote count and whether the motion passed or failed.

What Constitutes a Meeting
(Government Code § 11122.5)

The intention of the Open Meetings Act is to prevent otherwise public business being discussed by public board members in private and not in a meeting that the public has been properly provided notice and invited to attend. As result, there are restrictions on communication between multiple board members. These restrictions begin to be applied to communications between two or more board members.

The Open Meeting Act defines a meeting as two or more members of a state body at the same time and place to hear, discuss, or deliberate upon any item that is within the subject matter jurisdiction of the state body to which it pertains. In this definition, the term state body refers to the board. Meetings of three or more board members constitute a meeting that requires ten day prior public notice. Meetings of two members do not require public meeting notice compliance.

The meeting restriction also applies to emails between board members, telephone conversations between board members, and dining conversations if there are two or more members involved in the communication.

If the board members engage in any communication regarding board business with more than one member, this communication would be a violation of the Open Meeting Act. The violating member may be guilty of a misdemeanor (Government Code § 11130.7).

There are exemptions to the meeting definition. When in doubt, contact the Executive Director or the board's legal counsel.

Chapter 3: Selection of Officers & Committees

Officers of the Board

The board shall elect at the first meeting of each year a President, Vice President and Secretary.

Election of Officers

Elections of the officers shall occur annually at the first meeting of each year.

Officer Vacancies

If an office becomes vacant during the year, the President may appoint a member to fill the vacancy for the remainder of the term until the next annual election. If the office of the President becomes vacant, the Vice President shall assume the office of the President. Elected officers shall then serve the remainder of the term.

Committees & Committee Appointments

The President shall establish and abolish committees as he or she deems necessary at any time. The composition of the committees and the appointment of the members shall be determined by the board President. The President can change the composition including the chair at any time. The number of members on each committee can range from two to five members.

Committee with three or more members will be subject to following the Open Meetings Act.

Committee Meetings

Each committee will be comprised of at least two board members. The board President designates one member of each committee as the committee's chairperson. The chairperson coordinates the committee's work, ensures progress toward the board's priorities, and presents reports as necessary at each meeting. During any public committee meeting, comments from the public are encouraged, and the meetings themselves are frequently public forums on specific issues before a committee. These meetings shall also be run in accordance with the Open Meeting Act.

Board Member Attendance at Board Meetings
(Board Policy)

Board members shall attend each meeting of the board and his or her assigned committee meetings. If a member is unable to attend, he or she must contact the board President or the Executive Director and ask to be excused from the meeting for a specific reason.

Public Attendance at Board Meetings
(Government Code § 11120 et. seq.)

Meetings are subject to all provisions of the Open Meeting Act. This Act governs meetings of the state regulatory boards and meetings of committees of those boards where committee consists of more than two members. It specifies meeting notice, agenda requirements, and prohibits discussing or taking action on matters not included on the agenda. If the agenda contains matters, which are appropriate for closed session, the agenda shall cite the particular statutory section and subdivision authorizing the closed session.

CHAPTER 4: Other Policies and Procedures

Ex Parte Communications
(Government Code § 11430.10 et. seq.)

The Government Code contains provisions prohibiting ex parte communications. An "ex parte" communication is a communication to the decision-maker made by one party to an enforcement action without participation by the other party. While there are specified exceptions to the general prohibition, the key provision is found in subdivision (a) of § 11430.10, which states:

"While the proceeding is pending, there shall be no communication, direct or indirect, regarding any issue in the proceeding to the presiding officer from an employee or representative of an agency that is a party or from an interested person outside the agency, without notice and an opportunity for all parties to participate in the communication." board members are prohibited from an ex parte communication with board enforcement staff while a proceeding is pending.

Occasionally, an applicant who is being formally denied licensure, or a licensee against whom disciplinary action is being taken, will attempt to directly contact board members. If the communication is written, the person should read only far enough to determine the nature of the communication. Once he or she realizes it is from a person against whom an action is pending, they should reseal the documents and send them to the Executive Director. If a board member receives a telephone call from an applicant under any circumstances or licensee against whom an action is pending, he or she should immediately tell the person they cannot speak to them about the matter and inform the Executive Director and the board's legal counsel.

If the person insists on discussing the case, the board member may be required to recuse him or herself from any participation in the matter. Therefore, continued discussion is of no benefit to the applicant or licensee. If a board member believes that he or she has received an unlawful ex parte communication, he or she should contact the Executive Director and the board's legal counsel.

Rules for Contact with the Public, a Licensee, an Applicant, or Media

Occasionally, in your role as a board member you may be contacted by a licensee, colleague, applicant, member of the public, or the media regarding an issue or concern that pertains to board business or proceedings. Any one of these contacts may compromise your position related to future decisions about policy, disciplinary actions, or other Board business.

In order to avoid compromising your role as a board member, please refrain from assisting the individual with his/her issue. Instead, offer to refer the matter to the Executive Director or give

the individual the contact information for the Executive Director. Refrain from engaging in discussion with the individual and make every effort to end the conversation quickly and politely. Report all such contacts to the Executive Director as soon as possible.

Board members shall not intervene on behalf of a licensee or applicant for licensure for any reason. They should forward all contacts or inquiries to the Executive Director.

Board members should not directly participate in complaint handling and resolution or investigations. To do so would subject the board member to disqualification in any future disciplinary action against the licensee. If a board member is contacted by a respondent or his/her attorney, the board member should refer the individual to the Executive Director.

Honoraria Prohibition
(Government Code § 89503 and Fair Political Practices Commission (FPPC) Regulations, Title 2, Division 6)

As a general rule, members of the board should decline honoraria for speaking at, or otherwise participating in, professional association conferences and meetings. A member of a state board is precluded from accepting an honorarium from any source, if the member would be required to report the receipt of income or gifts from that source on his or her statement of economic interest.

Board members are required to report income from, among other entities, professional associations and continuing education providers. Therefore, a board member should decline all offers for honoraria for speaking or appearing before such entities. There are limited exceptions to the honoraria prohibition. The acceptance of an honorarium is not prohibited under the following circumstances:

(1) When an honorarium is returned to the donor (unused) within thirty days;

(2) When an honorarium is delivered to the State Controller within thirty days for donation to the General Fund (for which a tax deduction is not claimed); and

(3) When an honorarium is not delivered to the board member, but is donated directly to a bona fide charitable, educational, civic, religious, or similar tax exempt, non-profit organization. In light of this prohibition, members should report all offers of honoraria to the board President so that he or she, in consultation with the Executive Director and legal counsel, may determine whether the potential for conflict of interest exists.

Conflict of Interest
(Government Code § 87100)

No board member may make, participate in making, or in any way attempt to use his or her official position to influence a governmental decision in which he or she knows or has reason to

know he or she has financial interest. Any board member, who has a financial interest that may be affected by a governmental decision, shall disqualify him or herself from making or attempting to use his or her official position to influence the decision. Any board member who feels he or she is entering into a situation where there is potential for a conflict of interest should immediately consult the Executive Director or the board's legal counsel.

Serving as an Expert Witness
(Executive Order 66.2)

Pursuant to Executive Order 66-2, no employment, activity, or enterprise shall be engaged in by any gubernatorial appointee, which might result in, or create the appearance of resulting in any of the following:

1. Using the prestige or influence of a State office for the appointee's private gain or advantage.
2. Using state time, facilities, equipment, or supplies for the appointee's private gain or advantage, or the private gain or advantage of another.
3. Using confidential information acquired by virtue of State involvement for the appointees private gain or advantage, or the private gain or advantage of another.
4. Receiving or accepting money or any other consideration from anyone other than the State for the performance of an act which the appointee would be required or expected to render in the regular course of hours of his or her State employment or as a part of the appointee's duties as a State officer.

Gifts from Licensees and Applicants

A gift of any kind to board members from licensees, applicants for licensure, continuing education providers or approved schools is not permitted. Gifts must be returned immediately.

Immunity from Liability

There are a number of provisions in state law relating to the liability of public agencies and employees. Government Code § 818.4 states "A public entity is not liable for an injury caused by the issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order or similar authorization where the public entity or an employee of the public entity is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Government Code § 821.2 states, "A public employee is not liable for an injury caused by his issuance, denial, suspension or revocation of, or by his failure or refusal to issue, deny, suspend or revoke, any permit, license, certificate, approval, order, or similar authorization where he is authorized by enactment to determine whether or not such authorization should be issued, denied, suspended or revoked."

Specific questions related to defense, payment of a judgment, settlement, and indemnification should be discussed with the board's legal counsel.

Resignation of Board Members
(Government Code § 1750)

In the event that it becomes necessary for a board member to resign, a letter shall be sent to the appropriate appointing authority (Governor, Senate Rules Committee, or Speaker of the Assembly) with the effective date of the resignation. Written notification is required by state law. A copy of this letter shall also be sent to the director of Department of Consumer Affairs (DCA), the board President, and the Executive Director.

Board Member Addresses
(DCA Policy)

Board member addresses and telephone numbers are confidential and shall not be released to the public without expressed authority of the individual board Member. A roster of board members is maintained for public distribution on the board's web site using the board's address and telephone number.

CHAPTER 5. Board Administration & Staff

Executive Director

The board may appoint an Executive Director. The Executive Director is responsible for the financial operations and integrity of the board, and is the official custodian of records. The Executive Director is an at will employee, who serves at the pleasure of the board, and may be terminated, with or without cause, in accordance with the provisions of the Bagley-Keene Open Meeting Act.

Board Administration

Strategies for the day-to-day management of programs and staff shall be the responsibility of the Executive Director as an instrument of the board.

Executive Director Evaluation

On an annual basis, the Executive Director is evaluated by the board President. Board members provide information to the President on the Executive Director's performance in advance of the evaluation. Once compiled the board President meets privately with the Executive Director to provide the Board's evaluation.

Board Staff

Employees of the board, with the exception of the Executive Director, are civil service employees. Their employment, pay, benefits, discipline, termination, and conditions of employment are governed by a myriad of civil service laws and regulations and often by collective bargaining labor agreements. Because of this complexity, the board delegates this authority and responsibility for management of the civil service staff to the Executive Director as an instrument of the board. Board members may express any staff concerns to the Executive Director but shall refrain from involvement in any civil service matters. Board members shall not become involved in the personnel issues of any state employee.

Board Budget

The Executive Director or the Executive Director's designee will attend and testify at legislative budget hearings and shall communicate all budget issues to the Administration and Legislature.

Communications with External Organizations & Individuals

All communications relating to any board action or policy to any individual or organization shall be made only by the President of the board, his or her designee, or the Executive Director.

Any board member who is contacted by any of the above should inform the board President or Executive Director of the contact immediately. All correspondence shall be issued on the board's standard letterhead and will be disseminated by the Executive Director's office.

Business Cards

Business cards will be provided to each board member with the board's name, address, telephone and fax number, and website address.

Service of Legal Documents

If a board member is personally served as a party in any legal proceeding related to his or her capacity as board member, he or she must contact the Executive Director immediately.

Board Member Orientation

The board member orientation session shall be given to new board members within one year of assuming office. (B&P Code § 453.)

Ethics Training

California law requires all appointees to take an ethics orientation within the first six months of their appointment and to repeat this ethics orientation every two years throughout their term.

Sexual Harassment Training

(Government Code § 12950.1)
Board members are required to undergo sexual harassment training and education once every two years.

CHAPTER 6. Board Member Role in Disciplinary Process

Overview

Discipline is one of the principal responsibilities of the board in regulating the Osteopathic Medical profession. In matters involving discipline, the board, Executive Director, and staff have very distinct roles that must be adhered to in order to preserve the disciplinary process. The board's role is that of "decisionmaker", ultimately authorized to deny licensure or order discipline of a license. The board reviews two types of disciplinary actions: 1) Proposed stipulated settlements; 2) Proposed decisions ordered by the Administrative Law Judge (ALJ) after a formal hearing of the facts in the case. In both situations, the final order and action must come from the board through a vote by the board. This vote can occur at a board meeting or via email.

In disciplinary actions it is the role of the board staff to manage the gathering of facts, to conduct investigations, consult with a medical expert who determines whether there has been a departure from the Standard of Care, and send out ballots to the board. If board members have questions, those questions should be directed to the board's legal counsel. The Executive Director serves the role of the Complainant in the disciplinary process. The Complainant is the individual who has the authority to file charges against the licensee or applicant. In this role, the Executive Director must not have contact with the board in order to ensure the board's neutrality that will then make the final decision in the case. The Office of the Attorney General is responsible for prosecuting actions on behalf of the Complainant. Additionally, for disciplinary matters only, the Office of the Attorney General serves as the legal advisor to the Executive Director (i.e., complainant) and the board's legal counsel serves as legal counsel for the board. In all other non-disciplinary matters, the board's legal counsel advises both the board and the Executive Director.

The board is subject to meeting pre-defined enforcement performance measures and is held accountable for the time it takes to manage its disciplinary cases. One way to expedite the disciplinary timeframe is that proposed decisions and settlements are sent by staff continuously to the board via email for their consideration and vote. This email ballot process streamlines the disciplinary process and reduces unnecessary delays that would otherwise occur if all decisions were made at scheduled Board meetings. However, if board members feel they need to discuss a particular proposed decision or settlement, there is an option to mark on the ballot hold for discussion at a future board meeting.

Email /Mail Vote Process
(Government Code § 11500 et. Seq.+6,)

The board must approve any proposed decision or stipulation before the formal discipline becomes final and the penalty can take effect. Proposed stipulations and decisions are emailed to each board member for his or her vote.

Proposed ALJ decisions (based on hearing) and proposed stipulated settlements) negotiated settlements) are sent to the board via email for their consideration and vote. Email ballot packet materials are confidential and include the following documents:

1) Proposed ALJ decisions: the ALJ order, accusation or statement of issues;
2) Proposed stipulated settlements (including Stipulated Surrender of License): settlement, accusation, accusation and petition to revoke probation or statement of issues, Deputy Attorney General's (DAG) memo.

Deliberation and decision-making should be done independently and confidentially by each board member. Board members shall only use the information provided to make their determination. For cases decided via email ballot, voting members may not communicate with each other and may not contact the DAG, the respondent, anyone representing the respondent, any witnesses, the complainant (Executive Director), the ALJ or anyone associated with the case. Additionally, board members should not discuss pending cases with board staff, except as to questions about procedure, which if the nature of the questions are legal, such questions will be referred to the board's legal counsel.

Completed email ballots shall be returned by the due date listed on the ballot. Delays by board members in returning votes, delays final discipline. Board members should retain their email ballot materials including the completed email ballot itself in case there is further action on the case. Final orders of the board do not become effective immediately, the final decision must be served and the board could receive a request for reconsideration which would delay the disciplinary action timeline and the order from becoming final. Once the decision is final, the email ballot packet materials that board members receive must be confidentially destroyed.

Email/Mail Ballot Voting Options

Each email ballot will have the following voting options:

- **Adopt/Grant**: a vote to adopt the proposed action means that you agree with the action as written and accept the action.

- **Reject (Non Adopt)**: A vote to not adopt the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the board's decision. This category should be used (or deleted) or that the penalty should be modified in some other way.

In addition, board members are instructed on the ballot to choose this option if they have questions or concerns about the proposed decision. They are asked to record their question or concerns to facilitate the discussion**.** However, a majority vote to adopt will prevail over a minority vote to not adopt.

- **Recuse self from the case because: (conflict of interest or involvement in case)**

Legal Procedure by Type of Decision

Stipulations—Proposed Settlements

- **Adopt.** If the decision of the board is to adopt the terms proposed in the stipulation that decision becomes effective with 30 days if reconsideration is not requested. Respondent is notified of the decision.
- **Reject**. If the board decides to not adopt the stipulation, the respondent is notified and the matter resumes the process for formal administrative hearing before an ALJ. A new settlement may be submitted to the board at a later date. If the case goes to hearing, the board will consider the ALJ proposed decision.

Proposed ALJ Decisions Following a Formal Hearing

- **Adopt.** If the board members decide to adopt the proposed decision, the proposed decision become effective within 30 days and the respondent is notified of the decision.
- **Reject.** If the board members do not agree with any aspect of the ALJ's proposed decision, they have the option to "non-adopt" the proposed decision. In this case, the respondent is notified. The next step is that board staff will order the administrative hearing transcripts and request written arguments from the respondent. Board members will review the transcripts, evidence, and written arguments and meet in a closed session board meeting with the board's legal counsel who will facilitate the closed session and write the board's decision. The board uses its disciplinary guidelines and applicable law when making such decisions. The board's decision is then adopted by the board and issued as a final order of the board. The respondent is notified of the decision.

Explanation of Terminology

Proposed decision:

Following a hearing, the Administrative Law Judge (ALJ) drafts a proposed decision recommending an outcome based on the facts and the board's disciplinary decision. At its discretion, the board may impose a lesser penalty than that in the proposed decision. If the

board desires to increase a proposed penalty, however, it must vote to reject or non-adopt the proposed decision, read the transcript of the hearing and review all exhibits prior to acting on the case.

Default Decision:

If an accusation mailed to the last known address is returned by the post office as unclaimed, or if a respondent fails to file a Notice of Defense or fails to appear at the hearing, the respondent is considered in default. The penalty in a case resolved by default is generally revocation of the license. A default decision can be set aside and the case set for hearing if the respondent petitions for reconsideration before the effective date of the decision **and** the board grants the petition.

Stipulated Decision

At any time during the disciplinary process, the parties to the matter (Executive Director and the respondent) can agree to a disposition of the case. With the Executive Director's consent, the Deputy Attorney General will negotiate a stipulated decision (sometimes referred to as a stipulated agreement) based on the board's disciplinary guidelines.

Adopt

A vote to adopt the proposed action means that you accept the action as proposed.

Reject (Non-Adopt)

A vote to reject (non-adopt) the proposed action means that you disagree with one or more portions of the proposed action and do not want it adopted as the board's decision. This category should be used if you believe additional or different terms or conditions of probation should be added (or deleted) or that the penalty should be modified in some other way.

If a proposed decision is rejected, the transcript will be ordered and the case scheduled for argument according to board policy. After reviewing the record and discussion, the board can adopt the decision as originally written or modify it as it deems appropriate, except that any cost recovery order may not be increased. If a stipulated decision is rejected, the case will be set for hearing. If a default decision is rejected, the case will be set for hearing.

Recuse: Board Member Disqualification from Deciding Case

With some limited exception, a board member cannot decide a case if that board member investigated, prosecuted or advocated in the case or is subject to the authority of someone who investigated, prosecuted or advocated in the case. Examples of such a conflict is if a person is a family member, close personal friend, or business partner. A board member may be

disqualified for bias, prejudice or interest in the case. When in doubt, board members should contact the board's legal counsel for guidance.

Ex Parte Communications Involving Disciplinary Actions

Ex Parte is Latin for "by or for one party; by one side." In practice, it is a limitation on the types of information and communication that board members may receive or make when considering a case. While a case is pending, there are only limited types of communication with board members that are allowed. The rationale for this limitation is to avoid any communication that would unfairly influence the outcome of the legal proceeding. Communication with staff on the merits of the case, communication with those who investigated the case or communication with the ALJ could all bias the outcome and be unfairly one sided with respect to the respondent. So, the easiest way to avoid ex parte communication is to refrain from communicating to anyone except the board's legal counsel about a case.

CHAPTER 7. Travel and Salary Policies & Procedures

Travel Reimbursement

Board members will be reimbursed for their travel related to all board and Committee meetings. Reimbursements will be in accordance with current travel reimbursement policies. Please refer to the board's policies and DCA Travel Guide for specific travel guidelines and reimbursement policies. . Board members must submit their travel receipts, mileage information (*if applicable*), and start and end time for each trip to the board liaison, who will then process each reimbursement through the State's reimbursement system CalATERS Global.

Travel Approval
(State Administrative Manual (SAM) § 700 et. seq.)

Travel related to board and committee meetings do not require travel approval. All other travel related to board business must be approved by DCA prior to the event. For any travel out of state representing the State of California, prior approval from the Governor's Office is required and must be submitted for endorsement at least 2 months prior to the intended date of departure. Please contact the Executive Director for further information.

Travel Arrangements
(Board Policy)

Generally, government travel is restricted to either a designated carrier or the lowest priced carrier. Similarly, lodging is restricted to hotels that offer a state rate that is under the reimbursement maximum that vary by city. Board members will only be reimbursed up to the maximum, unless they have received prior authorization for excess lodging, which must be secured prior to travel. To facilitate travel arrangements, board members should provide the board liaison with credit card information that can be used to secure lodging reservations that require a personal credit card. The board has no means to secure lodging reservations for board members without your credit card. The board liaison makes board travel arrangements for lodging and flights, so coordinate directly with the board liaison.

Exceptions to Travel Reimbursement Policies

Lodging

State guidelines generally prohibit reimbursement for hotel expenses within 50 miles of an individual's home address or an extra night stay following the conclusion of the board activity. However, an exception to this guideline may be obtained if the circumstances necessitate an overnight stay. Please contact the board liaison for further details.

Airport Parking

State guidelines strongly encourage the use of the least expensive parking available (i.e. economy lot). However, if the board determines that additional parking costs above the lowest-cost option are in the best interests of the State, a justification explaining the necessity for additional cost must be submitted with the travel claim.

Travel Claims
(SAM § 700 et seq.)

Rules governing reimbursement of travel expenses for board members are the same as for management-level state staff. All expenses shall be claimed on the appropriate travel expense claim forms. The board liaison maintains these forms and completes them as needed.

The Executive Director's travel and per diem reimbursement claims shall be submitted to the board President for approval. It is advisable for board members to submit their travel expense forms immediately after returning from a trip and not later than thirty days following the trip and not later than the 15th of the month following the trip. Receipts are required and must be submitted with each travel reimbursement: hotel zero balance receipt, parking, transportation service (taxi, shuttle, etc.), bridge tolls, flight itineraries, gas receipts. Pre-paid gas receipts will not be accepted and must include detailed information (number of gallons, price per gallon, etc.). Meal reimbursement is limited to designated maximums per meal and depends on the time of day. While meal receipts are not required for reimbursement, it is advised to keep receipts in case your claims are audited in the future.

Salary Per Diem
(B & P Code § 103)

Compensation in the form of salary per diem and reimbursement of travel and other related expenses for board members is regulated by the B&P Code § 103. Each member of the board shall receive a per diem in the amount provided in § 103 of the B&P Code. Board members fill non-salaried positions, but are paid $100 per day for each meeting day and are reimbursed travel expenses. In relevant part, B&P Code § 103 provides for the payment of salary per diem for board members "for each day actually spent in the discharge of official duties," and provides that the board member "shall be reimbursed for traveling and other expenses necessarily incurred in the performance of official duties."

Salary Per Diem
(Board Policy)

Accordingly, the following general guidelines shall be adhered to in the payment of salary per diem or reimbursement for travel:

1. No salary per diem or reimbursement for travel-related expenses shall be paid to board members except for attendance at official board or committee meetings, unless a substantial official service is performed by the board member.
Attendance at gatherings, events, hearings, conferences or meetings other than official board or committee meetings in which a substantial official service is performed the Executive Director shall be notified and approval shall be obtained from the board President prior to board member's attendance.

2. The term "day actually spent in the discharge of official duties" shall mean such time as is expended from the commencement of a board or committee meeting until that meeting is adjourned. If a member is absent for a portion of a meeting, hours are then reimbursed for time actually spent. Travel time is not included in this component.

3. For board-specified work, board members will be compensated for time actually spent in performing work authorized by the board President. This may also include, but is not limited to, authorized attendance at other events, meetings, hearings, or conferences. Work also includes preparation time for board or committee meetings and reading and deliberating mail ballots for disciplinary actions.

4. Reimbursable work does not include miscellaneous reading and information gathering unrelated to board business and not related to any meeting, preparation time for a presentation and participation at meetings not related to official participation of the members duties with the board.

5. Board members may participate on their own (i.e., as a citizen or professional) at an event or meeting but not as an official board representative unless approved in writing by the President. Requests must be submitted in writing to the President for approval and a copy provided to the Executive Director. However, board members should recognize that even when representing themselves as "individuals," their positions might be misconstrued as that of the board.

ATTACHMENT B

BOARD COMMITTEES

Diversion Evaluation Committee

George Bifano, D.O.
Paul Steier, D.O.
Blaine King, D.O.

Cannabis Prescribing Guideline Committee

Claudia Mercado
Andrew Moreno

ATTACHMENT C

STRATEGIC PLAN

2019–2023 STRATEGIC PLAN

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

Adopted: January 2019

Table of Contents

Board Members

Joseph A. Zammuto, D.O., President

Cheryl Williams, Vice President, Public Member

Cyrus Buhari, D.O., Secretary-Treasurer

Gor Adamyan, Public Member

Elizabeth Jensen-Blumberg, D.O.

Claudia Mercado, Public Member

Andrew Moreno, Public Member

Vacant, D.O.

Vacant, D.O.

Gavin Newsom, Governor

Alexis Podesta, Secretary
Business, Consumer Services and Housing Agency

Vacant, Director
Department of Consumer Affairs

Mark Ito, Executive Director
Osteopathic Medical Board of California

Message From the Board President

On behalf of the Osteopathic Medical Board of California, it is my sincere pleasure to present the 2019–2023 Strategic Plan. I want to thank the California Department of Consumer Affairs' SOLID unit for their leadership in the process. I want to thank all the Board members, the executive director, assistant executive director, Board staff, and the public for putting together this plan.

The mission of the Board is to protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons. The Board continually strives to attain meaningful improvement to service our physicians, protect the public, and maintain the highest standards in health care.

The vision of the Board is to uphold the highest standards of quality and care by our physicians; continuing to utilize technology and innovation to enhance and deliver an outstanding level of public protection.

The success of this strategic plan depends on an ever evolving relationship with all the stakeholders in the state of California. We look forward to our relationship involving licensure, enforcement, outreach and communication, regulation and legislation, and Board administration.

Joseph A. Zammuto, D.O.
President, Osteopathic Medical Board of California

About the Osteopathic Medical Board

Developed more than 130 years ago by Andrew Taylor Still, M.D., D.O., osteopathic medicine brings a unique philosophy to traditional medicine. Osteopathic physicians (D.O.s) are fully licensed to prescribe medication and practice in all medical specialty areas including surgery, just like any physician, and they are also trained to consider the health of the whole person and use their hands to help diagnose and treat their patient.

D.O.s make up one of the fastest growing segments of health care professionals in the United States. California has the fourth largest osteopathic population in the United States.

Business and Professions Code section 3600 (Osteopathic Initiative Act) and California Code of Regulations, title 16, "Professional and Vocational Regulations," Division 16, section 1600 et. seq., authorize the Osteopathic Medical Board of California (OMBC) to license qualified osteopathic physicians and surgeons to practice osteopathic medicine, and to effectuate the enforcement of laws and regulations governing their practice (Medical Practice Act). The act provides that consumer protection is their highest priority in exercising its licensing, regulatory, and disciplinary functions.

The OMBC is a fully functioning board within the Department of Consumer Affairs with the responsibility and sole authority to issue licenses to physicians and surgeons to practice osteopathic medicine in California. The OMBC is also responsible for enforcing legal and professional standards to protect California consumers from incompetent, negligent, or unprofessional D.O.s. The OMBC regulates D.O.s only. There are 9,101 D.O.s in California with active licenses at this time and another 668 who have inactive licenses in California while residing in other states. There are 1,163 D.O.s who maintain delinquent licenses. The total number of osteopathic physicians and surgeons currently holding a California license is 10,932.

D.O.s are similar to M.D.s in that both are considered to be "complete physicians," in other words, they have taken the prescribed amount of premedical training, graduated from an undergraduate college (typical emphasis on science courses) and received four years of training in medical school. They have also received at least one more year of postgraduate training (residency or rotating internship) in a hospital with an approved postgraduate training program.

After medical school, D.O.s may choose to practice in any specialty or subspecialty, as do M.D.s. Examples are, but not limited to, family practice, internal medicine, pediatrics, and any surgical specialty. These programs may range from an average of two to six years of additional postgraduate training. Licensing examinations are comparable in rigor and comprehensiveness to those given to M.D.s. Whether one becomes a D.O. or an M.D., the process of receiving complete medical training is basically the same. The same laws govern the required training for D.O.s and M.D.s who are licensed in California. D.O.s utilize all scientifically accepted methods of diagnosis and treatment, including the use of drugs and surgery. D.O.s are licensed in all 50 states to perform surgery and prescribe medication. D.O.s practice in fully accredited and licensed hospitals and medical centers. Section 2453 of the Business and Professions Code states that it "is the policy of this State that holders of M.D. degrees and D.O. degrees shall be accorded equal professional status and privileges as licensed physicians and surgeons."

A D.O. may refer to himself or herself as a "doctor" or "Dr." but in doing so must clearly state that he or she is a D.O. or osteopathic physician and surgeon. He or she may not state or imply that he or she is an M.D. while being licensed in California as a D.O.

A key difference between the two professions is that D.O.s have additional dimension in their training and practice—one not taught in medical schools giving M.D. degrees. Osteopathic medicine gives particular recognition to the musculoskeletal system (the muscles, bones, and joints), which makes up more than 60 percent of body mass. The osteopathic physician is trained to recognize that all body systems, including the musculoskeletal system, are interdependent, and a disturbance in one can cause altered functions in other systems of the body. The osteopathic physician is also trained in how this interrelationship of body systems is facilitated by the nervous and circulatory systems. The emphasis on the relationship between body structure and organic functioning is intended to provide a broader base for the treatment of the patient as a unit. These concepts require a thorough understanding of anatomy and the development of special skills in diagnosing and treating structural problems through manipulative therapy. D.O.s use structural diagnosis and manipulative therapy along with all of the other traditional forms of diagnosis and treatment to care effectively for patients and to relieve their distress.

To meet its responsibilities for regulation of the D.O. profession, the OMBC is authorized by law to:

a. Monitor licensees for continued competency by requiring approved continuing education.

b. Take appropriate disciplinary action whenever licensees fail to meet the standard of practice, or otherwise commit unprofessional conduct.

c. Determine that osteopathic medical schools and hospitals are in compliance with medical education curriculum and postgraduate training requirements.

d. Provide rehabilitation opportunities for licensees whose competency may be impaired due to abuse of alcohol or other drugs.

Additionally, the OMBC is charged with enforcement of laws proscribing unlicensed osteopathic medical practice.

OUR MISSION

To protect the public by requiring competency, accountability, and integrity in the safe practice of medicine by osteopathic physicians and surgeons.

OUR VISION

The Osteopathic Medical Board upholds the highest standards of quality and care by our physicians; continuing to utilize technology and innovation to enhance and deliver an outstanding level of public protection.

OUR VALUES

Collaborative
Health
Inclusion
Proactive
Diversity
Innovation
Professional

Strategic Goals

1. **Licensure**
   The OMBC requires that only qualified individuals are licensed as osteopathic doctors.

2. **Enforcement**
   Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of osteopathic medicine.

3. **Outreach and Communication**
   Consumers and licensees are able to make informed decisions regarding the safe practice of osteopathic medical services.

4. **Regulation and Legislation**
   Monitor and uphold the law, and participate in the regulatory and legislative process.

5. **Board Administration**
   Build an excellent organization through proper Board governance, effective leadership, and responsible management.

Goal 1: Licensure

The OMBC requires that only qualified individuals are licensed as osteopathic doctors.

1.1 Investigate the options to implement the Interstate Medical Licensure Compact to streamline the licensing process.

1.2 Investigate the options available through BreEZe to reduce barriers to entry and improve functionality.

1.3 Develop an online portal for documentation submissions to streamline the process and reduce time for licensees.

1.4 Align continuing education audits with the renewal process to reduce confusion among licensees.

1.5 Collaborate with the Office of Information Services (OIS) to schedule a demonstration of BreEZe to view the licensee point of view and better understand how the system operates.

1.6 Research the feasibility of hiring additional staff to improve office efficiencies.

1.7 Implement a board member in-office training to improve board member understanding of office processes.

Goal 2: Enforcement

Protect the health and safety of consumers through the enforcement of the laws and regulations governing the practice of osteopathic medicine.

2.1 Create efficiencies with the Board's internal investigations to reduce case aging.

2.2 Research the concept of the chaperone and set parameters around who can be a chaperone to protect patients and determine best practices.

2.3 Implement cross-training with enforcement staff to improve morale and continuity of work.

2.4 Research technological opportunities to improve workflow, efficiency, and communication between staff.

Goal 3: Outreach and Communication

Consumers and licensees are able to make informed decisions regarding the safe practice of osteopathic medical services.

3.1 Educate licensees on personal responsibilities regarding licensure and ongoing to set expectations.

3.2 Develop presentations and informational videos (e.g., for out-of-state doctors and residents who are considering applying for licensure in California) to explain the application process and provide statistics on the resident population.

3.3 Create a quarterly newsletter as a way for stakeholders to get to know the Board and promote the Board's Listserv and website so that important issues are disseminating to all interested parties.

3.4 Recreate the branding and logo of the Board to better market and educate stakeholders.

3.5 Collaborate with the Office of Public Affairs to develop a marketing plan to improve awareness of the Board, create interest for potential licensees, and allow them to be more engaged with the Board and the community.

3.6 Attend schools, conventions (e.g., medical association events), and other outreach events to be proactive in informing the public and potential licensees about the Board.

3.7 Audit the website and develop content to keep it up-to-date, innovative, and informative, and to drive stakeholders to the website.

3.8 Create a budget change proposal for additional staff who would manage content for the website and update regulations and legislation.

Goal 4: Regulation and Legislation

Monitor and uphold the law, and participate in the regulatory and legislative process.

4.1 Research the feasibility of developing a statute for including anti-discrimination language to allow the Board to take action when complaints arise.

4.2 Explore hiring a consultant or pursuing a dedicated staff person to better track regulations and legislation.

4.3 Collaborate and build relationships with law makers and staffers in order to have a stronger voice and represent the Board.

4.4 Research innovative approaches to disease/medication and create advisory guidelines for legislation and regulations to support best practices.

Goal 5: Board Administration

The Board builds an excellent organization through proper Board governance, effective leadership, and responsible management.

5.1 Research options available to collaborate and utilize SOLID to assist in creating a more cohesive team.

5.2 Implement cross-training with staff for business continuity and efficiency.

5.3 Improve communication using available technology to promote office efficiencies and provide better customer service.

5.4 Create a schedule for staff to attend Board meetings to foster a greater understanding of Board processes.

5.5 Update procedure manuals to onboard new employees and prepare for succession planning.

5.6 Develop Board informational materials to provide to DCA staff and help when onboarding new employees.

5.7 Schedule a legal training for the Board to assist members in the decision-making process.

5.8 Develop a Board member orientation packet to provide to new Board members during onboarding.

Strategic Planning Process

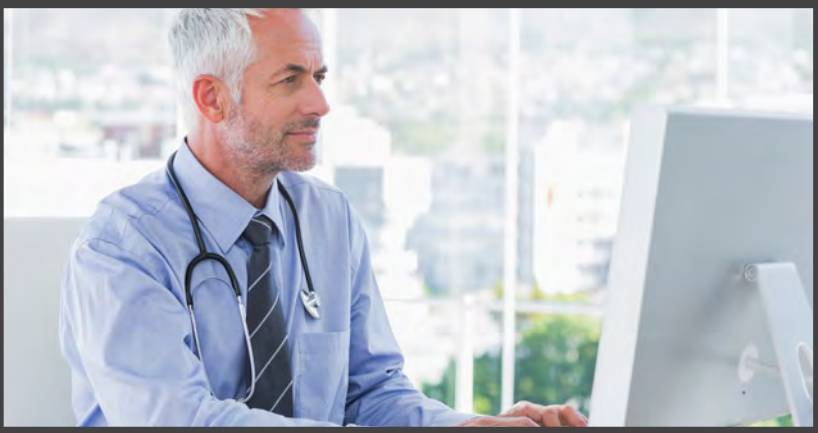
To understand the environment in which the Board operates and identify factors that could impact the Board's success, the SOLID unit conducted an environmental scan of the internal and external environments by collecting information through the following methods:

- Interviews conducted with five members of the Board, the executive director, and the assistant executive director completed during the month of March and April 2019 to assess the challenges and opportunities the Board is currently facing or will face in the upcoming years.

- One focus group with Board staff on April 11, 2019, to identify the strengths and weaknesses of the Board from an internal perspective. Eight Board staff members participated.

- An online survey sent to randomly selected external Board stakeholders in March 2019 to identify the strengths and weaknesses of the Board from an external perspective. A total of 211 stakeholders completed the survey.

The most significant themes and trends identified from the environmental scan were discussed by the Board executive team during a strategic planning session facilitated by SOLID on April 30, 2019. This information guided the Board in the development of its mission, vision, and values, while directing the strategic goals and objectives outlined in this 2019–2023 Strategic Plan.



OMBC
Osteopathic Medical Board of California

Osteopathic Medical Board of California
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Fax: (916) 928-8392
Email: osteopathic@dca.ca.gov

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS
SOLID TRAINING AND PLANNING SOLUTIONS

Prepared by:
Julie Kolaszewski, Strategic Business Analyst and Facilitator
SOLID Training and Planning Solutions

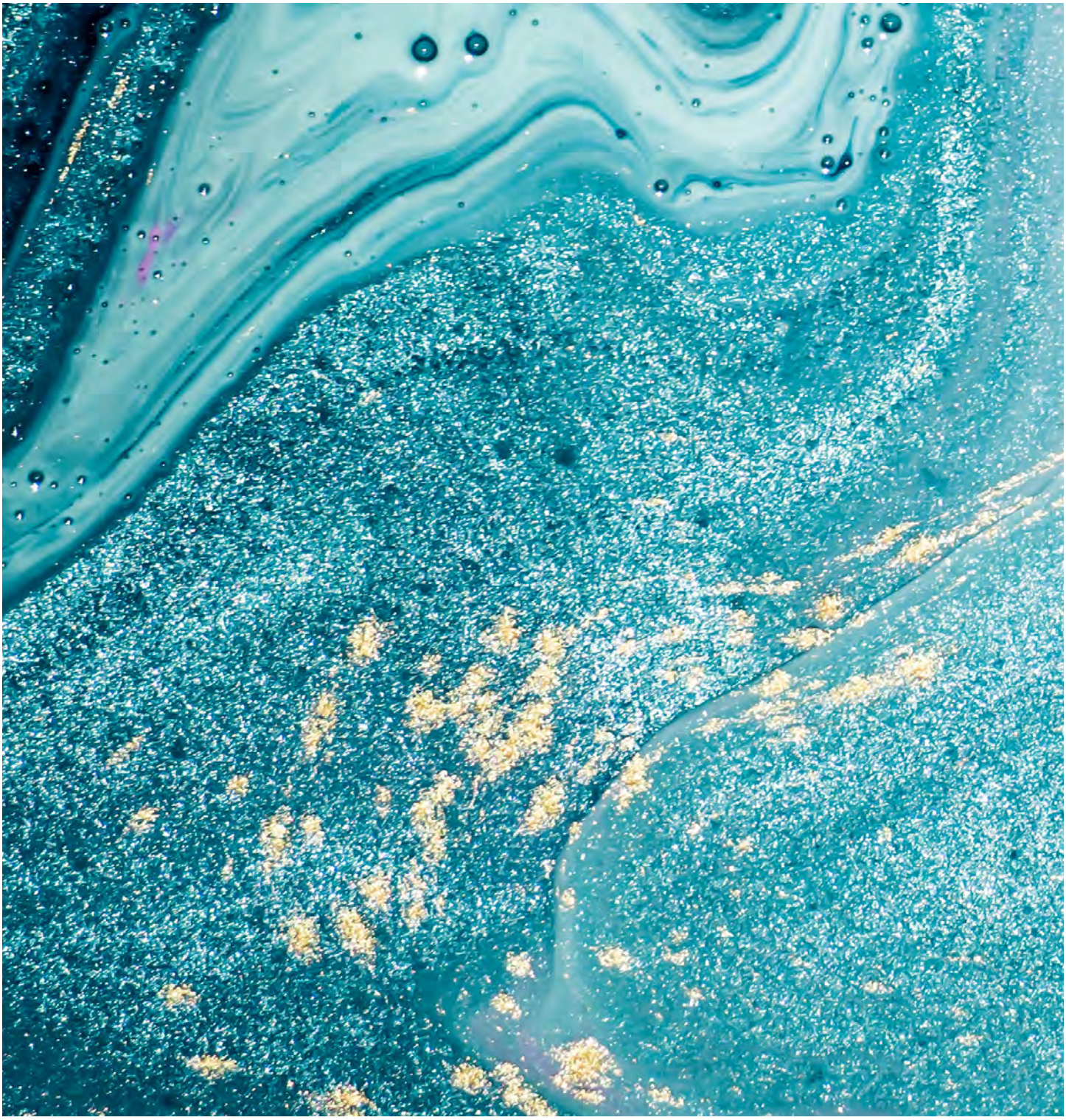
Department of Consumer Affairs
1747 North Market Blvd., Suite 270
Sacramento, CA 95834

This strategic plan is based on stakeholder information and discussions facilitated by SOLID for the Osteopathic Medical Board of California in March and April 2019. Subsequent amendments may have been made after Board adoption of this plan.

Revised: July 2019 | PDE_19-228

ATTACHMENT D

ORGANIZATIONAL CHARTS



Department of Consumer Affairs
Osteopathic Medical Board of California
December 20, 2016

FY 2016-2017
Authorized Positions: 11.40
Temporary Help Positions: 0.00

CURRENT

Executive Director
Angelina 'Angie' Burton *
608-110-5665-002

Terri Thorfinnson *
Staff Services Manager I
608-110-4800-001

Donald J. Krpan, D.O. (0.50) *
Medical Consultant (Enforcement)
608-110-9747-001 (1/2)

CASHIER

Jalverman Patrice Powe
Office Technician (Typing)
608-110-1139-001

ADMINISTRATIVE UNIT

Machiko Chong **
Assoc. Gov. Program Analyst
608-110-5393-004

LICENSING UNIT

David Moran *
Staff Services Analyst (General)
608-110-5157-004

Jaime Nichols
Program Technician II
608-110-9928-001

Sabrina Rowell *
Program Technician II
608-110-9928-002

VACANT
Office Technician (Typing)
608-110-1139-004

ENFORCEMENT UNIT

James Corey Sparks *
Assoc. Gov. Program Analyst
608-110-5393-001

Felisa Scott *
Assoc. Gov. Program Analyst
608-110-5393-002 (9/10)
999 (1/10)

Steve Ly *
Assoc. Gov. Program Analyst
608-110-5393-005

Angelina M Burton 12/20/16

Angelina Burton, Executive Director — Date

Personnel Analyst — Date

*CORI Cleared **CORI Cleared/ Custodian of Records

Department of Consumer Affairs

Osteopathic Medical Board of California

January 1, 2018

FY 2017-2018
Authorized Positions: 11.40
Temporary Help Positions: 0.00

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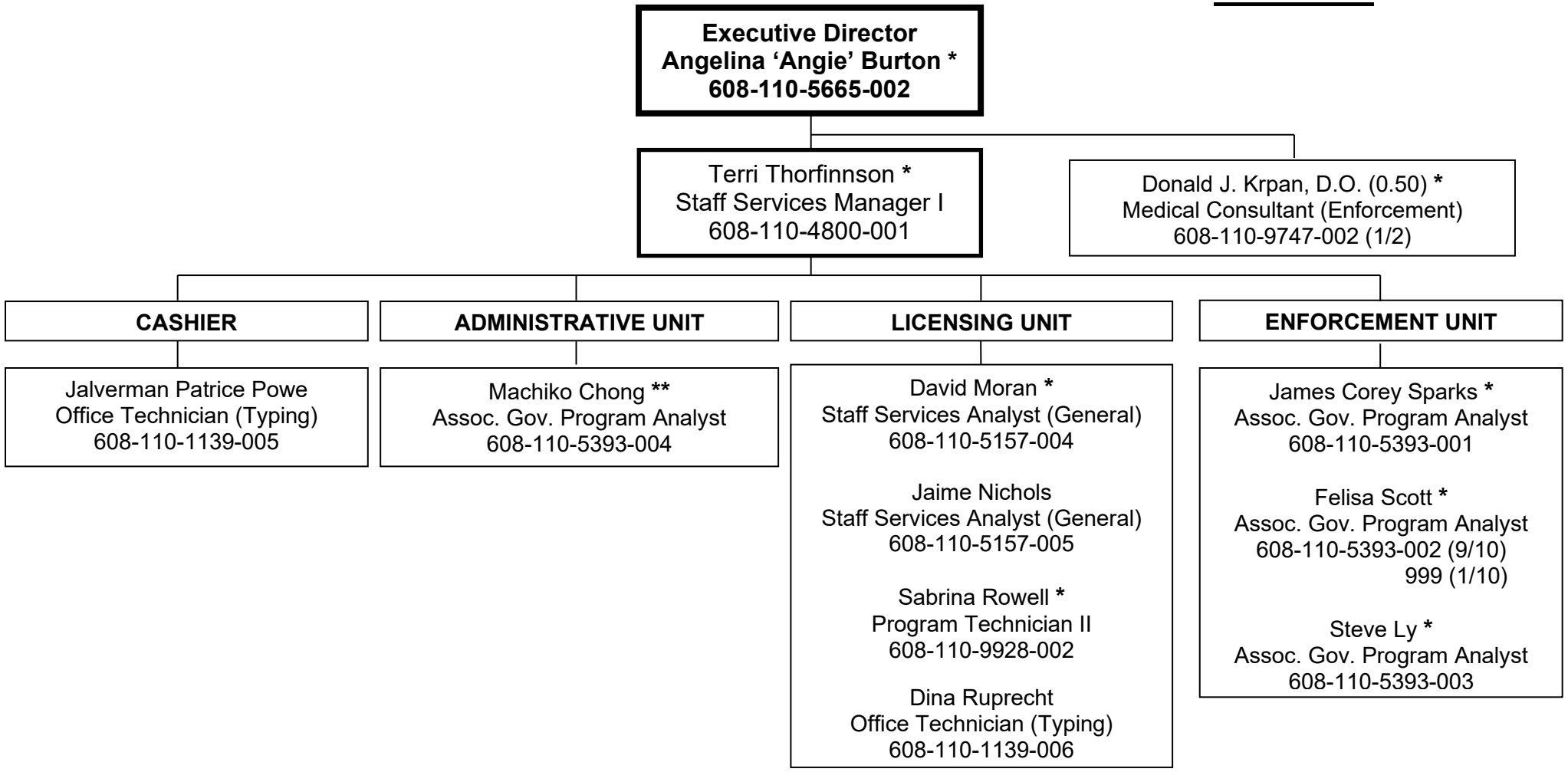


Angelina Burton, Executive Director Date

Personnel Analyst Date

*CORI Cleared **CORI Cleared/ Custodian of Records

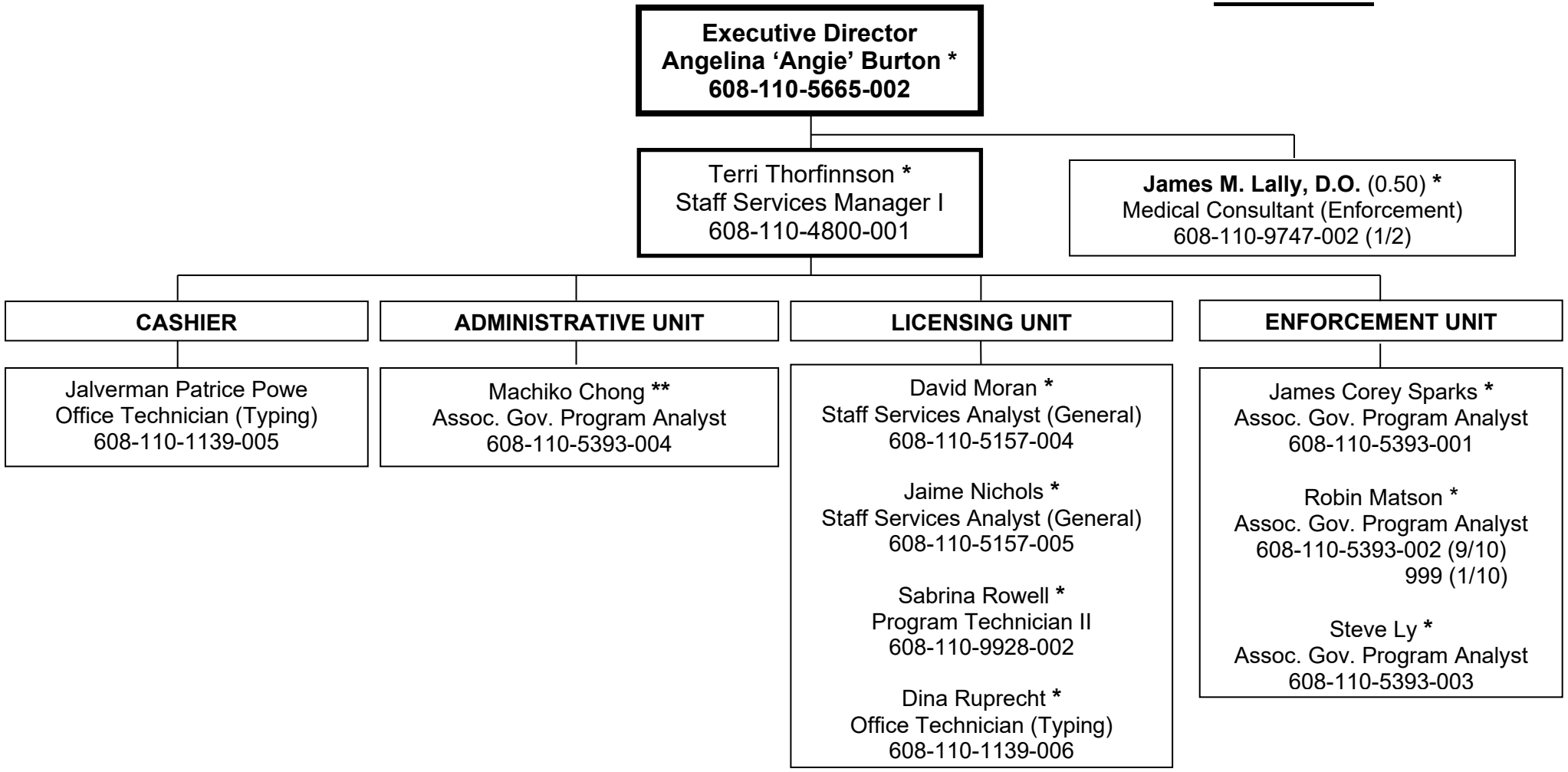
Department of Consumer Affairs

Osteopathic Medical Board of California

January 1, 2019

FY 2018-2019
Authorized Positions: 11.40
Temporary Help Positions: 0.00

CURRENT



Angelina Burton, Executive Director Date

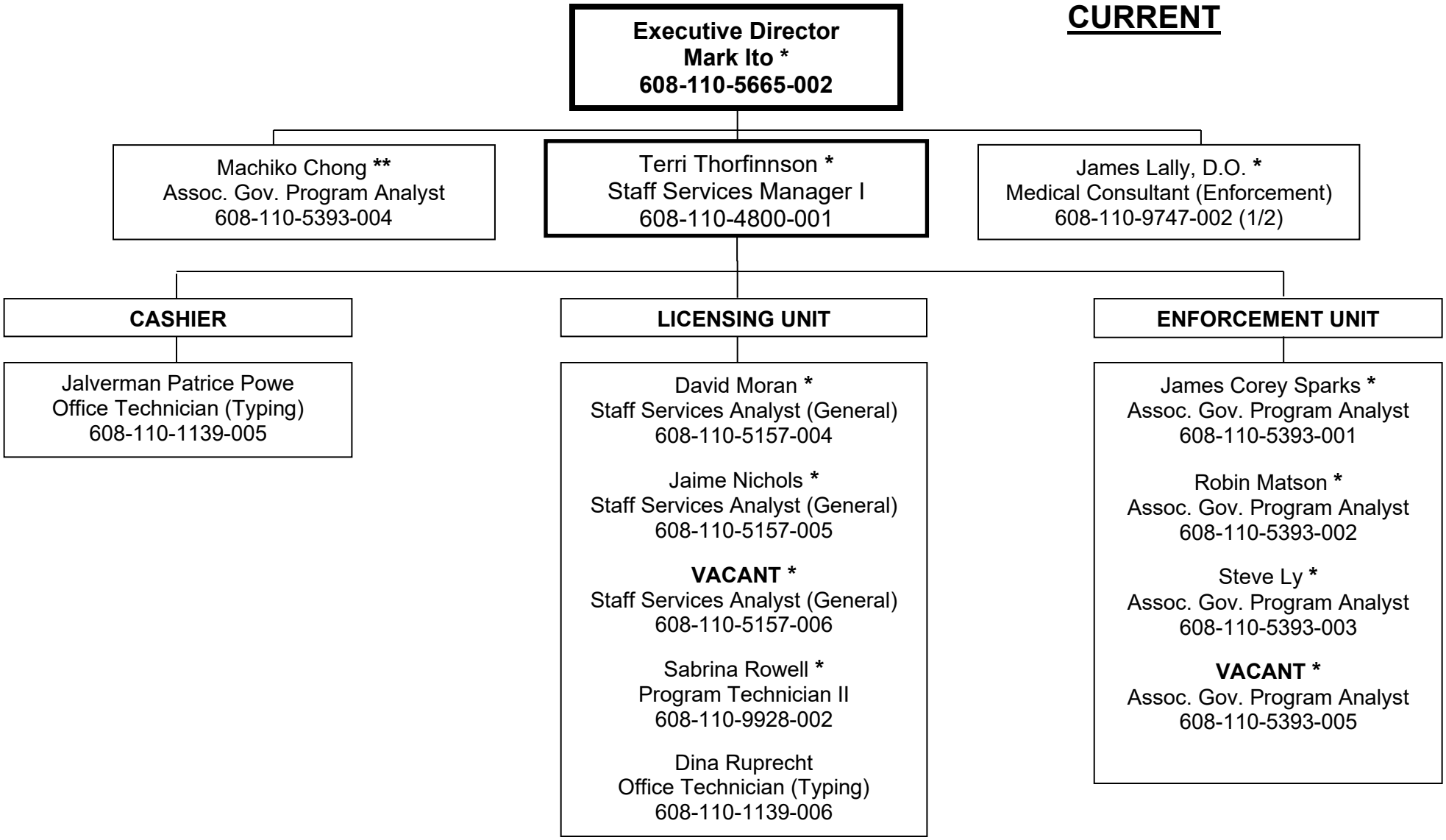
Personnel Analyst Date

*CORI Cleared **CORI Cleared/ Custodian of Records

Department of Consumer Affairs
Osteopathic Medical Board of California
November 14, 2019

FY 2019-2020
Authorized Positions: 13.50
Temporary Help Positions: 0.00

CURRENT



Mark Ito, Executive Director Date

Personnel Analyst Date

*CORI Cleared **CORI Cleared/ Custodian of Records

Department of Consumer Affairs

Osteopathic Medical Board of California

November 9, 2020

FY 2020-2021
Authorized Positions: 13.4
Temporary Help Positions: 1.00

CURRENT

Executive Director
Mark Ito *
608-110-5665-002

Machiko Chong **
Assoc. Gov. Program Analyst
608-110-5393-004

Terri Thorfinnson *
Staff Services Manager I
608-110-4800-001

James Lally, D.O. *
Medical Consultant (Enforcement)
608-110-9747-002 (.5)

CASHIER

Jalverman Patrice Powe
Office Technician (Typing)
608-110-1139-005

LICENSING UNIT

VACANT *
Office Technician (Typing)
608-110-1139-006

Darlene Dina Ruprecht *
Staff Services Analyst (General)
608-110-4687-001

David Moran *
Staff Services Analyst (General)
608-110-5157-004

Jaime Nichols *
Staff Services Analyst (General)
608-110-5157-005

Sabrina Rowell *
Program Technician II
608-110-9928-002

ENFORCEMENT UNIT

James Corey Sparks *
Assoc. Gov. Program Analyst
608-110-5393-001

Robin Matson *
Assoc. Gov. Program Analyst
608-110-5393-002(.9)

Steve Ly *
Assoc. Gov. Program Analyst
608-110-5393-003

VACANT *
Assoc. Gov. Program Analyst
608-110-5393-005

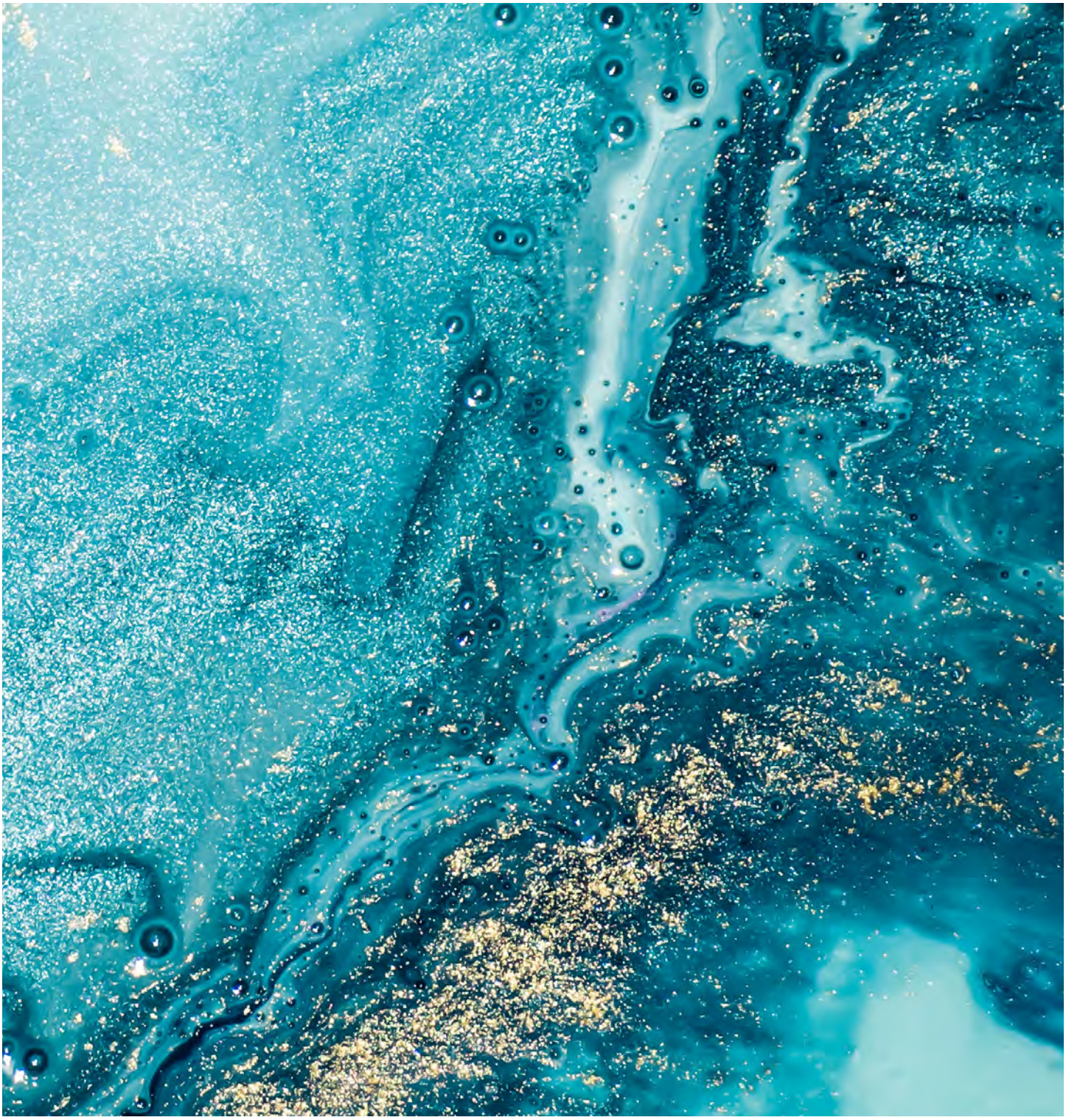
Mark Ito, Executive Director Date

Classification & Recruitment Analyst Date

*CORI Cleared **CORI Cleared/ Custodian of Records

ATTACHMENT E

PERFORMANCE MEASURES



Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q1

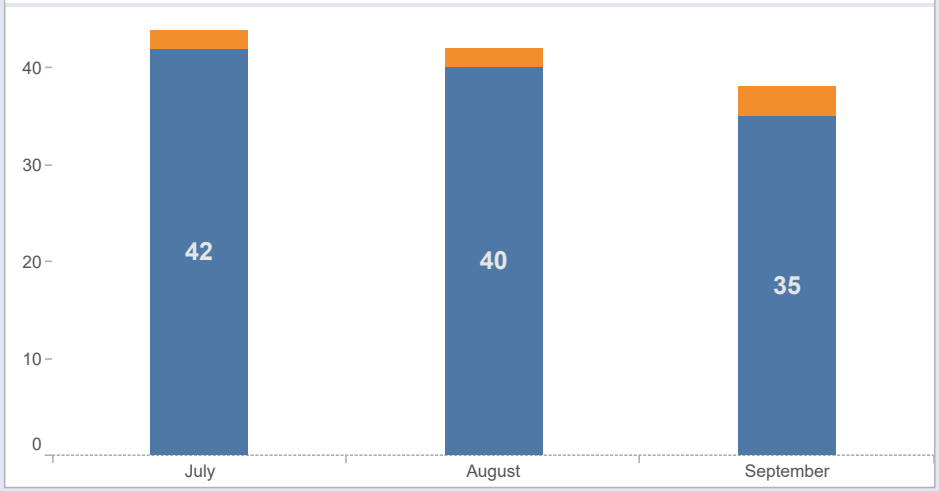
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

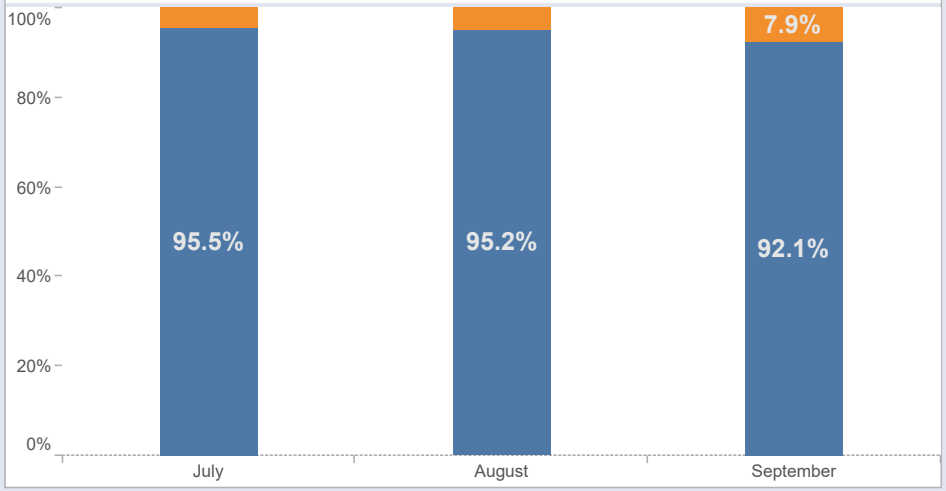
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
117	7	124

Osteopathic Medical Board of California
SFY 2017:Q1 - Case Volume



Osteopathic Medical Board of California
SFY 2017:Q1 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q1

Processing Time
Actual Target

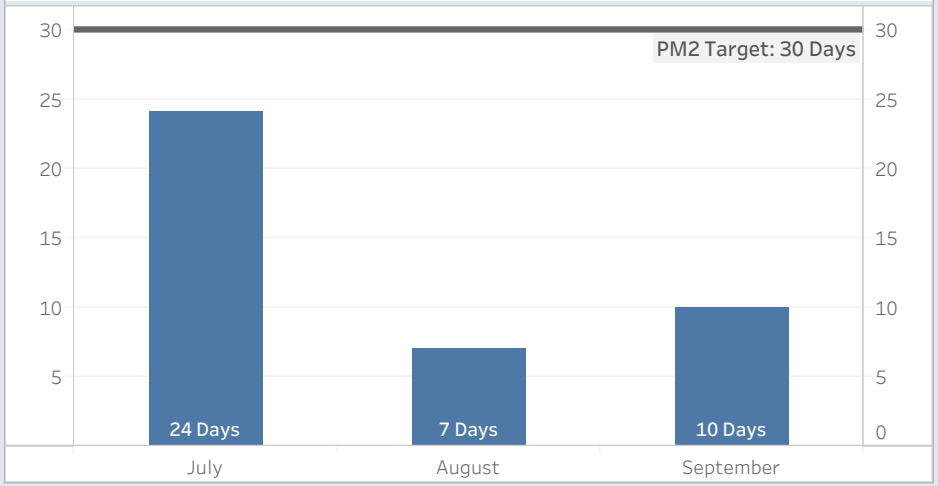
Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

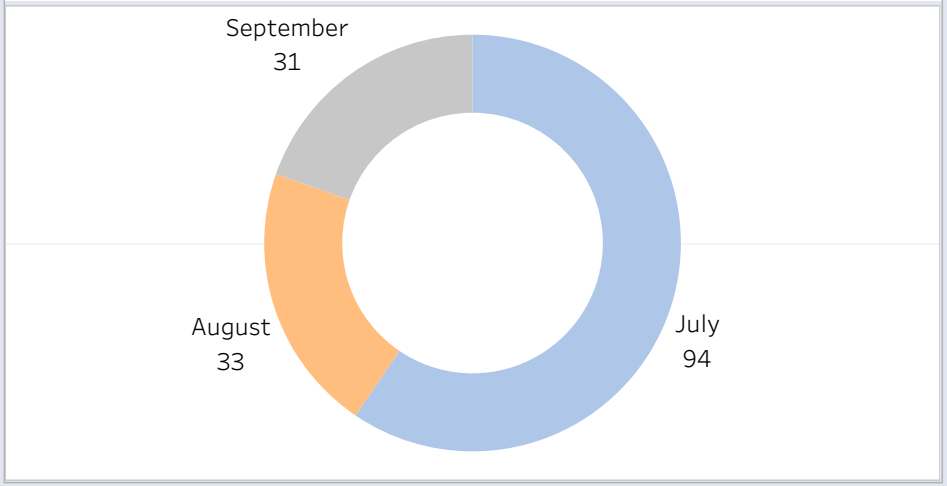
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
158	30 Days	18 Days	▼ -12 Days

Osteopathic Medical Board of California
SFY 2017: Q1 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q1 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

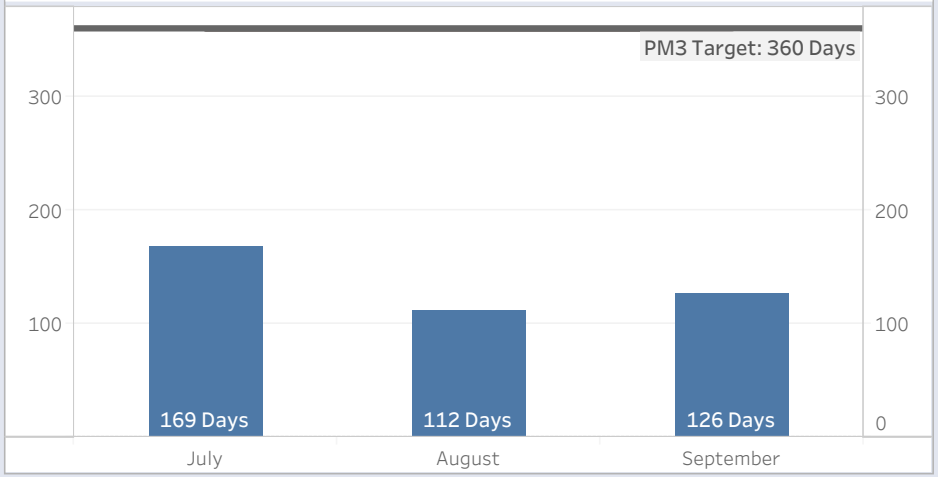
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q1	☐ Actual ☐ Target	☐ July ☐ August ☐ Septemb..

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

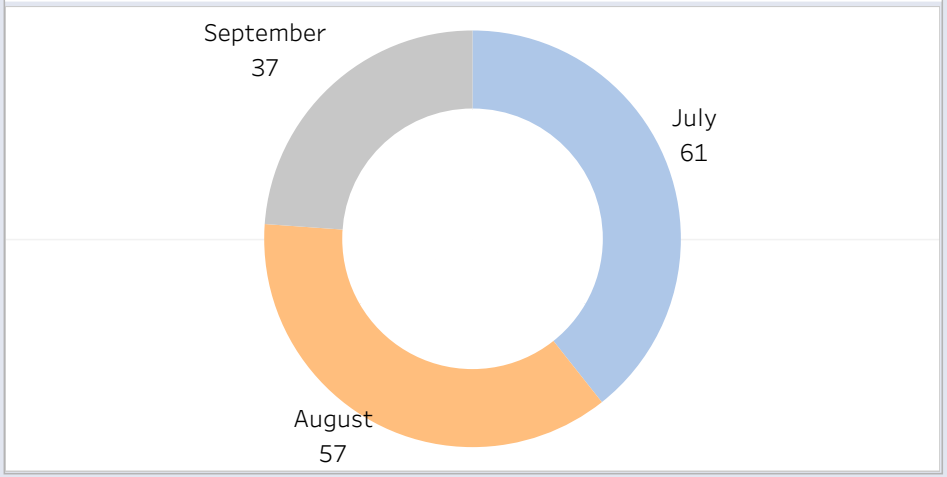
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
155	360 Days	138 Days	▼ -222 Days

Osteopathic Medical Board of California
SFY 2017: Q1 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q1 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q1	Actual Target	

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

Data last refreshed on 10/16/2020

Osteopathic Medical Board of California
SFY 2017: Q1 - Investigations Cycle Time

Osteopathic Medical Board of California
SFY 2017: None - Volume

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q2

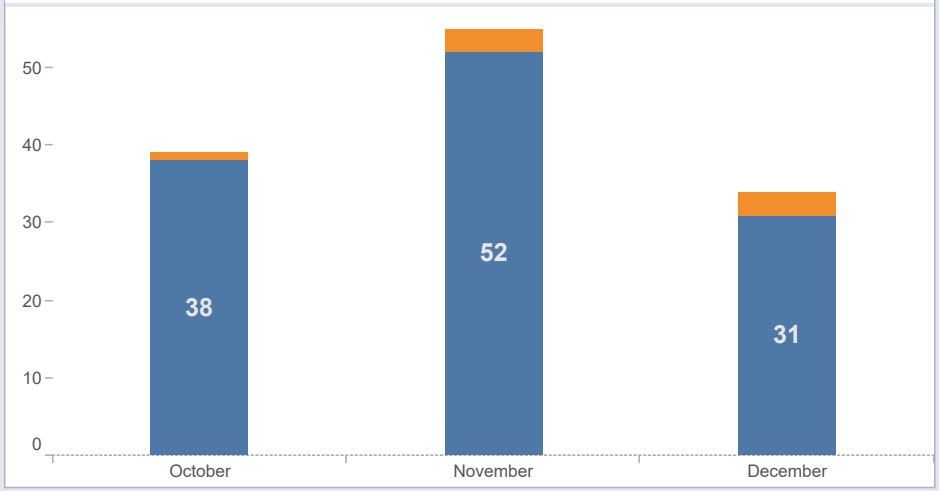
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

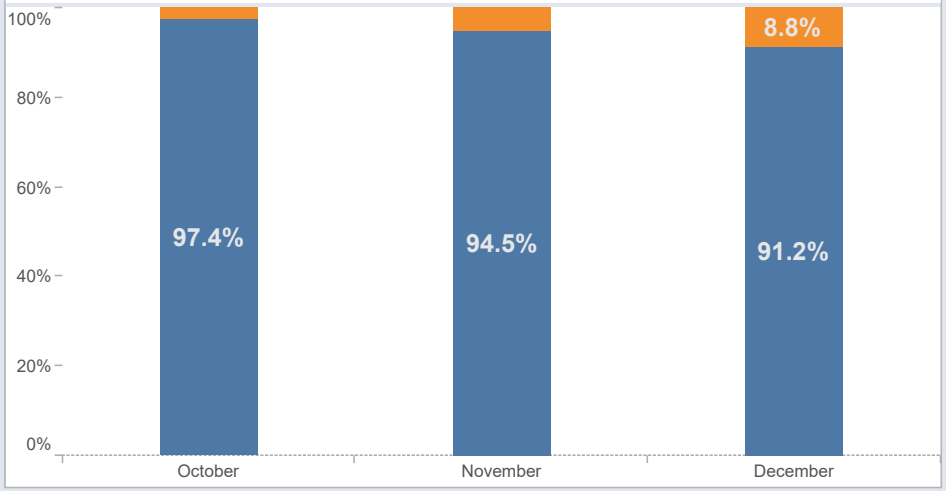
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
121	7	128

Osteopathic Medical Board of California
SFY 2017:Q2 - Case Volume



Osteopathic Medical Board of California
SFY 2017:Q2 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q2

Processing Time
Actual Target

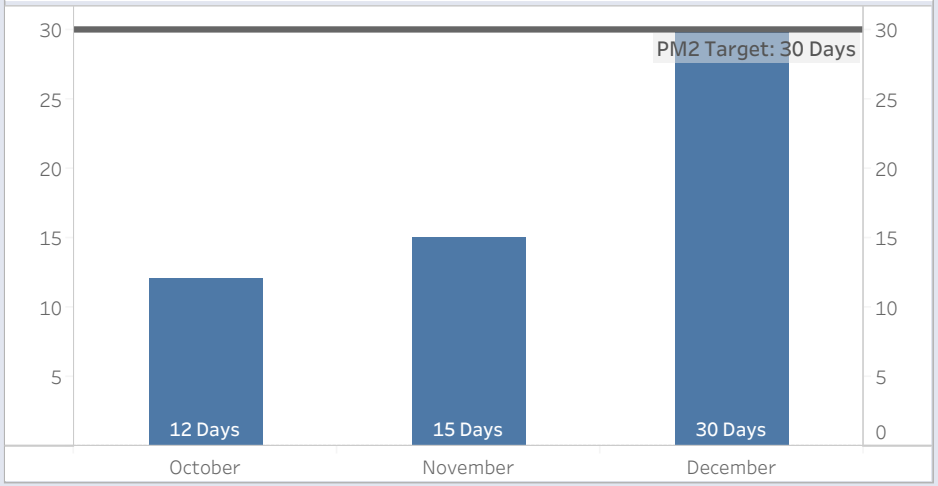
Case Volume by Month
October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

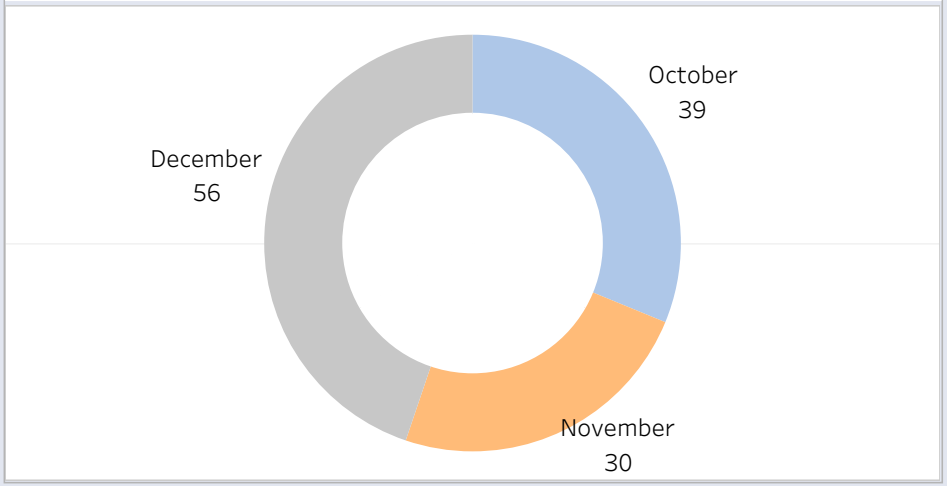
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
125	30 Days	21 Days	▼ -9 Days

Osteopathic Medical Board of California
SFY 2017: Q2 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q2 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q2

Processing Time
Actual Target

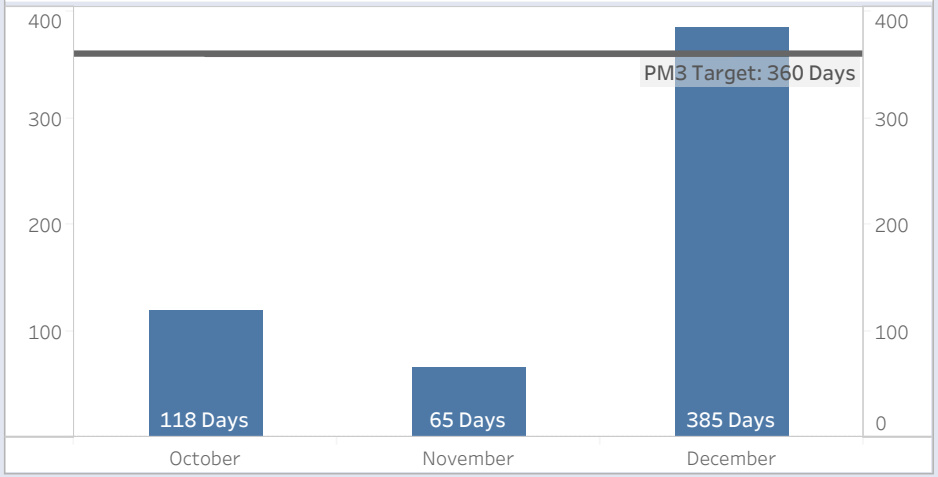
Case Volume by Month
October Novemb.. December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

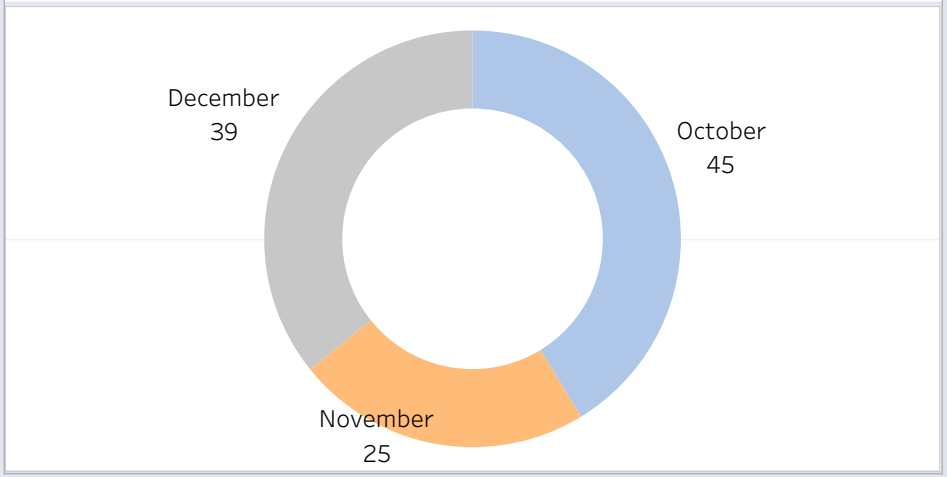
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
109	360 Days	201 Days	▼ -159 Days

Osteopathic Medical Board of California
SFY 2017: Q2 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

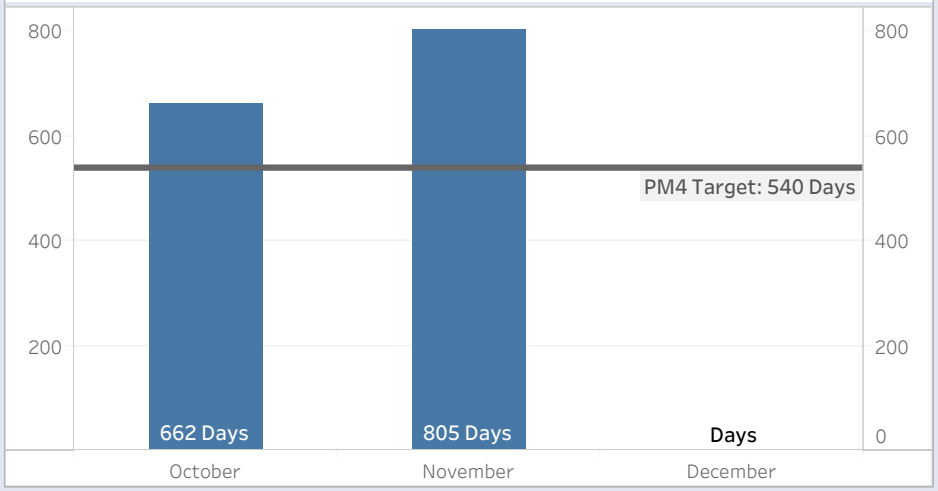
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q2	Actual Target	Octo.. Nove..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

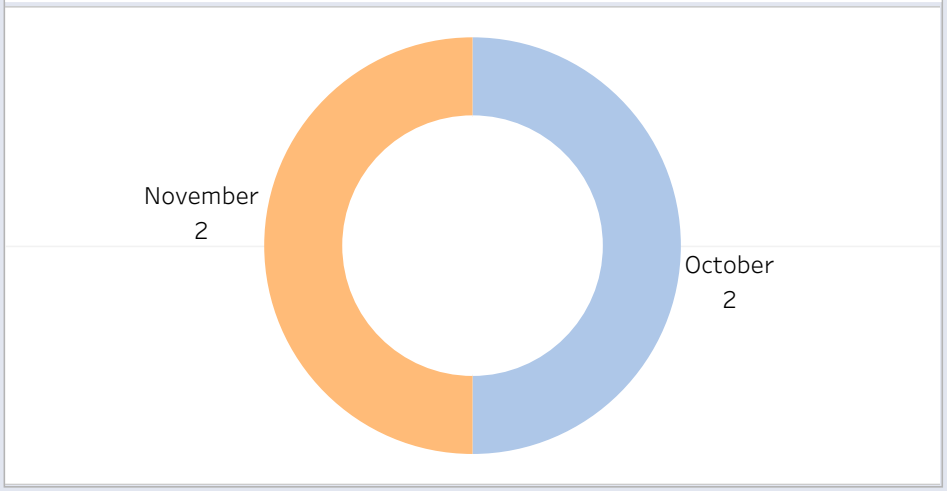
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
4	540 Days	734 Days	▲ 194 Days

Osteopathic Medical Board of California
SFY 2017: Q2 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

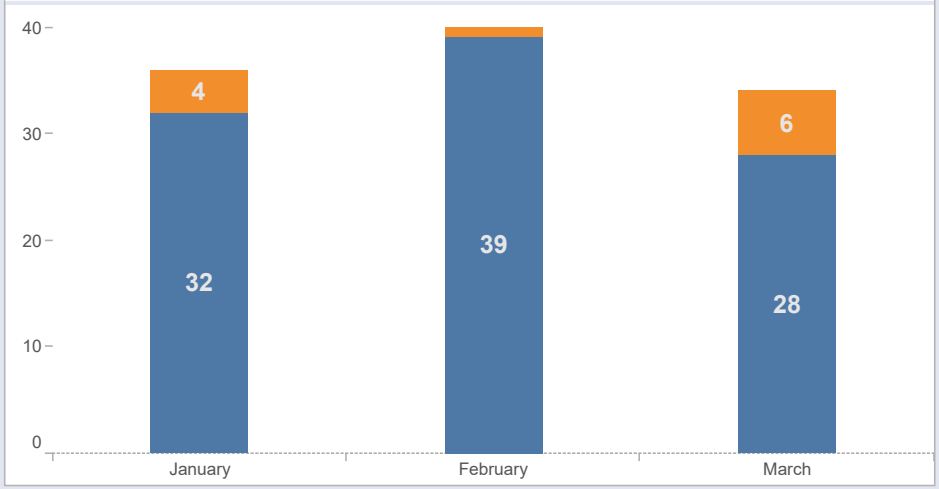
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

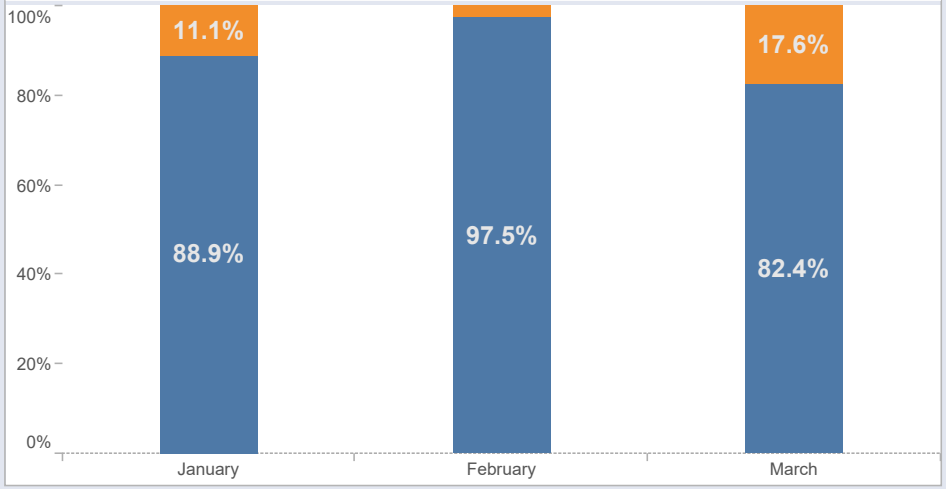
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
99	11	110

Osteopathic Medical Board of California
SFY 2017:Q3 - Case Volume



Osteopathic Medical Board of California
SFY 2017:Q3 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q3

Processing Time
Actual Target

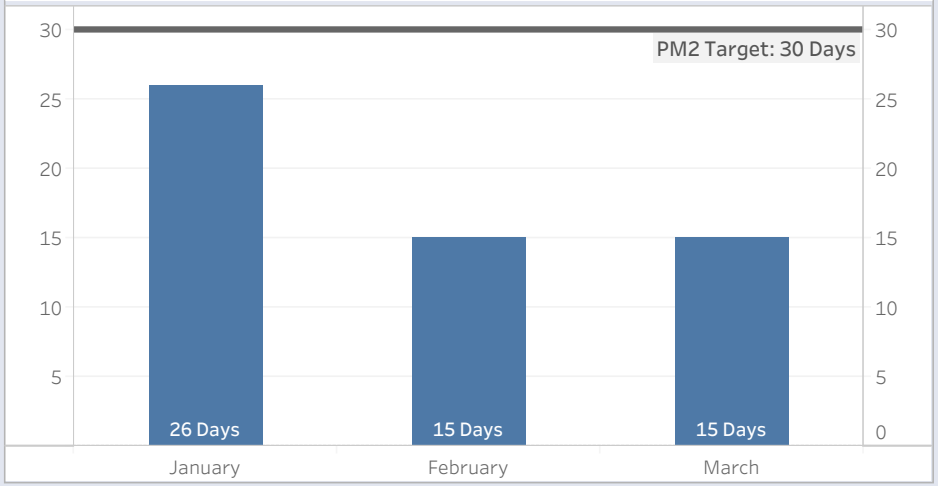
Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

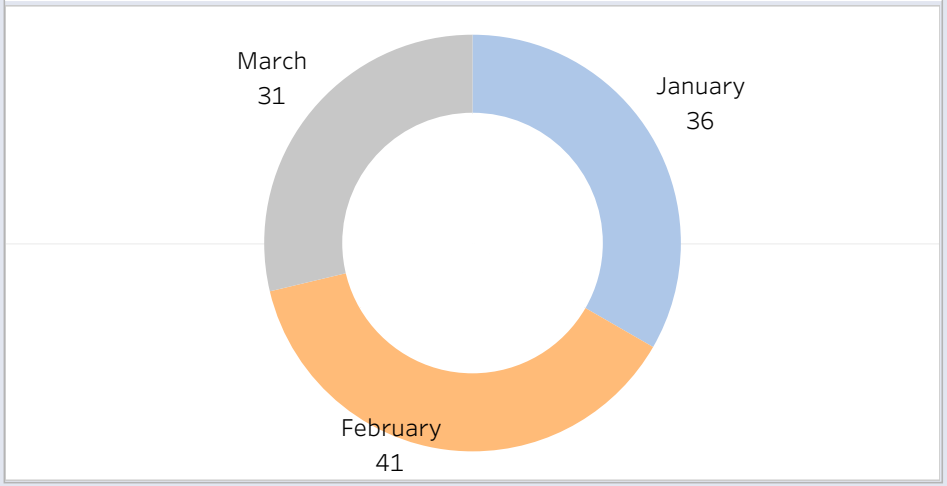
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
108	30 Days	19 Days	▼ -11 Days

Osteopathic Medical Board of California
SFY 2017: Q3 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q3 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

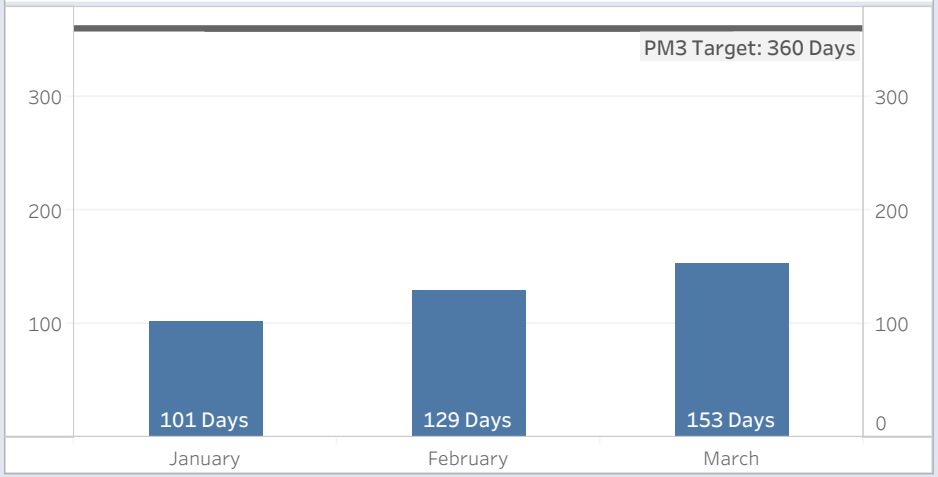
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q3	☐ Actual ☐ Target	☐ January ☐ February ☐ March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

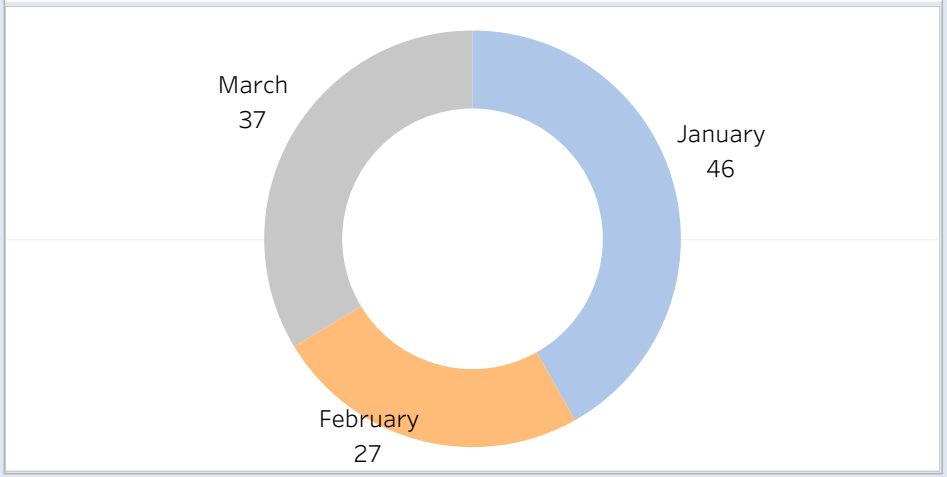
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
110	360 Days	125 Days	▼ -235 Days

Osteopathic Medical Board of California
SFY 2017: Q3 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q3 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

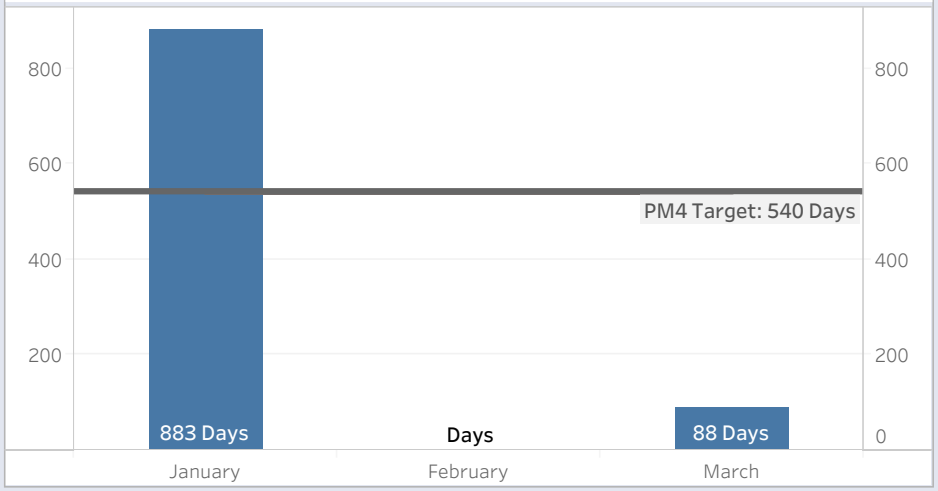
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q3	Actual Target	Janu.. March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

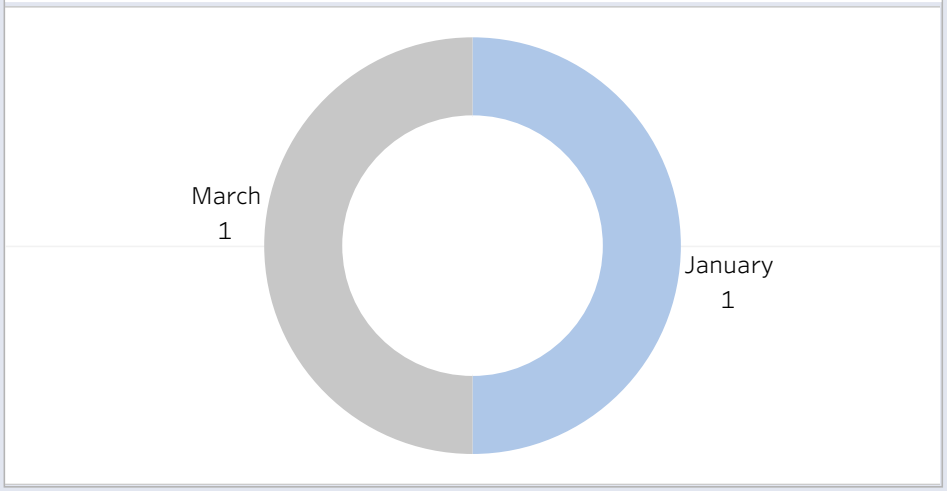
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
2	540 Days	486 Days	▼ -55 Days

Osteopathic Medical Board of California
SFY 2017: Q3 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q3 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

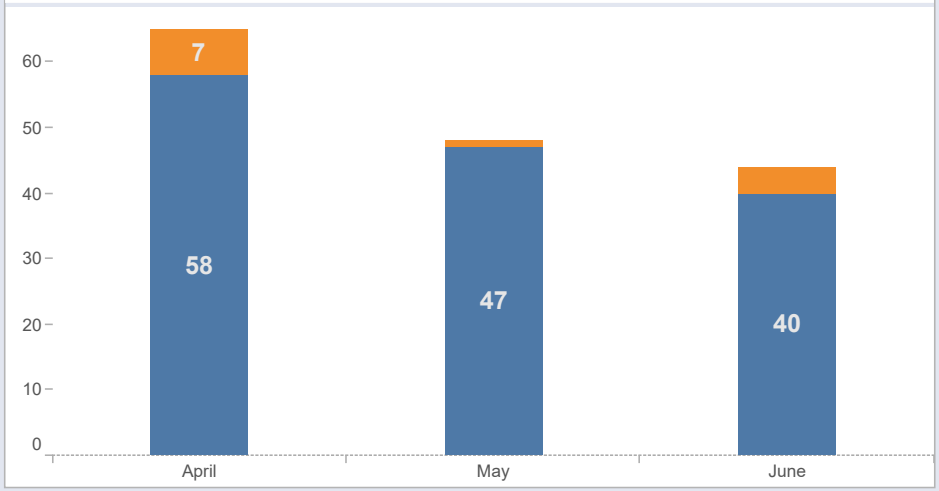
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

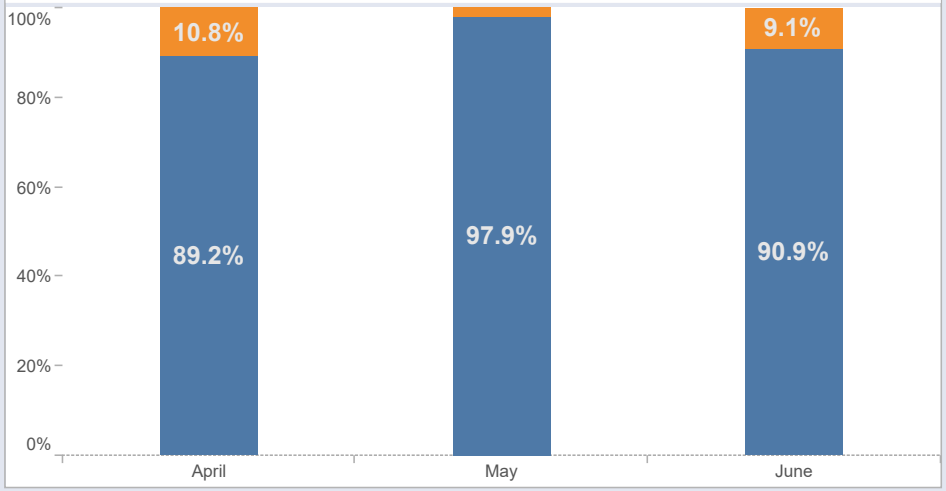
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
145	12	157

Osteopathic Medical Board of California
SFY 2017:Q4 - Case Volume



Osteopathic Medical Board of California
SFY 2017:Q4 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

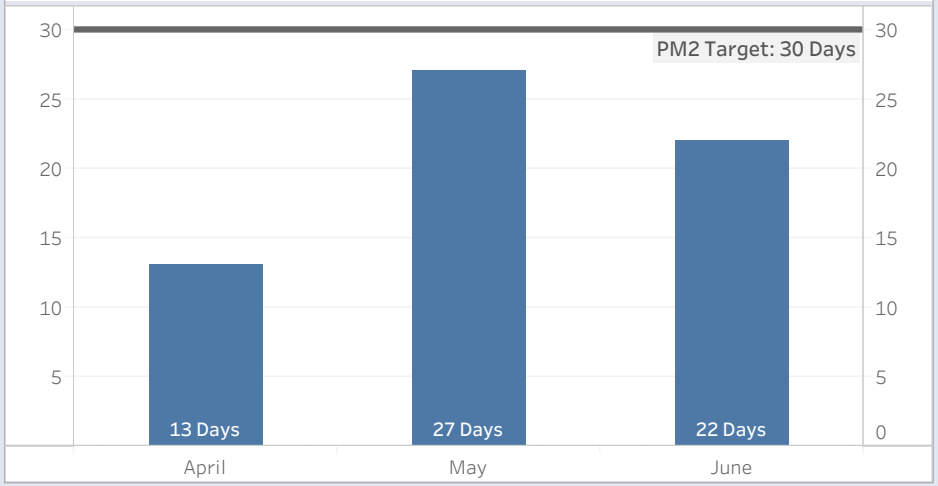
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q4	☐ Actual ☐ Target	☐ April ☐ May ☐ June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

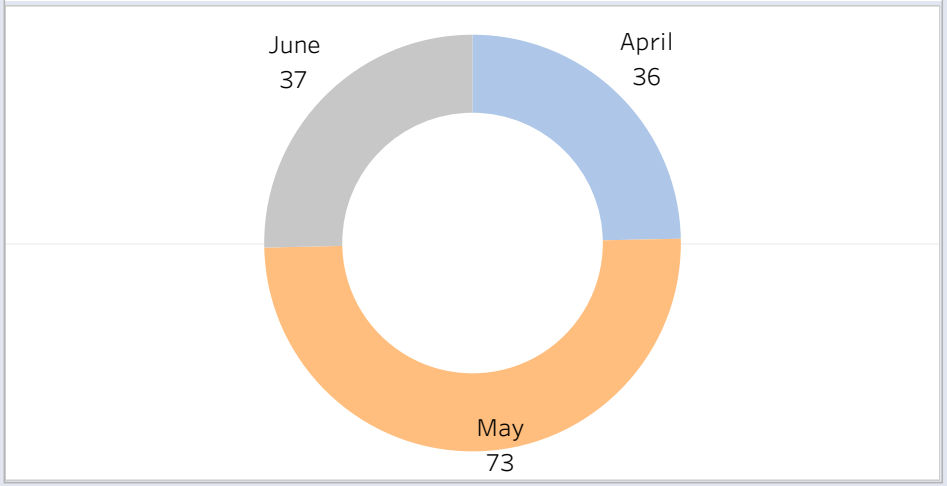
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
146	30 Days	22 Days	▼ -8 Days

Osteopathic Medical Board of California
SFY 2017: Q4 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q4 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

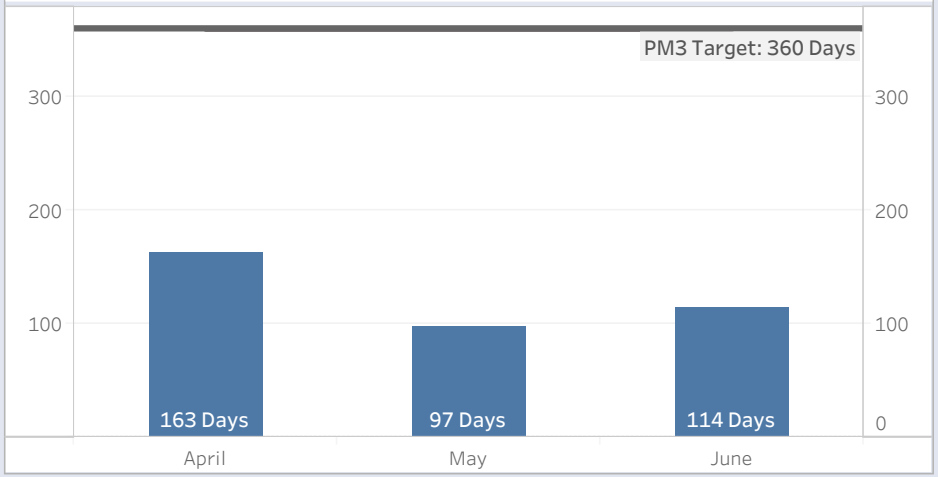
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2017	Q4	☐ Actual ☐ Target	☐ April ☐ May ☐ June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

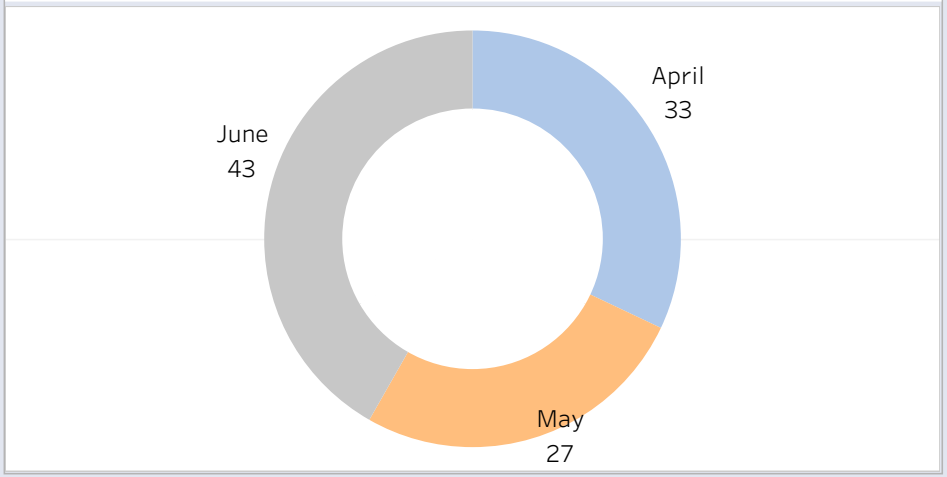
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
103	360 Days	125 Days	▼ -235 Days

Osteopathic Medical Board of California
SFY 2017: Q4 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q4 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2017

Select a Quarter
Q4

Processing Time
Actual Target

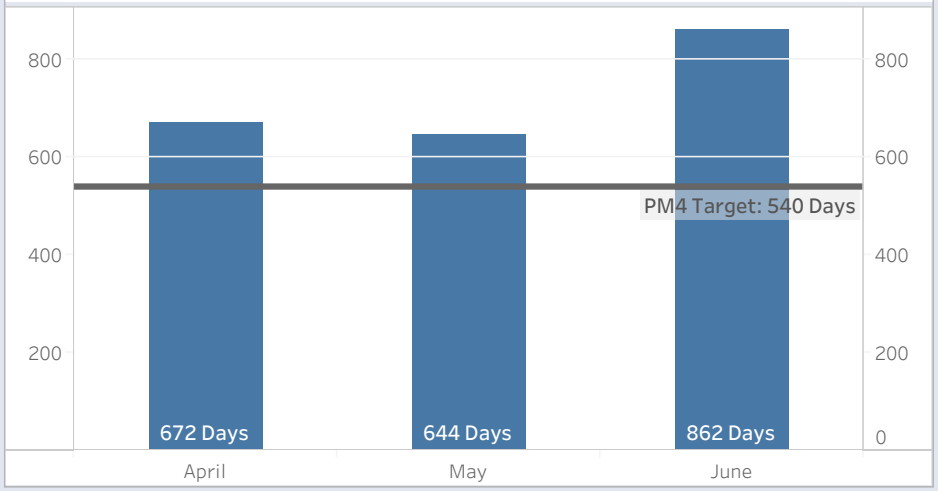
Case Volume by Month
April May June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

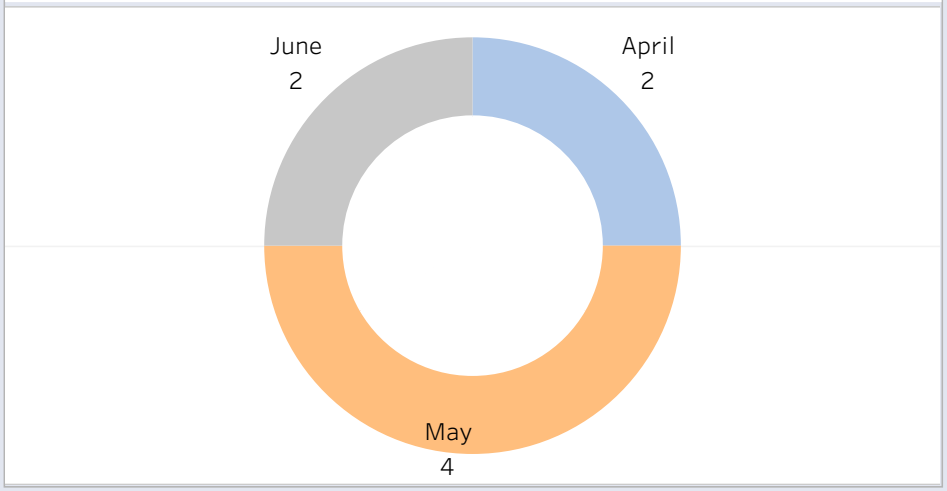
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
8	540 Days	706 Days	▲ 166 Days

Osteopathic Medical Board of California
SFY 2017: Q4 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2017: Q4 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

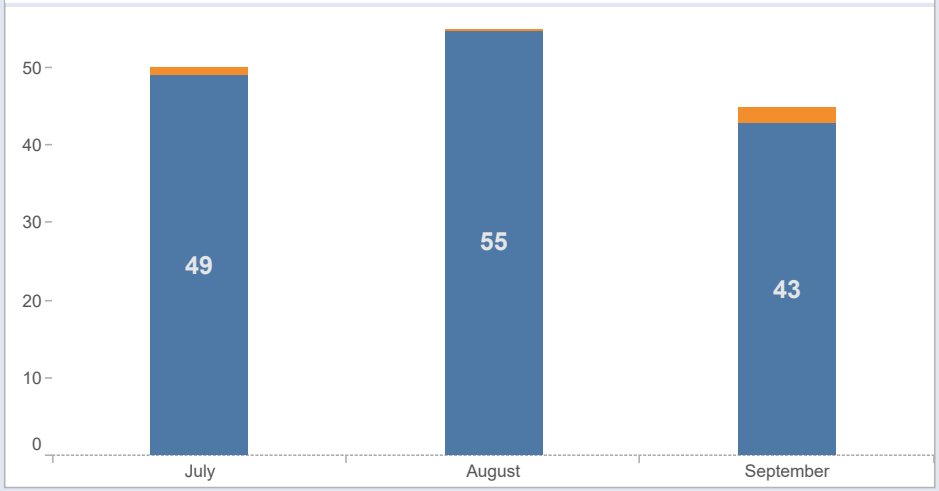
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

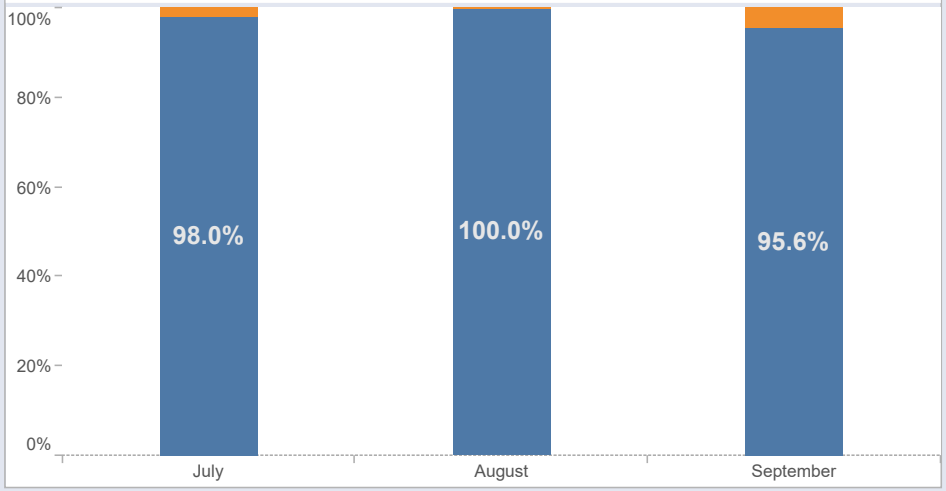
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
147	3	150

Osteopathic Medical Board of California
SFY 2018:Q1 - Case Volume



Osteopathic Medical Board of California
SFY 2018:Q1 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

Processing Time
Actual Target

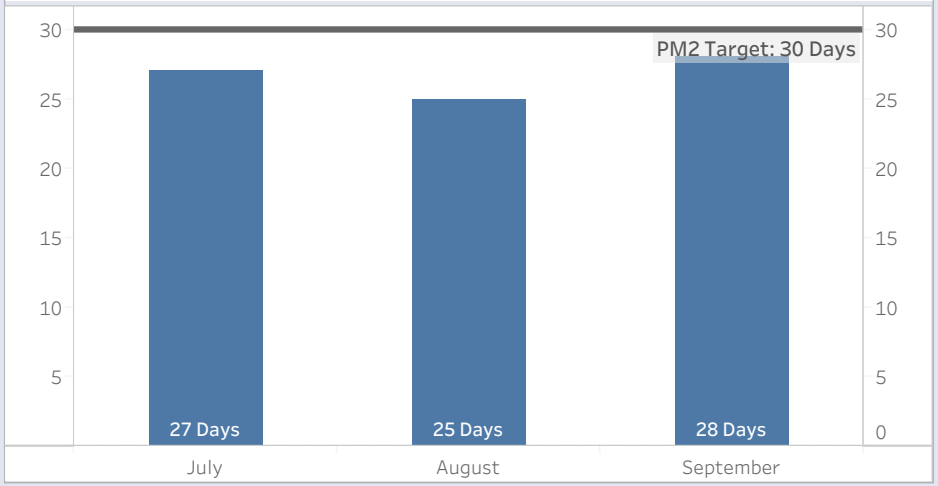
Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

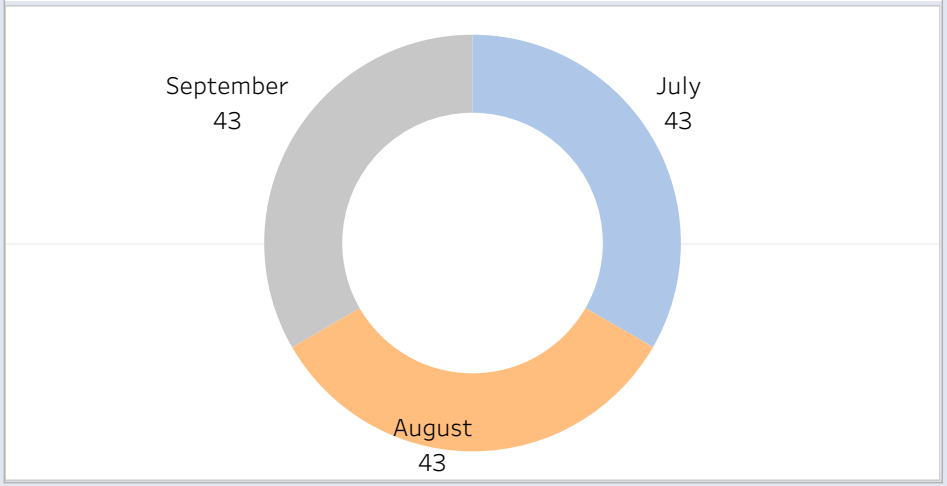
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
129	30 Days	27 Days	▼ -3 Days

Osteopathic Medical Board of California
SFY 2018: Q1 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q1 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

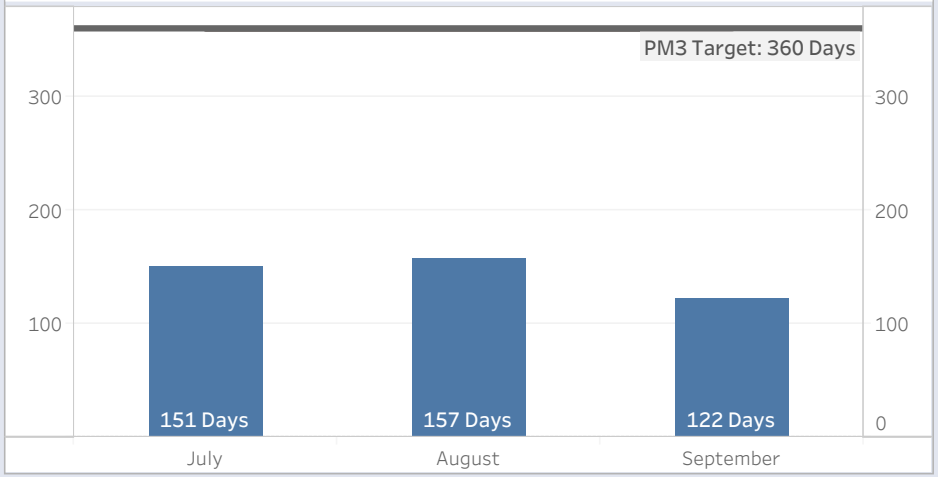
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2018	Q1	☐ Actual ☐ Target	☐ July ☐ August ☐ Septemb..

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

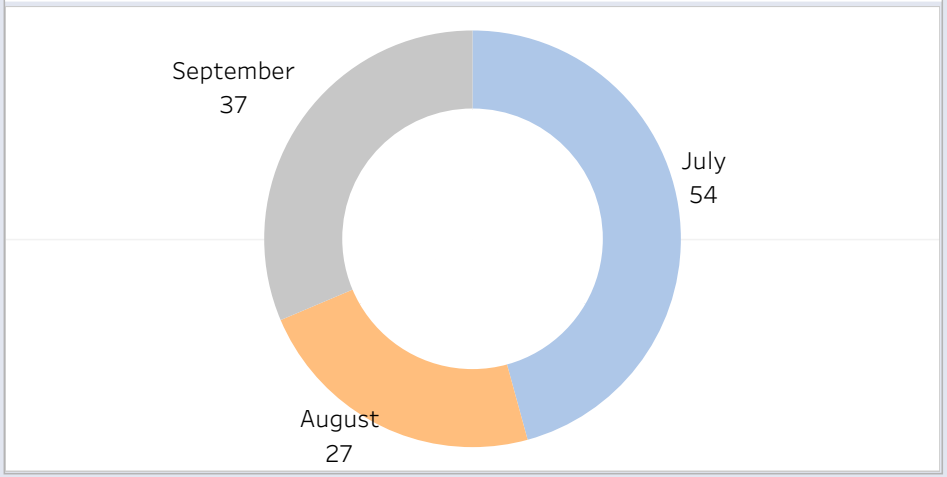
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
118	360 Days	143 Days	▼ -217 Days

Osteopathic Medical Board of California
SFY 2018: Q1 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q1 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q1

Processing Time
Actual Target

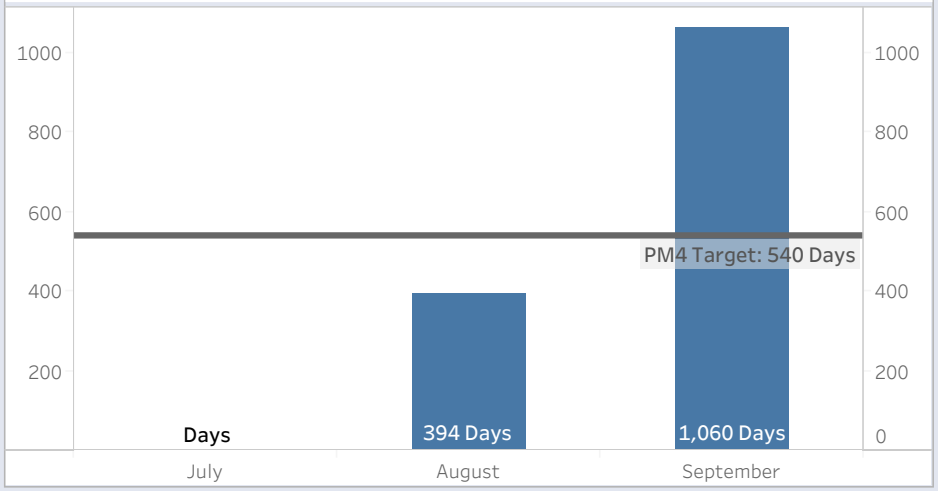
Case Volume by Month
Augu.. Sept..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

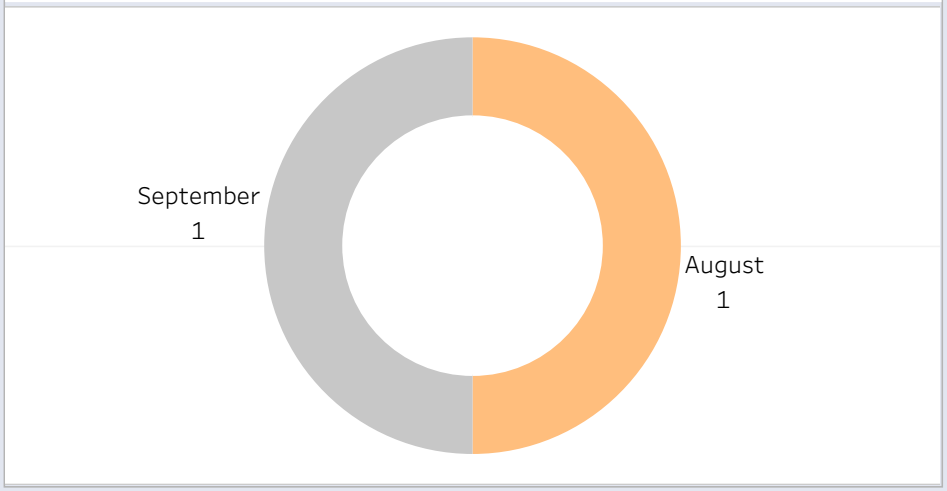
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
2	540 Days	727 Days	▲ 187 Days

Osteopathic Medical Board of California
SFY 2018: Q1 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q1 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

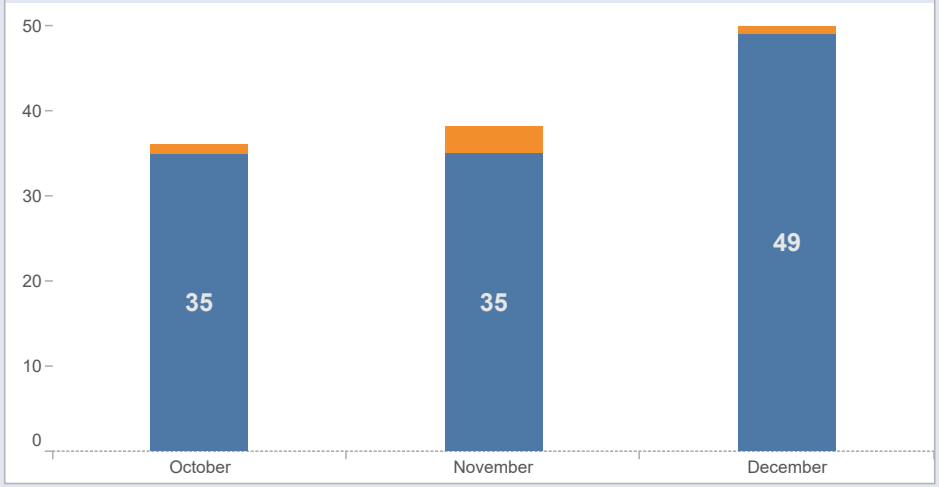
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

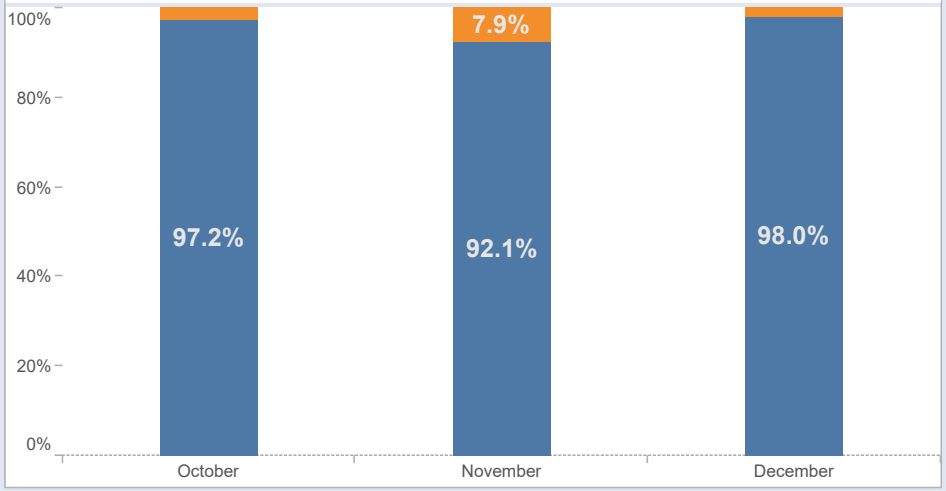
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
119	5	124

Osteopathic Medical Board of California
SFY 2018:Q2 - Case Volume



Osteopathic Medical Board of California
SFY 2018:Q2 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q2

Processing Time
Actual Target

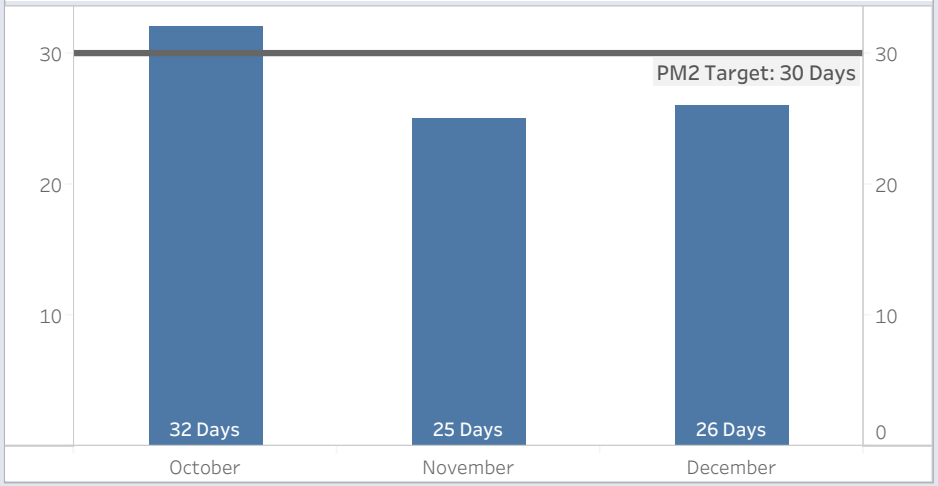
Case Volume by Month
October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

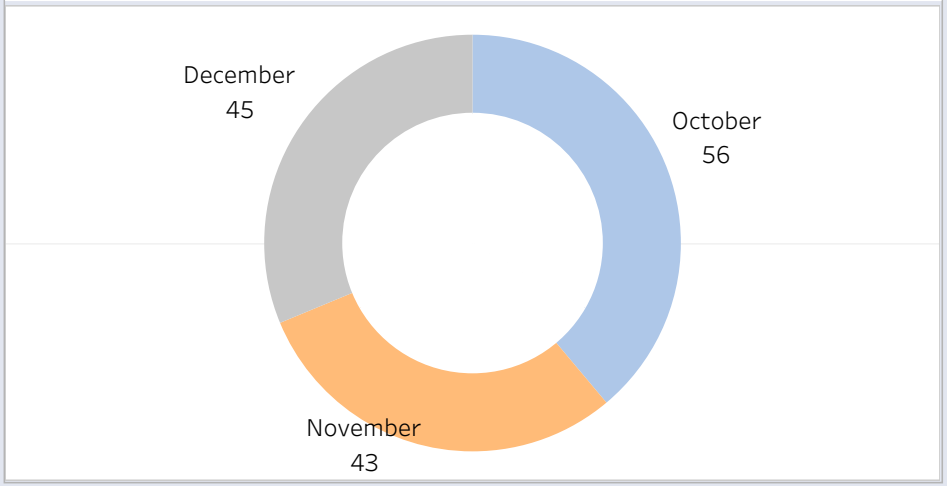
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
144	30 Days	28 Days	▼ -2 Days

Osteopathic Medical Board of California
SFY 2018: Q2 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q2 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

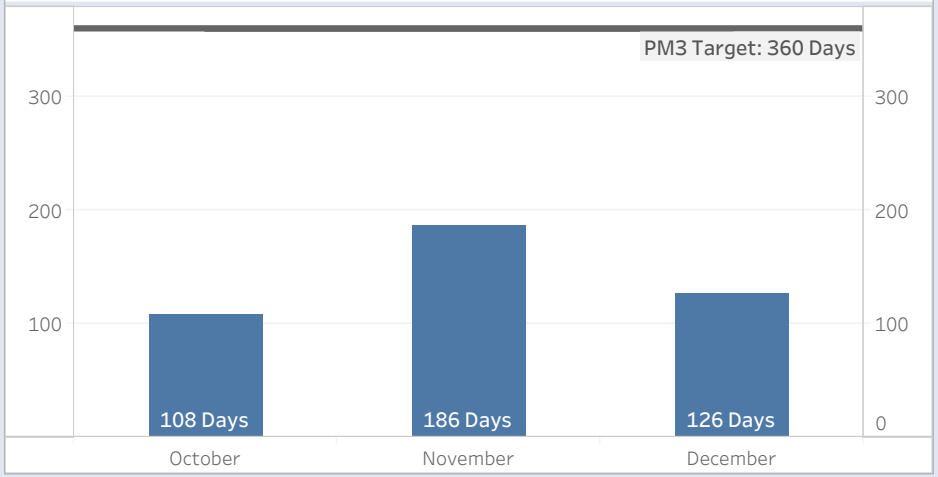
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2018	Q2	☐ Actual ☐ Target	☐ October ☐ Novemb.. ☐ December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

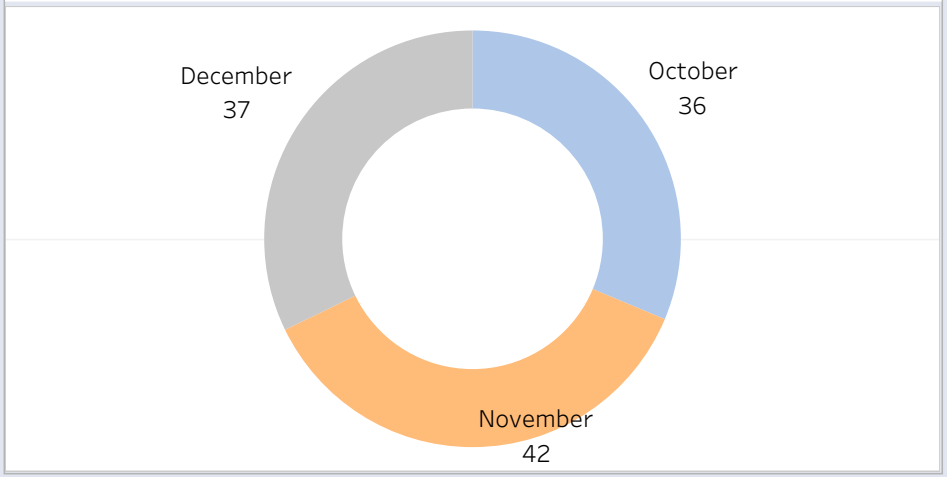
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
115	360 Days	142 Days	▼ -218 Days

Osteopathic Medical Board of California
SFY 2018: Q2 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

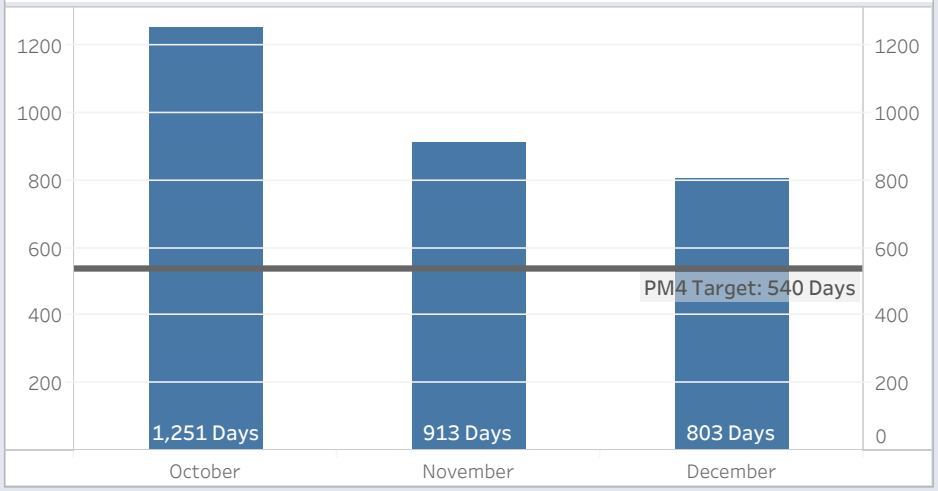
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2018	Q2	Actual Target	Octo.. Nove.. Dece..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

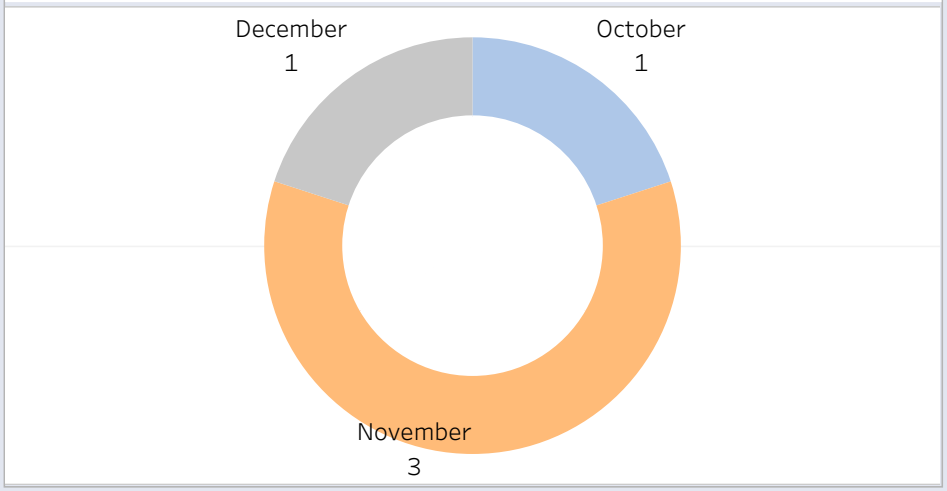
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
5	540 Days	959 Days	▲ 419 Days

Osteopathic Medical Board of California
SFY 2018: Q2 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

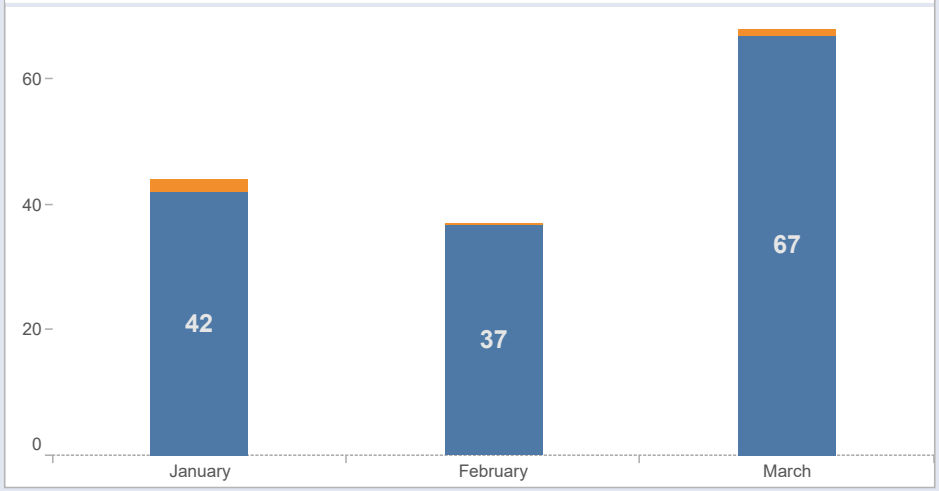
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

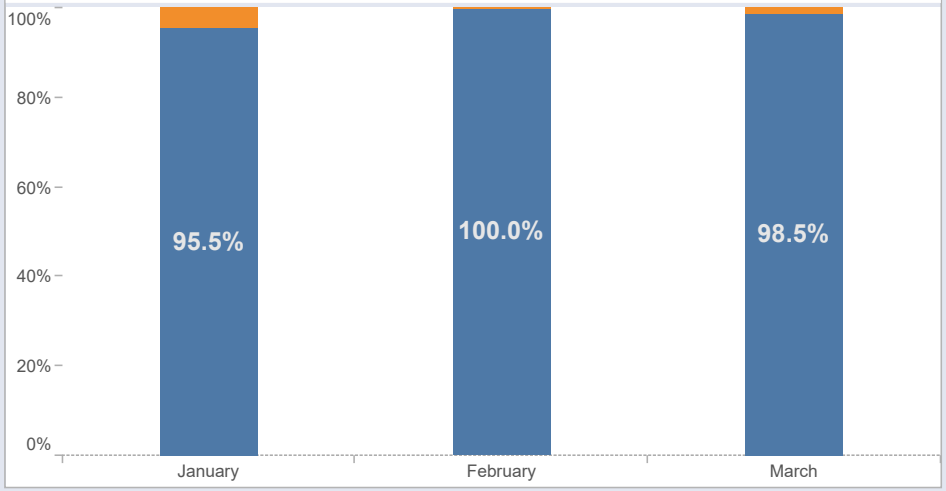
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
146	3	149

Osteopathic Medical Board of California
SFY 2018:Q3 - Case Volume



Osteopathic Medical Board of California
SFY 2018:Q3 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

Processing Time
Actual Target

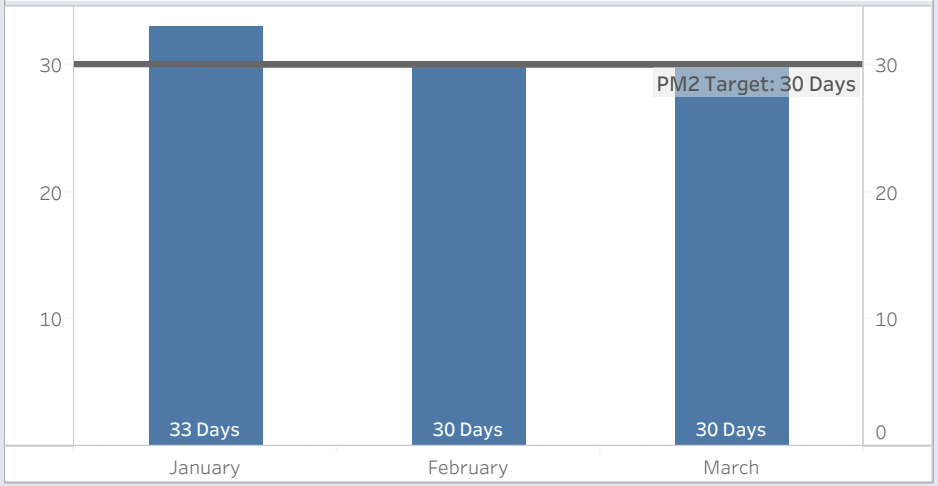
Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

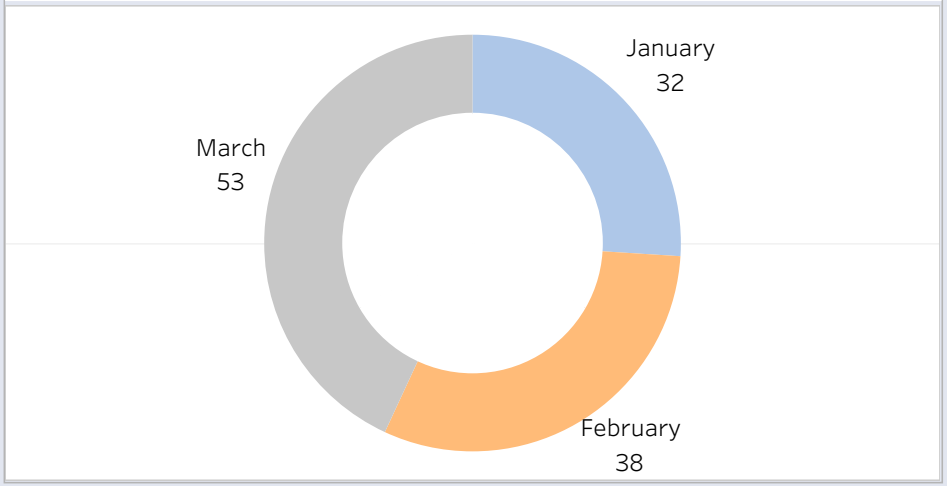
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
123	30 Days	31 Days	▲ 1 Days

Osteopathic Medical Board of California
SFY 2018: Q3 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q3 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

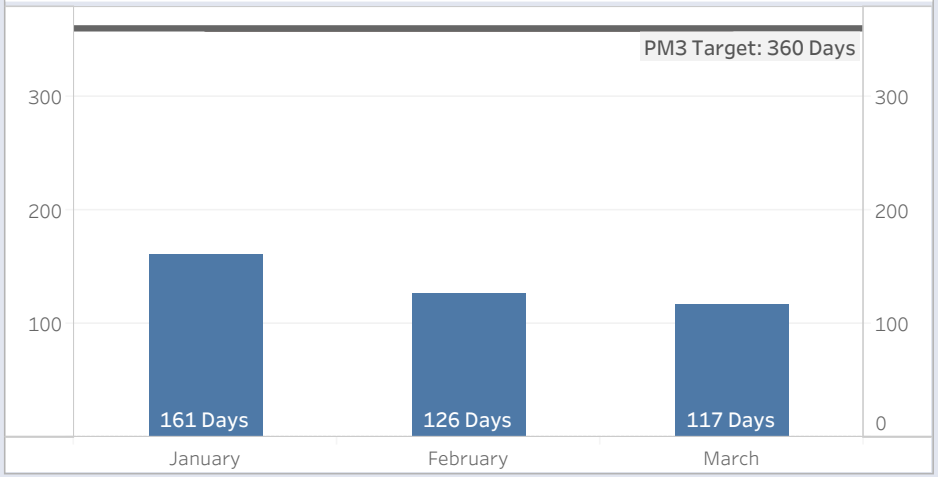
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2018	Q3	☐ Actual ☐ Target	☐ January ☐ February ☐ March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

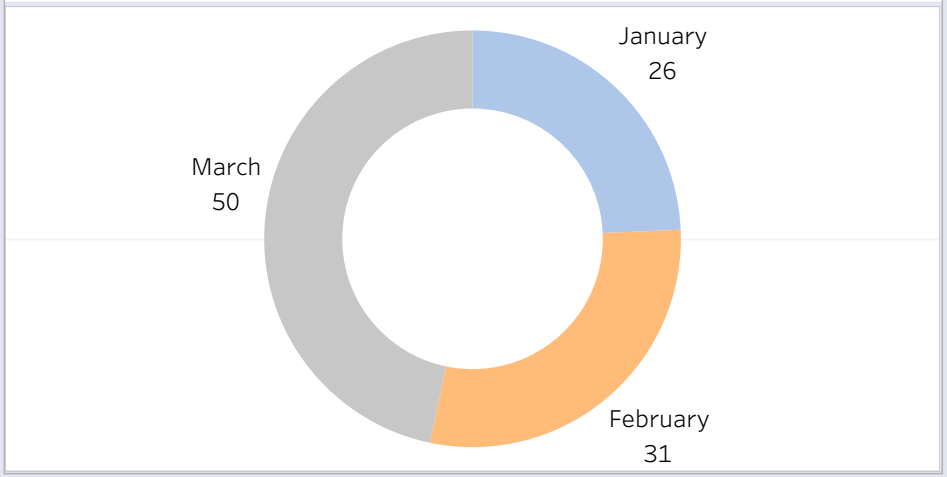
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
107	360 Days	130 Days	▼ -230 Days

Osteopathic Medical Board of California
SFY 2018: Q3 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q3 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q3

Processing Time
Actual Target

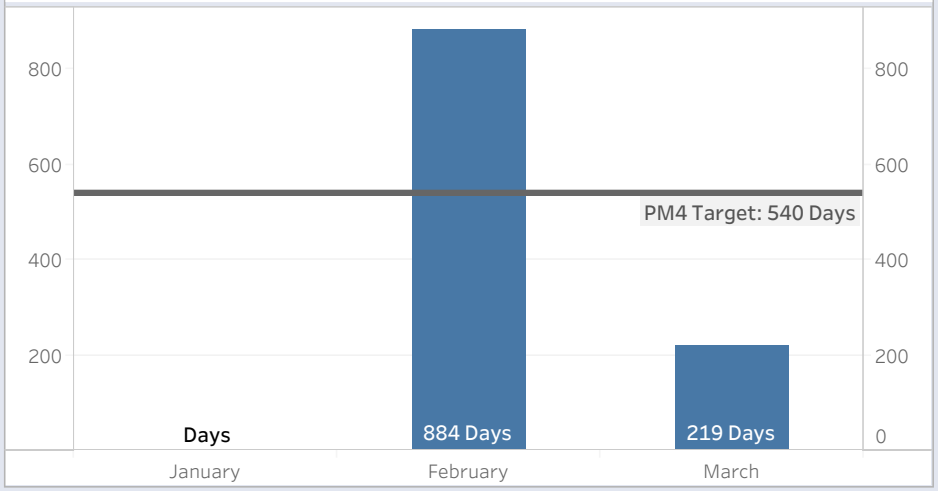
Case Volume by Month
Febr.. March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

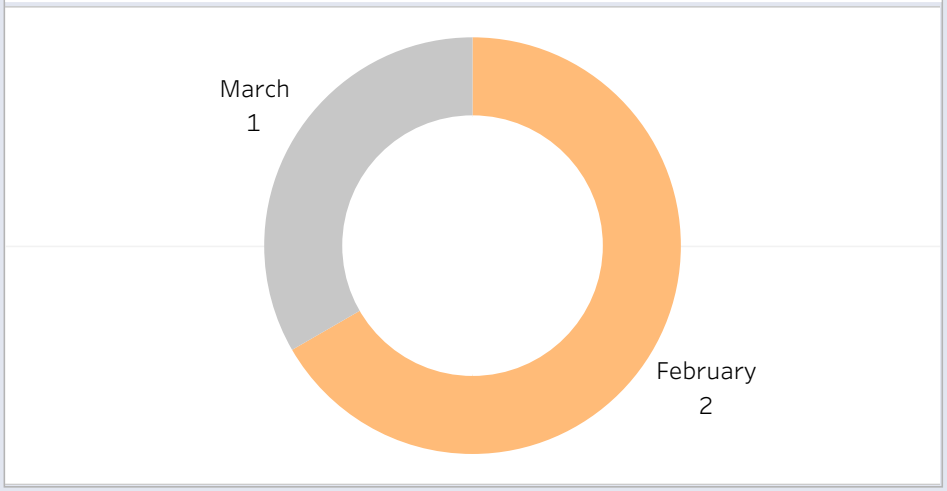
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
3	540 Days	662 Days	▲ 122 Days

Osteopathic Medical Board of California
SFY 2018: Q3 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q3 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q4

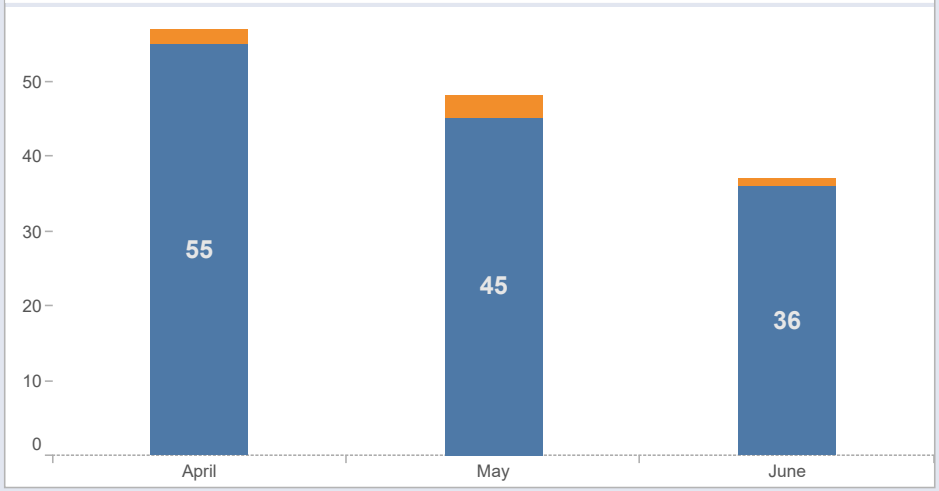
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

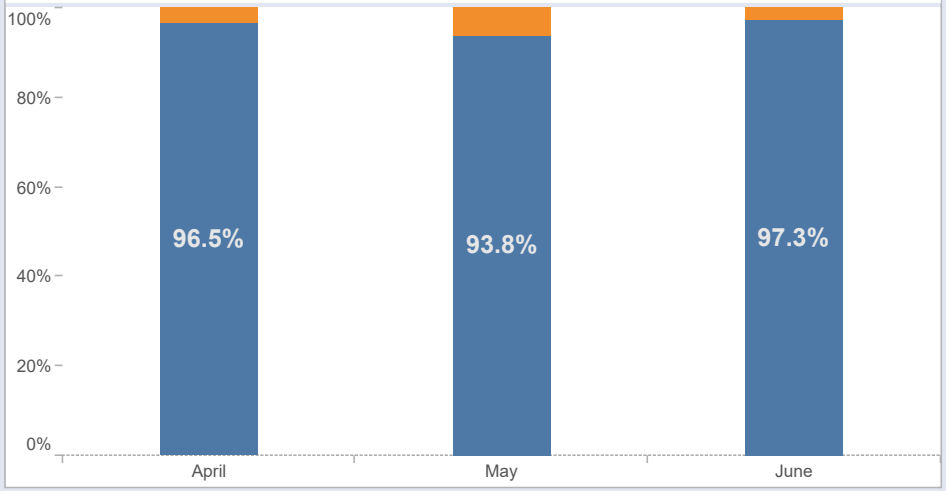
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
136	6	142

Osteopathic Medical Board of California
SFY 2018:Q4 - Case Volume



Osteopathic Medical Board of California
SFY 2018:Q4 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q4

Processing Time
Actual Target

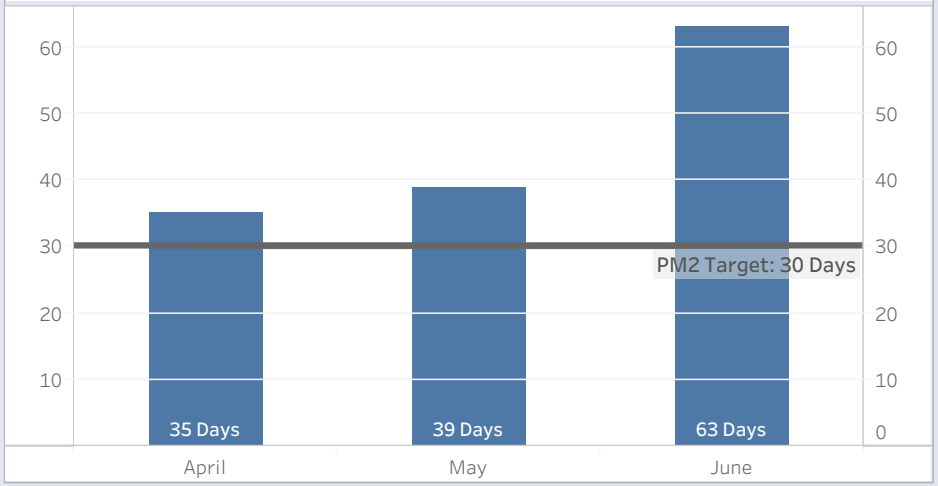
Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

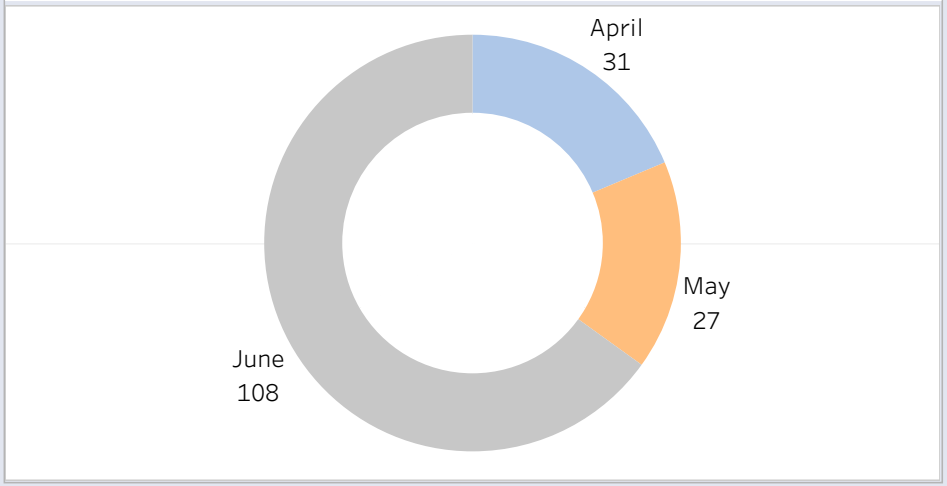
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
166	30 Days	54 Days	▲ 24 Days

Osteopathic Medical Board of California
SFY 2018: Q4 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q4 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

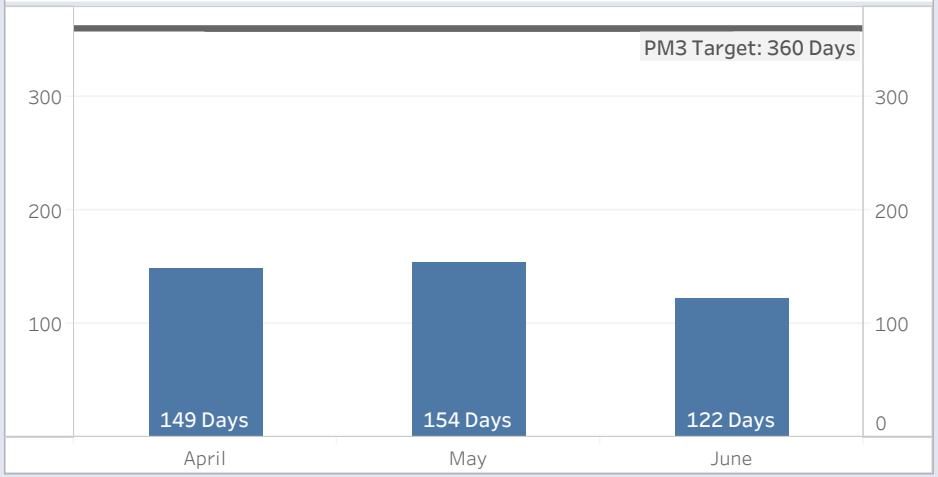
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2018	Q4	☐ Actual ☐ Target	☐ April ☐ May ☐ June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

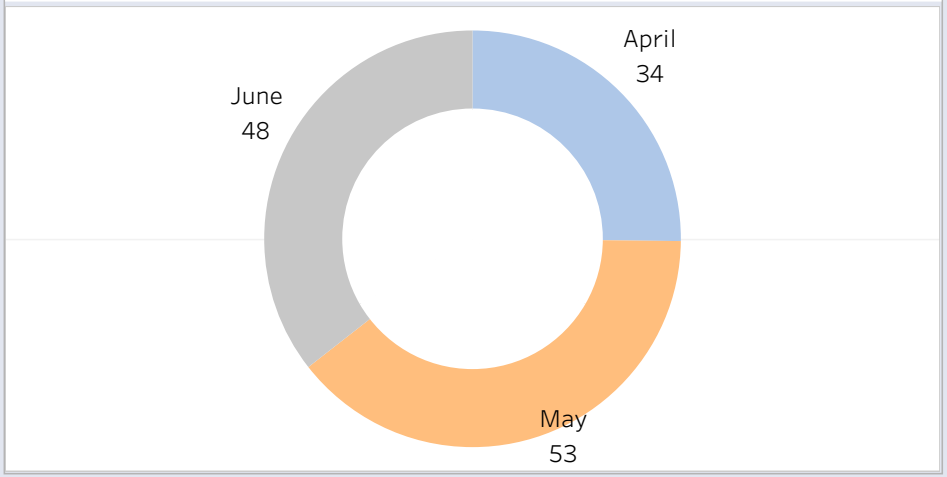
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
135	360 Days	141 Days	▼ -219 Days

Osteopathic Medical Board of California
SFY 2018: Q4 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q4 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2018

Select a Quarter
Q4

Processing Time
Actual Target

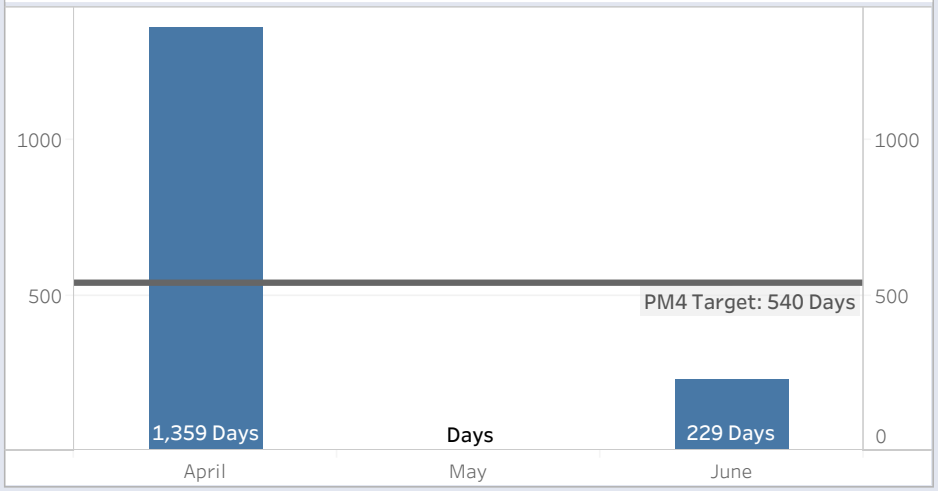
Case Volume by Month
April June

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

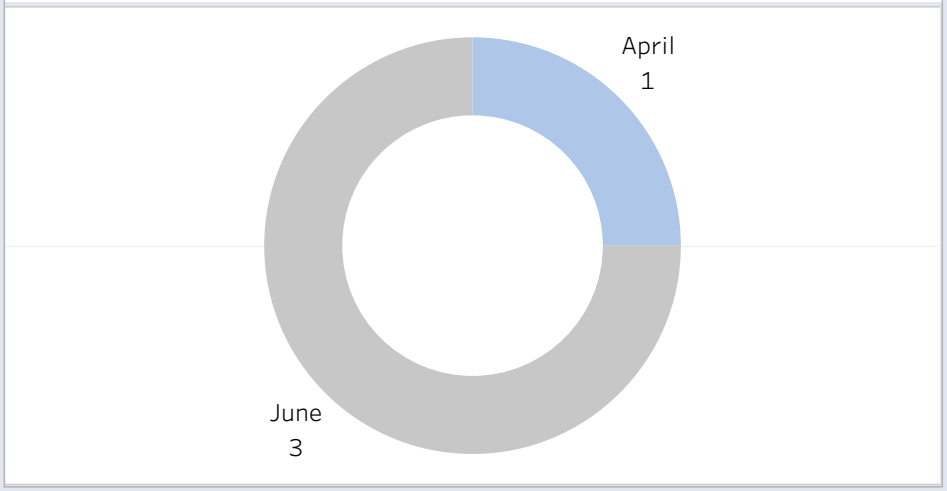
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
4	540 Days	512 Days	▼ -29 Days

Osteopathic Medical Board of California
SFY 2018: Q4 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2018: Q4 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

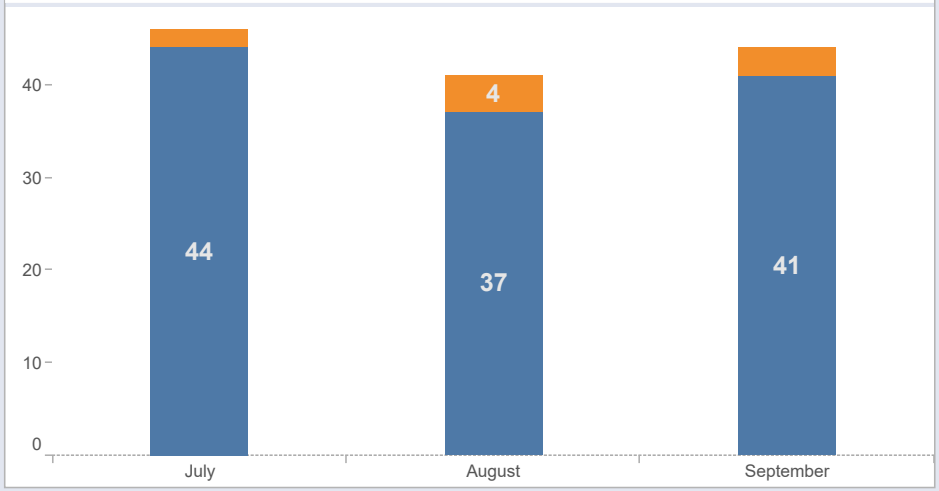
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

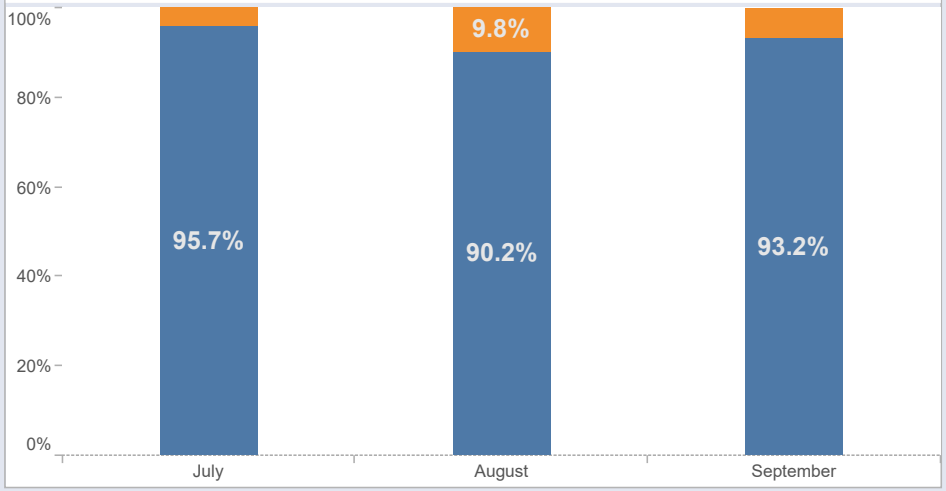
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
122	9	131

Osteopathic Medical Board of California
SFY 2019:Q1 - Case Volume



Osteopathic Medical Board of California
SFY 2019:Q1 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q1

Processing Time
Actual Target

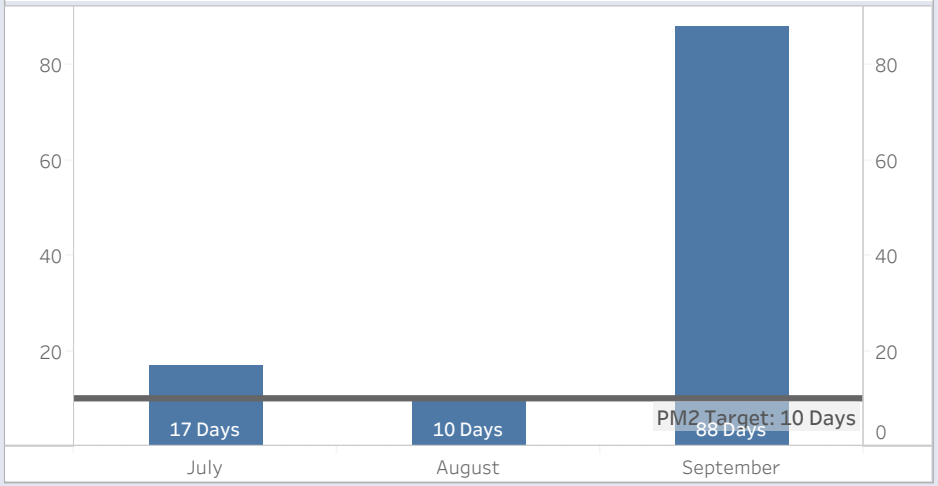
Case Volume by Month
July August September

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

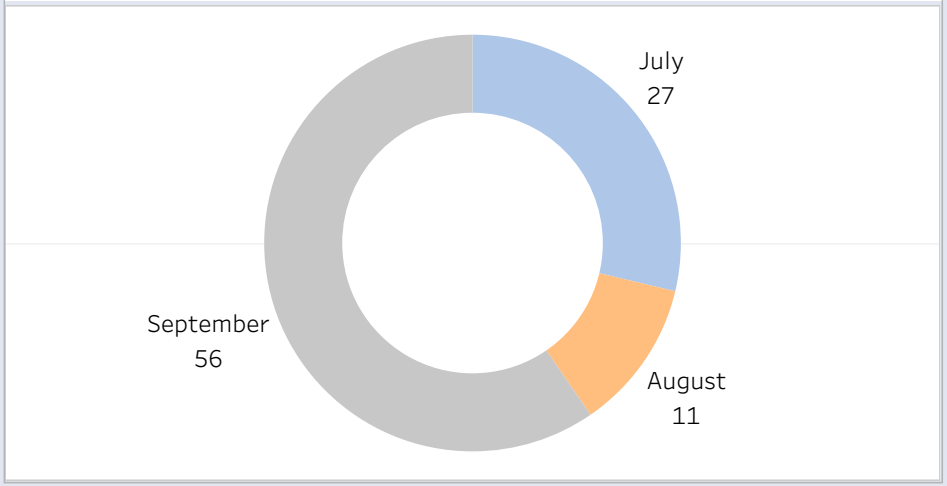
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
94	10 Days	58 Days	▲ 48 Days

Osteopathic Medical Board of California
SFY 2019: Q1 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q1 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

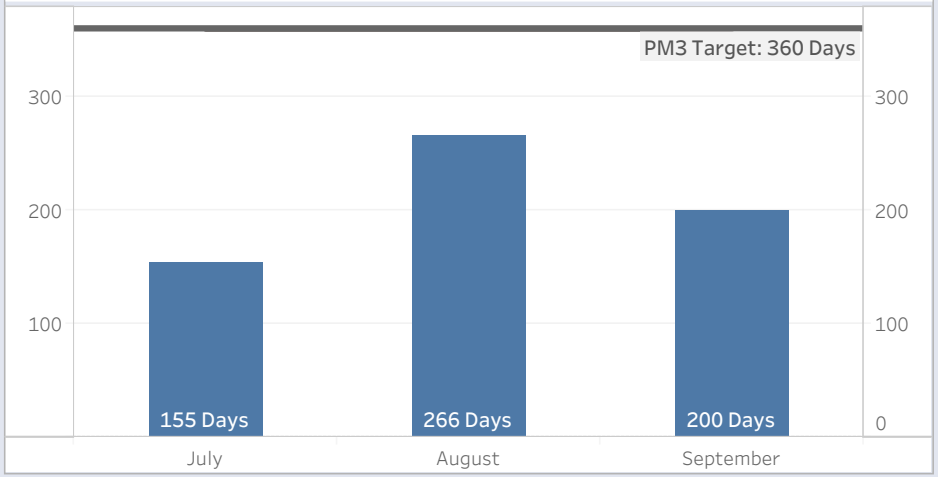
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2019	Q1	☐ Actual ☐ Target	☐ July ☐ August ☐ Septemb..

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

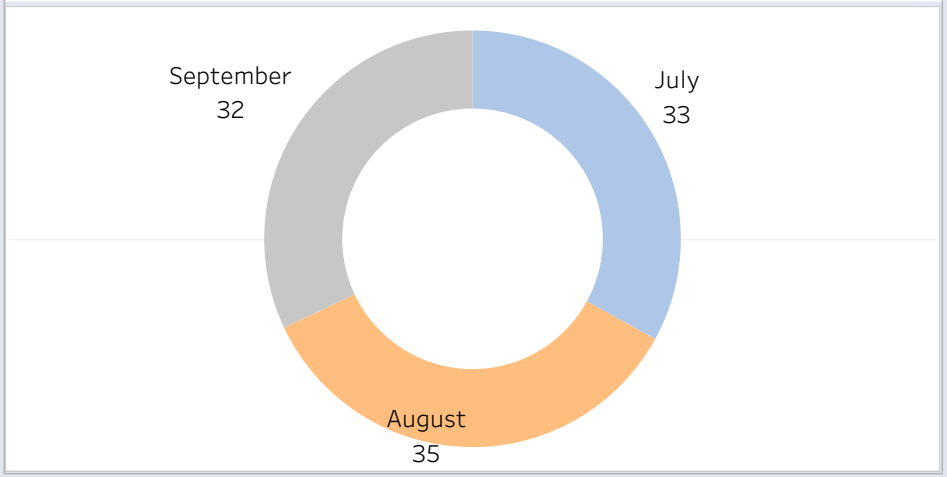
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
100	360 Days	208 Days	▼ -152 Days

Osteopathic Medical Board of California
SFY 2019: Q1 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q1 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

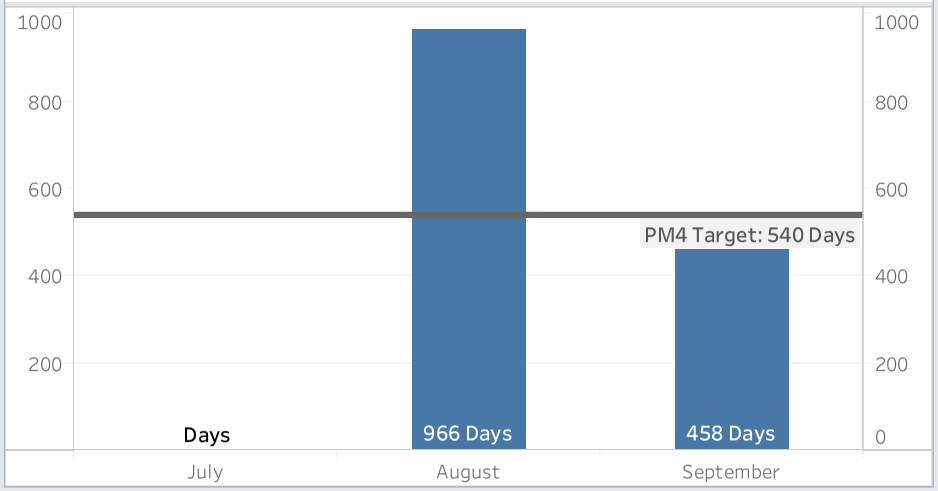
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2019	Q1	Actual Target	Augu.. Sept..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

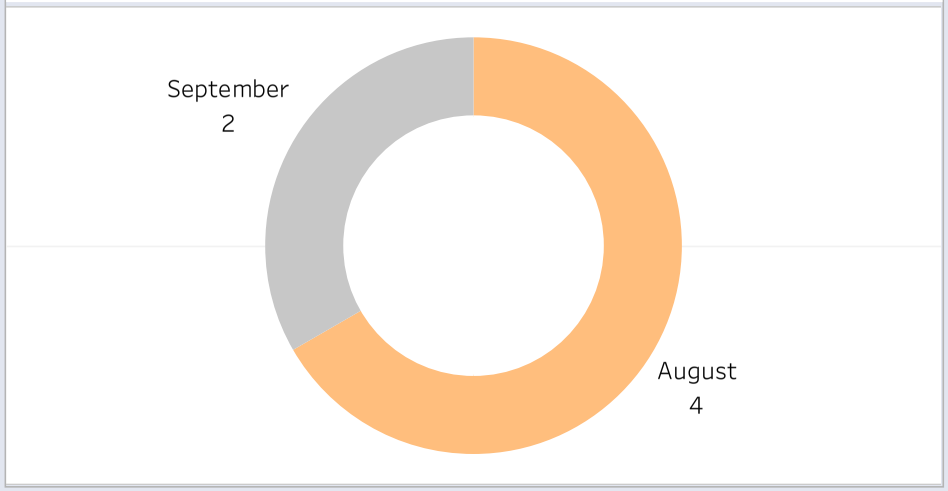
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
6	540 Days	797 Days	▲ 257 Days

Osteopathic Medical Board of California
SFY 2019: Q1 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q1 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

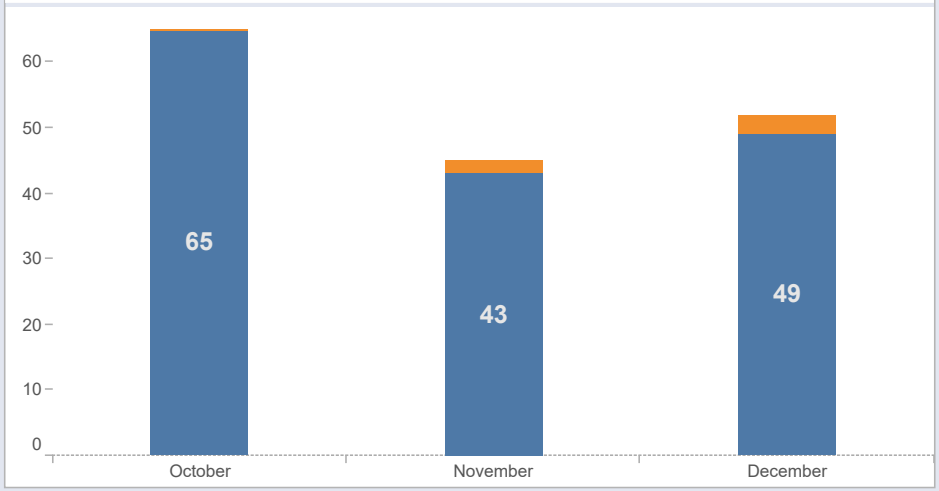
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

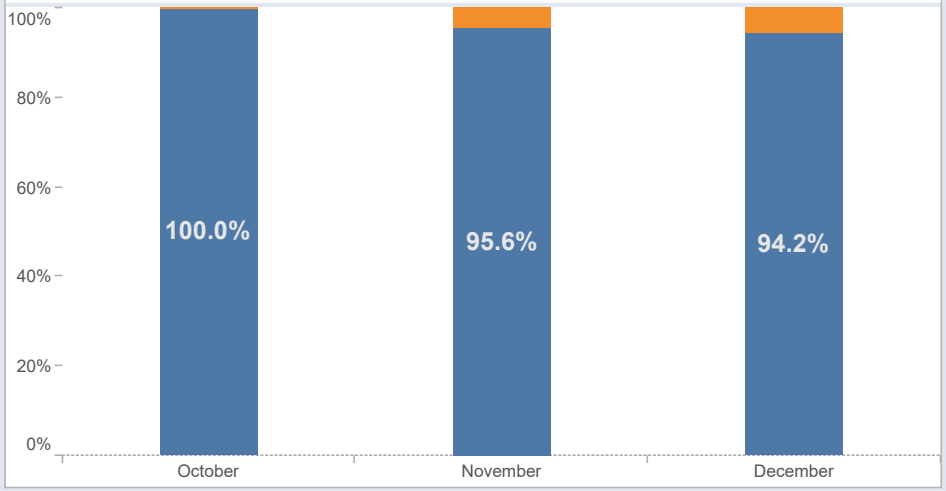
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
157	5	162

Osteopathic Medical Board of California
SFY 2019:Q2 - Case Volume



Osteopathic Medical Board of California
SFY 2019:Q2 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

Processing Time
Actual Target

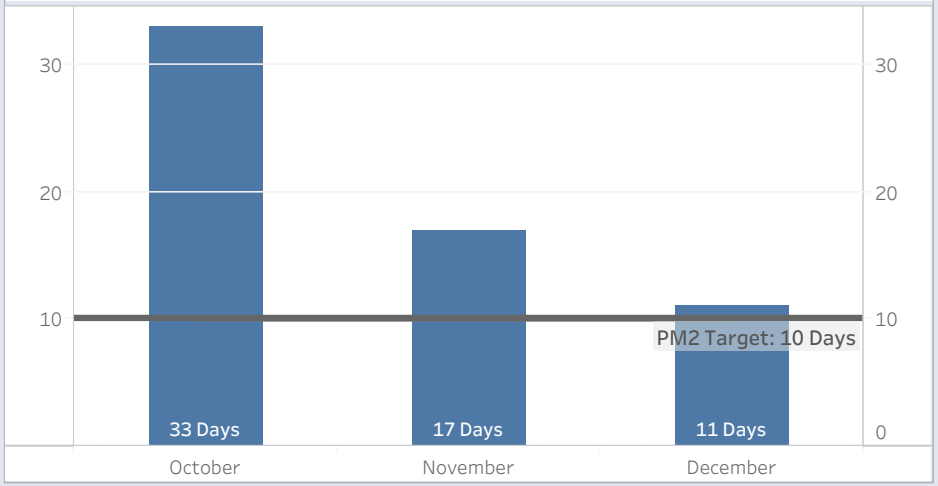
Case Volume by Month
October November December

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

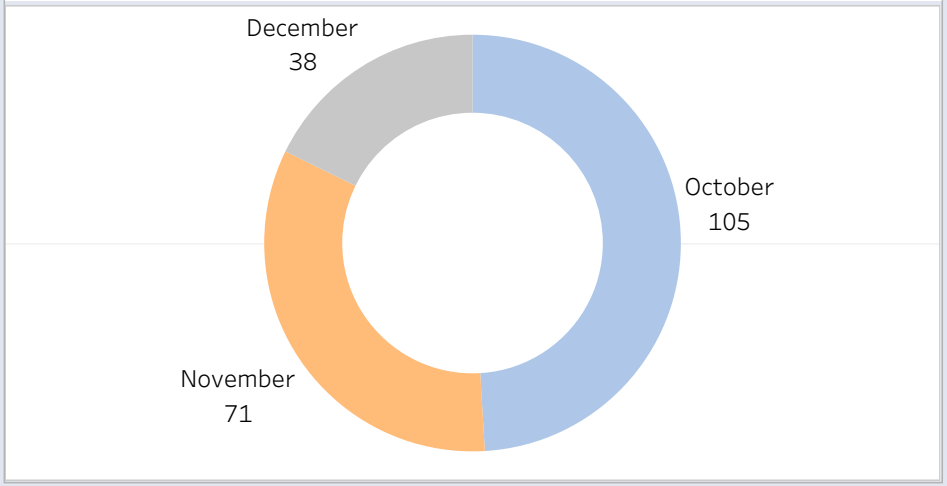
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
214	10 Days	24 Days	▲ 14 Days

Osteopathic Medical Board of California
SFY 2019: Q2 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q2 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

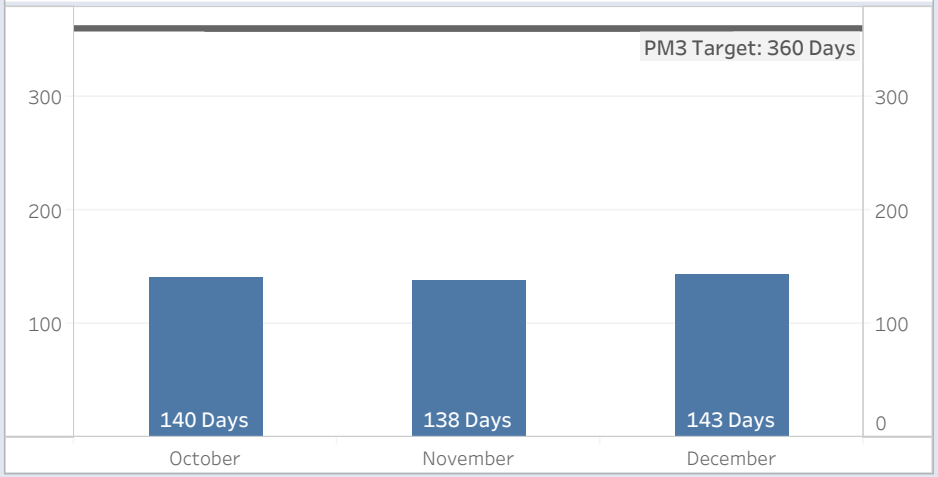
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2019	Q2	☐ Actual ☐ Target	☐ October ☐ Novemb.. ☐ December

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

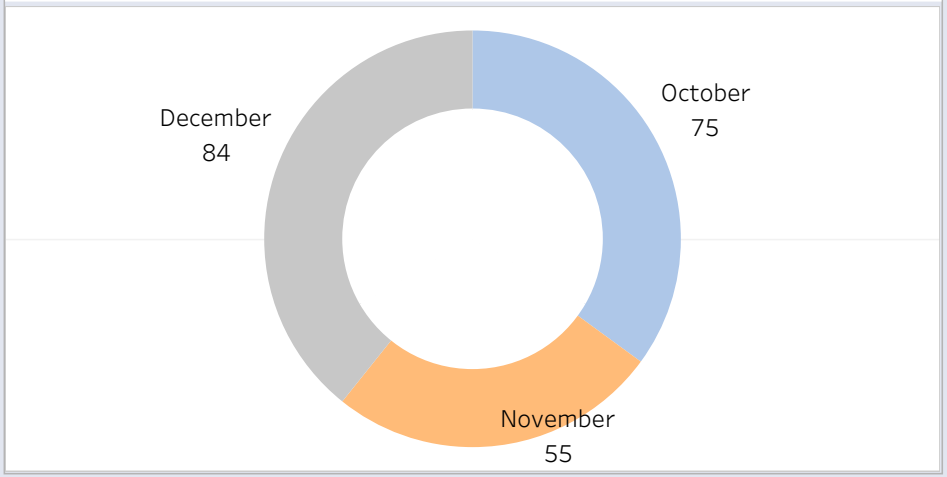
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
214	360 Days	141 Days	▼ -219 Days

Osteopathic Medical Board of California
SFY 2019: Q2 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q2

Processing Time
Actual Target

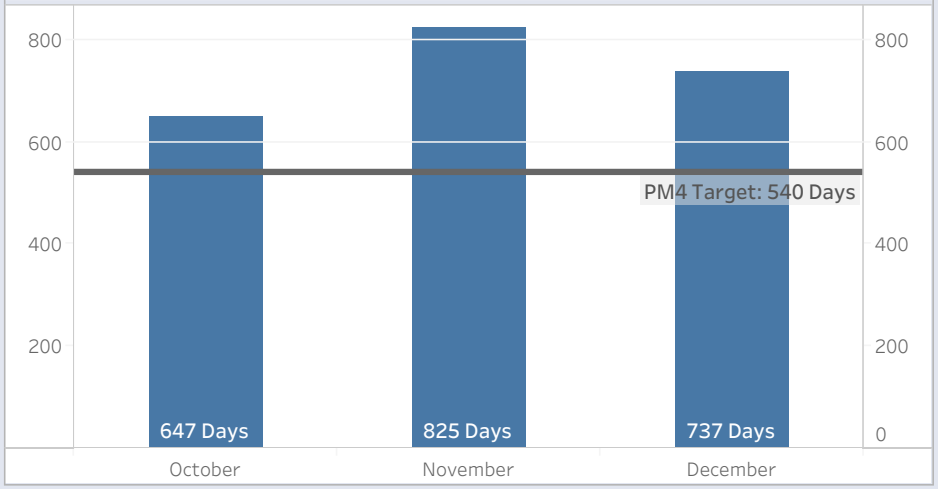
Case Volume by Month
Octo.. Nove.. Dece..

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

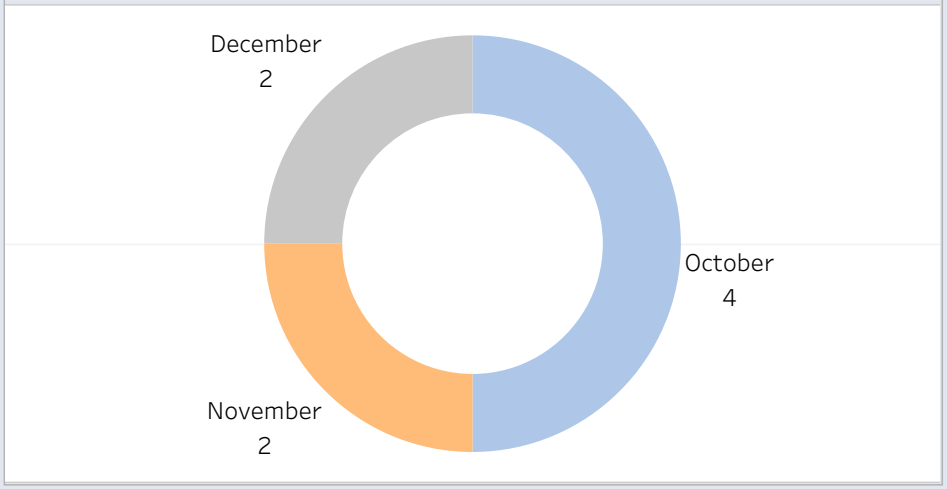
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
8	540 Days	714 Days	▲ 174 Days

Osteopathic Medical Board of California
SFY 2019: Q2 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q2 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

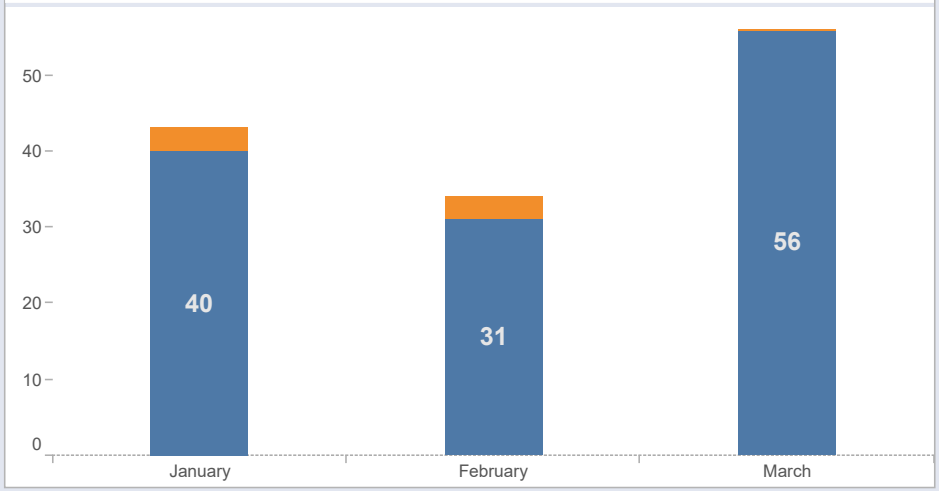
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Case Type
Osteopathic Medical Board of California	SFY 2019	Q3	Conviction/Arrest, Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

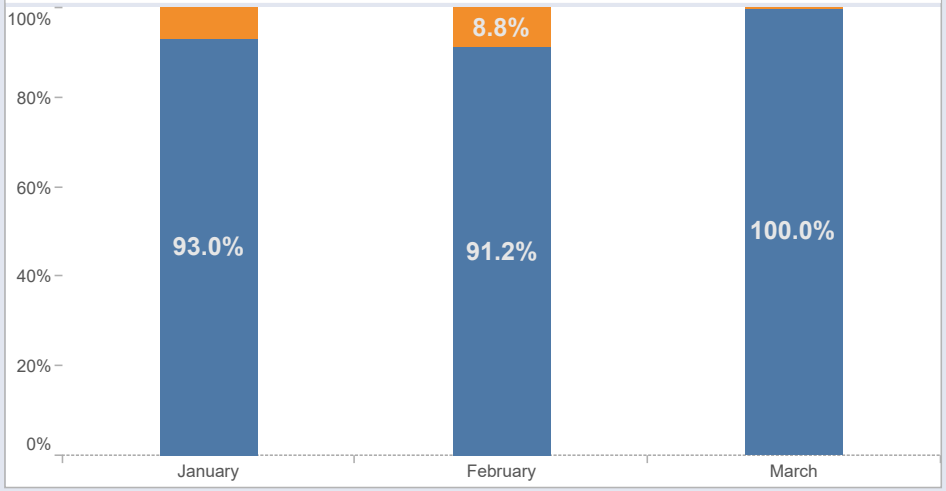
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
127	6	133

Osteopathic Medical Board of California
SFY 2019:Q3 - Case Volume



Osteopathic Medical Board of California
SFY 2019:Q3 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

Processing Time
Actual Target

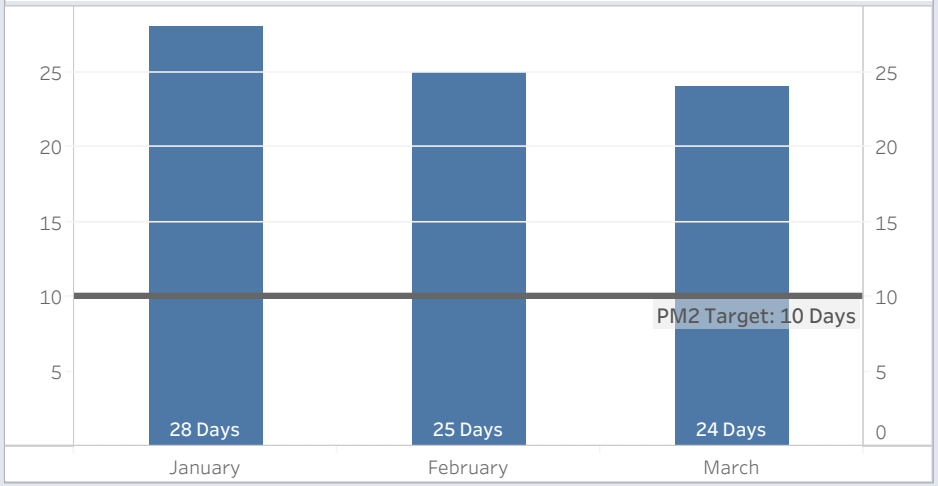
Case Volume by Month
January February March

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

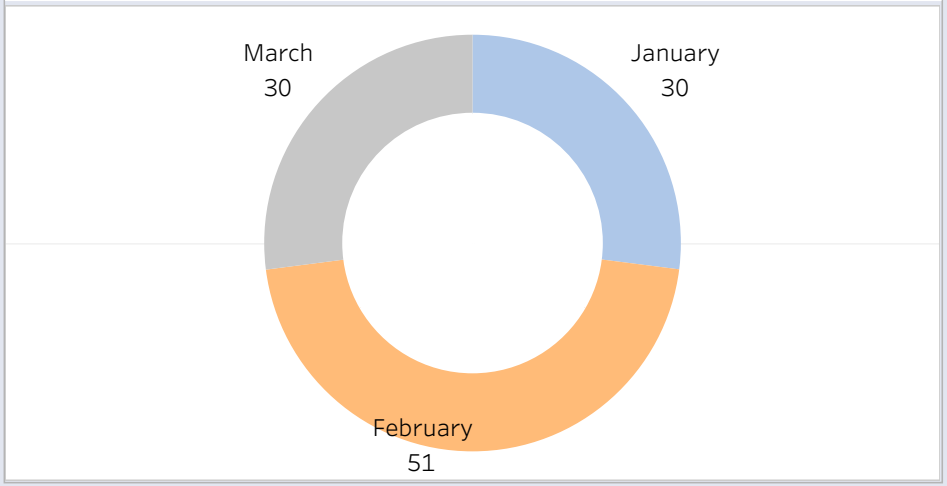
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
111	10 Days	26 Days	▲ 16 Days

Osteopathic Medical Board of California
SFY 2019: Q3 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q3 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

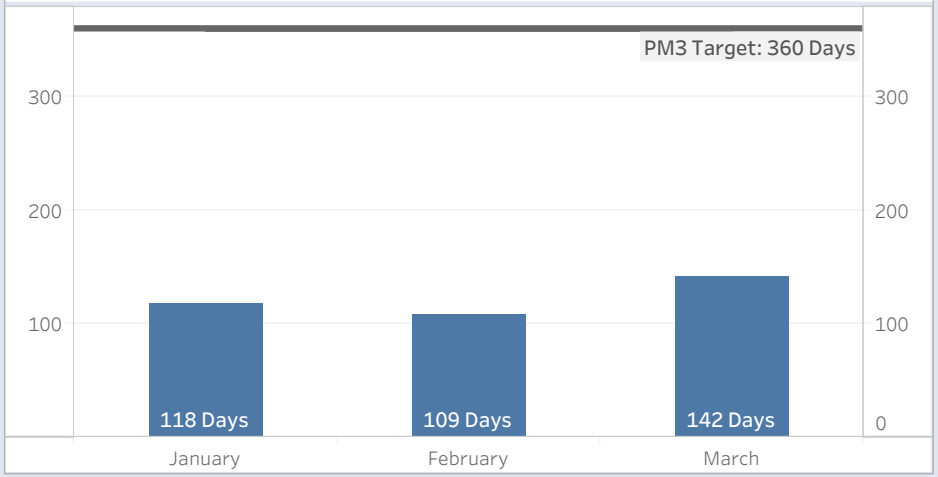
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2019	Q3	☐ Actual ☐ Target	☐ January ☐ February ☐ March

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

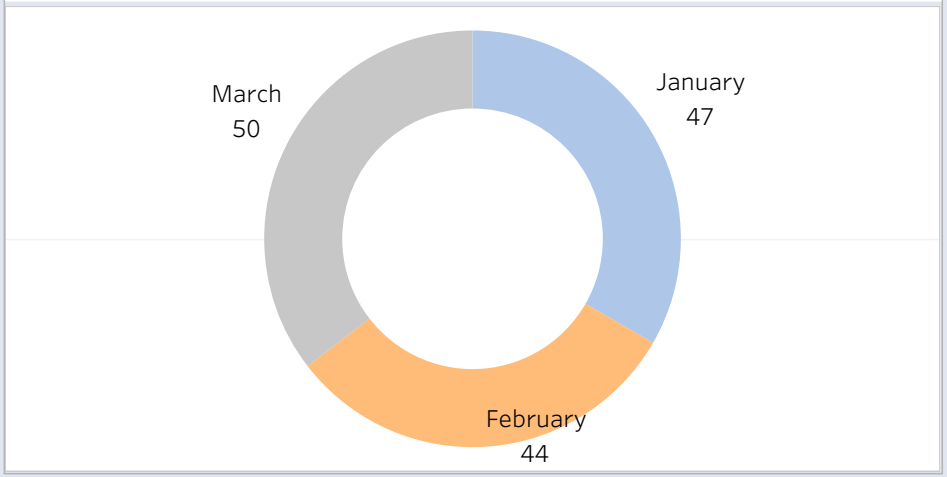
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
141	360 Days	124 Days	▼ -236 Days

Osteopathic Medical Board of California
SFY 2019: Q3 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q3 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q3

Processing Time
Actual Target

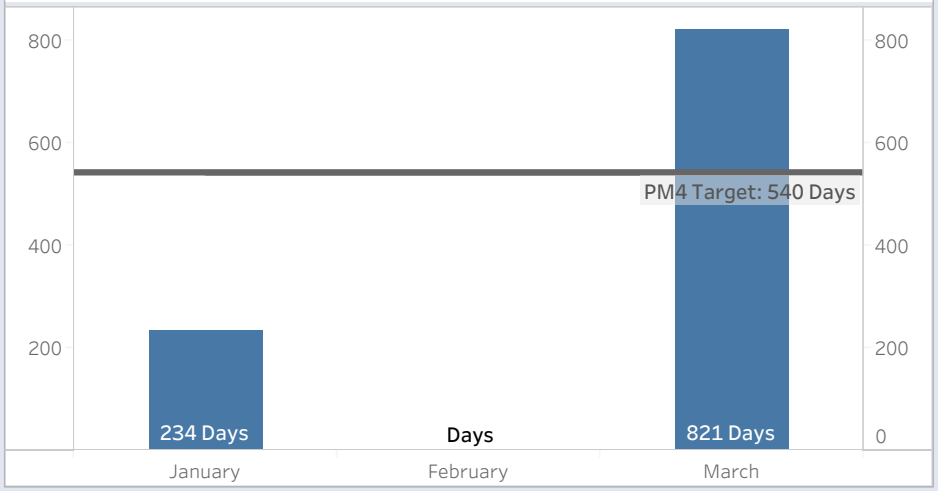
Case Volume by Month
Janu.. March

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

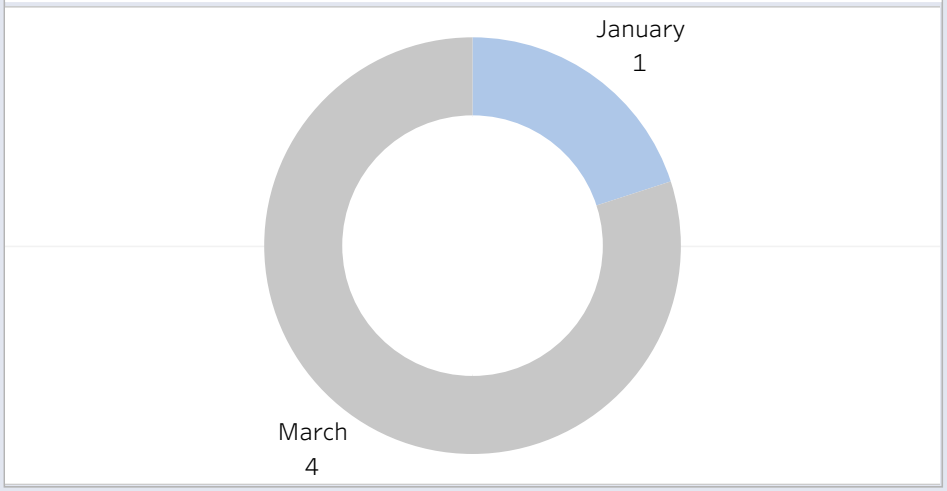
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
5	540 Days	704 Days	▲ 164 Days

Osteopathic Medical Board of California
SFY 2019: Q3 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q3 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

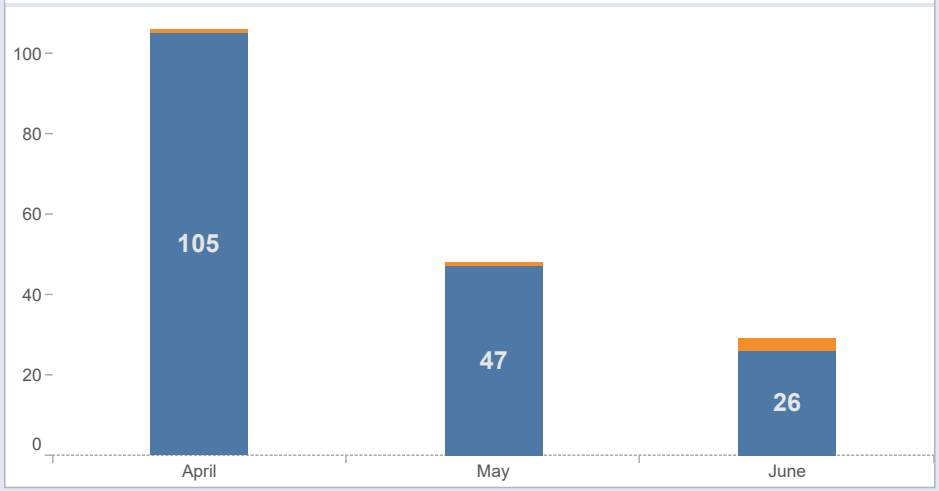
Case Type
Conviction/Arrest Complaints

Performance Measure 1 (Complaint Volume) – Total number of complaints and conviction/arrest notices received within the specified period.

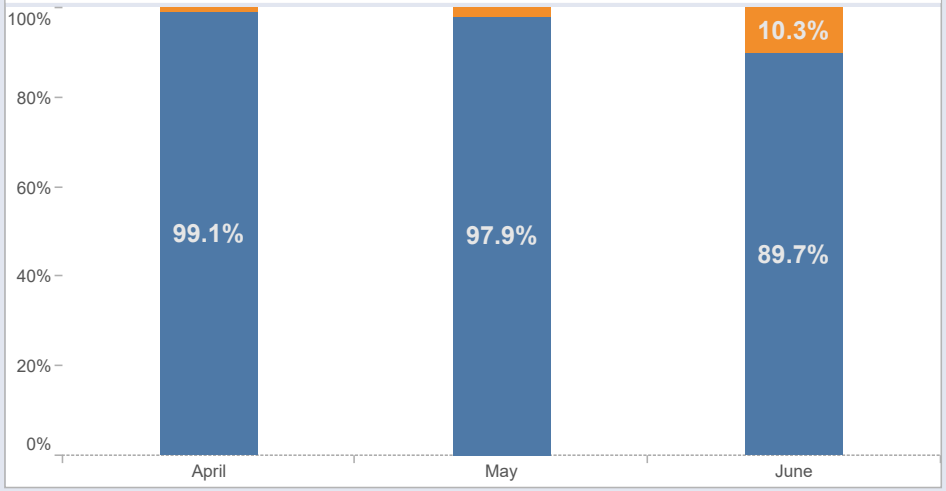
Data last refreshed on 10/16/2020

Complaints	Conviction/Arrest	Total Volume
178	5	183

Osteopathic Medical Board of California
SFY 2019:Q4 - Case Volume



Osteopathic Medical Board of California
SFY 2019:Q4 - Case Volume % Distribution



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

Select a DCA Entity
Osteopathic Medical Board of California

Select a Fiscal Year
SFY 2019

Select a Quarter
Q4

Processing Time
Actual Target

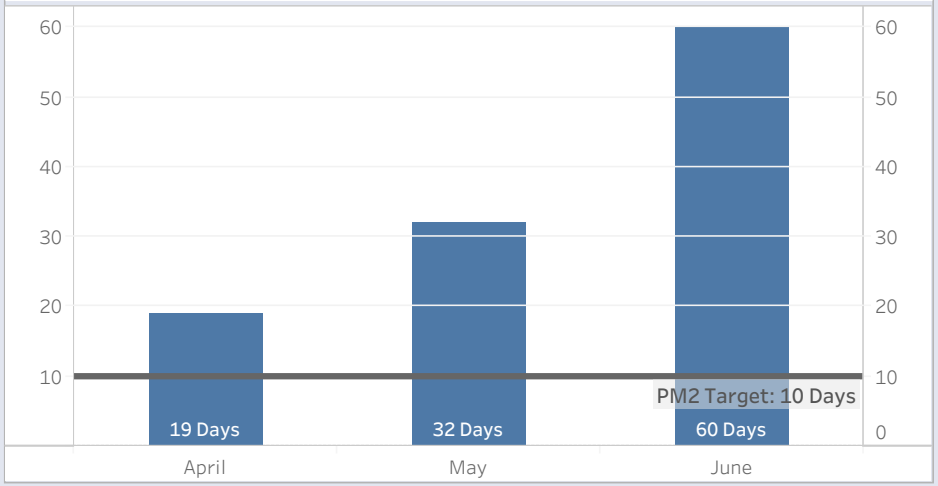
Case Volume by Month
April May June

Performance Measure 2 represents the total number of complaint cases received and assigned for investigation and the average number of days (cycle time) from receipt of a complaint to the date the complaint was assigned for investigation or closed.

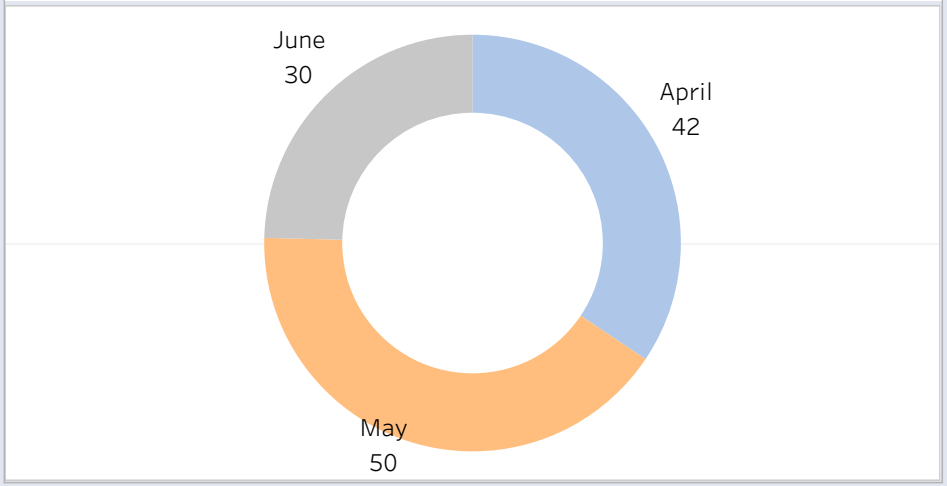
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
122	10 Days	34 Days	▲ 24 Days

Osteopathic Medical Board of California
SFY 2019: Q4 | **PM2** Intake Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q4 | **PM2** - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

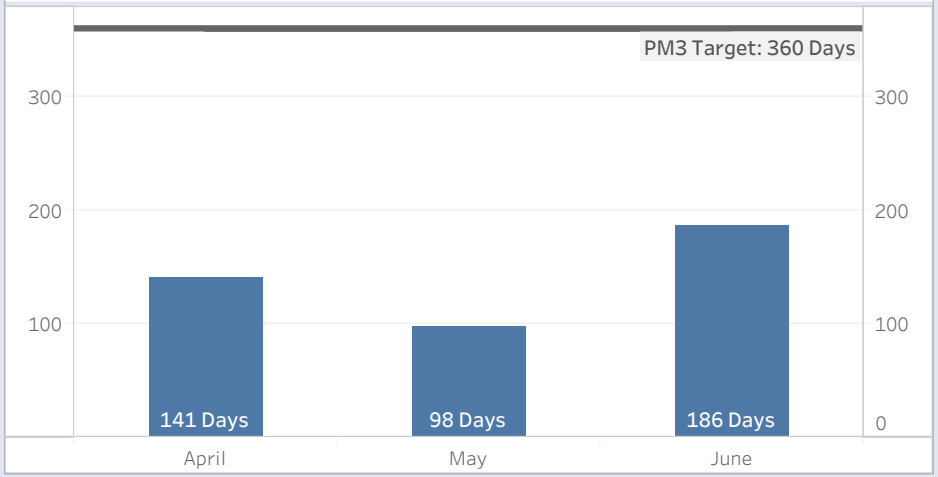
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2019	Q4	☐ Actual ☐ Target	☐ April ☐ May ☐ June

Performance Measure 3 (Investigation) – Total number of cases closed within the specified period that were not referred to the Attorney General for disciplinary action.

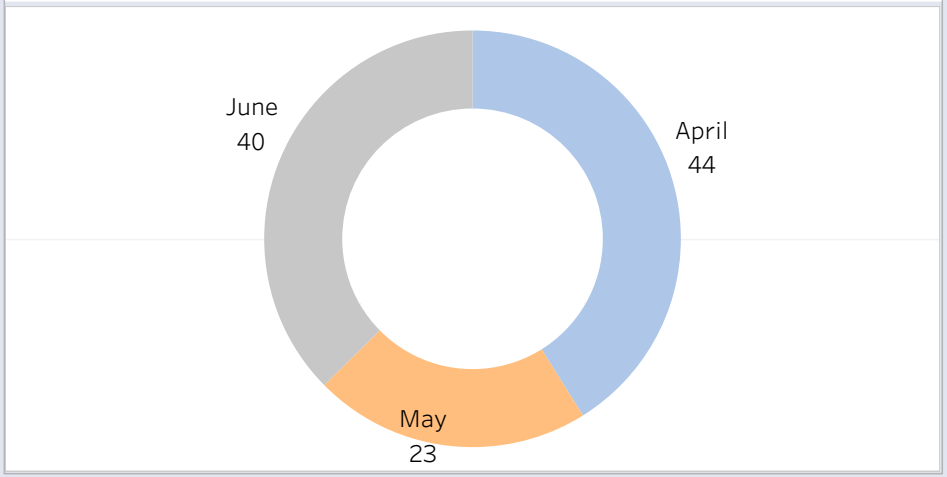
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
107	360 Days	149 Days	▼ -211 Days

Osteopathic Medical Board of California
SFY 2019: Q4 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q4 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some instances historical enforcement performance data may differ slightly from the data reported in this tool due to errors and omissions in the previously released reports.

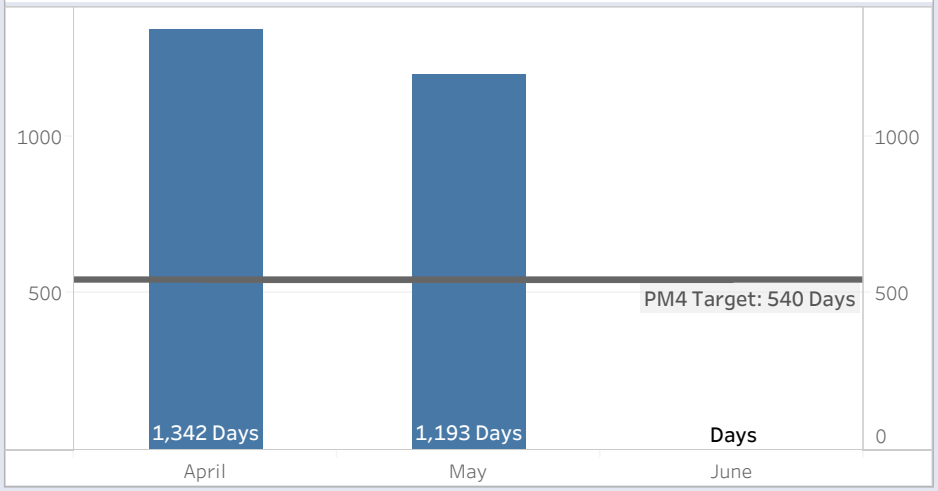
Select a DCA Entity	Select a Fiscal Year	Select a Quarter	Processing Time	Case Volume by Month
Osteopathic Medical Board of California	SFY 2019	Q4	Actual Target	April May

Performance Measure 4 (Formal Discipline) – Total number of cases closed within the specified period that were referred to the Attorney General for disciplinary action. This includes formal discipline, and closures without formal discipline (e.g. withdrawals, dismissals, etc.).

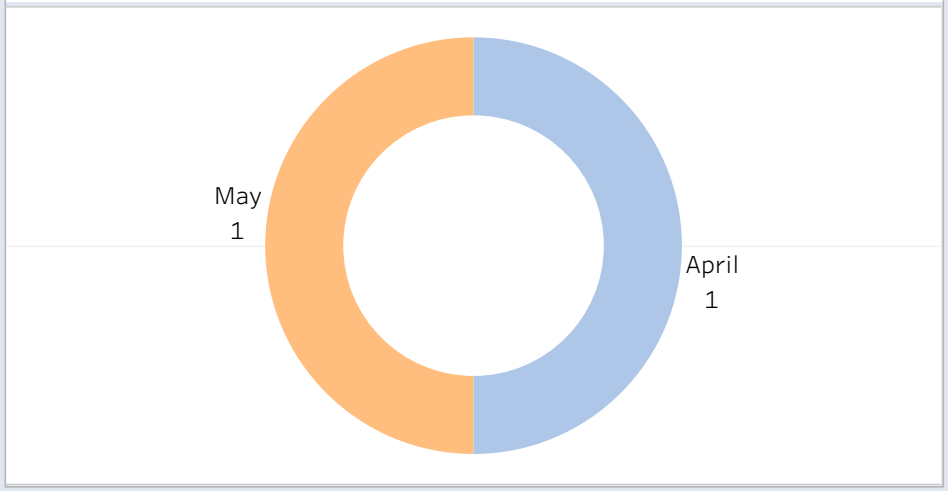
Data last refreshed on 10/16/2020

Case Volume	Target	Actual	Variance
2	540 Days	1,268 Days	▲ 728 Days

Osteopathic Medical Board of California
SFY 2019: Q4 - Investigations Cycle Time



Osteopathic Medical Board of California
SFY 2019: Q4 - Volume



Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from monthly enforcement statistical reporting from DCA Boards and Bureaus. In some inst..

State Fiscal Year	DCA Entity	License Type	Application Type	Select Next Page
SFY 2018	Osteopathic Medical Board of California	All	All	All

Total Application Volume | Target Processing Time Complete Applications | Processing Time Complete Applications | Processing Time Incomplete Applications

Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

Board/Bureau	License Type	Application Type	Total Application Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
Osteopathic Medical Board of California	Osteopathic Physician and Surgeon	Initial License Application	891	15	9 Day(s)	10 Day(s)
		Initial License Pre-application	876	60	44 Day(s)	102 Day(s)

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year	DCA Entity	License Type	Application Type	Select Next Page
SFY 2019	Osteopathic Medical Board of California	All	All	All

Total Application Volume | Target Processing Time Complete Applications | Processing Time Complete Applications | Processing Time Incomplete Applications

Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

Board/Bureau	License Type	Application Type	Total Application Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
Osteopathic Medical Board of California	Osteopathic Physician and Surgeon	Initial License Application	773	15	10 Day(s)	10 Day(s)
		Initial License Pre-application	804	60	67 Day(s)	127 Day(s)

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

State Fiscal Year	DCA Entity	License Type	Application Type	Select Next Page
SFY 2020	Osteopathic Medical Board of California	All	All	All

Total Application Volume | Target Processing Time Complete Applications | Processing Time Complete Applications | Processing Time Incomplete Applications

Complete Applications – Applications were deemed complete at the time of initial review and did not require additional information/documentation from the applicant prior to approval.

Incomplete Applications – Applications were deemed incomplete at the time of initial review and required additional information/documentation from the applicant prior to approval.

Board/Bureau	License Type	Application Type	Total Application Volume	Target Processing Time Complete Applications	Processing Time Complete Applications	Processing Time Incomplete Applications
Osteopathic Medical Board of California	Osteopathic Physician and Surgeon	Initial License Application	997	15	11 Day(s)	12 Day(s)
		Initial License Pre-application	1,020	60	95 Day(s)	334 Day(s)
	Osteopathic Postgraduate Trainin..	Initial Application	232	60	97 Day(s)	0 Day(s)

Data Source: California Department of Consumer Affairs, OIS/Data Governance Unit. The data included in this interactive tool is compiled from various operational systems. In some instances, the data contained in this tool may differ slightly from the information published in other reports due to release timing. The aggregate of variance and actual cycle time may not equal 100% due to rounding. Please refer to the methodology tab for more information about this data.

ATTACHMENT F

OMBC RESILIENCY MAP AND REOPENING PLAN

RESILIENCE ROADMAP

Stage 2 Reopening Plan

June 2020

Governor Newsom, Governor
State of California

Business, Consumer Services, and Housing Agency

Background

Novel coronavirus disease 2019 (COVID-19) is an infectious disease first identified in December 2019 resulting in an ongoing worldwide pandemic. COVID-19 is a virus that can spread from person to person. Transmission is understood primarily to take place through respiratory droplets inadvertently shared when an infected person coughs, sneezes, or talks in close proximity to another person. Transmission may also be possible by touching a surface or object that has the virus on it, and then by touching one's mouth, nose, or eyes.

To help slow the spread of COVID-19 within the state, Governor Newsom issued Executive Order N-33-20 on March 19, 2020 directing all California residents to stay home, except as needed to maintain the continuity of essential critical infrastructure operations. Nine days later, on April 28, 2020, Governor Newsom unveiled a "Resilience Roadmap" comprised of four stages to serve as an overarching plan for California's incremental reopening process:

The Governor continued directing Californians to obey state public health directives through the beginning of May, but also indicated the state was moving toward Stage 2, which would allow the reopening of lower-risk businesses and spaces.

On May 8, 2020, California moved into Stage 2 of modifying the Governor's stay-at-home directive. Stage 2 expansion is designed to be gradual, allowing individual counties within the state that have met specified readiness criteria

approved by the California Department of Public Health to open more workplaces.

The Osteopathic Medical Board of California (OMBC) has created the COVID-19 Reopening Plan (Plan) in response to county-by-county progression through Stage 2. This Plan is intended to provide guidance and information related to how the OMBC will re-open to the public while supporting a safe environment for employees.

This Plan will cover employee preparedness, workplace safety protocols, general expectations, and employee training and resources.

This Plan will also provide employees with the information necessary to continue to meet the guidelines of the Governor's Resilience Roadmap, the Centers for Disease Control and Prevention (CDC), and the California Department of Public Health (CDPH) in preventing and slowing the spread of COVID-19 within the workplace.

A copy of this Plan will be distributed to all employees. Managers are responsible for training their employees on physical distancing and safety protocols as well as providing necessary personal protective equipment and appropriate cleaning supplies. Managers may have to modify the Plan as necessary based on operational needs. This Plan is subject to change, in accordance with new CDPH guidelines.

Employee Preparedness

Employee participation in actions such as self-screening, maintaining hand hygiene, correctly utilizing face coverings and masks, and utilizing physical distancing are important and necessary to reduce the spread of viruses in the workplace. Additionally, supervisors and managers shall follow OMBC's step-by-step guidance for reporting COVID-19 potential exposure.

Self-Screening Steps: Each morning, all employees should use the following simple self-screening process to lessen the community spread of COVID-19.

1. Take a temperature reading.
2. Determine if currently, or in the last 24 hours, any of the following symptoms have been exhibited:
    - Fever
    - Cough
    - Shortness of breath or difficulty breathing
    - Muscle pain
    - Sore throat
    - Recent loss of taste or smell

3. Stay home if there is a recorded temperature reading of greater than 100.4 degrees and work with supervisors and managers on alternate work arrangements and leave options.
4. Continue to check for symptoms throughout the day and advise supervisors and managers immediately if symptoms develop.

This list does not include all possible symptoms. Other less common symptoms have also been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. Employees should not come to work if they have experienced symptoms or if they or someone they live with have been diagnosed with COVID-19. The CDC provides additional guidance regarding how to protect yourself or when to seek emergency medical attention. Information can be found here.

Hand Hygiene: Practicing hand hygiene, which includes handwashing or the use of alcohol-based hand sanitizer, is a simple yet effective way to prevent the spread of germs and infections. Hand washing should be conducted frequently throughout the day and consist of these five steps:

1. Wet hands with clean running water (warm or cold), turn off the tap, and apply soap.
2. Lather hands by rubbing them together with the soap. Lather the backs of hands, between fingers, and your nails.
3. Scrub hands for at least 20 seconds.
4. Rinse hands well under clean, running water.
5. Dry hands using a clean towel or air dry them.

Hand sanitizer should be used when soap and water are not readily available. Hand sanitizer that contain at least 60% alcohol is available in the main lobbies and throughout the workplace for employee and public use.

Face Coverings and Masks: Employees who interact with co-workers or the public are encouraged to wear a cloth face covering when it is difficult to maintain physical distancing requirements of six feet or more from another person. A face covering is a covering made of cloth, fabric or other soft or permeable material, without holes. It should cover the nose, mouth and chin, and can be secured to the head with ties or straps or simply wrapped around the lower portion of the face. A cloth face covering may be factory-made or sewn by hand or can be improvised from clean household items such as scarfs, T-shirts, sweatshirts, or towels. Face coverings can be cleaned via laundering in the warmest setting possible and dried. A face covering should be comfortable so that the wearer can breathe comfortably through the nose and does not have to adjust it frequently, so as to avoid touching the face.

OMBC has purchased disposable masks for staff use, as needed, during the course of performing official duties. Please speak to a manager if you would like to obtain a disposable mask.

Important notes:

1. Face coverings or masks are not personal protective equipment (PPE).
2. Face coverings or masks can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
3. Employees should wash or sanitize hands before and after using or adjusting face coverings or masks.
4. Face coverings must not be shared.
5. Face coverings should be washed and properly dried after each work shift.

Physical Distancing: Employees are expected to practice physical distancing to help slow the spread of viruses such as COVID-19. Physical distancing means keeping space between yourself and other people outside of your home. To practice physical distancing:

1. Stay at least 6 feet (about two arms' length) from other people.
2. Do not gather in groups.
3. Avoid handshakes or hugging.
4. Stay out of crowded places and avoid mass gatherings.
5. Stay out of cubicles or personal workspaces that are not your own. If you need to discuss a work-related matter, call or email others if possible.

Since people can spread the virus before they experience any symptoms, it is important to stay away from others when possible, even if you or they have no symptoms. Keeping space between you and others is one of the best tools we have to avoid being exposed to viruses and slowing their spread.

Reporting COVID-19 Positive Employees: DCA's Office of Human Resources has provided supervisors and managers step-by-step guidance for reporting positive cases of COVID-19. This includes validating test results, contacting local public health officials, sending out internal communications, monitoring absenteeism and following up with staff, and ensuring return to work efforts. An employee who tests positive for COVID-19 should stay away from work until at least three days have passed since recovery. Recovery is defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed

since symptoms first appeared. Each office must identify contact persons for positive case reporting, and train management staff on the exposure protocol.

Workplace Safety Protocols

OMBC has identified several workplace safety protocols to reduce the risk of COVID-19 exposure to employees. These protocols include encouraging the utilization of telework, staff rotation schedules, and staggered employee office visits. OMBC has implemented new cleaning and disinfecting protocols, office equipment practices, front counter protocols, signage, remote meeting opportunities, limited in-person meetings, and revised meeting conference room capacities. Additionally, OMBC has adjusted delivery protocols, state travel, and recommends that employees enroll in the direct deposit program.

Telework: OMBC continues to encourage telework for employees whose duties can be performed remotely. Employees who are able to telework are required to adhere to the DCA's information security policy and telework policy. These policies, as well as a copy of DCA's telework program guide, are available to all employee's via DCA's intranet:

- Information Security Policy: ISO 06-01.
- DCA Telework Policy: OHR 15-02.
- DCA Telework Guide: DCA Telework Program.

All employees who wish to telework must read DCA's telework policy, complete the telework agreement, and adhere to the telework agreement terms, including securing confidential, personal, and sensitive information.

All telework employees must have access to a personal computer, internet access, VIP Multi-Factor Authentication downloaded onto their personal phone, and follow the Office of Information Services' instructions to obtain network access.

Unless on an approved leave, all telework employees must be available during their normal work shift and be responsive to client, management, and peer inquires. Telework employees must check emails and voicemails regularly and respond to inquiries timely. It is not appropriate to send automatic "out-of-office" reply emails when teleworking.

At the beginning of each telework day, telework employees must report to their respective manager/supervisor on the assignments they will be working on during the telework day and provide a status of the assignments/progress at the end of each telework day.

Supervisors and managers are expected to regularly communicate office updates to staff, and manage assignments and training on an ongoing basis. Additionally, supervisors and managers should consider flexible schedules that accommodate telework, rotation, and staggered schedules whenever possible. Government Code section 11020 requires that state offices be open Monday – Friday, 8:00 a.m. – 5:00 pm. To that end, programs should have a minimum level of staffing to assist members of the public and conduct state business whether it is conducted onsite or remotely by staff who are teleworking.

Rotational Telework Schedules: Telework has greatly reduced the number of employees in the office at one time while limiting potential exposure to employees. Some duties cannot be performed remotely and therefore managers should review staff's duties to implement a rotational telework program where a number of staff need to be physically present in the office. This helps ensure additional physical distancing in the office and allows for employees to have regular access to their normal physical workstation.

Staggered Employee Office Visits: Managers should work with teleworkers to schedule office visits to pick up and drop off items or for other critical needs on a scheduled and staggered basis. By planning staggered staff visits throughout the day, managers can help maintain fewer individuals in the office at any one time.

Some mission-critical OMBC functions cannot be performed remotely. For these employees, supervisors and managers will continue to ensure spacing of at least six feet between occupied cubicles and workstations, the availability of appropriate preventative supplies (face coverings, gloves, hand sanitizer, etc.) and training. Whenever possible, utilize contactless systems (electronic submissions, e-signatures, phone and email communication etc.) rather than paper processes.

Cleaning and Disinfection: DCA's Office of Business Services has been working with each property manager to ensure janitorial services staff provide extra sanitization efforts to high-touch point areas throughout each building and stagger cleaning shifts to limit contact with employees. Janitorial staff ensure that bathrooms and breakrooms are disinfected frequently, that bathrooms are fully stocked with soap, and that all counters with sinks have paper towels. Business Services staff communicate with property managers as needed to address concerns or service level changes in response to COVID-19.

Disinfection is critical in the prevention of COVID-19 and other illnesses in the workplace. Employees should clean personal workspaces twice each day, upon reporting to the office and before leaving at the end of their shift. Time to perform routine cleaning of personal workspace is considered time worked and should be scheduled within normal work hours. Employees may use disinfecting wipes or liquid sanitizing supplies provided by management for cleaning and disinfection. Disinfectant supplies are available to all employees and can be obtained through supervisors and managers.

Management must implement plan for routine cleaning and disinfecting of frequently touched surfaces and shared office equipment within their program.

Office Equipment: Employees should avoid sharing personal office equipment such as phones, pens, staplers, etc. to reduce potential surface contact exposure to employees.

OMBC will continue to purchase prevention supplies for employees, including disinfecting wipes, hand sanitizer, non-medical grade face coverings and gloves. Programs are expected to manage supply needs independently in their respective areas. In some instances, due to supply chain issues for some supplies, programs may contact DCA Business Services staff if they are unable to procure supplies as needed or if they need general assistance.

Front Counter Protocols: Lobby areas will have signage reminding people to stay at least six feet apart. Decals on the carpet have also been posted as reminders to maintain proper distancing. If visitors do not maintain appropriate physical distancing, front counter employees should immediately notify a supervisor or manager.

OMBC is equipped with a clear glass partition to limit exposure between public visitors and employees, and public counters that are in need of a partition are being identified for expedited facility upgrades. Each front counter area will have hand sanitizer available and employees will have access to masks and gloves as needed.

If employees need to quickly review documents or meet with a visitor, this should be done behind the glass window. Documents that require extensive review should be done at workstations and arrangements should be made with the visitor accordingly. Employees are asked to not use the lobby or front counter areas for extended meetings.

State employees and other workers are never to approach coworkers or members of the public who are not wearing a face covering, for the purpose of attempting to enforce any face-covering recommendation or requirement. In

these instances, employees should maintain at least a 6-foot distance from others and raise any concerns to their supervisor. It is noted that some individuals may have legitimate reasons why they cannot wear a face covering.

Signage: Signage will be posted at each public entrance of OMBC to inform employees and the public that they should:

1. Avoid entering the facility if they have a cough or fever.
2. Maintain a minimum six-foot distance from one another.
3. Sneeze and cough into a cloth or tissue or, if not available, into one's elbow.
4. Not shake hands or engage in any unnecessary physical contact.
5. Wear a face cover.

Remote Meeting Opportunities: OMBC employees are asked to schedule meetings via telephone, Microsoft Teams, or WebEx whenever possible. Questions about technology tools or how to conduct meetings remotely should be directed to supervisors and managers.

Employees are expected to maintain professionalism, including a professional appearance, in meetings held by video conference. This also includes the appearance of the surroundings visible to others in the meeting.

Limited In-Person Meetings: If employees must meet someone in person, meetings will be limited to 10 or fewer employees with a minimum spacing of six-feet between each employee. Employees must reserve a conference room that is large enough to accommodate all attendees while maintaining physical distancing. Employees are encouraged to wear masks to meetings. Meeting organizers should bring hand sanitizer and disinfecting supplies in advance of the meeting to wipe down the common areas before and after the in-person meeting.

Public Board Meetings: Until further notice, all boards, commission and committees should make efforts to conduct public meetings pursuant to the provisions of the Governor's Executive Order N-29-20 and in compliance with the Bagley Keene Open Meeting Act, via online meeting applications or telephone conferences.

Deliveries: Staff members who process mail are encouraged to ensure physical distancing, and wear a mask and gloves while collecting and processing all incoming and outgoing mail. When DCA Business Services staff deliver mail items to programs, each program has a secure designated mail drop off and pick up area, which allows transactions to either be done with physical distance or

completely contactless. Hand sanitizer is available in all high-touch point areas within the mailroom and common mail processing areas.

Travel: OMBC has suspended all non-essential travel. Requests for essential travel must be approved at an executive level. If approved for essential travel, employees should utilize prevention supplies and follow all CDC and local guidelines. After use of state vehicles, employees must clean all areas touched with a disinfectant upon return of the vehicle. Cleaning supplies are available for this purpose.

Direct Deposit: Employees are encouraged to sign up for direct deposit. Direct deposit is a convenient and consistent way to deposit your net earnings into your financial institution. All employees are eligible to sign up for direct deposit. To enroll, complete a Direct Deposit Enrollment Authorization (STD 699) and submit it to the DCA Office of Human Resources. It is important that you verify the routing and account numbers with your financial institution when completing the STD 699.

Communication: OMBC will continue to utilize e-mail to effectively communicate important workplace COVID-19 information and changes to employees. In addition, OMBC will use phone lists, Microsoft Teams and Webex communication channels, the DCA emergency phone line (1-866-800-4983), intranet, webpage and social media postings as venues to share information. The general public can keep up to date with how OMBC is coordinating with state and local governments to serve and protect Californians by checking DCA's COVID-19 website.

Employee Training and Resources

The best defense against COVID-19 continues to be:

1. Stay at home when you are sick
2. Practice physical distancing
3. Wash hands frequently
4. Cover coughs and sneezes
5. Clean and disinfect frequently touched surfaces daily
6. Avoid touching eyes, nose and mouth with unwashed hands
7. Avoid close contact with people who are sick, even inside your home

Employees should stay informed on the changes to the State's response and new information as it becomes available regarding COVID-19 by visiting these sites regularly:

Centers for Disease Control and Prevention
California Coronavirus Response
California Department of Public Health

Cal/OSHA, California Department of Industrial Relations
Local Information for California Counties

The following resources are available to employees:

What is COVID-19? (video)
Six Steps to Prevent COVID-19 (video)
What you need to know about handwashing (video)
How COVID-19 can spread in a community (video)
Do your part to slow the spread of COVID-19 (video)
Symptoms of COVID-19
What to do if you are sick
COVID-19 Resources for Employers and Workers
Employee Assistance Program
California Surgeon General's Playbook: Stress Relief During COVID-19
COVID -19 Stress and Coping
7 Tips for Working from Home During COVID-19
Financial Resilience During COVID-19

Key Contact Persons:

Reopening plan and potential COVID-19 exposure: Mark Ito at mark.ito@dca.ca.gov.

Facility inquiries and purchasing of non-medical personal protective equipment: Mark Ito at mark.ito@dca.ca.gov.

Questions/Suggestions

This Plan is a framework to keep OMBC employees safe. If employees have any safety concerns, suggestions or feedback, please discuss them with your supervisor or manager.

Appendix 1

DRAFT

We are practicing physical distancing.

Avoid entering the facility if you have a cough or fever.

Maintain 6 feet of distance between you and others.

Sneeze or cough into a cloth or tissue; if not available, use your elbow.

Do not shake hands or engage in any unnecessary physical contact.

Consider wearing a face cover.

For important news and information,
visit covid19.ca.gov.

OMBC
Osteopathic Medical Board of California

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Tab 5

Osteopathic Medical Board

Future Agenda Items

Agenda Item	Requestor

Tab 6

Osteopathic Medical Board

Future Meeting Dates

Date	Place	Time
Thursday January 14, 2021	Teleconference	10:00 am
Thursday May 13, 2021	TBD	10:00 am

**Please note that all meetings should be held in the best interest of the Board. Meetings in resorts or vacation areas should not be made. Using Conference areas that do not require contracts and or payment is the best option for the Board. No overnight travel. If an employee chooses a mode of transportation which is more costly than another mode, a Cost Comparison form must be completed. Reimbursement by the State will be made at the lesser of the two costs. Taxi Service should be used for trips within but not over a 10-mile radius. Receipts are required for taxi expenses of $10.00 and over. Tips are not reimbursable.*