

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA

# NOVEMBER 14, 2024

Quarterly Board Meeting



Department of Consumer Affairs  
2005 Evergreen St.  
HQ3 - Hearing Room  
Sacramento CA 95815





## QUARTERLY BOARD MEETING AGENDA

### MEMBERS OF THE BOARD

#### **President**

Denise Pines, MBA

#### **Vice President**

Andrew Moreno, Esq.

#### **Secretary**

Gor Adamyan

John M. Cummins, J.D.

Brett Lockman, D.O.

Hemesh Patel, D.O.

Matthew Swain, D.O.

Department of Consumer Affairs-HQ3  
2005 Evergreen Street (Hearing Room)  
Sacramento, CA 95815

(916) 928-8390 Office Main Line

**Thursday, November 14, 2024**

**9:00 a.m. – 5:00 p.m.**

(or until the conclusion of business)

Public WebEx/Telephone Access – See Attached  
Meeting Information

**MEETING TIMES AND ORDER OF AGENDA ITEMS ARE  
SUBJECT TO CHANGE**

### **Action may be taken on any item listed on the agenda**

While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to limitation on resources or technical difficulties.

Please see Meeting Information section for additional information on public participation.

**The Osteopathic Medical Board of California (Board) will meet in-person in accordance with Government Code section 11123, subdivision (a).**

### **OPEN SESSION**

1. Call to Order/Roll Call / Establishment of a Quorum
2. Reading of the Board's Mission Statement – *Erika Calderon, Executive Director*
3. Review and Possible Approval of the August 2024 Board Meeting Minutes-  
*Beth Dutchler, Associate Governmental Program Analyst*
4. Public Comment on Items Not on the Agenda-Denise Pines, MBA  
*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).)*
5. President's Report – *Denise Pines, MBA*
6. Board Member Communications with Interested Parties – *Denise Pines, MBA*



7. Intergovernmental Relations Reports and Administrative Services Update
  - A. DCA Update – *Ryan Tacher, Legislative Project Manager, Division of Legislative Affairs, DCA*
  - B. Budget Update – *Kristen Cox and Harmony DiFilippo, Budget Office, DCA*
8. Attorney General Presentation on the Disciplinary Process-*Karolyn Westfall, Deputy Attorney General and Gloria Castro, Senior Assistant General of Health Quality Enforcement Section Civil Division, Attorney General's Office*

<b>BREAK</b>
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9. Executive Director's Report – *Erika Calderon*  
Administrative Services, including personnel, and technology updates
10. Licensing Program Summary, including licensing unit updates, and statistics – *Dina Ruprecht, Licensing Analyst*
11. Administrative Services Program Summary, including Administrative Services unit updates, and statistics – *Terri Thorfinnson, Administrative Services Program Manager*
12. Enforcement Program Summary, including enforcement unit updates, and statistics – *Cristy Livramento, Enforcement Analyst*
13. Probation Program Summary, including probation unit updates and statistics-*Ralph Correa, Probation Monitor*

<b>LUNCH</b>
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14. Discussion and Possible Action on Legislation – *Terri Thorfinnson, Administrative Services Program Manager*

**2024 Legislation for Board to Consider Taking Possible Action**

[SB 233](#) (Skinner) Abortions and abortion-related care for Arizona patients

[SB 1451](#) (Ashby) Title Protection Physician and Surgeons

[AB 2164](#) (Berman) Impairment Question on Applications

[AB 1991](#) (Bonta) HCAI Survey: Healing Arts: Workforce Data

[AB 2862](#) (Gipson) Expedite license for African American Applicants

[AB 2270](#) (Maienschein) CME: Menopausal Mental Health or Physical Health

[AB 2581](#) (Maienschein) CME: Maternal Mental Health

[AB 2442](#) (Zbur) Expedite License: Gender Affirming Care or Mental Health

[AB 3119](#) (Low) Long Covid CME

[SB 639](#) (Limon) CME: Special Needs of Dementia Patient Care

[AB 3030](#) (Calderon) Health Care Services: AI disclosure

[SB 607](#) (Portantino) Controlled Substance: Patient Education: Adults

[SB 636](#) (Cortese) Workers' Compensation Utilization Review

[AB 3127](#) (McKinnor) Mandatory Reporting: Physicians

[SB 1067](#) (Smallwood Cuevas) License Expedite for medically underserved areas within Healing Arts Boards

[AB 2269](#) (Flora) Board Membership: Conflict of Interest

[SB 1012](#) (Weiner) Psychedelic Facilitators: Establish Regulatory Body

[AB 3146](#) (Essayli) Prohibition of Sex Re-Assignment for Minor

15. Rulemaking Update-2024 Rulemaking for Pending or Proposed Regulations-*Terri Thorfinnson, Administrative Services Program Manager*
16. Establishment of Executive, Legislative, Licensing, Enforcement, and Education/ Outreach Committees- *Denise Pines, MBA*
17. Future Agenda Items and Meeting Dates-*Denise Pines, MBA*

<b>CLOSED SESSION</b>
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Deliberation on disciplinary matters, including proposed decision, non-adopt proposed decisions, and stipulations (Government Code section 11126 (c)(3).)

18. Adjournment



### **Meeting Information**

The Osteopathic Medical Board of California will hold a public meeting via WebEx Events. To participate in the WebEx Events meeting, please log on to this website on the day of the meeting:

<https://dca-meetings.webex.com/dca-meetings/j.php?MTID=m43e452e7fca71474211de86d723a3fea>

#### **If joining by phone**

+1-415-655-0001 US Toll  
Access code: 2493 596 8685  
Passcode: 66221114

Members of the public may but are not obligated to provide their names or personal information as a condition of observing or participating in the meeting. When signing into the WebEx platform, participants may be asked for their name and email address. Participants who choose not to provide their names will need to provide a unique identifier such as their initials or another alternative, so that the meeting moderator can identify individuals who wish to make public comment; participants who choose not to provide their email address may utilize a fictitious email address like in the following sample format: [XXXXX@mailinator.com](mailto:XXXXX@mailinator.com).

**Please Note:** Because there is an audio delay, if you are participating by phone and simultaneously watching the Webcast, the Board requests you turn off the sound to the Webcast for improved clarity.

**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, and any available Board meeting materials, can be accessed on the Board's website at [www.ombc.ca.gov](http://www.ombc.ca.gov)**

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](mailto: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.



# Agenda Item 3

Meeting Minutes







**Draft-Osteopathic Medical Board of  
California Board Meeting Minutes  
May 16, 2024**

**MEMBERS  
PRESENT:**

Denise Pines, MBA, *Board President*  
Andrew Moreno, Esq., *Vice President*  
Gor Adamyan, *Secretary*  
Brett Lockman, D.O.  
Hemesh Patel, D.O.  
Matthew Swain, D.O.

**MEMBERS  
ABSENT:**

John M. Cummins, J.D.

**STAFF  
PRESENT:**

Erika Calderon, *Executive Director*  
Yuping Lin, *Attorney, Legal Counsel DCA*  
Machiko Chong, *SSM I, Licensing Program Unit*  
Terri Thorfinnson, *SSM I, Administrative Program Unit*  
Ralph Correa, *Probation Monitor*

**MEMBERS OF  
THE AUDIENCE:**

Michelle Monserrat-Ramos, *Consumer Watchdog*  
Maria Ibarra-Navarrette, *Consumer Watchdog*  
Tracy Dominguez, *Consumer Watchdog*  
Holly Macriss, *Executive Director, Osteopathic Physician and Surgeons of California (OPSC)*  
Melissa Gear, *Deputy Director, Board and Bureau Relations*  
Judie Bucciarelli, *SSMI, DCA Executive Office*  
Harmony DeFilippo, *DCA Budgets*  
Kirsten Cox, *DCA Budgets*

## **Agenda Item 1    Call to Order / Roll Call / Establishment of a Quorum**

The Board Meeting of the Osteopathic Medical Board of California (OMBC) was called to order by Madame President, Denise Pines at 9:06 a.m. The meeting was held at California Health Sciences University, 2500 Alluvial Ave (Classroom 179) Clovis, CA 93611.

Machiko Chong, SSM I, called roll and determined a quorum was present. Due notice was provided to all interested parties.

## **Agenda Item 2    Reading of the Board's Mission Statement - *Erika Calderon, Executive Director***

Erika Calderon, Executive Director, read the Board's mission statement.

## **Agenda Item 3    Review and Possible Approval of the January 2024 Board Meeting Minutes - *Beth Dutchler, Associate Governmental Program Analyst***

Agenda Item 3 can be found [here](#). The full audio of the Agenda Item 3 can be heard [here](#).

Madame President called for a motion to adopt the minutes.

**Motion** – Mr. Moreno

**Second** – Dr. Lockman

Roll Call Vote Taken

- Lockman – Aye
- Moreno – Aye
- Pate – Obstain
- Pines – Aye
- Swain – Aye

**Motion carried to adopt the August 2024 Board Meeting Minutes.**

No comments from the Board Members or public in attendance.

The following comments from the public attending remotely can be heard [here](#).

Comments were made by:

Michele Monserratt-Ramos, Consumer Watchdogs

Maria Ibarra-Navarrette, Consumer Watchdogs

## **Agenda Item 4    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).)*

Madame President opened public comment for items not on the agenda and reminded the public and the Board Members that comments are welcome under the open

meetings act. The Board may not take action on issues raised by public comment that are not on the agenda other than to decide if the issue will be added to a future meeting. The full audio of Agenda Item 4 can be heard [here](#).

No comments from the public in attendance.  
No comments from the public online.

#### **Agenda Item 5    President's Report - *Denise Pines, MBA***

Madame President Pines addressed the President's Report. The Board has worked hard in the first quarter to meet objectives for enhancing consumer protection and the Board is dedicated to advancing consumer protection goals. Erika Calderon has been instrumental in shaping meeting agendas and progressing Board projects.

Madame President Pines took a moment to acknowledge two Board Members and their service. The Board would like to thank Dr. Michael Kim, D.O. and Dr Michael Luszczak, D.O. for their service to the Board and the public.

Madame President Pines introduced three new Board Members, Mr. John Cummins, Dr. Matthew Swain, and Dr. Brett Lockman. All new Board Members were sworn in.

The full audio of Agenda Item 5 can be heard [here](#).

No comments from the public in attendance.  
No comments from the public online.

#### **Agenda Item 6    Board Member Communications with Interested Parties - *Denise Pines, MBA, Board President***

Madame President Pines asked the Board Members if they had any disclosures to announce.

The full audio of Agenda Item 6 can be heard [here](#).

No comments from the public in attendance.  
No comments from the public online.

#### **Agenda Item 7    Executive Director's Report - *Erika Calderon Administrative services, including personnel, and technology updates***

Executive Director, Erika Calderon, provided updates on the Board's personnel, administrative functions and projects. The Board Meeting materials for Agenda Item 7 can be found [here](#). The full audio of Agenda Item 7 can be found [here](#).

Madame President Pines opened comments for Agenda Item 7.

Comments from the Board Members can be heard [here](#).

Comments were made by:

- Ms. Pines, Board President
- Dr. Patel, Board Member
- Ms. Calderon, Executive Director
- Mr. Moreno, Board Member



Comments from the public in attendance can be heard [here](#).

Comments were made by:

Holly Macriss, Executive Director, Osteopathic Physician and Surgeons of California (OPSC)

Comments from the public attending remotely can be heard [here](#).

Comments were made by:

Michele Monserratt-Ramos, Consumer Watchdog

Kimberly Turbin, Consumer Watchdog

Tracy Dominguez, Consumer Watchdog

Maria Ibarra- Navarrette, Consumer Watchdog

## **Agenda Item 8 Intergovernmental Relations Reports and Administrative Services Update**

### **A. DCA Update – Judie Bucciarelli, SSML, DCA Executive Office**

Ms. Bucciarelli updated the Board on the budget position cuts, new appointments in the State, updated workplace violence prevention policy and training requirements. Board members must attend Board Member training, this will be available online and must be completed in a year of appointment. Update of the DCA Military licensing and resources. The DEI steering committee met and included discussion of training, expanding language access and inclusion in the annual report. Some Boards are expanding their languages in printed material for the consumers. There is a phishing alert for all Boards and Bureaus. Please report and incidents immediately to the Office of Information Security. The full audio of Agenda Item 8(a) can be found [here](#).

Madame President Pines opened comments for Agenda Item 8(a).

The Board Members discussed the Intergovernmental Relations and Administrative report with Ms. Bucciarelli.

No comments from the public in attendance.

No comments from the public online.

### **B. Budget Update - Harmony DiFilippo, SSML, Budget Office and Kirsten Cox, Budget Analyst, Budget Office**

Ms. Cox from the DCA's Budget Office provided an update on the Board's budget. The Board Meeting materials can be found [here](#). The full audio of Agenda Item 8(b) can be heard [here](#).

Madame President Pines opened comments for Agenda Item 8(b).

No comments from Board Members or the public in attendance.

No comments from the public online.

## **15 MINUTE BREAK**

Machiko Chong, Licensing Program Manager, called roll and determined a quorum was present.

**Agenda Item 9 Licensing Program Summary, including licensing unit updates, and statistics - *Machiko Chong, Licensing Program Manager***

Ms. Chong, Licensing Program Manager, provided a licensing unit summary, including licensing unit updates and statistics. The board meeting materials can be found [here](#), including attachment [9\(a\)](#) and [9\(b\)](#). Full audio of Agenda Item 9 can be heard [here](#).

Madame President Pines opened comments for Agenda Item 9.

Board Members discussed the Licensing Program Summary and received answers from Ms. Chong.

No comments from public in attendance.

No comments from the public online.

**Agenda Item 10 Administrative Services Program Summary, including licensing unit updates, and statistics - *Terri Thorfinnson, Administrative Services Program Manager***

Ms. Thorfinnson, Administrative Services Program Manager, provided an update on the administrative services program, which included the transition of fictitious name permits and name changes to online applications. Ms. Thorfinnson also presented the statistics for the Administrative Services Program. The board meeting materials can be found [here](#), including attachment [10\(a\)](#). Full audio of Agenda Item 10 can be heard [here](#).

Madame President Pines opened comments for Agenda Item 10.

Board Members discussed the Administrative Services Program Summary and had their questions answered by Ms. Thorfinnson and Ms. Calderon.

No comments from the public in attendance.

No comments from the public online.

**Agenda Item 11 Enforcement Program Summary, including enforcement unit updates, and statistics – *Erika Calderon, Executive Director***

Ms. Calderon gave an update on the Board's Enforcement Program, including enforcement unit updates and statistics, which was included in the board meeting material [here](#) and attachment [11\(a\)](#). The full audio of Agenda Item 11 can be found [here](#).

Madame President Pines opened comments for Agenda Item 11.

No comments from Board Members.

Comments from the public in attendance can be heard [here](#).

Comments were made by:

Holly Macriss, Executive Director, OPSC

Comments from the public attending remotely can be heard [here](#).

Comments were made by:

Tracy Dominguez, Consumer Watchdog

## **Agenda Item 12 Probation Program Summary, including probation unit updates and statistics - *Ralph Correa, Probation Monitor***

Mr. Correa, Probation Monitor, presented the total number of probationers, new probationers, non-compliant probationers, and the diversion program statistics. The licensee website and all discipline summaries are now up to date. The Board meeting materials can be found [here](#). The full audio of Agenda Item 12 can be found [here](#).

Madame President Pines opened comments for Agenda Item 12.

Board members discussed the Probation Summary and had their questions answered by Mr. Correa and Ms. Calderon

No comments from the public in attendance.

Comments from the public attending remotely can be heard [here](#).  
Comments were made by:

Michele Monserat Ramos, Consumer Watchdog

## **45 MINUTE BREAK FOR LUNCH**

Machiko Chong, Licensing Program Manager, called roll and determined a quorum was present.

## **Agenda Item 13 Discussion and Possible Action to Reconsider Previously Approved Text, and to Consider Initiation of a Rulemaking to Amend Sections 1635, 1636, 1638, 1641, 1646, 1659.30, 1659.31, 1659.32, 1659.33, 1659.34 and 1659.35 and Repeal Sections 1639 and 1640 in Title 16 of the California Code of Regulations (Requirements for Continuing Medical Education and Citation and Fines) - Terri Thorfinnson, Program Manager and Kristy Schieldge, Attorney IV, Legal Affairs Regulations Unit, DCA**

Ms. Thorfinnson, Administrative Services Program Manager and Kristy Schieldge, Attorney IV, provided an update on the Boards possible action to amend and repeal some section in the pending regulatory package. The board meeting materials can be found [here](#). The full audio for Agenda Item 13 can be heard [here](#).

Madame President called for a motion to adopt the proposed changes.

**Motion** – Dr. Patel

**Second** – Dr. Swain

Roll Call Vote Taken

- Lockman – Aye
- Moreno – Aye
- Patel – Aye
- Pines – Aye
- Swain – Aye

**Motion carried to adopt the proposed changes.**



No comments from the public in attendance.  
No comments from the public online.

**Agenda Item 14 Discussion and Possible Action to Initiate a Rulemaking to Amend Sections 1609, 1610; 1611, 1612, 1613, 1615, 1628, 1630, 1637, 1646, 1647, 1650, 1651, 1656, 1658, 1678, and 1690, and to adopt Section 1648, and to repeal Section 1691 in Division 16 of Title 16 of the California Code of Regulations (Applications, Petitions, Fees, Retired License and Processing Times) - Terri Thorfinnson, Administrative Services Program Manager and Kristy Schieldge, Attorney IV, Legal Affairs Regulations Unit, DCA**

Ms. Thorfinnson, Administrative Services Program Manager and Kristy Schieldge, Attorney IV, provided an update on the Boards possible action to amend and repeal some section in the pending regulatory package. The Board meeting materials can be found [here](#). Detailed discussion of the regulatory items can be viewed [here](#).

Madame President called for a motion to adopt the proposed changes.

**Motion** – Dr. Swain

**Second** – Dr. Lockman

Roll Call Vote Taken

- Lockman – Aye
- Moreno – Aye
- Patel – Aye
- Pines – Aye
- Swain – Aye

**Motion carried to adopt the proposed changes.**

No comments from the public in attendance.  
No comments from the public online.

Madame President called for a second motion adopt.

**Motion** – Dr. Swain

**Second** – Dr. Lockman

Roll Call Vote Taken

- Lockman – Aye
- Moreno – Aye
- Patel – Aye
- Pines – Aye
- Swain – Aye

**Motion carried to adopt.**

**5 MINUTE BREAK**

Machiko Chong, Licensing Program Manager, called roll and determined a quorum was present.

## **Agenda Item 15 Discussion and Possible Action on Legislation – Terri Thorfinnson, *Administrative Services Program Manager***

Ms. Thorfinnson gave a summary of the current legislation and legislation for the Board to consider taking action on. The board meeting materials can be found [here](#). The full audio of Agenda Item 15 can be heard [here](#).

### **2024 Legislation for the Board to Consider Taking Possible Action On**

<a href="#">SB 233</a>	(Skinner) Abortions and abortion-related care for Arizona patients
<a href="#">SB 1451</a>	(Ashby) Title Protection Physician and Surgeons
<a href="#">AB 2164</a>	(Berman) Impairment Question on Applications
<a href="#">AB 1991</a>	(Bonta) HCAI Survey: Healing Arts: Workforce Data
<a href="#">AB 2862</a>	(Gipson) Expedite license for African American applicants
<a href="#">AB 2270</a>	(Maienschein) CME: Menopausal Mental Health or Physical Health
<a href="#">AB 2581</a>	(Maienschein) CME: Maternal Mental Health
<a href="#">AB 2442</a>	(Zbur) Expedite License: Gender Affirming Care or Mental Health
<a href="#">AB 3119</a>	(Low) Long Covid CME
<a href="#">AB 639</a>	(Limon) CME: Special Needs of Dementia Patient Care
<a href="#">AB 3030</a>	(Calderon) Health Care Services: AI disclosure
<a href="#">SB 607</a>	(Portantino) Controlled Substance: Patient Education: Adults
<a href="#">SB 636</a>	(Cortese) Workers' Compensation Utilization Review
<a href="#">AB 3127</a>	(McKinnor) Mandatory Reporting: Physicians
<a href="#">SB 1067</a>	(Smallwood Cuevas) License Expedite for medically underserved areas within Healing Arts Boards
<a href="#">AB 2269</a>	(Flora) Board Membership: Conflict of Interest
<a href="#">SB 1012</a>	(Weiner) Psychedelic Facilitators: Establish Regulatory Body
<a href="#">AB 3146</a>	(Essayli) Prohibition of Sex Re-Assignment for Minor

Comments from the public in attendance and Board members can be heard [here](#).

Comments were made by:

Holly Macriss, Executive Director, OPSC

### **Agenda Item 16 Future Agenda Items**

There will be a presentation on the “Aging Brain” in November of 2024. Also it has been requested that the AG provide a detailed presentation on the disciplinary process.

Madame President Pines would like to propose establishing 3 committees. An Executive Committee, Licensing Committee, Discipline Committee and Education Committee.

Possible legislation day. To let our legislatures know who we are, what we do and advocate for ourselves.

The full audio for Agenda Item 16 can be heard [here](#).

Comments from the public can be heard [here](#).

Comments were made by:

Michelle Monserrat-Ramos, *Consumer Watchdog*

## **CLOSED SESSION**

Deliberation on disciplinary matters, including proposed decision, non-adopt proposed decisions, and stipulations (Government Code section 11126 (c)(3)).

No closed session discussion.

## **Agenda Item 17 Adjournment**

Adjourned at 3:58 pm.



# Agenda Item 7

Intergovernmental Relations and Administrative Services-DCA





## Department of Consumer Affairs

### Expenditure Projection Report

Osteopathic Medical Board

Reporting Structure(s): 11112600 Support

Fiscal Month: 3

Fiscal Year: 2024 - 2025

Run Date: 10/21/2024

#### PERSONAL SERVICES

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5100	PERMANENT POSITIONS	\$1,078,000	\$978,367	\$1,236,000	\$105,585	\$289,539	\$0	\$289,539	\$1,241,577	-\$5,577
5100	TEMPORARY POSITIONS	\$0	\$72,320	\$0	\$5,040	\$8,982	\$0	\$8,982	\$48,178	-\$48,178
5105-5108	PER DIEM, OVERTIME, & LUMP SUM	\$3,000	\$13,278	\$3,000	\$400	\$400	\$0	\$400	\$1,200	\$1,800
5150	STAFF BENEFITS	\$685,000	\$661,259	\$809,000	\$70,880	\$177,337	\$0	\$177,337	\$766,182	\$42,818
	PERSONAL SERVICES	\$1,766,000	\$1,725,224	\$2,048,000	\$181,905	\$476,258	\$0	\$476,258	\$2,057,138	-\$9,138

#### OPERATING EXPENSES & EQUIPMENT

Fiscal Code	Line Item	PY Budget	PY FM13	Budget	Current Month	YTD	Encumbrance	YTD + Encumbrance	Projections to Year End	Balance
5301	GENERAL EXPENSE	\$138,000	\$14,348	\$148,000	\$894	\$2,007	\$3,813	\$5,819	\$10,946	\$137,054
5302	PRINTING	\$9,000	\$23,732	\$13,000	\$0	\$0	\$11,087	\$11,087	\$23,767	-\$10,767
5304	COMMUNICATIONS	\$20,000	\$4,253	\$24,000	\$0	\$10	\$0	\$10	\$4,458	\$19,542
5306	POSTAGE	\$8,000	\$43	\$10,000	\$0	\$0	\$585	\$585	\$685	\$9,315
5308	INSURANCE	\$0	\$25	\$0	\$0	\$0	\$0	\$0	\$25	-\$25
53202-204	IN STATE TRAVEL	\$16,000	\$14,263	\$22,000	\$655	\$2,041	\$0	\$2,041	\$15,000	\$7,000
5322	TRAINING	\$7,000	\$0	\$9,000	\$0	\$0	\$0	\$0	\$1,500	\$7,500
5324	FACILITIES	\$114,000	\$82,143	\$128,000	\$5,579	\$16,436	\$50,639	\$67,075	\$72,808	\$55,192
53402-53403	C/P SERVICES (INTERNAL)	\$638,000	\$557,181	\$850,000	\$86,620	\$86,620	\$0	\$86,620	\$562,423	\$287,577
5340310000	Legal - Attorney General	\$529,000	\$509,172	\$741,000	\$86,620	\$86,620	\$0	\$86,620	\$514,323	\$226,677
5340320000	Office of Adminis Hearings	\$102,000	\$48,009	\$102,000	\$0	\$0	\$0	\$0	\$48,100	\$53,900
53404-53405	C/P SERVICES (EXTERNAL)	\$212,000	\$276,207	\$217,000	\$13,505	\$19,503	\$69,487	\$88,991	\$223,689	-\$6,689
5342	DEPARTMENT PRORATA	\$416,000	\$825,607	\$773,000	\$144,250	\$288,500	\$0	\$288,500	\$966,192	-\$193,192
5342	DEPARTMENTAL SERVICES	\$294,000	\$950	\$0	\$0	\$0	\$0	\$0	\$1,000	-\$1,000
5344	CONSOLIDATED DATA CENTERS	\$4,000	\$14,346	\$12,000	\$0	\$0	\$0	\$0	\$20,684	-\$8,684
5346	INFORMATION TECHNOLOGY	\$4,000	\$7,427	\$4,000	\$1,408	\$2,831	\$269	\$3,100	\$7,221	-\$3,221
5362-5368	EQUIPMENT	\$0	\$5,086	\$30,000	\$11,131	\$11,131	\$17,875	\$29,006	\$43,001	-\$13,001
5390	OTHER ITEMS OF EXPENSE	\$0	\$53	\$0	\$0	\$0	\$0	\$0	\$0	\$0
54	SPECIAL ITEMS OF EXPENSE	\$0	\$674	\$0	\$0	\$0	\$0	\$0	\$500	-\$500
	OPERATING EXPENSES & EQUIPMENT	\$1,880,000	\$1,826,339	\$2,240,000	\$264,040	\$429,078	\$153,756	\$582,834	\$1,953,900	\$286,100

OVERALL TOTALS	\$3,646,000	\$3,551,563	\$4,288,000	\$445,945	\$905,336	\$153,756	\$1,059,092	\$4,011,037	\$276,963
REIMBURSEMENTS	-\$53,000	-\$108,000	-\$53,000					-\$53,000	
OVERALL NET TOTALS	\$3,593,000	\$3,272,563	\$4,235,000	\$445,945	\$905,336	\$153,756	\$1,059,092	\$3,958,037	\$276,963

6.46%

Department of Consumer Affairs

Revenue Projection Report

Reporting Structure(s): 11112600 Support

Fiscal Month: 3

Fiscal Year: 2024 - 2025

Run Date: 10/21/2024

Revenue

Fiscal Code	Line Item	Budget	July	August	September	Year to Date	Projection To Year End
Delinquent Fees		\$20,000	\$1,275	\$700	\$2,125	\$4,100	\$22,070
Other Regulatory Fees		\$56,000	\$3,125	\$2,632	\$2,275	\$8,032	\$49,871
Other Regulatory License and Permits		\$1,228,000	\$187,879	\$90,169	\$79,424	\$357,472	\$1,383,886
Other Revenue		\$74,000	\$856	\$0	\$49	\$905	\$77,580
Renewal Fees		\$2,493,000	\$202,153	\$170,775	\$156,902	\$529,830	\$2,380,730
Revenue		\$3,871,000	\$395,288	\$264,276	\$240,775	\$900,339	\$3,914,137

Reimbursements

Fiscal Code	Line Item	Budget	July	August	September	Year to Date	Projection To Year End
Unscheduled Reimbursements		\$0	\$41,108	\$14,459	\$23,543	\$79,109	\$226,659
Reimbursements		\$0	\$41,108	\$14,459	\$23,543	\$79,109	\$226,659



**0264 - Osteopathic Medical Board of California Fund**  
**Analysis of Fund Condition**  
**(Dollars in Thousands)**  
**2024 Budget Act With FM 3 Projections**

Prepared 10.30.2024

	Actuals 2023-24	CY 2024-25	BY 2025-26	BY +1 2026-27	BY +2 2027-28
<b>BEGINNING BALANCE</b>	\$ 4,581	\$ 5,051	\$ 4,939	\$ 4,209	\$ 3,336
Prior Year Adjustment	\$ 41	\$ -	\$ -	\$ -	\$ -
Adjusted Beginning Balance	\$ 4,622	\$ 5,051	\$ 4,939	\$ 4,209	\$ 3,336
<b>REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>					
Revenues					
4121200 - Delinquent fees	\$ 22	\$ 22	\$ 20	\$ 20	\$ 20
4127400 - Renewal fees	\$ 2,233	\$ 2,381	\$ 2,493	\$ 2,493	\$ 2,493
4129200 - Other regulatory fees	\$ 47	\$ 50	\$ 56	\$ 56	\$ 56
4129400 - Other regulatory licenses and permits	\$ 1,423	\$ 1,384	\$ 1,228	\$ 1,228	\$ 1,228
4163000 - Income from surplus money investments	\$ 208	\$ 75	\$ 62	\$ 49	\$ 34
4171400 - Escheat of unclaimed checks and warrants	\$ 6	\$ 2	\$ -	\$ -	\$ -
4171500 - Escheat Unclaimed Property	\$ 1	\$ -	\$ -	\$ -	\$ -
Totals, Revenues	\$ 3,940	\$ 3,914	\$ 3,859	\$ 3,846	\$ 3,831
<b>TOTALS, REVENUES, TRANSFERS AND OTHER ADJUSTMENTS</b>	\$ 3,940	\$ 3,914	\$ 3,859	\$ 3,846	\$ 3,831
<b>TOTAL RESOURCES</b>	\$ 8,562	\$ 8,965	\$ 8,798	\$ 8,055	\$ 7,167
Expenditures:					
1111 Department of Consumer Affairs (State Operations)	\$ 3,272	\$ 3,784	\$ 4,348	\$ 4,478	\$ 4,612
9892 Supplemental Pension Payments (State Operations)	\$ 53	\$ 37	\$ -	\$ -	\$ -
9900 Statewide General Administrative Expenditures (Pro Rata) (State	\$ 186	\$ 205	\$ 241	\$ 241	\$ 241
<b>TOTALS, EXPENDITURES AND EXPENDITURE ADJUSTMENTS</b>	\$ 3,511	\$ 4,026	\$ 4,589	\$ 4,719	\$ 4,853
<b>FUND BALANCE</b>					
Reserve for economic uncertainties	\$ 5,051	\$ 4,939	\$ 4,209	\$ 3,336	\$ 2,314
Months in Reserve	15.1	12.9	10.7	8.2	5.6

**NOTES:**

1. Assumes workload and revenue projections are realized in CY and ongoing.
2. Expenditure growth projected at 3% beginning BY.

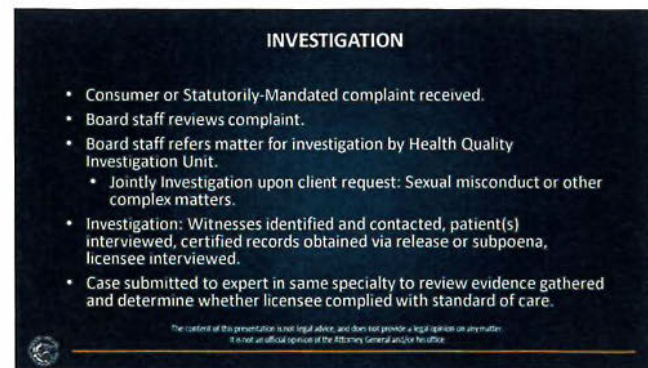
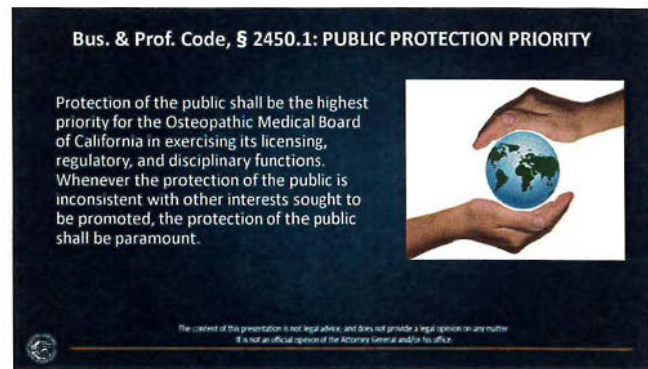
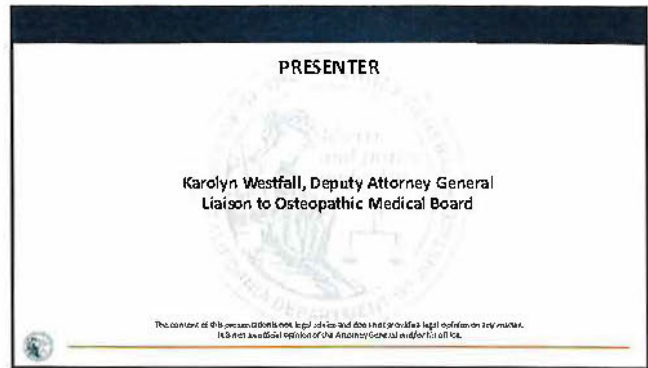
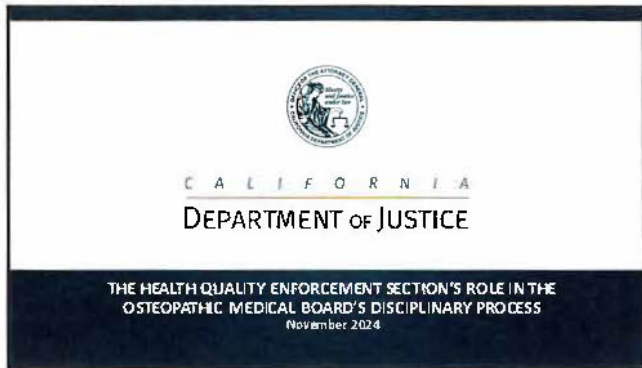


# Agenda Item 8

Presentation - Attorney General's Office







## DISCIPLINARY PROCESS

### REFERRAL TO THE ATTORNEY GENERAL'S OFFICE



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## REFERRAL TO THE ATTORNEY GENERAL'S OFFICE

- Attorney General's Office, California Department of Justice.
- Deputy Attorneys General of the Health Quality Enforcement Section (HQE) serve as the Board's prosecutors.
- The Board is one of the health oversight agency clients that HQE serves. (Gov. Code, § 12529.) Publishes annual reports for Accusation matters handled for the Board per Bus. & Prof. Code, § 312.2.

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## REFERRAL TO THE ATTORNEY GENERAL'S OFFICE (Cont'd)



Legal review and prosecution of Completed Investigations in the Health Quality Enforcement Section

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## REFERRAL TO THE ATTORNEY GENERAL'S OFFICE (Cont'd)



### LEGAL REVIEW AND EVALUATION OF COMPLETED INVESTIGATION FOR PROSECUTION

- Sufficient evidence to prove unprofessional conduct?
- Interim Actions: PC 23, Interim Orders?
- Burden Per Case Law is "clear and convincing evidence to a reasonable certainty."

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## REFERRAL TO THE ATTORNEY GENERAL'S OFFICE (Cont'd)

### BURDEN OF PROOF



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## REFERRAL TO THE ATTORNEY GENERAL'S OFFICE (Cont'd)

After reviewing the investigation materials submitted, Reviewing DAG makes decision:

- Decline to prosecute – case rejected and returned. (SOL expired, no violation)
- Case returned for further investigation. (File incomplete, additional evidence needed to prove violation)
- Accept for Prosecution.
- Accept for Prosecution with Conditions. (Accusation can be filed, but discovery is missing and/or additional evidence is needed to prove additional violations or strengthen case)

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## DISCIPLINARY PROCESS

### ACCUSATION



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## ACCUSATION: CHARGING LICENSEE WITH UNPROFESSIONAL CONDUCT

- DAG drafts an Accusation, a document notifying the charged physician (Respondent) of the disciplinary charges that are being brought against them.
- Accusation must be filed within 3 years after the Board discovers the act, or 7 years after the act, whichever occurs first. (Bus. & Prof. Code, § 2230.5(a).)
  - Exceptions:** Procurement of license by fraud; intentional concealment; Involvement of a minor (7-year period tolled until minor turns 18); Sexual misconduct (7-year period extended to 10 years after the act); Unavailable material evidence due to criminal investigation.
- After Accusation has been reviewed and signed by the Executive Director of the Board, a copy is served on the Respondent, and the Accusation is published online <BreEze.ca.gov>

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## ACCUSATION: CHARGING LICENSEE WITH UNPROFESSIONAL CONDUCT (Cont'd)

- The OMBC shall enforce portions of the Medical Practice Act (Bus. & Prof. Code, § 3600.2).
- The Board shall take action against any licensee who is charged with unprofessional conduct. (Bus. & Prof. Code, § 2234.)
  - Quality of Care; Gross Negligence and/or Repeated Negligent Acts
  - Incompetence
  - Dishonesty or Corruption
  - Sexual Misconduct / Sexual Exploitation
  - Failure to Attend and Participate in an Interview with the Board
  - Conviction of a Crime Substantially Related to Practice of Medicine

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## ACCUSATION: CHARGING LICENSEE WITH UNPROFESSIONAL CONDUCT (Cont'd)

- Violation of Drug Statutes / Furnishing Drugs without Exam
- Excessive Use of Drugs or Alcohol
- Aiding and Abetting the Unlicensed Practice of Medicine
- Record Keeping Violations
- Mental or physical impairment of the licensee
- "Conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine." (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

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## DISCIPLINARY PROCESS

### DISCOVERY, TRIAL SETTING, AND SETTLEMENT



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## DISCOVERY AND TRIAL SETTING

Respondent fails to file Notice of Defense: Board may proceed by Default

Respondent files Notice of Defense:

- Right to Discovery (reciprocal)
  - DAG provides non-privileged investigation materials to Respondent.
  - Respondent provides DAG relevant documents or evidence in his/her possession. This often includes mitigating evidence in support of possible settlement.
- Right to a hearing on the charges and allegations in the Accusation
  - DAG coordinates dates of hearing with Respondent or counsel and sets hearing with OAH
- Right to be represented by counsel, at his/her own expense
- Right to confront and cross-examine the witnesses against him/her
- Right to present evidence and to testify on her own behalf (Respondent is required to testify)
- Right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents

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## SETTLEMENT: RANGE OF DISCIPLINE

- **Settlement:** The DAG will assess ability to prove the charges in the Accusation to an Administrative Law Judge, based on the state of the evidence (documents, the expert report, anticipated witness testimony, Respondent's anticipated defenses, etc.). The Board's Disciplinary Guidelines are based on charges and frame the ranges of disciplinary outcomes, including probation length, terms and conditions.
- The DAG obtains settlement authority from Board staff based on the strength of the case, the charges in the Accusation, and any mitigating or aggravating factors.
- Outcomes include: Public reprimand, Revocation, Surrender, or probation conditions (i.e. education, prohibited practice, prescribing restrictions, practice/billing monitor, cost recovery).

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## DISCIPLINARY PROCESS

### ADMINISTRATIVE HEARING



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## HEARING

- Scheduled with the Office of Administrative Hearings and heard by an Administrative Law Judge pursuant to the Administrative Procedure Act, Gov. Code, § 113.70 et seq.
- Hearing preparation: DAG meets with witnesses and prepares their testimony, organizes the evidence (documents and sometimes audio and video), and prepares his/her presentation to the ALJ (opening statement, witness examinations, and closing argument).
- At hearing, the DAG presents testimonial and documentary evidence to prove the charges in the Accusation by clear and convincing evidence.

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## DISCIPLINARY PROCESS

### DECISION AND ORDER



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## DECISION

- After the ALJ hears evidence, the ALJ writes a Proposed Decision and submits it to the Board for adoption as its final Decision.
- If the Board adopts the Proposed Decision, it becomes final.
- If the Board does not adopt the Proposed Decision, the Board may:
  - Decide the case itself, based on the administrative record;
  - Remand the case back to the ALJ with instructions for further proceedings; or
  - Adopt the decision with modifications.

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## DISCIPLINARY PROCESS

### POST-DECISION



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## POST-DECISION

### Petition for Rehearing/Reconsideration

- The Respondent may petition the Board for reconsideration if he/she is dissatisfied with the Board's decision.

### Petition for Writ of Administrative Mandate

- The Respondent may also file a Petition for Writ of Administrative Mandate in Superior Court to contest the Decision. (Civ. Proc. Code, §1094.5.) The Superior Court rules on such petitions based on the record of the administrative hearing, including the hearing transcripts and exhibits (no witnesses are called).

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## POST-DECISION

### Appeal Superior Court denial of Writ at Court of Appeal

### Petition for Reinstatement / Modification of Penalty

- 5 years after license surrendered or revoked (except for sexual misconduct)
- 2 years for early termination of probation or after more than  $\frac{1}{2}$  of probation term has elapsed, whichever is greater
- 1 year for modification of condition of probation

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## QUESTIONS?



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# Agenda Item 9

Executive Director's Report







## Agenda Item 9

### Osteopathic Medical Board of California

**DATE REPORT ISSUED:** November 14, 2024  
**ATTENTION:** Members, Osteopathic Medical Board of California  
**SUBJECT:** Executive Report  
**STAFF CONTACT:** Erika Calderon, Executive Director

#### **REQUESTED ACTION:**

This report is intended to provide the Members of the Osteopathic Medical Board of California (OMBC) with an update on personnel, and other administrative functions/projects occurring at the OMBC.

No action is needed.

#### **Personnel:**

The Board has 15.9 authorized positions. The Board is happy to announce that the recruitment process on its newest associate governmental program analyst (AGPA) positions completed this past quarter. As previously reported, the Board received two enforcement AGPA positions pursuant to SB 815 and as of today the Board is able to report that both analysts are managing their own caseloads for enforcement. Both hires required very little training as they both came to OMBC with many years of enforcement experience.

Mrs. Cristy Livramento (Burke) joined the OMBC family on August 30<sup>th</sup>, 2024. Mrs. Livramento holds a Master's degree in Business Management from Fitchburg State College and a Bachelor of Arts degree in Women's Studies from the California University of San Marcos. Mrs. Livramento started her state career as an office technician in the licensing unit at the Physical Therapy Board of California in 2008. In 2009 Mrs. Livramento promoted to a management services technician handling criminal conviction cases, and in 2010 promoted to staff services analyst. In 2012 promoted to an AGPA where her caseload grew to all case types, and eventually became PTBC's lead enforcement analyst. Mrs. Livramento has over 16 years of enforcement experience and in such a short period of time has already proven to be a huge asset to OMBC. Because of Cristy's background and experience she is currently assisting me with many of enforcement's administrative functions and I personally couldn't be more grateful to have her assistance. Please join me in welcoming Cristy to our OMBC family.

Mrs. Gloria Laughlin joined the OMBC family on September 3<sup>rd</sup>, 2024. Mrs. Laughlin started her professional career at Wells Fargo Bank in 2014 as a customer services representative for a little over a year and in 2016 started her state career with the Department of Motor Vehicles (DMV). In 2019 Mrs. Laughlin became a licensing evaluator for the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) and in 2020 transferred to the Board of Registered Nursing's enforcement unit as a staff services analyst handling all case types. Gloria joined our OMBC family on a promotional opportunity as an AGPA and like Cristy has already proven to be a huge asset to the Board. Please join me in

congratulating Gloria on her well-deserved promotion and welcome her into our OMBC family.

### **Office Operations:**

#### *Office Organization:*

The Board continues to work diligently on office and program specific improvements. As previously reported, the Administrative Services Program has completely gone paperless with all licensure transactions, which include name changes, address changes, license verification letters, and fictitious name permits. Application staff continues to work diligently to expedite all military, military spouse, underserved, and asylum applications. Overall, they are well under the targeted 60-day processing time for both application types. Lastly, I am happy to report that all of SB 815 mandates for enforcement have been implemented, this includes the patient impact statements which was optional for this Board, the consumer interviews on the quality of care complaints, the subject interview mandate that they submit to the interview within 30 days from being contacted by an investigator, and the complaint liaison requirements which will be handled by a rotational consumer services analyst (CSA) weekly duty.

#### *Expert Reviewer Training:*

On Saturday August 17, 2024, the Medical Board of California (MBC) hosted an expert reviewer training session and all of OMBC's experts were offered the opportunity to sign up and attend. The Board is happy to announce that 15 of its experts attended the training and OMBC received great feedback. The Board would like to take an opportunity to thank MBC for allowing our experts to attend their training until we can develop our own training sessions.

#### *International Association of Medical Regulatory Authorities (IAMRA):*

On September 26, 2024, the OMBC officially joined IAMRA the International Association of Medical Regulatory Authorities and I am happy to announce that I attended my webinar on October 22, 2024, titled "Getting the most out of the IAMRA Physician Information Exchange (PIE).

#### *Memorandum of Understanding (MOU)-with the Board of Registered Nursing (BRN):*

On September 27, 2024, the OMBC and BRN entered into an MOU which is allowed by Government Code section 11181, subdivision (g). Both parties agreed to share with each other the information each receives if that information or the subject thereof falls within the scope of their licensing and enforcement responsibilities. Each party authorizes the other party to use the shared information for the receiving party's licensing and disciplinary investigations and proceedings. Having this MOU in place allows for a faster exchange of information between both Boards and in turn faster and greater consumer protection.

#### *Diversion Program contract vendor MAXIMUS:*

As previously reported the Board along with other healing art Boards were in the middle of renewing our diversion program contract. Our current contract with our vendor MAXIMUS expires this December. On August 26, 2024, the Board learned that MAXIMUS did not anticipate submitting a bid for the contract this year and on October 18, 2025, a notice of intent to award the contract to Premier Health Group was made public. The Board will continue to work with DCA to transition all participant information to our new vendor, in the meantime Ralph will continue to monitor each participant closely.



## **Technology:**

### *MBC's iOS App Update:*

OMBC has been monitoring the updates and developments of MBC's iOS Apple phone App. MBC originally launched this in July of 2018. Currently it is getting updates to keep up with Apple's ongoing enhancements to the iOS operating system. Failing to conform to Apple's standards for operating system updates could result in the app being removed from the Apple Store for consumers to obtain, so these updates are being made proactively to mitigate the risk. As of May these developments were wrapping up and testing had begun. MBC hopes to wrap this project up in the second half of 2024, which means that OMBC will reach out to MBC at that time to learn more so that we can start our project to obtain our very own phone App.

## **CURES Update:**

Effective April 1, 2025, CURES fees will be going from \$9 to \$15. DCA's office of Information Services (OIS) will be working on implementing the CURES fee increase and will be reaching out to all of the healing art Boards whose licensees must pay into CURES. Our applications will be updated to reflect the new fee increase and DCA will develop an outreach toolkit to share information with licensees and our stakeholders.

## **Communication:**

Executive Director had calls and email exchanges with Madam Board President Ms. Denise Pines to discuss pending and ongoing projects and meeting agendas.

Executive Director continues to meet periodically with the Board's Attorney General Liaison Ms. Karolyn Westfall and also communicates frequently with Ms. Gloria Castro, Senior Assistant Attorney General.

Executive Director meets monthly with Ms. Mellissa Doss, Supervising Investigator over the Health Quality Investigation Unit (HQIU) to discuss progress of pending investigations.

On September 30, 2024, Executive Director met with Michele Monserrate-Ramos and Maria Ibarra-Navarrette from the Consumer Watchdog Group to discuss the Board's consumer complaint virtual tutorial video. The Board will be taking into consideration the input provided by Mrs. Monserrate-Ramos and Mrs. Ibarra-Navarrette and as progress is made on the video the Board will provide updates. The Board hopes to have this video produced by the end of this calendar year. I am also happy to report that other enforcement program enhancements came out of this meeting with Mrs. Monserrate-Ramos and Mrs. Ibarra-Navarrette, such as an analyst introductory letter which you will hear more about in the enforcement program update.

Lastly for communications, Board staff participated in meetings with other Local, State, and National organizations in discussing and deciding regulatory measures common to OMBC and others. These organizations include but are not limited to; Office of Attorney General (AGO), Department of Justice (DOJ), DCA, other healing art Boards, California Department of Public Health (CDPH), Department of Health Care Services (DHCS), the Federation of State Medical Board (FSMB), the National Board of Osteopathic Medical Examiners

(NBOME), International Association of Medical Regulatory Authorities (IAMRA), Osteopathic Physicians and Surgeons of California (OPSC), and MAXIMUS.

### **Outreach Update:**

The Board's second edition of its Board newsletter OsteoScope was published and posted on the Boards website and shared with all of our stakeholders.

On September 6-8, 2024, the Board attended the Osteopathic Physicians and Surgeons of California (OPCS) 34<sup>th</sup> Annual Fall Conference in Monterey CA. The Board hosted a table throughout the conference and answered licensing and enforcement related questions and provided a Board update to all attendees.

On October 12, 2024, Machiko attended the California Health Sciences University's (CHSU) residency fair. Machiko hosted a table and answered questions about the licensure process to our PGY students.

Lastly on October 24, 2024, I attended and hosted a table at a Community Health and Resource Fair hosted at the Selma Senior Center, located in Selma CA. I was able to speak to our consumers about the DO profession and the importance of being an informed patient.



# Agenda Item 10

Licensing Program Update





Osteopathic Medical Board of California  
Current Licensee Population  
Agenda Item 10 -Application Services Stats

Osteopathic Physician and Surgeon		
License Status	Practicing/Residing in CA	Total Licensees
Current	11,686	13,867
Inactive	76	434
Military - Current	10	18
Military - Inactive	0	5
Family Support Suspension	1	1
Delinquent	908	1,789
<b>Total:</b>	12,681	<b>15,840</b>

Postgraduate Training License (PTL)		
License Status	Practicing/Residing in CA	Total Licensees
Active/Current	1,139	1,145
Inactive	0	0
Delinquent	4	4
<b>Total:</b>	1,143	<b>1,149</b>

Temporary License		
License Status	Practicing/Residing in CA	Total Licensees
Temp Osteopathic Physician and Surgeon	1	1
Temp Postgraduate Training License (PTL)	0	0
<b>Total:</b>	1	<b>1</b>

Fictitious Name Permit	
License Status	Total Licensees
Active/Current	918
Inactive	0
Delinquent	413
<b>Total:</b>	<b>1,314</b>

<b>Total Number of Licensees/Permit Holders</b>	<b>18,303</b>
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Osteopathic Medical Board of California  
Application Services  
Agenda Item 10-Application Services Q1 Program Stats

## Application Services Statistics Report

### Total Applications Received

	FY 2023/24	Fiscal Year 2024/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physician and Surgeon	659	361				361	↓ -83%
Postgraduate Training License	264	240				240	↓ -9%
Fictitious Name Permits	29	39				39	↑ 26%
Total	952	640				640	↓ -33%

### Applications Approved

	FY 2023/24	Fiscal Year 2024/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Physician and Surgeon	720	478				478	↓ -34%
Postgraduate Training License	452	517				517	↑ 14%
Fictitious Name Permits	32	27				27	↓ -16%
Total	1,204	1,022				1,022	↓ -15%



# Agenda Item 11

Administrative Services Program Update







## MEMORANDUM

DATE	November 14, 2024
TO	OMBC Board Members
FROM	Terri Thorfinnson, J.D. Administrative Services Program Manager
RE:	Agenda Item 11- Administrative Services Program Update

### Overview

Administrative Services Program includes:

- Physician and Surgeon Renewals (including SB 806 enforcement)
- Fictitious Name Permits (initial applications and renewals)
- Legislation
- Rulemaking

This update will focus on performance measure statistics for License Renewals and Fictitious Name Permits.

### Physician and Surgeon Renewals

There is no significant change in Physician and Surgeon statistics. Each month varies in the number of renewals received and processed. The processing times remain low and do not vary significantly from month to month as you can in the tables below.

### Fictitious Name Permits

As anticipated, there is a significant change in the processing time for Fictitious Name Permit (FNP) initial applications due to our online application. As discussed at the last meeting, unlike the processing of paper applications, in which incomplete applications were returned, online applications cannot be returned, and they are allowed 90 days to cure any deficiencies before the application cancels. As a result, we have longer processing times due to incomplete applications that the Board is waiting for applicants to cure the deficiencies. Board staff is working on making improvements to this application so that we can streamline the process and have less deficiencies.

FNPs are issued for one calendar year and expire December 31<sup>st</sup>. While delinquent FNPs can be renewed any time of the year, generally, the FNPs all expired December 31<sup>st</sup> of each calendar year so the non-delinquent renewals occur October through December.

**Physician and Surgeon Renewals July 1, 2024, through September 30, 2024**

July received	July approved	August received	August approved	September received	September approved	Total received	Total approved
551	487	429	507	1,053	321	2,033	1,536

**Physician and Surgeon Renewal Processing Time July 1, 2024, through September 30, 2024**

July 2024	August 2024	September 2024	Average Processing Time
24 days	21 days	19 days	21 days

**Fictitious Name Permits Processing Time July 1, 2024, through September 30, 2024**

FNP	Total Applications Processed	Complete applications	Processing time
Initial Applications	57	20	42 days
Renewals	11	No data	12 days

# Agenda Item 12

Enforcement Program Update







## **Briefing Paper**

## **Agenda Item 12**

**Date:** November 14, 2024

**Prepared for:** Osteopathic Medical Board of California (Board) Members

**Prepared by:** Cristy Livramento, Enforcement Analyst

**Subject:** Enforcement Program Updates

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**Purpose:** Update on Enforcement Program

**Attachments:** [12 \(a\) Enforcement Program Measures Q1, FY 2024-2025](#)

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### **Background:**

This is a report on the updates involving the Board's Enforcement Unit for the first quarter of FY 2024-2025.

Please also refer to attachment 12(a), which encompasses the Enforcement Program statistics.

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### **Analysis:**

As previously reported, effective July 1, 2024, the enforcement unit was granted two Associate Governmental Program Analyst (AGPA) positions through the legislative budget change proposal pursuant to SB 815. Those two positions have been filled, with both new analysts already situated in their new positions, carrying their own workload, and caseloads.

Since the last Board meeting, new processes have been established within the unit. Analyst introduction letters are being sent to patients/complainants, as it relates to new complaints. Upon new case assignment, if a patient has been identified, and contact information is provided within the complaint, the analyst introduction letter is mailed to the patient introducing the assigned analyst and providing the assigned analyst's direct contact information. This was implemented so that patients/complainants could communicate with their assigned analyst right after the complaint initiation.

In addition, the unit developed a handout to explain what a patient impact statement is and what consumers can include as part of these statements. This handout is being sent out along with the status letter that grants consumers the ability to submit the

impact statement.

Furthermore, the Board's consumer complaint form has been updated, to include an opportunity for the complainant to inform the Board if they have filed a complaint with another jurisdiction. This will allow the assigned analyst to obtain that jurisdiction's findings if appropriate for the complaints review. Board staff continue to work on a script for the production of a consumer complaint tutorial video with instructions on how to file a complaint with the Board and what information is needed. Lastly, two of the Board's enforcement brochures "Don't Wait to File a Complaint" and "A Consumer's Guide to the Complaint Process" have been translated to Spanish and can be found on the Board's website under the Consumer/Complaint tab.

Lastly, the analysts have begun conducting interviews with the patients/complainants in all quality-of-care cases with negligent and or incompetence allegations. Prior to the closure of the case, the assigned analyst will notify the patients/complainants of their upcoming interviews. The analyst of the week will then contact the patients/complainants for the interview. Interviews have begun now in Q2 and the number of interviews conducted by the Board can be reported at the next board meeting.

#### Board Program Statistics:

For statistics, please refer to attachment 12(a) which covers the Enforcement Program's Q1, statistics for fiscal year 2024-2025. Performance Measure 1 (PM1) covers the amount of consumer complaints and arrests and convictions received in comparison to last year. As you can see the unit experience an increase of 18% in complaints in Q1, compared to last fiscal year Q1, no change in arrest and convictions for a grand total of an 18% increase in cases in comparison to last year.

Performance Measure 2 (PM2) is the average number of days it takes to initiate our enforcement complaints and acknowledge receipt. The target for this performance measure is ten (10) days. As you can see the Board continues to be under the target of ten (10) days at (5) days.

Performance Measure 3 (PM3) is the average number of days it takes to complete investigations and enforcement action for cases that are not referred to the Attorney General's Office for formal discipline. Case aging here fluctuates greatly because it takes an average of all cases, and one or two very complicated cases can skew these numbers drastically. This number includes the timeline for desk and DOI's Health Quality Investigation Unit (HQIU) investigations. The target for PM3 is 360 days. For Q1, you can see we were at 165 days.

Performance Measure 4 (PM4) is the average number of days it takes to complete investigations and enforcement actions that are transmitted to the Attorney General's Office for formal disciplinary action. Case aging in this category is at 902 days. As you can see this went down by 38% in comparison to Q1 of last fiscal year. This is because, as reported in the last Board Meeting, there was an increase of cases referred to the Attorney General's Office last fiscal year, and the caseload is evening out at the Attorney General's Office.

For Q1, FY 24-25, the Board is well under its performance measure targets for three (3) of its performance measures. PM4 is the measure that unfortunately the Board has less control over as this measure takes into consideration the timeline from the Attorney General's Office, respondent's legal representatives, and the Office of Administrative Hearings.

The Board currently has 409 pending enforcement cases (split between the five enforcement analysts), 80 of those are pending at HQIU and 20 at the Attorney General's Office. The unit is hopeful that with the addition of two additional analyst the enforcement caseload will decrease more and more as previously reported to a more reasonable number which in turn will result in more expeditious reviews and faster consumer protection.

For Q1, the Board has filed one (1) accusation, issued one (1) citation, and placed two (2) licensees on probation.

**Action Requested:** No Action Required



Osteopathic Medical Board of CA  
 12 (a) Attachment  
 Enforcement Performance Measures Q1

## Enforcement Statistics Report

### Complaints

	FY 23/24	Fiscal Year 24/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM1: Complaints Received	204	241				241	↑ 18%
PM1: Convictions/Arrest Received	5	5				5	→ 0%
PM1: Total Received	209	246	0	0	0	246	↑ 18%

### Complaint Intake

Target: 10 Days	FY 23/24	Fiscal Year 24/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM2: Intake/Avg. Days	3	5				5	↑ 67%

### Investigations

Target: 360 Days	FY 23/24	Fiscal Year 24/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM3: Volume	197	212				212	↑ 8%
PM3a: Intake Only	5	3				3	↓ -40%
PM3b: Investigation Only	216	159				159	↓ -26%
PM3c: Post Investigation Only	6	3				3	↓ -50%
PM3: Cycle Time-Investigation	212	165				165	↓ -22%
***Pending Cases at HQIU	70	80				80	

### Transmittals to Attorney General (AG)

Target: 540 Days	FY 23/24	Fiscal Year 24/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PM4: Volume	10	4				4	↓ -60%
PM4a: Intake Only	40	11				11	↓ -73%
PM4b: Investigation Only	924	557				557	↓ -40%
PM4c: Pre-AG Transmittal	28	16				16	↓ -43%
PM4d: Post-AG Transmittal	459	319				319	↓ -31%
PM4: Cycle Time-AG	1451	902				902	↓ -38%
***Pending Cases at AGO	24	20				20	

Osteopathic Medical Board of CA  
 12 (a) Attachment  
 Enforcement Performance Measures Q1

Other Legal Actions							
	FY 23/24	Fiscal Year 24/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
PC 23 Ordered	0	0				0	→ 0%
ISO-Interim Suspension Order	0	0				0	→ 0%
ASO-Automatic Suspension Order	0	0				0	↑ 100%
Actions							
	FY 23/24	Fiscal Year 24/25					Year → Year Change
	YTD	Q1	Q2	Q3	Q4	YTD	
Accusations/Amended Accusations Filed	5	1				1	↓ -80%
Accusation and Petition to Revoke	0	0				0	↑ 100%
Citations	2	1				1	↓ -50%
PR/PLR	4	0				0	↓ -100%
Probation	6	2				2	↓ -67%
Surrender	0	0				0	↑ 100%
Revocation	0	0				0	→ 0%

**PM1: Complaint Intake-** Complaints and Convictions Received

**PM2: Cycle Time - Intake** - Average number of days from the date the complaint was received to the date the complaint was closed or assigned for investigation (assigned to staff).

**PM3: Cycle Time - Investigations** - Average number of days to complete the entire enforcement process for complaints not transmitted to the AG for formal discipline. (includes intake and investigation days)

**PM3a: Intake Only** - Of the cases included in PM3, the average number of days from the date the complaint was received to the date the complaint was assigned for investigation.

**PM3b: Investigation Only** - Of the cases included in PM3, the average number of days from the date the complaint was assigned for investigation to the date the investigation was completed. (without intake)

**PM3c: Post Investigation Only** - Of the cases included in PM3, the average number of days from the date the investigation was completed to the date of the case outcome or non-AG formal discipline effective date.

**PM4: Cycle Time-AG Transmittal** - Average number of days to complete the enforcement process for cases investigated and transmitted to the AG for formal discipline. (includes intake & investigation to final outcome of cases transmitted to the AG - includes withdraws, dismissals, etc.)

**PM4a: AG Transmittal - Intake Only** - Of the cases included in PM4, the average number of days from the date the complaint was received to the date the complaint was assigned for investigation.

**PM4b: AG Transmittal - Investigation Only** - Of the cases in PM4, the average number of days from the date the complaint was assigned for investigation to the date the investigation was completed.

**PM4c: AG Transmittal - Pre AG Transmittal** - Of the cases in PM4, the average number of days from the date the investigation was completed to the date the case was transmitted to the AG.

**PM4d: AG Transmittal - Post AG Transmittal** - Of the cases in PM4, the average number of days from the date the case is transmitted to the AG to the date of the case outcome or formal discipline effective date. (AG days only)



# Agenda Item 13

Probation Program Update







## **Briefing Paper**

## **Agenda Item 13**

**Date:** November 13, 2024

**Prepared for:** Osteopathic Medical Board of California (Board) Members

**Prepared by:** Ralph Correa, Probation Monitor

**Subject:** Probation Program Summary

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### **REQUESTED ACTION:**

This report is intended to provide the Members of the Osteopathic Medical Board of California (Board) with an update on the probation program. No action is needed.

### **Website information**

All probationary discipline and probationary summaries are regularly updated to the Board's website and license profiles.

### **Total Numbers of physicians on probation**

As of today's date, there are (32) licensees on active probation.

Six (6) are tolling out of state and are not receiving credit towards completion of probation.

### **Review of cases**

Quarterly reviews are being conducted and all information and documents are being recorded and documented in a full quarterly/probation report. As a result, all probationers have received a quarterly review to discuss their specific terms and conditions. Statistics show that 26 of the 32 probationers remain compliant as of the completion of the 2024-year 3<sup>rd</sup> Quarter, this number excludes the 6 that are tolling. The Board's Probation unit has maintained an effective and thorough accountability of our physicians on probation.

### **Non-Compliance**

A cease practice order is still in effect for 1 probationer and will remain in effect until compliance is met and or a petition for revocation of the physician's license be filed.

On October 30, 2024, a second cease practice order was issued.

### **Diversion Program**

Four (4) licensees on probation are participating in the Board's Diversion program.

As Director Calderon mentioned after the last Board meeting it was relayed that the contract with our current vendor MAXIMUS will not be renewed and the contract was granted to Premier which will serve as our new vendor. Director Calderon and I will ensure that all participants receive a smooth transition with the new vendor.

At this time this concludes the Board probation report, and I would be happy to answer any questions.

No action is needed.



# Agenda Item 14

2024 Bill Status and Implementation







# Osteopathic Medical Board of California

## Final 2024 Bill Status

Bill No.	Author	Subject	Status	Effective Date
Bills with Board Positions Final Status				
<a href="#">SB 233</a>	Skinner	License Exemption: Arizona Physician Registration to Perform Abortions	Chapter 11, Stats of 2024. Signed and Effective May 23, 2024	May 23, 2024
<a href="#">SB 1451</a>	Ashby	Title Protection: Osteopath	Chap 481, Stats of 2024, signed Sept 22, 2024	January 1, 2025
<a href="#">AB 2164</a>	Berman	License Application Question Related to Competence to Practice Medicine Safely	Chap 952, Stats of 2024, signed Sept 29, 2024	January 1, 2025
OMBC Bill Watch List Final Status				
<a href="#">AB 1991</a>	Bonta	HCAI: Workforce Data: National Provider Identifier Number	Chap 369, Stats of 2024, signed Sept 22, 2024	January 1, 2025
<a href="#">AB 2862</a>	Gipson	Expedite Licensure: African American Applicants	Dead.	N.A.
<a href="#">AB 2270</a>	Maienschaein	CME: Menopausal, Mental and Physician Health Care	Chap 636, Stats of 2024, signed Sept 27, 2024	January 1, 2025
<a href="#">AB 2581</a>	Maienschaein	CME: Maternal Mental Health	Chap 836, Stats of 2024, signed Sept 28, 2024	January 1, 2025
<a href="#">AB 2442</a>	Zbur	License Expedite: Gender Affirming Care or Mental Health	Vetoed	N.A.
<a href="#">AB 3119</a>	Low	CME: Long COVID	Chap 433, Stats of 2024, signed Sept 22, 2024	January 1, 2025
<a href="#">SB 639</a>	Limon	CME: Special Needs of Dementia Patient Care	Chap 336, Stats of 2024, signed Sept 21, 2024	January 1, 2025

<a href="#">AB 3030</a>	Calderon	AI Disclosure: Health Care Services	Chap 848, Stats of 2024, signed Sept 28, 2024	January 1, 2025
<a href="#">SB 607</a>	Portantino	Controlled Substance: Patient Education	Chap 862, Stats of 2024, signed Sept 28, 2024	January 1, 2025
<a href="#">SB 636</a>	Cortese	Workers' Compensation Utilization Review by California Licensed Physicians and Surgeons	Vetoed	N.A.
<a href="#">AB 3127</a>	McKinnor	Mandatory Reporting: Physicians: Crimes	Dead.	N.A.
<a href="#">SB 1067</a>	Smallwood Cuevas	License application expedite for medically underserved areas within Healing Arts Boards	Vetoed	N.A.
<a href="#">AB 2269</a>	Flora	Board Membership: Conflict of Interest	Dead	N.A.
<a href="#">SB 1012</a>	Weiner	Psychedelic Facilitators: Establish Regulatory Body	Dead	N.A.
<a href="#">AB 3146</a>	Essayli	Prohibition of Sex Re-Assignment	Dead	N.A.

## MEMORANDUM

DATE	November 14, 2024
TO	OMBC Board Members
FROM	Terri Thorfinnson, J.D Administrative Services Manager
RE:	2024 Bill Implementation Plan

## 2024 Legislative Bills

### **AB 765 (Wood) Osteopathic Physician and Surgeon Title Protection**

**Summary:** This bill prohibits anyone who is not otherwise licensed as a physician and surgeon to use the title “M.D.” or “D.O.” or abbreviations to indicate specialty. This bill would apply to anyone who is unlicensed, not licensed, suspended, or revoked license from using any physician or specialty title. Violation of this statutory section would be a misdemeanor.

**Analysis:** This bill originally included the title “Osteopath” as a title that could only be used by a licensed Osteopathic Physician and Surgeon. However, an amendment after the bill was introduced, deleted “Osteopath,” which removes its title protection. The Board opposed this bill last legislative session. The bill subsequently died.

**Implementation Plan:** This bill died so no further action is required. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

### **SB 233 (Skinner) Arizona Physician Registration to Perform Arizona Abortions: Temporary Registration to Care for Abortion Patients.**

SB 233 (Skinner, Chapter 11, Statutes of 2024) Arizona Physician Temporary Registration to Provide Abortions to their Patients.

**Summary:** This bill provides a pathway for Arizona physicians to register and if approved by the Board be able to perform abortions for their Arizona patients in California. This temporary registration in lieu of licensure or an exemption from licensure has been opened since June 2024 and will become inoperative December 1, 2024, and repealed January 1, 2025.

**Analysis:** The purpose of this bill is to assist physicians and patients in need of abortion in Arizona where it has been banned this year and the repeal of the ban will be delayed until January 2025. It allows with specific documentation, for physicians licensed and in “good standing” in Arizona to perform abortions in California for women patients from Arizona. The purpose is to provide a



bridge to access to abortion care until the repeal of the abortion ban goes into effect in Arizona, which is estimated to be January 2025.

*Statutory Reference:* Add and repeal Business and Professions Code Section 2076.6 with urgency clause.

**Implementation Plan:** Implementation on this bill has been completed. DCA created a registration portal for this bill that has been available since June 2024. This portal will become inoperative as the bill requires December 1, 2024, and thereafter the law will be repealed January 1, 2025. The Governor's Office and Legislature took the lead in publicity about this bill. The Board posted the alert and link for registration on the Board's website. As of today, the Board has not received any requests for registration.

#### **SB 1451 (Ashby) Professions and Vocations) Healing Art Professions Changes: Title Protection**

SB 1451 (Ashby, Chapter 481, Statutes of 2024) Title Protection for Osteopath

**Summary:** This bill takes off where AB 765 left off. This bill makes amendments for various healing arts Boards and professions. New amendments add in title protection language for M.D.s and D.O.s protecting the usage of the word doctor, physician, and physician and surgeon. It does not fix the unique issue related to the title usage of "osteopath," which was removed from AB 765 (Wood). The intention of the bill was to be a title protection bill that solves the issue of patient confusion around titles.

**Analysis:** Despite offering to assist the Board, in the end the author refused to add the title "osteopath" to this bill as requested by the Board. This remains an unresolved issue that will create confusion among consumers and will undermine the Board's enforcement of unlicensed practice. A last-minute unrelated amendment BPC 2097.5 by the MBC related to licensing was added. OMBC requested this amendment not apply to OMBC and it does not.

*Statutory Reference:* Relevant sections amended: Business and Professions Code Sections 115.4, 115.5, 115.6, 135.4, 2054, to add Sections 2097.5.

**Implementation Plan:** This bill did not correct the title protection the Board requested and instead made minor clarifying changes to the use of Physicians and Surgeons title. There is no implementation needed for this bill. This bill will be included in the policy alert sent to licensees and posted on the Board's website.

#### **AB 2164 (Berman) License Applications Conditions Causing Impairment to Practice Medicine Safely**

AB 2164 (Berman, Chapter 952, Statutes of 2024) Initial License Application Question(s) Regarding Conditions Causing Impairment to Practice Medicine Safely.

**Summary:** This bill seeks to force the MBC and OMBC Boards to modify their license application question(s) regarding conditions that that impair or limit applicant's ability to practice medicine safely. The Board requested a technical amendment that would correct the propose statutory wording to accurately reflect that OMBC's license types, but that amendment was never made so the statute remains inaccurate with respect to OMBC. However, OMBC is in compliance with the statute.

**Analysis:** OMBC's initial license applications were in compliance prior to the bill. To accommodate the concerns raised by this bill, OMBC moved the question on the applications out of the enforcement section to a different section in the application. This was completed in June 2024.

*Statutory Reference:* Amends Business and Professions Code Section 2425, and adds Section 2090.

**Implementation Plan:** OMBC's application is already in compliance so no further implementation is needed. This bill will be included in the policy alert sent to licensees and posted on the Board's website.

#### **AB 1991 (Bonta) HCAI Survey: Healing Arts: Workforce Data**

AB 1991 (Bonta, Chapter 369, Statutes of 2024) HCAI Survey Workforce Data: National Provider Identifier

**Summary:** This bill requires OMBC and MBC to collect the national provider identifier number on the Physician Survey if a licensee has such an identification number. This bill would also require certain healing arts Boards to collect workforce data from their licensees at the time of renewal as a condition of renewal. It would prohibit Boards from denying a renewal solely because a licensee failed to provide workforce data as required.

**Analysis:** The Board already has an HCAI survey that licensees must complete at their renewal. In fact, licensees can complete the HCAI survey at any time and not wait until their renewal time. The only change is for the OMBC and MBC to add a question about the national physician identification number. It appears that this bill focused on Boards that do not have a workforce survey so they would be required to offer one that their licensees are required to complete. The bill was initially confusing with respect to whether it impacts Boards with an existing HCAI survey, so there is clarifying language in the bill that states that this section does not alter or affect the mandatory reporting requirements for licensees established in [BPC section 2455.2](#). It would, however, require MBC to add it to the HCAI Physician Survey that MBC and OMBC share.

*Statutory Reference:* Adds Business and Professions Code Section 850.2.

**Implementation Plan:** MBC manages the HCAI Physician Survey for both MBC and OMBC so they will take the lead in adding this question to the HCAI Physician Survey and any IT implementation. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **AB 2862 (Gipson) Expedite license for African American Applicants**

**Summary:** This bill would require the Osteopathic Medical Board and other Boards to prioritize African American applicants seeking licenses under these provisions, especially applicants who are descended from a person enslaved in the United States. The bill would repeal those provisions on January 1, 2029. The Board had been interested in this bill but had some concerns and felt until the concerns were addressed in the bill, it was premature to take a position on the bill.

**Analysis:** This bill is sponsored by the author as part of a package of bills introduced by members of the California Legislative Black Caucus. The Senate had concerns about this bill, it was held in committee and died.

**Implementation Plan:** No further action required. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **AB 2270 (Maienschaein) Menopausal and Mental and Physical Health CME**

AB 2270 (Maienschaein, Chapter 636, Statutes of 2024) Menopausal and Physical Health CME

**Summary:** The purpose of this bill is to encourage physicians to take continuing medical education course work on the topics of menopausal and mental or physician health of older women. This bill adds menopausal and mental and physical health training to the list of acceptable and priority CME topics. It is optional, not mandatory.

**Analysis:** Historically, very little research and medical training related to women's health and in particular older women's health has been done or been available. The purpose of this bill is this to correct this lack of training and knowledge by adding this topic to acceptable CME topics. Adding a CME topic does not have any fiscal or workload impact for the Board.

*Statutory Reference:* Amends Business and Professions Code Sections 2191, 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 of, and adds Section 2914.4.

**Implementation Plan:** There is no implementation needed since this bill does not create a violation. The Board will accept such CME it in their review of CMEs for renewal. OMBC will include this bill in its policy alert sent to licensees and posted on its website.



#### **AB 2581 (Maienschaein) CME: Maternal Mental Health**

AB 2581 (Maienschaein, Chapter 836, Statutes of 2024) CME: Maternal Mental Health

**Summary:** This bill encourages physicians to take CME on maternal mental health adding it to the list of acceptable and priority CME topics. This bill applies to Boards other than OMBC and MBC who do not have this continuing education requirement.

**Analysis:** This bill originally included MBC and OMBC in the bill but upon further committee analysis was amended to remove MBC and OMBC because there is an existing statutory CME requirement that includes maternal mental health [BPC section 2196.9](#).

*Statutory Reference:* Amends Business and Professions Code Sections 2811.5, 3524.5, 4980.54, 4989.34, 4996.22, and 4999.76 and adds Section 2914.5.

**Implementation Plan:** There is no implementation needed since this is an existing CME requirement for the Board. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **AB 2442 (Zbur) License Expedite: Gender Affirming Care or Mental Health**

**Summary:** This bill requires Boards to expedite the initial licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care and gender-affirming mental health care, as defined, within the scope of practice of their license, and would specify the manner in which the applicant would be required to demonstrate their intent. The bill would repeal its provisions on January 1, 2029.

**Analysis:** Vetoed. Governor's veto message noted concern over the number of current expedited application processing laws.

**Implementation Plan:** No implementation needed. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **AB 3119 (Low) Long Covid Continuing Medical Education**

AB 3119 (Low, Chapter 433, Statutes of 2024) Long COVID CME

**Summary:** This bill amends BPC sections 2191.6 and 2454.56 to add "Long COVID" training to the list of acceptable and priority CME topics. It is optional, not mandatory.

**Analysis:** The intention of the bill is to address the lack of knowledge and understanding about long COVID through continuing education requirements to empower doctors to enhance their comprehension and proficiency in supporting and treating individuals with long COVID. Adding a CME topic does not have any fiscal or workload impact for the Board. However, adding this to BPC 2456.6 is redundant because BPC 2191.6 already applies to OMBC. This is becoming a constant legislative struggle with CME legislation to have proposed new CME requirements and topic only placed in the Medical Practice Act, which applies to OMBC, and not Article 21 of the Osteopathic Act. In the future, the Board should consider approving technical amendments that would fix this issue by deleting the duplicative CME requirements from Article 21.

*Statutory Reference:* Adds Business and Professions Code Sections 2191.6 and BPC 2456.6.

**Implementation Plan:** There is no implementation needed since this bill does not create a violation. The Board will accept these CMES in their review of CMEs for renewal. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **SB 639 (Limon) CME: Special Needs of Dementia Patient Care**

SB 639 (Limon, Chapter 336, Statutes of 2024) CME: Special Needs of Dementia Patient Care

**Summary:** This bill adds an additional topic, special care needs of patients with dementia, to an existing mandatory CME requirement for specified physicians and surgeon pursuant to BPC section 2190.3. Specifically, this bill requires all general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.

**Analysis:** BPC 2190.3 is one of the statutorily mandated CMEs that only applies to physicians and surgeons that have an older patient population that constitutes 25 percent or more of their practice. This bill adds a logical additional topic of special care needs of patients with dementia that would be helpful for those treating patients 65 years and older. The intention of the bill is to address concerns that physicians and surgeons who are treating patients 65 years and older do not have specific training related to elderly health care needs that would be critical in providing patient centered and appropriate care. In adding it to the existing CME requirement, it becomes part of the mandated CME. This was one of the CME mandates that was added to the CME regulations that the Board approved at the last meeting.

*Statutory Reference:* Business and Professions Code Section 2190.3.

**Implementation Plan:** The Board will accept these CMES it in their review of CMEs for renewal. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **AB 3030 (Calderon) Health Care Services: AI disclosure.**

AB 3030 (Calderon, Chapter 848, Stats of 2024), signed Sept 28, 2024

**Summary:** This bill would require an entity, including a health facility, clinic, physician's office, or office of a group practice that uses a generative artificial intelligence tool to generate responses for health care providers to communicate with patients to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and (2) clear instructions for the patient to access direct communications with a health care provider, as specified. The bill authorizes MBC and OMBC to have enforcement jurisdiction in determining whether discipline is appropriate and necessary if physicians violate this new law.

**Analysis:** This bill regulating A.I. follows the trend of requiring disclosure to the public of A.I. use. The initial concern with A.I. has been its misuse to misrepresent people, images, or statements. As a result, the focus of this bill is to preliminarily require disclosure whenever used. This bill focuses on physicians and health care facilities. This bill does not create specific content restrictions or prohibitions related to using A.I., which may be needed in the future to protect public safety and confidential information and errors generated by A.I. It does create an exemption that if the A.I. generated communication is reviewed by a licensed health provider, they would not be in violation of this law.

*Statutory Reference:* Adds Chapter 2.1, Section 1339.75 to Division 2 of the Health and Safety Code, relating to health care services.

**Implementation Plan:** This bill creates a statutory violation for which OMBC will work with DCA to add an enforcement code to breeze. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **SB 607 (Portantino) Controlled Substances: Patient Education: Adults and Children**

SB 607 (Portantino, Chapter 862, Statutes of 2024) Controlled Substances: Patient Education

**Summary:** Existing law requires a prescriber, with certain exceptions, before directly dispensing or issuing for a minor the first prescription for a controlled substance containing an opioid in a single course of treatment, to discuss specified information with the minor, the minor's parent, or guardian, or another adult authorized to consent to the minor's medical treatment. This bill would extend that requirement for the prescriber by applying it to any patient, not only a minor, under those circumstances.



**Analysis:** The intention of this bill is to address the opioid crisis through patient counseling of the potential risk of taking opioids. The initial focus of the bill was minor patients, but the bill has expanded to include all patients. The bill initially had a provision requiring counseling include alternatives to opioids, but that language has been amended out of the bill.

*Statutory Reference:* Amends Health and Safety Code Section 11158.1 of the Health and Safety Code, relating to controlled substances.

**Implementation Plan:** This bill creates a violation for which OMBC will work with DCA to add an enforcement code to breeze. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **SB 636 (Cortese) Workers' Compensation Utilization Review**

**Summary:** This bill would require, for private employers, that utilization review (UR) under the workers' compensation system be performed by medical professionals licensed under California law.

**Analysis:** Vetoed.

**Implementation Plan:** No implementation needed. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

#### **AB 3127 (McKinnor) Mandatory Reporting: Physicians: Crimes**

**Summary:** This bill attempts to remove or modify the "mandatory reporting" requirement that physicians report to law enforcement injuries of their patients that may constitute domestic violence, sexual-abuse, or elder abuse. And eliminates the criminal liability for failing to report such patient harm. The intent of the bill is to eliminate the potential unintended consequences of harm to the patient of reporting to law enforcement. And the bill attempts to remove the criminal liability of non-reporting. Each attempt has failed to achieve the goal.

**Analysis:** Dead.

**Implementation Plan:** No implementation needed. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

### **SB 1067 (Smallwood Cuevas) License Expedite for medically underserved areas within Healing Arts**

**Summary:** This bill would require each healing arts Board to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population, as defined. The bill would authorize an applicant for a license to demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer, located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date. This is an existing law for OMBC and MBC and HCAI is the agency in charge of the creation and maintenance of designating areas as medically underserved and or identifying the locations of medically underserved populations.

**Analysis:** Vetoed. Governor's veto message noted concern over the number of current expedited application processing laws.

**Implementation Plan:** No implementation needed. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

### **AB 2269 (Flora) Board Membership: Conflict of Interest**

**Summary:** Existing law prohibits a public member, or a lay member appointed to a Board, as defined, from, among other things, having a specified relationship with a licensee of that Board within 5 years of the public member's or lay member's appointment.

This bill would prohibit a public member or a lay member of any Board from having a specified relationship with a licensee of that Board, for services provided pursuant to that license, within 3 years of the public member's or lay member's appointment. The bill would provide that these requirements apply to a public member or a lay member of a Board upon appointment or reappointment on or after January 1, 2025.

**Analysis:** Dead.

**Implementation Plan:** No further action required. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

### **SB 1012 (Weiner) Psychedelic Facilitators: Establish Regulatory Body**

**Summary:** According to the Senate Committee on Public Safety (April 23, 2024) analysis: The purpose of this bill is to establish the Regulated Psychedelic Facilitators Act (Facilitators Act) and Regulated Psychedelic-Assisted Therapy Act (Assisted Therapy Act) administered by new state entities, each of which is required to undertake regulatory efforts to determine, define, and establish standards for psychedelic facilitation in the state, and exempts from prosecution certain conduct related to controlled substances when the conduct occurs lawfully under the Facilitators Act or the Assisted Therapy Act.

The division is proposed to be created with the Business, Consumer Services and Housing Agency, with DCA and the Director being responsible for facilitating the set up of a new

Licensing Board and Committee within DCA.

**Analysis:** Dead.

**Implementation Plan:** No further action required. OMBC will include this bill in its policy alert sent to licensees and posted on its website.

### **AB 3146 (Essayli) Prohibition of Sex Re Assignment for Minors**

**Summary:** This bill prohibits any health care provider from providing gender affirming care to minors (under 18 years old).

**Analysis:** Dead.

**Implementation Plan:** No further action required. OMBC will include this bill in its policy alert sent to licensees and posted on its website.



# Agenda Item 15

Rulemaking Update







## MEMORANDUM

DATE	November 14, 2024
TO	OMBC Board Members
FROM	Terri Thorfinnson, J.D. Administrative Services Program Manager
RE:	Agenda Item 15 Rulemaking Update -2024 Rulemaking for Pending or Proposed Regulations

### Overview

Rulemaking is a tedious and long process that involves many steps and various agency approvals to complete. The steps include creating the concept and drafting the language and working closely with DCA regulatory counsel and budget staff. Once the language is drafted and approved by budget staff and regulatory counsel, it is ready to be presented to the Board for approval.

After the Board approves the language, then staff drafts the rest of the rulemaking documents that include the Notice of Rulemaking, Initial Statement of Reasons, STD 399 Fiscal and Economic Impact Statements, and gather supporting documentation including minutes, rulemaking memos, bills and bill analysis are a few examples. Once compiled, regulatory counsel reviews the documents and revisions if needed are made. This is the completion of DCA Pre-Review. Then, it goes on to the DCA Director for approval, then Agency and Department of Finance (DOF) before the Board is given the approval to file the rulemaking package with the Office of Administration Law (OAL).

Once the rulemaking package is filed with OAL, it is posted on the Board's website and notices of the rulemaking is sent out to stakeholders informing them of the 45-day comment period. At the close of the comment period, comments are responded to and incorporated into the final rulemaking package then submitted to OAL for final approval. If the rulemaking package is approved, the implementation date will be one of the four statutorily designated dates within the year. As a result, implementation is not immediate upon approval.

### Rulemaking Stages:

- Concept and drafting
- DCA pre-review (reg counsel, budgets)
- Board approval of proposed language
- Director approval of complete rulemaking package
- Agency Approval complete rulemaking package
- DOF approval complete rulemaking package
- File with OAL complete rulemaking package
- OAL approval or denial
- Effective date of regulations

## History of OMBC's Proposed Regulatory Packages

**CME and Cite and Fine** separate regulatory topics and packages that were combined and approved by the Board. The original purpose of this rulemaking package was to create the authority for licensees to self-renew and the Board to audit Continuing Medical Education (CME). The Board also needed to update the new laws related to licensing and CMEs that occurred since 2017. Meanwhile, the Cite and Fine rulemaking package was accelerated and eventually combined with the CME package into one package. The cite and fine rulemaking was needed to update the Board's cite and fine authority to enforce new laws since it was last updated.

The most recently approved **Fees and Licensing** rulemaking package by the Board includes multiple topics: current fee amounts, creating new fees, updating licensing requirements, new license status, two new enforcement fees, were separate topics combined into one package. Together, these five topics could constitute individual rulemaking packages, but it was decided to combine them from the beginning to expedite the changes and avoid rulemaking issues related to the timing of the implementation of each.

This package includes updates licensure requirements and documentation to reflect the current requirements. It creates a new license status of 'Retired' and application with two accompanying fees: one for requesting retired status and one for reinstating from retired to active status. It increases specific current license fees to the statutory cap. There are new enforcement fees authorized by SB 815 for petitions for reinstatement and petitions for modification of penalty.

The **Disciplinary Guidelines and Uniform Standards for Substance Abusing Licensees** is a combine package in the preliminary concept and drafting stage. The Board has not succeeded in updating its disciplinary guidelines since 1996. In 2018, the Board's rulemaking package was denied by the OAL. It was redrafted to exclude the Uniform Standards for Substance Abusing Licensees and just focus on updating the disciplinary guidelines that are needed for disciplinary orders. The Board approved propose language that focused only on the disciplinary guidelines, but the drafting of the rulemaking package was delayed for years. Under Director Calderon's leadership she is revising and updating the disciplinary guidelines and adding back in the Uniform Standards for Substance Abusing Licensees. Currently, that is in the drafting stages in consultation with OMBC's regulatory counsel.

## Rulemaking Workload

To put into perspective the rulemaking workload described above, the above three rulemaking packages include eight different rulemaking packages which could have been prepared as separate rulemaking packages, but are being combined into three rulemaking packages. Rulemaking is a full-time workload, but OMBC lacks dedicated rulemaking staff. Each year, chaptered bills create rulemaking workload on top of Board driven workload to update its regulations. In order to make this volume of rulemaking possible, Erika created a part time retired annuitant position to assist with this rulemaking workload. The Board continues to advocate for the creation of a dedicated rulemaking staff for OMBC. Rulemaking is critical to the Board's daily operations. These three rulemaking packages are the Board's top priority due to their impact on daily operations and the achievement of the Board's mission to protect public safety.



### Rulemaking Status: Continuing Medical Education and Cite and Fines

<i>Concept/ Draft language</i>	<i>DCA pre-review</i>	<i>Board approval of Language</i>	<i>Draft Regulatory documents/ review</i>	<i>DCA Director Approval</i>	<i>Agency Approval</i>	<i>DOF Approval</i>	<i>Filing regulatory package with OAL</i>
9.22.2018	3/5/18, 5/25/22, 6/29/23,9/19/23, 6/4/24,9/11/24	5/16/19,1/14/21, 1/19/23,8/17/23, 8/15/24	6/4/24, 9/11/24	October 2024	pending		
<i>45-day comment period</i>	<i>Respond to comments and submit package to OAL</i>	<i>Final review with Regulatory Attorney</i>	<i>Submit to OAL for approval</i>	<i>OAL approval or denial</i>	<i>Effective Date</i>		

### Rulemaking Status: Fees and License Status

<i>Concept/ Draft language</i>	<i>DCA pre-review</i>	<i>Board approval of Language</i>	<i>Draft Regulatory documents/ review</i>	<i>DCA Director Approval</i>	<i>Agency Approval</i>	<i>DOF Approval</i>	<i>Filing regulatory package with OAL</i>
1/1/2024	2/1/24,2/15/24 2/28/24, 4/12/24, 4/12/24,5/9/24, 6/5/24,7/10/24, 7/22/24, 7/26/24	8/15/2024	pending				
<i>45-day comment period</i>	<i>Respond to comments and submit package to OAL</i>	<i>Final review with Regulatory Attorney</i>	<i>Submit to OAL for approval</i>	<i>OAL approval or denial</i>	<i>Effective Date</i>		

### Rulemaking Status: Disciplinary Guidelines

<i>Concept/ Draft language</i>	<i>DCA pre-review</i>	<i>Board approval of Language</i>	<i>Draft Regulatory documents/ review</i>	<i>DCA Director Approval</i>	<i>Agency Approval</i>	<i>DOF Approval</i>	<i>Filing regulatory package with OAL</i>
1/31/2020	9/19/23, 10/9/23, 11/16/23, 3/8/24, 4/16/24, pending						
<i>45-day comment period</i>	<i>Respond to comments and submit package to OAL</i>	<i>Final review with Regulatory Attorney</i>	<i>Submit to OAL for approval</i>	<i>OAL approval or denial</i>	<i>Effective Date</i>		

# Agenda Item 17

Future Meeting Dates & Items







## Future Meeting Dates

Date	Place	Time
Thursday January 23, 2025	Hybrid - Teleconference Department of Consumer Affairs - HQ1 1625 North Market Blvd. Hearing Room Sacramento CA 95834	9:00 am
Thursday May 13, 2021	Hybrid - Teleconference Western University of Health Sciences 701 E. Second Street Pomona CA 91766	9:00 am
Thursday August 14, 2025	Hybrid - Teleconference Department of Consumer Affairs - HQ2 1747 North Market Blvd. Hearing Room Sacramento CA 95834	9:00 am
Thursday November 13, 2025	Hybrid - Teleconference Department of Consumer Affairs - HQ1 1625 North Market Blvd. Hearing Room Sacramento CA 95834	9:00 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.*





## Future Agenda Items

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