



MEMORANDUM

DATE	January 19, 2023
TO	Board Members
FROM	Terri Thorfinnson
RE:	Proposed Revisions to Continuing Medical Education Requirements

Background

In 2018, the Board approved a new policy for continuing medical education (CME) requirements for licensure renewal. The Board approved shifting from manual process involving staff review and approval of all CMEs as a condition of licensure renewal to an automated certification system by licensees and follow-up audit system performed by the Board. The goal of this new policy is to streamline the processing of renewals while ensuring compliance with CME requirements.

Since 2018, there have been several significant statutory changes to CME requirements for renewals. The Board requested that that the Legislature change the number of required CMEs from 100 to 50 with 20 CMEs required to be American Osteopathic Association (AOA) and the remaining 30 CMEs can be either AOA or American Medical Association (AMA) approved, which was approved and signed into law. Additionally, the Board requested the Legislature change the CME cycle that was based on a calendar year to align with the renewal cycle that requires the license to expire every two years, which was approved and signed into law. In response to the opioid crisis, the legislature added a mandatory requirement of risk of addition training to be complete each renewal cycle.

This past year, the Board requested the Legislature eliminate the prorated initial license fee and birth month renewal cycle for initial licenses, which was approved and signed into law. As a result of these many statutory changes, additional revisions to the regulatory sections related to CMEs needed to be updated in order to comply with the various statutory changes that occurred since 2018 when the Board first proposed changes to its CME regulatory requirements.

Since this CME regulatory package was first approved by the Board, the Board has approved several revisions to the original proposed regulatory language in response to statutory changes. This proposed language contains significant revisions to the initial three regulatory sections 1635, 1636, 1641 of Title 16 of the California Code of Regulations (CCR) and additional proposed amendments and repeal of specific sections. The Board is proposing amendments to

CCR sections 1638 and 1659.31. The Board is also proposing to repeal Title 16, CCR sections 1639 and 1640.

Policy Issues

The overarching policy change is to shift from a manual review by staff of every CME prior to each licensee's renewal to an automated process that involves licensees certifying compliance with CME requirements and being able to self-renew online; while staff follows up with audits of CMEs after the renewal to determine compliance. If the audit determines that the licensee did not comply with CME requirements, the licensee will be subject to citation, fine and abatement order that requires completion of the deficient CMEs as a condition of renewal at their next renewal.

Another policy issue being addressed in this proposed revised language, is to update the relevant regulatory sections to comply with the statutes that have changed through the years. In response to the fact that each year appears to bring new statutory requirements, the Board has decided to add statutory requirements to the relevant regulatory sections rather than create a single form that would need to be updated every year.

Proposed Solution

Updating the CME requirements, reporting, adding audit authority and non-compliance consequences is accomplished through amending Title 16, CCR sections 1635, 1636, 1641, and 1659.31. The rest of the amendments including repeals bring the regulatory sections into compliance with the current statutes related to CMEs. The amendment of section 1638 is needed to reflect the amendments to section 1635. The two sections being repealed reflect that those sections and their requirements are obsolete and in some instances conflict with the statutes governing CME requirements.

Section 1635. This section specifies the CME requirements for continued licensure. As amended it updates the requirements to reflect statutory changes through the years.

Section 1636. This section lists the required and acceptable documentation of CME and authorizes the Board to audit licensees for CME compliance.

Section 1641. This section provides the sanctions for non-compliance.

Section 1659.31. This section is updated to allow the Board to cite and fine and issue abatement orders for violations of 1641.

Section 1638. Section 1638 (a) provides that licensees with an inactive status are exempt from the CME requirement for renewing their license as an inactive status. Subsection (b) sets forth the CME requirements for licensees wanting to change their status from inactive to active. Subsection (c) refers to the CME requirements listed in 1635 (e) which no longer contains the

CME categories that are currently referenced. For this reason, it is obsolete and should be deleted.

Section 1639. This section defines CME categories, which through the years has been revised by statutory amendments rendering this section obsolete and in conflict with the current statutory requirements for CME. For this reason, the entire section is recommended to be repealed.

Section 1640. This section provides the criteria for approval of CME programs. While the Board has the authority to approve CME and CME providers, it has not done so for decades because it has always relied on the American Osteopathic Association (AOA) to approve CME and CME providers. This entire section is obsolete because the Board will never want to be in the business of approving CME nor approving CME providers. The Board has always felt that the AOA, not the Board, is the expert in approving and accrediting CME and CME providers. The other reason for repealing this section is that it contains obsolete references to 1635 (e), which has been changed and it references section 1639, which we recommend be repealed.

Discussion

CME Requirements

The Board initially approved amendments and deletions in section 1635 (a), (b), (c) that updated the CME requirements and to comply with the statute. The CME requirements are detailed in Business and Professions Code section 2454.5. There are several reasons to simply citing the statute. First, the statute does list the CME categories and requirements. Second, citing the statute allows for future changes without necessitating promulgating a regulatory change each time and provides more enduring guidance than if these requirements are listed in this section. Third, it avoids a conflict with the statute.

What is new to section 1635 is the revised subsection (d) that details both the one-time mandatory CME and ongoing CME requirements. The one-time mandatory CME has changed since 2018 to modify the subject of the mandatory courses so this section needs to be updated with those changes. Additionally, the Legislature added an ongoing mandatory CME requirement that must be completed for each renewal cycle in “risk of addition associated with use of schedule II drugs,” which needs to be included in this section to update the CME requirements.

Also new is the revised subsection (e) that details which licensees are otherwise exempt from CME requirements and provides the definition of “direct patient care” to clarify who may be eligible for an CME exemption while maintaining an active license. To clarify, inactive licensees are also exempt from the CME requirement, but that exemption is provided in section 1638. Subsection (e) provides a list of licensees that would be exempt from CME requirements: pathologists and radiologists, licensees not engaged in direct patient care nor provide patient consultations, licensees that do not reside in California.

Required Documentation and Audit Requirements

Section 1636 defines the disclosure requirements for this section. Specifically, it provides the list of acceptable documentation required by the Board to be retained and submitted to the Board as proof of compliance with the CME requirements. The documentation retains prior acceptable documentation language and adds specific documentation and information required for the audit. Subsection (c) provides the Board with the authority to audit licensees and request documentation of their CMEs completed that meets the CME requirements. A new requirement was added to this subsection that requires licensees to respond to an audit request by the board within 65 days from the date of the Board's request. Subsection (d) adds the requirement of licensees to retain their CME documentation for six years from the completion date of the course(s).

More specific language about CME requirements was added to this section in order provide licensees with notice of what CMEs are required and specifically what information is required in such documentation. The prior version of this section did not contain details of exact information and CMEs required because there was not audit requirement. Adding the audit requirement requires more specific detail on the CMEs, documentation, and information to be provided to the Board in response to an audit request by the Board.

As part of the disclosure requirements, 1636 (b) (6) requires that licensees certify under penalty of perjury that the statements in the disclosures that will be used in the audit to determine compliance.

Sanctions for Non-Compliance

Section 1641 contains the consequences of non-compliance. Very few revisions were made to this section from prior versions approved by the Board. This section does update the reference to CME requires to be the entire 1635 not just subsection d. Non-compliance has always been considered unprofessional conduct, but citation and fine was added as a possible consequence for non-compliance. What is new is language that requires compliance with documentation requirements added to section 1636. Thus, it constitutes unprofessional conduct if either sections 1635 or 1636 are violated.

Section 1659.30 provides the Board with its authority to issue citations, fines, and abatement orders for specified statutory and regulations violations. What is new is the addition of section 1641 to this section. Adding 1641 to 1659.30 authorizes the Board to issue citations, fines, and abatement orders pursuant to section 1641 for CME non-compliance.

Clean-up Revisions

Revisions made to Sections 1638, 1639, 1640 are necessary to update the sections to comply with Business and Professions Code (BPC) 2454.5 and to comply with currently proposed changes to CME requirements and documentation and audit requirements being added to sections 1635 and 1636.

Section 1638 (a) specifies that licensees with inactive status are exempt from CME requirements. Subsection (b) provides the CME requirements for inactive licensees wanting to

return to active licensure status. Those subsections are not proposed for revision. However, subsection (c) that refers to the CME requirements of 1635 (e) is obsolete and conflicts with BPC 2454.5 and is being recommended to be repealed. To clarify, just subsection (c) is being repealed.

Section 1639 defines CME requirements. However, as a result of statutory changes to BPC 2545.5 and revisions to 1635, this section is obsolete and conflicts with both the statute and regulatory section related to CME requirements. Since BPC 2454.5 lists the CME requirements including categories there is no longer a need to have a regulatory section specify CME requirements. For these reasons, the entire section of 1639 is being proposed to be repealed.

Section 1640 provides the Board with the authority to approve CME programs and CME providers and specifies the criteria for both. Since the Board has always relied on the AOA for approving CME and CME providers, the Board has no need to have this approval authority. Additionally, it contains references to regulatory sections that are being updated, which would otherwise have to be amended if it were not being repealed. It is cleaner to simply repeal this entire section that the Board does not intend to use in the future for clean-up purposes.

Recommendation

Approve proposed revisions to the regulatory sections 1635, 1636, 1641,1659.31, 1638, 1639, 1640.

Addendum

PROPOSED REGULATORY LANGUAGE for Continuing Education Requirements

DEPARTMENT OF CONSUMER AFFAIRS
Title 16. OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

PROPOSED REGULATORY LANGUAGE

Continuing Education Requirements

The amendment format is as follows: Existing language remains unchanged; proposed changes to regulation text are indicated in single underline for additions and single ~~strike through~~ for deletions.

The Osteopathic Medical Board of California hereby proposes to amend its regulations in Sections 1635, 1636, 1638, 1641, and 1659.31, and repeal Sections 1639 and 1640 of Division 16 of Title 16 of the California Code of Regulations to read as follows:

§1635. Required Continuing Medical Education (CME).

(a) Each osteopathic physician and surgeon submitting the tax and registration fee shall submit satisfactory proof to the Board of ongoing compliance with the provisions of this article at the times specified herein.

(b) ~~Commencing January 1, 1989, a~~ As a condition of renewal, each osteopathic physician and surgeon shall complete 150 hours within a three-year period shall complete the continuing medical education (CME) requirements set forth in Section 2454.5 of the Code and this section during the two years immediately preceding their license expiration date, unless otherwise provided in this section. to satisfy the CME requirement; †This three two-year period is defined as the “CME requirement period.” Each osteopathic physician and surgeon shall provide satisfactory documentation of their CME completion to the Board as specified in Section 1636.

(c) ~~The requirement of 150 hours during the three-year CME requirement period shall include a minimum of 60 hours of CME in Category 1 A or 1 B defined by the American Osteopathic Association (AOA). The balance of the CME requirement of 90 hours may consist of CME as defined by either the American Osteopathic Association (AOA) or the American Medical Association (AMA) and may be completed within the entire three-year CME requirement period.~~

(cd) ~~Effective January 1, 1989, the three-year CME period shall commence for those licensed on or before January 1, 1989. For †those osteopathic physicians and surgeons licensed subsequent to on or after January 1, 1989~~2022, the initial CME requirement period shall commence their three-year CME requirement period on a prorata basis commencing the first full calendar year subsequent to initial licensure shall be from the date of initial licensure to the first license expiration date. Subsequent three two-year

CME requirement periods shall not include CME earned during a preceding ~~three~~two-year CME requirement period.

(d) In addition to meeting the requirements of subsection (b), as a condition of renewal, unless otherwise exempted as specified in this section, all osteopathic physicians and surgeons shall complete the following:

(1) a one-time, 12-hour CME course in pain management and the treatment of terminally ill and dying patients meeting the requirements of this section and Section 2190.5 of the Code within four years of their initial license or by their second renewal date, whichever occurs first.

(A) At a minimum, course content for a course in pain management and the treatment of terminally ill and dying patients shall include the practices for pain management in medicine, palliative and end-of-life care for terminally ill and dying patients, and the risks of addiction associated with the use of Schedule II drugs.

(B) For the course component involving the risks of addiction associated with the use of Schedule II drugs mentioned in subsection (d)(1)(A), at a minimum, the course content shall include regulatory requirements for prescribers and dispensers, strategies for identifying substance use, and procedures and practices for treating and managing substance use disorder patients.

(C) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(2) a course on the risks of addiction associated with the use of Schedule II drugs that contains, at a minimum, the course content specified in subsection (d)(1)(B).

(A) CME hours earned in fulfillment of this requirement shall be counted by the Board towards the total CME hours each osteopathic physician is required to complete during each CME requirement period as provided by Section 2454.5 of the Code.

(B) The Board shall deem this requirement to be met for the applicable CME requirement period if the osteopathic physician completed the 12-hour CME course specified in subsection (d)(1) during that CME requirement period.

~~(e) Category 1-A, or other CME is defined by the American Osteopathic Association (AOA), set forth in the American Osteopathic Association's "Continuing Medical Education Guide," and is hereby incorporated by reference and can be obtained from the AOA at 142 E. Ontario Street, Chicago, IL 60611; it is published once every three years by the AOA most recently in 1992. Category 1 defined by the American Medical Association is set forth in "Physicians Recognition Award Information Booklet," and is hereby incorporated by reference and can be obtained from the American Medical Association, 515 North State Street, Chicago, IL 60610; it is published on an occasional basis by the AMA, most recently in January, 1986.~~

(e) Osteopathic physicians and surgeons ("physicians") meeting any of the following criteria at the time of renewal shall be deemed exempt from the requirements of subsection (d)(1):

- (1) Physicians practicing in pathology or radiology specialty areas as required by Section 2190.5 of the Code.
- (2) Physicians not engaged in direct patient care, meaning no personal or face-to-face interaction with the patient, including health assessments, counseling, treatments, patient education, prescribing or administering medications, or any task authorized by the Act or described in Sections 2051 or 2052 of the Code that involves personal interaction with the patient.
- (3) Physicians that do not provide patient consultations, or,
- (4) Physicians that do not reside in the State of California.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018, 2190.5, 2454.5 and 3600-1, Business and Professions Code.
Reference: Section 2190.5, 2452, 2454.5, Business and Professions Code.

§1636. Continuing Medical Education Progress Report Documentation.

(a) Osteopathic Pphysicians and surgeons shall report the total number of continuing medical education (CME) hours as provided in subsection (b) to the Board with the renewal application. This may be accomplished by:

~~(a) The physician sending the Board a copy of their computer printout of CME activity as compiled from documents submitted to the AOA Division of Continuing Medical Education by both sponsors and the physician (Individual Activity Report) which will list the amount of CME credit hours, or~~

~~(b) Sending the Board copies of any certificates given for the CME credit hours of attendance at any program approved by the Board, or~~

~~(c) Reports from any program approved by the Board, to be furnished by the physician, showing his CME credit hours of attendance hours as verified by the program organizer.~~

~~(d) CME categories are defined by Section 1635(e).~~

(b) For the purposes of Section 1635, satisfactory documentation shall mean a written statement to the Board, signed and dated by the osteopathic physician and surgeon (“licensee”), that includes disclosures of all of the following:

(1) The following personally identifying information:

(A) Licensee’s full legal name (first, middle, last, suffix (if any)),

(B) Licensee’s license number,

(C) Mailing address,

(D) Telephone number; and,

(E) Email address, if any.

(2) Whether during the two years immediately preceding their license expiration date, the licensee completed a minimum of 50 hours of American Osteopathic Association (AOA) CME, of which at least:

(A) 20 hours were completed in AOA Category 1 CME as defined in Section 2454.5 of the Code, and,

(B) the remaining 30 CME hours were earned for coursework accredited by either the AOA or the American Medical Association (AMA).

(3) Whether within four years of their initial licensure or by their second renewal, the licensee completed a one-time 12-hour CME course in the subjects of pain management and the treatment of terminally ill or dying patients (“pain management course”) as specified by Section 1635.

(4) If the licensee has not completed the pain management course referenced in subsection (b)(3), whether the licensee meets any of the following criteria:

(A) The licensee is practicing in pathology or radiology specialty areas,

(B) The licensee is not engaged in direct patient care as defined in Section 1635,

(C) The licensee does not provide patient consultations, or,

(D) The licensee does not reside in the State of California.

(5) Whether during the two years immediately preceding their license expiration date, the licensee completed a course on the risks of addiction associated with the use of Schedule II drugs as specified in Section 1635, including a course in pain management as referenced in subsection (b)(3).

(6) A certification by the licensee under penalty of perjury under the laws of the State of California that all statements made in response to disclosures required by subsections (b)(1)-(5) are true and correct.

(c) Licensees who have reported CME compliance as specified in this section shall be subject to random audit of their CME hours. Within 65 days of the date of the Board's written request, those licensees selected for audit shall be required to document their compliance with the CME requirements of this article and shall be required to respond to any inquiry by the Board regarding compliance with this article and/or provide to the Board the records retained pursuant to subsection (d).

(d) Each licensee shall retain documents demonstrating compliance as provided in this subsection for each CME requirement period for six years from the completion date of the course(s) claimed as credit towards satisfaction of the requirements of Section 1635. Those licensees selected for audit shall be required to submit documentation of their compliance with the CME requirements as specified by this article. Documents demonstrating compliance include any of the following:

(1) A copy of their individual CME Activity Summary report as compiled from documents submitted to the AOA's Continuing Medical Education Program by both sponsors and the licensee which includes, at a minimum, all of the following on official AOA letterhead or other document issued by the AOA bearing an AOA insignia:

(A) Licensee's name;

(B) Licensee's license number, and,

(C) All CME course credits reported to the AOA during the relevant CME reporting requirement period, including: (i) CME course or activity name, (ii) CME sponsor/provider name, (iii) CME credit type (e.g., Category type, for example Category 1A or 1B), (iv) CME credit hours earned or each course or activity by the licensee and submitted by the licensee for AOA approval, (v) all credits applied or accepted by the AOA by course or activity, (vi) and completion dates for each CME course or activity.

(2) Copies of any transcripts or certificates of completion from a CME course provider accredited by the AOA or AMA which list, at a minimum, all of the following:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance,

(E) the name of the CME provider, and,

(F) For AOA accredited courses, CME credit type (e.g. Category type, for example Category 1A or 1B).

(3) For AMA accredited CME course hours earned, reports from any CME course provider accredited by AMA, to be furnished by the licensee, and listing at a minimum:

(A) the name of the licensee,

(B) the title of the course(s)/program(s) attended,

(C) the amount of CME credit hours earned,

(D) the dates of attendance, and,

(E) the name of the CME provider.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 2018 and 3600-1, Business and Professions Code. Reference: Sections 2190.5, ~~and~~ 2452 and 2454.5, Business and Professions Code.

§1638. CME Requirement for Inactive Certificate.

(a) The holder of an inactive certificate is exempt from CME requirements.

(b) In order to restore a certificate to active status the licensee shall have completed a minimum of 20 hours Category 1-A as defined by the American Osteopathic Association (AOA) during the 12-month period immediately preceding the licensee's application for restoration.

~~(c) CME categories are defined by sections 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (initiative Measure, Stats. 1223, p. xciii), Section 1: and Sections 2454.5, and 3600-1, Business and Professions Code. Reference: Sections 704, and 2454.5, Business and Professions Code.

§1639. Approved Continuing Medical Education.

The following CME programs are approved for credit:

~~(a) Those programs certified by the American Osteopathic Association (AOA) as category I and II credit and those certified by the American Medical Association (AMA) as category I.~~

~~(b) Those programs which qualify for prescribed credit from the AOA specialty groups.~~

~~(c) Those programs meeting the criteria set forth in Section 1640 and offered by other organizations and institutions.~~

~~(d) CME categories are defined by Section 1635 (e).~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1223, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190, and 2452, Business and Professions Code.

§1640. Criteria for Approval of CME Programs.

~~(a) Each program in which a license participates shall be administered in a responsible, professional manner.~~

~~(b) Programs referred to in Section 1639 (c) shall be measured on a clock hour to clock hour basis and shall meet the following criterial in order to be approved.~~

~~(1) Faculty: the program organizer shall have a faculty appointment in an educational institution accredited or approved pursuant to the Education Code Section 94310 or 94312, or be qualified in other specialized fields directly related to the practice of medicine. The curriculum vitae of all faculty members and organizers shall be kept on file by the program organizer.~~

~~(2) Rationale: The need for the program and how the need was determined shall be clearly stated and maintained on file by the program organizer.~~

~~(3) Program Content: Program content shall be directly related to patient care, community or public health.~~

~~(4) Education Objectives: Each program shall clearly state educational objectives that can be realistically accomplished within the framework of the program.~~

~~(5) Method of Instruction: Teaching methods for each program shall be described, e.g., lecture, seminar, audio-visual, simulation, workshops or other acceptable modalities.~~

~~(6) Evaluation: Each program shall include an evaluation method which documents that educational objectives have been met, e.g., written evaluation by each participant (questionnaire).~~

~~(7) Course organizers shall maintain a record of attendance of each participant.~~

~~(c) The Board will randomly audit courses or programs submitted for credit in addition to any course or program for which a complaint is received. If an audit is made, course organizers will be asked to submit to the Board:~~

~~(1) Organizer(s) faculty curriculum vitae;~~

~~(2) Rationale for course;~~

~~(3) Course content;~~

~~(4) Educational objectives;~~

~~(5) Teaching methods;~~

~~(6) Evidence of evaluation;~~

~~(7) Attendance records.~~

~~(d) Credit toward the required hours of continuing education will not be received for any course deemed unacceptable by the Board after an audit has been made pursuant to this section.~~

~~Note: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 2190 and 2452, Business and Professions Code.~~

§1641. Sanctions for Noncompliance.

(a) Any osteopathic physician and surgeon who has not satisfied the CME requirements completed 150 hours of approved CME or the prorated share pursuant to Section 1635(d) during the three two-year CME requirement period will be required to make up any deficiency unless a waiver is obtained pursuant to Section 1637. Any physician and

surgeon who fails to complete the deficient hours or provide satisfactory documentation of CME completion as provided in Section 1636 shall be ineligible for renewal of ~~his or her~~their license to practice medicine until such time as the deficient hours of CME are documented to the Board.

(b) It shall constitute unprofessional conduct and grounds for a citation and fine or disciplinary action, including the filing of an accusation, for any osteopathic physician and surgeon to misrepresent ~~his or her~~ their compliance with the provisions of this article, to fail to provide accurate or complete information in response to a Board inquiry, or who fails to comply with the provisions of this article.

~~(c) Each physician shall retain records for a minimum of four years of all CME programs attended which indicate the title of the course or program attended, dates of attendance, the length of the course or program, the sponsoring organization and the accrediting organization, if any.~~

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p. xciii), Section 1; and Sections 125.9, 2018, 2454.5 and 3600-1, Business and Professions Code.
Reference: Sections 125.9, 2452 and 2454.5, Business and Professions Code.

§ 1659.31. Citable Offenses.

The amount of any fine to be levied by the executive director shall take into consideration the factors listed in subdivision (b)(3) of Section 125.9 of the code and also the extent to which such person has mitigated or attempted to mitigate any damage or injury caused by the violation. The fine shall be within the range set forth below.

(a) The executive director may issue a citation under section 1659.30 for a violation of the provisions listed in this section or upon any other grounds listed in Section 1641. The fine for a violation of the following code sections shall not exceed \$2500, except as specified in items 34 and 41 below:

- (1) Business and Professions Code Section 119
- (2) Business and Professions Code Section 125
- (3) Business and Professions Code Section 125.6
- (4) Business and Professions Code Section 475(a)(1)
- (5) Business and Professions Code Section 490
- (6) Business and Professions Code Section 580

- (7) Business and Professions Code Section 581
- (8) Business and Professions Code Section 582
- (9) Business and Professions Code Section 583
- (10) Business and Professions Code Section 650
- (11) Business and Professions Code Section 651
- (12) Business and Professions Code Section 654
- (13) Business and Professions Code Section 654.1
- (14) Business and Professions Code Section 654.2
- (15) Business and Professions Code Section 655.5
- (16) Business and Professions Code Section 655.6
- (17) Business and Professions Code Section 702
- (18) Business and Professions Code Section 730
- (19) Business and Professions Code Section 732
- (20) Business and Professions Code Section 802(b)
- (21) Business and Professions Code Section 802.1
- (22) Business and Professions Code Section 810
- (23) Business and Professions Code Section 2021
- (24) Business and Professions Code Section 2052
- (25) Business and Professions Code Section 2054
- (26) Business and Professions Code Section 2216
- (27) Business and Professions Code Section 2216.1
- (28) Business and Professions Code Section 2216.2
- (29) Business and Professions Code Section 2221.1

- (30) Business and Professions Code Section 2236
- (31) Business and Professions Code Section 2238
- (32) Business and Professions Code Section 2240
- (33) Business and Professions Code Section 2243
- (34) Business and Professions Code Section 2244 (\$1,000)
- (35) Business and Professions Code Section 2250
- (36) Business and Professions Code Section 2255
- (37) Business and Professions Code Section 2256
- (38) Business and Professions Code Section 2257
- (39) Business and Professions Code Section 2259
- (40) Business and Professions Code Section 2261
- (41) Business and Professions Code Section 2262 (\$500)
- (42) Business and Professions Code Section 2263
- (43) Business and Professions Code Section 2264
- (44) Business and Professions Code Section 2266
- (45) Business and Professions Code Section 2271
- (46) Business and Professions Code Section 2272
- (47) Business and Professions Code Section 2276
- (48) Business and Professions Code Section 2285
- (49) Business and Professions Code Section 2415
- (50) Business and Professions Code Section 2454.5
- (51) Business and Professions Code Section 2456.1

(52) Business and Professions Code Section 17500

(53) Health and Safety Code Section 123110

(54) Title 16 Cal. Code Regs. 1604

(55) Title 16 Cal. Code Regs. 1633

(56) Title 16 Cal. Code Regs. 1685

(b) Notwithstanding the administrative fine amounts specified in subsection (a), a citation may include a fine between \$2501 and \$5000, if one or more of the following circumstances apply:

1. The citation involves a violation that has an immediate relationship to the health and safety of another person;
2. The cited person has a history of two or more prior citations of the same or similar violations;
3. The citation involves multiple violations that demonstrate a willful disregard of the law;
4. The citation involves a violation or violations perpetrated against a senior citizen or a disabled person.

NOTE: Authority cited: Osteopathic Act (Initiative Measure, Stats. 1923, p.cxxiii), Section 1; and Section 3600-1, Business and Professions Code. Reference: Sections 125.9 and 148, Business and Professions Code.