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MEMORANDUM

DATE	August 17, 2023
ТО	Board Members
FROM	Terri Thorfinnson, Administrative Services Manager
RE:	AB 1369 Proposed Public Safety Amendment Handout 3

Background:

The board took an oppose position on AB 1369. Subsequently staff contacted the author and explained the Board's opposition prior to the hearing. The Board submitted a letter of opposition to the Senate Business and Professions and Economic Development Committee prior to the hearing and the Committee included the entirety of the letter in the bill analysis. The board testified at the committee hearing in opposition to the bill along with the Medical Board.

Both committees requested that the author address the lack of public safety safeguards in the bill. Both committees were sympathetic to the situation that inspired the bill. After the last policy committee hearing, MBC and OMBC draft compromise language that addressed the public safety concerns lacking in the bill.

Discussion

The author has been presented with compromise language that would address both Boards public safety concerns with creating a gigantic loophole in the scope of practice definition section of the Business and Professions Code section 2052. As part of the negotiations the Boards offered to change their position from opposition to support if amended or neutral if all of the proposed amendment language was accepted and put into the law. The proposed language below essentially creates an expedited processing category for to expedite the license processing and issuance for applicants assisting terminally ill patients. The author has not yet determined whether to accept the proposed language, but if after the Board meeting the author acts on the language and adopts in in its entirety, then the Board would need to have a board approved position change and approval of the proposed language. Again, this recommendation to change the Board's position from oppose to either "neutral" or "support if amended" is conditional on the author accepting the entirety of the proposed language.

The proposed language removes the contents of the bill from the scope of practice BPC section 2052 and places it in a more appropriate section of the bill that does not create a loophole in

either the scope of practice of medicine and is it placed in a BPC section <u>2092</u> that provides for expedited license processing for those working in designated medically underserved areas. It creates a new section in the BPC code section 2092.5.

Proposed Public Safety Amendments as an alternative to <u>AB 1369</u>:

Replace all <u>current language in the bill</u> with the following:

SECTION 1. Section 2092.5 is added to the Business and Professions Code, to read:

2092.5. (a) The Board shall expedite the processing of an application for a physician's and surgeon's certificate that meets the following conditions:

- (1) The applicant is a physician and surgeon with a current and active license in another state who has no history of prior discipline and certifies their intention and competency to treat the individual described in (a)(2).
- (2) Submits to the board a letter signed by an individual who is a resident of this state indicating that they wish to receive medical services from the applicant related to their terminal disease or condition.
- (3) Submits to the board a letter signed by a physician and surgeon licensed by the board indicating that the licensee has diagnosed the individual described in (a)(2) with a terminal disease or condition.
- (b) For purposes of this section, "terminal disease or condition" means an incurable and irreversible disease that will, within reasonable medical judgment, result in death within 12 months.
- (c) At any time, the board may contact the applicant to verify the patient's diagnosis.

Recommendation:

- 1. Approve the proposed language above.
- 2. Approve a conditional change in position on the bill that is conditioned on the author accepting the proposed amendments in its entirety in the bill. That position could be "neutral" or Support if Amended" based on the Board's preference.