APPROVAL OF THE AUGUST 16, 2011, COMMITTEE MEETING MINUTES.

The draft minutes are attached for review.

STATE OF CALIFORNIA
dca
DEPARTMENT OF CONSUMER AFFAIRS

STATE AND CONSUMER SERVICES AGENCY • GOVERNOR EDMUND G. BROWN JR.

CALIFORNIA BOARD OF OCCUPATIONAL THERAPY
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TELECONFERENCE LEGISLATIVE AND REGULATORY AFFAIRS COMMITTEE MEETING MINUTES

Tuesday, August 16, 2011

DRAFT

1. Call to order, roll call, establishment of a quorum

Luella Grangaard, Committee Chair, called the meeting to order at 3:05.

2. Introductions

The Committee members, Luella Grangaard, Board Member/Chair, Diane Josephs, Lin Reed, and Gigi Smith, all introduced themselves.

3. Review/update of Committee Member Roster/Information.

Ms. Grangaard asked the members to review their information on the roster and provide any changes to the Board's Executive Officer, Heather Martin.

4. Review and discussion of the Committee's Roles and Responsibilities and consideration of recommending changes to the Board.

After reviewing the draft Roles and Responsibilities document, the Committee discussed amending it to include "recommending legislative amendments" to the Board.

- Diane Josephs moved to recommend the Board accept the Committee's revised Roles and Responsibilities.
- Lynn Reed seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

5. Discussion and consideration of recommending a position to the Board on the following bills:

a) Assembly Bill (AB) 171(Beall), Autism spectrum disorder.

Prior to discussion about the bill, Ms. Grangaard reminded the Committee members of the positions they would be recommending to the Board, including, support, support if amended, oppose, oppose unless amended and neutral or watch.

One member asked if the bills should be reviewed with an understanding of the limitations of the current fiscal climate. It was agreed that while was one issue to consider, however, the primary purpose was to review each bill in terms of how it supports consumer protection.

AB 171 would require health care service plan contracts and health insurance policies to provide coverage for the screening, diagnosis, and treatment of autism spectrum disorders.

Ms. Grangaard asked Jennifer Snyder, lobbyist with Capitol Advocacy, appearing on behalf of the Occupational Therapy Association of California (OTAC), if she knew what OTAC's position was on the bill. Ms. Snyder replied that OTAC was simply watching the bill and had not developed a position yet.

Lin Reed noted that the increased access and coverage would be beneficial and positive to both consumers and licensees.

- Gigi Smith moved to recommend the Board provide a Support position on AB 171..
- Diane Joseph seconded the motion.

<u>Roll call vote</u>

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

b) AB 374 (Hayashi), Athletic Trainers

Ms. Martin explained that this was a newer version of the bill than the Board previously viewed, which contained several provisions of concern. Also, the licensure provisions were amended out and the current verbiage simply makes it unlawful for any person to hold himself or herself out as a certified athletic trainer unless certain requirements had been met.

- Diane Josephs moved that the Committee recommend the Board not take any position on AB 372 and direct staff to continue to watch the bill.
- Gigi Smith seconded the motion.

<u>Roll call vote</u>

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

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- Motion passed unanimously.

c) AB 518 (Wagner), Elder and dependent adult abuse: mandated reporters.

The Committee discussed the provisions of the bill including the deletion of the January 1, 2013, repeal date and other clarifying amendments.

- Lin Reed moved to recommend the Board provide a Support position on AB 518.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

d) AB 783 (Hayashi), Professional Corporations.

The Committee discussed the provisions of the bill including the absence of occupational therapy (OT) corporations in the Corporations Code.

- Lin Reed moved to recommend the Board support AB 783 bill if amended to include OT corporations.
- Diane Josephs seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

The Committee discussed which types of licensees should be included as employees of OT corporations, and added to the Corporations Code.

- Gigs Smith moved that if OT corporations were added to the Corporations Code, the Board should support AB 783 if it is amended to allow occupational therapy corporations to employ any of the following licensee types: doctors of podiatric medicine, psychologists, registered nurses, optometrists, marriage and family therapists, clinical social workers, physician assistants, chiropractors, acupuncturists, naturopathic doctors, physical therapists, speech-language pathologists, audiologists, and hearing aid dispensers.
- Diane Josephs seconded the motion.

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Roll call vote
Luella Grangaard: Aye
Diane Josephs: Aye
Lin Reed: Aye
Gigi Smith: Aye

- Motion passed unanimously.

The Committee also discussed which other types of corporations should be able to employ occupational therapists and occupational therapy assistants.

- Diane Josephs moved to recommend the Board support the bill if it is amended to include occupational therapists and occupational therapy assistants as employees of naturopathic corporations.
- Gigi Smith seconded the motion.

Roll call vote
Luella Grangaard: Aye
Diane Josephs: Aye
Lin Reed: Aye
Gigi Smith: Aye

- Motion passed unanimously.

e) AB 800 (Huber), Boards and Commissions: Time Reporting.

The Committee discussed the quarterly Board Member reporting requirements of the bill

- Diane Josephs moved to recommend the Board remain neutral on this bill.
- Lin Reed seconded the motion.

Roll call vote
Luella Grangaard: Aye
Diane Josephs: Aye
Lin Reed: Aye
Gigi Smith: Aye

- Motion passed unanimously.

f) AB 958 (Berryhill) – Statute of limitations for disciplinary actions.

The Committee discussed the timeframe limitations for the boards to file disciplinary action accusations against licensees.

- Diane Josephs moved to recommend the Board oppose AB 958.
- Gigi Smith seconded the motion.

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Roll call vote
Luella Grangaard: Aye
Diane Josephs: Aye
Lin Reed: Aye
Gigi Smith: Aye

- Motion passed unanimously.

g) AB 1003 (Smyth) Professional and vocational licenses.

The Committee discussed the bill's intent to require all professional and vocational licenses issued by DCA, the boards and the State Department of Public Health to be issued by from one central location while the enforcement authority would remain with the respective boards and department.

- Gigi smith moved to recommend the Board oppose AB 1003.
- Lin Reed seconded the motion.

Roll call vote
Luella Grangaard: Aye
Diane Josephs: Aye
Lin Reed: Aye
Gigi Smith: Aye

- Motion passed unanimously.

h) AB 386 (Galgiani), Prisons: telehealth systems.

The Committee discussed the provision of services in the prisons via telehealth and the limitation of doing so "only when it is in the best interest of the health and safety of the patient" and the exclusion of civil service physicians and dentists.

- Lin Reed moved to recommend the Board monitor AB 386.
- Diane Josephs seconded the motion.

Roll call vote
Luella Grangaard: Aye
Diane Josephs: Aye
Lin Reed: Aye
Gigi Smith: Aye

- Motion passed unanimously.

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i) AB 415 (Logue), Telehealth.

The Committee discussed the fact that, as written, the bill would preserve the integrity of the therapy process and protect consumers without 'simply' cutting services. Further discussion ensued.

- Lin Reed moved to recommend the Board oppose AB 415 unless it is amended to include language that protects the consumers and still allows for face-to-face contact with the provider.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed.

j) AB 608 (Pan), Telemedicine.

The Committee discussed the bill, noting that it simply establishes the intent of the Legislature to enact legislation related to telemedicine, and that further amendments would be forthcoming. The Committee directed staff to watch the bill and report back at the next meeting.

k) Senate Bill (SB) 946 (Committee on Health), Telemedicine.

The Committee discussed the bill, noting that it replaces 'telemedicine' with 'telehealth,' established definitions relating to the provision of telehealth, and established a pilot program to provide services via telehealth. The Committee agreed that the bill was a step in the right direction.

- Gigi Smith moved to recommend the Board support SB 946.
- Diane Josephs seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

Due to time constraints, Agenda items 5(l), 5(m), 5(n), and 5(o) were tabled for a future meeting.

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p) SB 924 (Walters), Direct patient access to physical therapy.

The Committee discussed the various provisions of the bill.

- Diane Josephs moved to recommend the Board oppose SB 924, unless provisions were included which better protects the consumers, and ensure the quality of care is appropriate, and referrals were made appropriately.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

Agenda items 5(q), 5(r), and 5(s) were tabled for a future meeting.

6. Selection of future meeting dates.

The Committee members agreed that the next meeting would be held October 18, 2011 at 5:30 pm.

7. Public comment on items not on agenda.

No public comments were provided.

8. Adjournment

The meeting adjourned at 5:05.

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AGENDA ITEM 3

APPROVAL OF THE NOVEMBER 2, 2011, COMMITTEE MEETING MINUTES.

The draft minutes are attached for review.

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TELECONFERENCE LEGISLATIVE AND REGULATORY AFFAIRS COMMITTEE MEETING MINUTES

Wednesday, November 2, 2011

DRAFT

1. **Call to order, roll call, establishment of a quorum.**

   Luella Grangaard called the meeting to order at 12:05. All committee members were present and a quorum was established.

2. **Discussion and consideration of previously approved legislative proposals, and recommendations to the Board regarding priorities for the upcoming legislative session:**
   a) **Amend Business and Professions Code (BPC) Section 146, Violations of specified authorization statutes as infractions; Punishment.**
   b) **Amend BPC Section 149, Notice to cease advertising in telephone directory; Contest and hearing; Disconnection of service.**

   The Committee discussed the provisions the legislative proposals, which included adding the board to BPC sections 146 and 149.

   Erica Eisenlauer, Legislative Analyst, suggested that since the amendments were technical in nature, the proposals may meet the requirements of the Department of Consumer Affairs' annual omnibus bill.

   - Diane Josephs moved to recommend the Board request amendments to BPC Sections 146 and 149 to either be included in the Department's omnibus bill or to be considered as a low priority.
   - Gigi Smith seconded the motion.

   Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

   - Motion passed unanimously.

   c) **Amend BPC Section 2570.2, Definitions.**

   The Committee discussed the provisions of the legislative proposal to amend BPC 2570.2 and determined that based on the clarity to the Occupational Therapy

Practice Act and the importance of the amendments, the legislative proposal should be considered a high priority.

Jennifer Snyder, representing the Occupational Therapy Association of California, suggested the Committee exercise caution in providing language without considering input of stakeholders.

Ms. Grangaard explained that public comment had been considered when the Board previously approved the legislative proposals before the Committee. She further clarified that the purpose of the meeting was simply to prioritize the previously-approved legislative proposals, not to make recommendations regarding any language changes.

Ms. Grangaard asked the Committee if they preferred to discuss each and then vote on priority level of each item or discuss each item and then vote on a package of recommended priorities. The Committee agreed to discuss each item, come to a consensus on a recommended prioritization, and then vote on the recommended list of prioritized legislative proposals.

After further discussion regarding the proposal to amend BPC 2570.2, the Committee members offered the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	High
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

d) Amend BPC Section 2570.3, Licensing requirement.

The Committee discussed the provisions of the legislative proposal to amend BPC 2570.3, requiring an application and fee for approving advanced practice courses, and suggested the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	High
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

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e) Amend BPC Section 2570.16, Fees.

The Committee discussed the provisions of the legislative proposal to amend BPC 2570.16, requiring the payment of various fees, and suggested the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	High
Diane Josephs:	High
Lin Reed:	Medium
Gigi Smith:	High

f) Amend BPC Section 2570.18, Representation.

The Committee discussed the provisions of the legislative proposal to amend BPC 2570.18, regarding the way an occupational therapist with a doctoral level degree, among other things, represents themselves, verbally and in writing, and suggested the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	Low
Diane Josephs:	Low
Lin Reed:	Low
Gigi Smith:	Low

Ms. Snyder remarked that the language appeared cumbersome and that these amendments may not be necessary.

g) Amend BPC 2570.19, California Board of Occupational therapy; Occupational Therapy fund.

Committee members were advised to ignore this item.

h) Amend BPC 2570.27, Discipline; Initial license issued on probation.

The Committee discussed the provisions of the legislative proposal to add a new BPC section so that probation monitoring costs could be charged to a licensee on probation and the board would not renew or reinstate the licensee who has failed to repay all of the costs ordered, and suggested the following priority levels:

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	Verbal Recommended Priority Level
Luella Grangaard:	Medium
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

i) Add new BPC Section requiring mandatory reporting of employees who are terminated or suspended for cause, as specified, and consequences for failure to report.

The Committee discussed the provisions of the legislative proposal to add two new BPC sections establishing mandatory reporting requirements by employers and consequences for failure to report to the Board, and suggested the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	High
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

j) Add new BPC Section regarding limiting liability of occupational therapists providing services in an emergency, disaster, or state of war.

The Committee discussed the provisions of the legislative proposal to amend the Government Code and add a new BPC section to limit the liability of occupational therapists providing services in an emergency, disaster, or state of war, and suggested the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	Medium
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

k) Add new BPC Section establishing new language which would allow the Board to inspect records.

The Committee discussed the provisions of the legislative proposal to add a new BPC section that would allow the Board to inspect facility records and suggested

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the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	High
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

l) Add new BPC Section requiring an application and fee for providers of post-professional (advanced practice) education courses and the courses they offer, and require a biennial renewal thereafter.

Committee members were advised to ignore this item.

m) Add new BPC Section establishing standards of practice for telehealth by occupational therapists.

The Committee discussed the provisions of the legislative proposal to add a new BPC section establishing standards of practice for the delivery of occupational therapy via telehealth and suggested the following priority levels:

	Verbal Recommended Priority Level
Luella Grangaard:	High
Diane Josephs:	High
Lin Reed:	High
Gigi Smith:	High

Ms. Snyder advised the committee that the American Occupational Therapy Association had developed model telehealth language and was in the process of fine-tuning it; the language should be available soon.

The Committee thanked Ms. Snyder for the information.

n) Add new BPC Section requiring the Board to perform a workforce study and authorize an appropriate expenditure for the study.

The Committee discussed the provisions of the legislative proposal to add a new BPC that would require the Board to complete an occupational therapy workforce study and appropriate funds to complete the study. After further consideration, the Committee suggested the legislative proposal not be considered a priority of any level at this time.

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- Luella Grangaard moved to recommend the Board adopt the Committee's recommended prioritization of previously-approved legislative proposals.
- Diane Josephs seconded the motion.

<u>Roll call vote</u>

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

3. Public comment on items not on agenda.

There were no further public comments.

4. Adjournment

The Committee agreed they would next meet on January 24, 2012. The meeting adjourned at 12:45 pm.

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AGENDA ITEM 4

APPROVAL OF THE JANUARY 24, 2012, COMMITTEE MEETING MINUTES.

The draft minutes are attached for review.

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TELECONFERENCE LEGISLATIVE AND REGULATORY AFFAIRS COMMITTEE MEETING MINUTES

Tuesday, January 24, 2012

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1. **Call to order, roll call, establishment of a quorum.**

   The meeting was called to order at 3:07 pm and a quorum was established.

2. **Discussion and consideration of recommending a position to the Board on the following bills:**
   a) Assembly Bill (AB) 171(Beall), Autism.

   Ms. Martin advised the Committee that when they last reviewed AB 171, they recommended the Board support the bill.

   - Diane Josephs moved to recommend the Board support AB 171.
   - Gigi Smith seconded the motion.

   Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

   - Motion passed unanimously.

   b) AB 374 (Hayashi), Provides for licensure of Athletic Trainers.

   Ms. Martin advised the Committee that when they last reviewed AB 374, due to the considerable amendments the Committee no longer recommended opposing the bill; the Committee recommendation to the Board was to watch the bill.

   - Gigi Smith moved to recommend the Board continue to watch AB 374 and direct staff to bring the bill back to the Committee if amended again.
   - Lin Reed seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

c) AB 386 (Galgiani), Prisons: telehealth systems.

The Committee discussed AB 386 which provides for a pilot project of delivering services via telehealth in California's prisons. However, there were concerns with OTs not being included among the 'protected' service providers (MDs and DDS), that must not be supplanted by the use of telehealth. When the Committee last reviewed AB 171, they recommended the Board watch the bill.

- Lin Reed moved to recommend the Board continue to watch AB 386.
- Luella Grangaard seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

d) AB 439 (Skinner), Health care information.

The Committee discussed AB 439 which relates to confidentiality of medical information and the limitation on damages for inappropriate release thereof.

- Diane Josephs moved to recommend the Board support AB 439.
- Lin Reed seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

e) AB 518 (Wagner), Elder and dependent adult abuse: mandated reporters.

The Committee discussed AB 518 which would delete the 2013 repeal date of the reporting requirements for mandatory reporters of elder and dependent adult abuse.

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- Lin reed moved to recommend the Board to support AB 518.
- Diane Josephs seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

f) AB 608 (Pan), Telemedicine.

The Committee discussed AB 608 which has not been amended since the Committee last reviewed it; the bill establishes the intent of the Legislature to enact legislation related to telemedicine.

- Lin Reed moved to recommend the Board watch AB 608 and direct staff to bring the bill back to the Committee if amended.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

g) AB 783 (Hayashi), Professional Corporations.

The Committee discussed AB 783 which has not been amended since the committee last reviewed it. At that time, the Committee recommended oppose unless amended to, among other things, add OT corporations, specify those healthcare licensees that may be employed by an OT corporation, and expand the type of corporations to employ OTs to include naturopathic corporations.

- Luella Grangaard moved to recommend the Board oppose AB 783 unless amended with specified provisions.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

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- Motion passed unanimously.

h) AB 800 (Huber), Boards and Commissions: Time Reporting.

The Committee discussed AB 800 which required reporting of specified information by Board Members on a quarterly basis.

- Diane Josephs moved to recommend the Board take a 'neutral' position on AB 800.
- Lin Reed seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

i) AB 958 (Berryhill) – Statute of limitations for disciplinary actions.

The Committee discussed AB 958 which imposed timeframe limitations for the boards to file disciplinary action accusations against licensees.

- Luella Grangaard moved to recommend the Board oppose AB 958.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

j) AB 1003 (Smyth) Professional and vocational licenses.

The Committee discussed AB 1003 and consolidation of specified license types.

- Diane Josephs moved to recommend the Board oppose AB 171 as written.
- Lin Reed seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

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- Motion passed unanimously.

k) Senate Bill (SB) 399 (Huff), Healing Arts: Advertising.

The Committee discussed SB 399 and felt the amendments, among other things, were too restrictive to both licensees and the Board and too hard for the Board to enforce.

- Diane Josephs moved to recommend the Board oppose SB 399.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

l) SB 462 (Blakeslee), Provides for certification of special education advocates.

The Committee discussed SB 462 which would require certification of special education advocates. The committee felt the process for 'certification' was an unnecessary burden imposed on the school districts and to people who currently advocate for special education services.

- Lin Reed moved to recommend the Board oppose SB 462.
- *No second.*

The committee further discussed SB 462; concerns were raised regarding the cost for people to become certified.

- Diane Josephs moved to recommend the Board watch SB 462.
- Gigi Smith seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

m) SB 544 (Price), Professions and Vocations: Amendments to the Business and Professions Code; general provisions and the Occupational Therapy Practice Act.

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The Committee discussed SB 544 which made numerous changes to the general provisions of the BPC and numerous changes specific to the Occupational Therapy Practice Act, to provide enhanced enforcement mechanisms.

- Lin Reed moved to recommend the Board watch SB 544..
- Diane Josephs seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

n) SB 924 (Walters), Direct patient access to physical therapy.

The Committee discussed SB 924 and was concerned, among other things, that the language didn't provide sufficient protection to consumers.

- Lin Reed moved to recommend the Board oppose SB 924.
- Diane Josephs seconded the motion.

Roll call vote

Luella Grangaard:	Aye
Diane Josephs:	Aye
Lin Reed:	Aye
Gigi Smith:	Aye

- Motion passed unanimously.

3. Report on bills previously reviewed by the Committee and signed into law:

a) AB 415 (Logue), Telehealth.
b) Senate Bill (SB) 24 (Simitian), Personal Information: Privacy.
c) SB 541 (Price), Exemptions for Boards from the Public Contract Code requirements (for use of Expert Consultants).
d) SB 850 (Leno), Medical records: confidential information.
e) SB 946 (Committee on Health), Telemedicine.

Ms. Martin referenced the material in the packet that provided a report on bills previously reviewed by the Committee and signed into law. Committee members had no questions.

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4. **Selection of future meeting dates.**

   The Committee selected March 8, 2012, to meet at 3:30, if necessary.

5. **Public comment on items not on agenda.**

   There was no public comment.

6. **Adjournment.**

   The meeting adjourned at 4:20 pm.

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AGENDA ITEM 5

DISCUSSION AND CONSIDERATION OF RECENTLY AMENDED BILLS.

Copies of Assembly Bill 171 and Senate Bill 924 are attached for review.

AMENDED IN ASSEMBLY JANUARY 23, 2012

AMENDED IN ASSEMBLY MAY 3, 2011

AMENDED IN ASSEMBLY APRIL 6, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL No. 171

Introduced by Assembly Member Beall
(Coauthors: Assembly Members Ammiano, Blumenfield, Brownley, Carter, Chesbro, Eng, Huffman, Mitchell, Swanson, Wieckowski, Williams, and Yamada)

January 20, 2011

An act to add Section ~~1374.73~~ *1374.745* to the Health and Safety Code, and to add Section ~~10144.51~~ *10144.53* to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 171, as amended, Beall. ~~Autism spectrum disorder.~~ *Pervasive developmental disorder or autism.*

(1) Existing law provides for licensing and regulation of health care service plans by the Department of Managed Health Care. A willful violation of these provisions is a crime. Existing law provides for ~~licensing and~~ *the* regulation of health insurers by the Insurance Commissioner. Existing law requires health care service plan contracts and health insurance policies to provide ~~benefits for specified conditions, including certain mental health conditions.~~ *coverage for the diagnosis and treatment of severe mental illnesses, including pervasive developmental disorder or autism, under the same terms and conditions applied to other medical conditions, as specified. Commencing July 1, 2012, and until July 1, 2014, existing law requires health care service*

plan contracts and health insurance policies to provide coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism.

This bill would require health care service plan contracts and health insurance policies to provide coverage for the screening, diagnosis, and treatment, *other than behavioral health treatment,* of ~~autism spectrum disorders~~ *pervasive developmental disorder or autism.* The bill would, however, provide that no benefits are required to be provided ~~by a health benefit plan offered through the California Health Benefit Exchange that exceed the essential health benefits required~~ *that exceed the essential health benefits that will be required* under *specified* federal law. The bill would prohibit ~~coverage from being denied for specified reasons~~ *health care service plans and health insurers from denying, terminating, or refusing to renew coverage solely because the individual is diagnosed with or has received treatment for pervasive developmental disorder or autism.* Because the bill would change the definition of a crime with respect to health care service plans, it would thereby impose a state-mandated local program.

(2) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

1 SECTION 1. Section ~~1374.73~~ *1374.745* is added to the Health
2 and Safety Code, to read:
3 ~~1374.73.~~
4 *1374.745.* (a) Every health care service plan contract issued,
5 amended, or renewed on or after January 1, ~~2012~~ *2013*, that
6 provides hospital, medical, or surgical coverage shall provide
7 coverage for the screening, diagnosis, and treatment of ~~autism~~
8 ~~spectrum disorders.~~ *pervasive developmental disorder or autism.*
9 (b) A health care service plan shall not terminate coverage, or
10 refuse to deliver, execute, issue, amend, adjust, or renew coverage,
11 to an enrollee solely because the individual is diagnosed with, or

has received treatment for, ~~an autism spectrum disorder~~ *pervasive developmental disorder or autism.*

(c) Coverage required to be provided under this section shall extend to all medically necessary services and shall not be subject to any limits regarding age, number of visits, or dollar amounts. Coverage required to be provided under this section shall not be subject to provisions relating to lifetime maximums, deductibles, copayments, or coinsurance or other terms and conditions that are less favorable to an enrollee than lifetime maximums, deductibles, copayments, or coinsurance or other terms and conditions that apply to physical illness generally under the plan contract.

(d) Coverage required to be provided under this section is a health care service and a covered health care benefit for purposes of this chapter. Coverage shall not be denied *on the basis of the location of delivery of the treatment or* on the basis that the treatment is habilitative, nonrestorative, educational, academic, or custodial in nature.

(e) A health care service plan may request, no more than once annually, a review of treatment provided to an enrollee for ~~autism spectrum disorders~~ *pervasive developmental disorder or autism.* The cost of obtaining the review shall be borne by the plan. This subdivision does not apply to inpatient services.

(f) A health care service plan shall establish and maintain an adequate network of ~~qualified autism~~ service providers with appropriate training and experience in ~~autism spectrum disorders~~ *pervasive developmental disorder or autism* to ensure that enrollees have a choice of providers, and have timely access, continuity of care, and ready referral to all services required to be provided by this section consistent with Sections 1367 and 1367.03 and the regulations adopted pursuant thereto.

(g) (1) This section shall not be construed as reducing any obligation to provide services to an enrollee under an individualized family service plan, an individualized program plan, a prevention program plan, an individualized education program, or an individualized service plan.

(2) This section shall not be construed as limiting *or excluding* benefits that are otherwise available to an enrollee under a health care service ~~plan.~~ *plan, including, but not limited to, benefits that are required to be covered pursuant to Sections 1374.72 and 1374.73.*

(3) This section shall not be construed to mean that the services required to be covered pursuant to this section are not required to be covered under other provisions of this chapter.

~~(3)~~

(4) This section shall not be construed as affecting litigation that is pending on January 1, 2012.

~~(h) On and after January 1, 2014, to the extent that this section requires health benefits to be provided that exceed the essential health benefits required to be provided under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152) by qualified health plans offering those benefits in the California Health Benefit Exchange pursuant to Title 22 (commencing with Section 100500) of the Government Code, the specific benefits that exceed the federally required essential health benefits are not required to be provided when offered by a health care service plan contract through the Exchange. However, those specific benefits are required to be provided if offered by a health care service plan contract outside of the Exchange.~~

(h) Notwithstanding subdivision (a), on and after January 1, 2014, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(i) As used in this section, the following terms shall have the following meanings:

~~(1) "Autism spectrum disorder" means a neurobiological condition that includes autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.~~

~~(2) "Behavioral health treatment" means professional services and treatment programs, including behavioral intervention therapy, applied behavioral analysis, and other intensive behavioral programs, that have demonstrated efficacy to develop, maintain, or restore, to the maximum extent practicable, the functioning or quality of life of an individual and that have been demonstrated~~

~~to treat the core symptoms associated with autism spectrum disorder.~~

~~(3) "Behavioral intervention therapy" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in behaviors, including the use of direct observation, measurement, and functional analyses of the relationship between environment and behavior.~~

~~(4)~~

(1) "Diagnosis of ~~autism spectrum disorders"~~ *pervasive developmental disorder or autism"* means medically necessary assessment, evaluations, or tests to diagnose whether an individual has ~~one of the autism spectrum disorders~~ *pervasive developmental disorder or autism.*

~~(5) "Evidence-based research" means research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.~~

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

~~(6)~~

(3) "Pharmacy care" means medications prescribed by a licensed physician and surgeon or other appropriately licensed or certified provider and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.

~~(7)~~

(4) "Psychiatric care" means direct or consultative psychiatric services provided by a psychiatrist ~~or any other appropriately licensed or certified provider~~ *licensed in the state in which he or she practices.*

~~(8)~~

(5) "Psychological care" means direct or consultative psychological services provided by a psychologist ~~or any other appropriately licensed or certified provider~~ *licensed in the state in which he or she practices.*

~~(9) "Qualified autism service provider" shall include any nationally or state licensed or certified person, entity, or group that designs, supervises, or provides treatment of autism spectrum disorders and the unlicensed personnel supervised by the licensed or certified person, entity, or group, provided the services are within the experience and scope of practice of the licensed or~~

~~certified person, entity, or group. "Qualified autism service provider" shall also include any service provider that is vendorized by a regional center to provide those same services for autism spectrum disorders under Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code and the unlicensed personnel supervised by that provider, or a State Department of Education nonpublic, nonsectarian agency as defined in Section 56035 of the Education Code approved to provide those same services for autism spectrum disorders and the unlicensed personnel supervised by that agency. A qualified autism service provider shall ensure criminal background screening and fingerprinting, and adequate training and supervision of all personnel utilized to implement services. Any national license or certification recognized by this section shall be accredited by the National Commission for Certifying Agencies (NCCA).~~

~~(10)~~

(6) "Therapeutic care" means services provided by *a* licensed or certified speech ~~therapists~~ *therapist*, *an* occupational ~~therapists~~ *therapist*, or *a* physical ~~therapists or any other appropriately licensed or certified provider.~~ *therapist.*

~~(11)~~

(7) "Treatment for ~~autism spectrum disorders"~~ *pervasive developmental disorder or autism"* means all of the following care, including necessary equipment, *that develops, maintains, or restores to the maximum extent practicable the functioning or quality of life of an individual with pervasive developmental disorder or autism and is* prescribed or ordered for an individual diagnosed with ~~one of the autism spectrum disorders~~ *pervasive developmental disorder or autism* by a licensed physician and surgeon or a licensed psychologist ~~or any other appropriately licensed or certified provider~~ who determines the care to be medically necessary:

~~(A) Behavioral health treatment.~~

~~(B)~~

(A) Pharmacy care*, if the plan contract includes coverage for prescription drugs*.

~~(C)~~

(B) Psychiatric care.

~~(D)~~

(C) Psychological care.

~~(E)~~

(D) Therapeutic care.

~~(F) Any care for individuals with autism spectrum disorders that is demonstrated, based upon best practices or evidence-based research, to be medically necessary.~~

(8) "Treatment for pervasive developmental disorder or autism" does not include behavioral health treatment, as defined in Section 1374.73.

(j) This section, with the exception of subdivision (b), shall not apply to dental-only or vision-only health care service plan contracts.

SEC. 2. Section ~~10144.51~~ *10144.53* is added to the Insurance Code, to read:

~~10144.51.~~

10144.53. (a) Every health insurance policy issued, amended, or renewed on or after January 1, ~~2012,~~ *2013,* that provides hospital, medical, or surgical coverage shall provide coverage for the screening, diagnosis, and treatment of ~~autism spectrum disorders~~ *pervasive developmental disorder or autism.*

(b) A health insurer shall not terminate coverage, or refuse to deliver, execute, issue, amend, adjust, or renew coverage, to an insured solely because the individual is diagnosed with, or has received treatment for, ~~an autism spectrum disorder~~ *pervasive developmental disorder or autism.*

(c) Coverage required to be provided under this section shall extend to all medically necessary services and shall not be subject to any limits regarding age, number of visits, or dollar amounts. Coverage required to be provided under this section shall not be subject to provisions relating to lifetime maximums, deductibles, copayments, or coinsurance or other terms and conditions that are less favorable to an insured than lifetime maximums, deductibles, copayments, or coinsurance or other terms and conditions that apply to physical illness generally under the policy.

(d) Coverage required to be provided under this section is a health care service and a covered health care benefit for purposes of this part. Coverage shall not be denied *on the basis of the location of delivery of the treatment or* on the basis that the treatment is habilitative, nonrestorative, educational, academic, or custodial in nature.

(e) A health insurer may request, no more than once annually, a review of treatment provided to an insured for ~~autism spectrum disorders~~ *pervasive developmental disorder or autism.* The cost of obtaining the review shall be borne by the insurer. This subdivision does not apply to inpatient services.

(f) A health insurer shall establish and maintain an adequate network of ~~qualified autism~~ service providers with appropriate training and experience in ~~autism spectrum disorders~~ *pervasive developmental disorder or autism* to ensure that insureds have a choice of providers, and have timely access, continuity of care, and ready referral to all services required to be provided by this section consistent with Sections 10133.5 and 10133.55 and the regulations adopted pursuant thereto.

(g) (1) This section shall not be construed as reducing any obligation to provide services to an insured under an individualized family service plan, an individualized program plan, a prevention program plan, an individualized education program, or an individualized service plan.

(2) This section shall not be construed as limiting *or excluding* benefits that are otherwise available to an enrollee under a health insurance policy, *including, but not limited to, benefits that are required to be covered under Sections 10144.5 and 10144.51.*

(3) This section shall not be construed to mean that the services required to be covered pursuant to this section are not required to be covered under other provisions of this chapter.

~~(3)~~

(4) This section shall not be construed as affecting litigation that is pending on January 1, 2012.

~~(h) On and after January 1, 2014, to the extent that this section requires health benefits to be provided that exceed the essential health benefits required to be provided under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152) by qualified health plans offering those benefits in the California Health Benefit Exchange pursuant to Title 22 (commencing with Section 100500) of the Government Code, the specific benefits that exceed the federally required essential health benefits are not required to be provided when offered by a health insurance policy through the Exchange. However, those specific benefits are~~

~~required to be provided if offered by a health insurance policy outside of the Exchange.~~

(h) Notwithstanding subdivision (a), on and after January 1, 2014, this section does not require any benefits to be provided that exceed the essential health benefits that all health plans will be required by federal regulations to provide under Section 1302(b) of the federal Patient Protection and Affordable Care Act (Public Law 111-148), as amended by the federal Health Care and Education Reconciliation Act of 2010 (Public Law 111-152).

(i) As used in this section, the following terms shall have the following meanings:

~~(1) "Autism spectrum disorder" means a neurobiological condition that includes autistic disorder, Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and pervasive developmental disorder not otherwise specified.~~

~~(2) "Behavioral health treatment" means professional services and treatment programs, including behavioral intervention therapy, applied behavioral analysis, and other intensive behavioral programs, that have demonstrated efficacy to develop, maintain, or restore, to the maximum extent practicable, the functioning or quality of life of an individual and that have been demonstrated to treat the core symptoms associated with autism spectrum disorder.~~

~~(3) "Behavioral intervention therapy" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in behaviors, including the use of direct observation, measurement, and functional analyses of the relationship between environment and behavior.~~

~~(4)~~

(1) "Diagnosis of ~~autism spectrum disorders"~~ *pervasive developmental disorder or autism"* means medically necessary assessment, evaluations, or tests to diagnose whether an individual has ~~one of the autism spectrum disorders~~ *pervasive developmental disorder or autism.*

~~(5) "Evidence-based research" means research that applies rigorous, systematic, and objective procedures to obtain valid knowledge relevant to autism spectrum disorders.~~

(2) "Pervasive developmental disorder or autism" shall have the same meaning and interpretation as used in Section 1374.72.

~~(6)~~

(3) "Pharmacy care" means medications prescribed by a licensed physician and surgeon or other appropriately licensed or certified provider and any health-related services deemed medically necessary to determine the need or effectiveness of the medications.

~~(7)~~

(4) "Psychiatric care" means direct or consultative psychiatric services provided by a psychiatrist ~~or any other appropriately licensed or certified provider~~ *licensed in the state in which he or she practices.*

~~(8)~~

(5) "Psychological care" means direct or consultative psychological services provided by a psychologist ~~or any other appropriately licensed or certified provider~~ *licensed in the state in which he or she practices.*

~~(9) "Qualified autism service provider" shall include any nationally or state licensed or certified person, entity, or group that designs, supervises, or provides treatment of autism spectrum disorders and the unlicensed personnel supervised by the licensed or certified person, entity, or group, provided the services are within the experience and scope of practice of the licensed or certified person, entity, or group. "Qualified autism service provider" shall also include any service provider that is vendorized by a regional center to provide those same services for autism spectrum disorders under Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code and the unlicensed personnel supervised by that provider, or a State Department of Education nonpublic, nonsectarian agency as defined in Section 56035 of the Education Code approved to provide those same services for autism spectrum disorders and the unlicensed personnel supervised by that agency. A qualified autism service provider shall ensure criminal background screening and fingerprinting, and adequate training and supervision of all personnel utilized to implement services. Any national license or certification recognized by this section shall be accredited by the National Commission for Certifying Agencies (NCCA).~~

~~(10)~~

(6) "Therapeutic care" means services provided by *a* licensed or certified speech ~~therapists~~ *therapist, an* occupational ~~therapists~~

therapist, or *a* physical~~ therapists or any other appropriately licensed or certified provider~~ *therapist*.

~~(11)~~

(7) "Treatment for~~ autism spectrum disorders"~~ *pervasive developmental disorder or autism"* means all of the following care, including necessary equipment, *that develops, maintains, or restores to the maximum extent practicable the functioning or quality of life of an individual with pervasive developmental disorder or autism and is* prescribed or ordered for an individual diagnosed with~~ one of the autism spectrum disorders~~ *pervasive developmental disorder or autism* by a licensed physician and surgeon or a licensed psychologist~~ or any other appropriately licensed or certified provider~~ who determines the care to be medically necessary:

~~(A) Behavioral health treatment.~~

~~(B)~~

(A) Pharmacy care*, if the policy includes coverage for prescription drugs*.

~~(C)~~

(B) Psychiatric care.

~~(D)~~

(C) Psychological care.

~~(E)~~

(D) Therapeutic care.

~~(F) Any care for individuals with autism spectrum disorders that is demonstrated, based upon best practices or evidence-based research, to be medically necessary.~~

(8) "Treatment for pervasive developmental disorder or autism" does not include behavioral health treatment, as defined in Section 10144.51.

(j) This section, with the exception of subdivision (b), shall not apply to dental-only or vision-only health insurance policies.

SEC. 3. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within

1 the meaning of Section 6 of Article XIII B of the California
2 Constitution.

O

AMENDED IN SENATE JANUARY 26, 2012

AMENDED IN SENATE MAY 24, 2011

AMENDED IN SENATE MAY 9, 2011

AMENDED IN SENATE MARCH 30, 2011

SENATE BILL No. 924

Introduced by ~~Senator~~ *Senators Price,* Walters, *and Steinberg*
~~(Coauthors: Senators Emmerson, Runner, and Strickland)~~
~~(Coauthors: Assembly Members Bill Berryhill, Chesbro, Knight, Morrell, Norby, and Silva)~~

February 18, 2011

An act to amend ~~Section 2660~~ *Sections 2406 and 2690* of, and to add ~~Section~~ *Sections 2406.5,* 2620.1, *and 2694.5* to, the Business and Professions Code, *and to amend Section 13401.5 of the Corporations Code,* relating to ~~physical therapists~~ *healing arts.*

LEGISLATIVE COUNSEL'S DIGEST

SB 924, as amended, ~~Walters~~ *Price.* Physical therapists: direct access to ~~services.~~ *services: professional corporations.*

~~Existing~~

(1) Existing law, the Physical Therapy Practice Act, creates the Physical Therapy Board of California and makes it responsible for the licensure and regulation of physical therapists. The act defines the term "physical therapy" for its purposes and makes it a crime to violate any of its provisions. ~~The act authorizes the board to suspend, revoke, or impose probationary conditions on a license, certificate, or approval issued under the act for unprofessional conduct, as specified.~~

This bill would specify that patients may access physical therapy treatment directly, and would, in those circumstances, require a physical

therapist to refer his or her patient to another specified healing arts practitioner if the physical therapist has reason to believe the patient has a condition requiring treatment or services beyond that scope of practice, ~~to disclose to the patient any financial interest he or she has in treating the patient,~~ and, with the patient's written authorization, to notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient. The bill would prohibit a physical therapist from treating a patient beyond ~~a 30-day period~~ *30 business days or 12 visits, whichever occurs first*, unless the ~~patient has obtained a diagnosis from a physician and surgeon~~ *physical therapist receives a specified authorization from a person with a physician and surgeon's certificate. The bill would require a physical therapist, prior to the initiation of treatment services, to provide a patient with a specified notice concerning the limitations on the direct treatment services.* ~~The bill would provide that failure to comply with these provisions constitutes unprofessional conduct subject to disciplinary action by the board.~~

(2) Existing law regulating professional corporations provides that certain healing arts practitioners may be shareholders, officers, directors, or professional employees of a medical corporation or a podiatric medical corporation, subject to certain limitations.

This bill would add licensed physical therapists and licensed occupational therapists to the list of healing arts practitioners who may be shareholders, officers, directors, or professional employees of those corporations. The bill would also provide that specified healing arts licensees may be shareholders, officers, directors, or professional employees of a physical therapy corporation. The bill would require, except as specified, that a medical corporation, podiatry corporation, and physical therapy corporation provide patients with a specified disclosure notifying them that they may seek physical therapy treatment services from any physical therapy provider. The bill would also make conforming changes to related provisions.

Because the bill would specify additional requirements under the Physical Therapy Practice Act, the violation of which would be a crime, it would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

1 SECTION 1. The Legislature finds and declares that an
2 individual's access to early intervention to physical therapy
3 treatment may decrease the duration of a disability, reduce pain,
4 and lead to a quicker recovery.
5 *SEC. 2. Section 2406 of the Business and Professions Code is*
6 *amended to read:*
7 2406. A medical corporation or podiatry corporation is a
8 corporation ~~which~~ *that* is authorized to render professional services,
9 as defined in Sections 13401 and 13401.5 of the Corporations
10 Code, so long as that corporation and its shareholders, officers,
11 directors, and employees rendering professional services who are
12 physicians *and surgeons*, psychologists, registered nurses,
13 optometrists, podiatrists, *chiropractors, acupuncturists,*
14 *naturopathic doctors, physical therapists, occupational therapists,*
15 or, in the case of a medical corporation only, physician assistants,
16 *marriage and family therapists, or clinical social workers,* are in
17 compliance with the Moscone-Knox Professional Corporation Act,
18 the provisions of this article, and all other statutes and regulations
19 now or hereafter enacted or adopted pertaining to the corporation
20 and the conduct of its affairs.
21 With respect to a medical corporation or podiatry corporation,
22 the governmental agency referred to in the Moscone-Knox
23 Professional Corporation Act is the ~~Division of Licensing~~ *board.*
24 *SEC. 3. Section 2406.5 is added to the Business and Professions*
25 *Code, to read:*
26 *2406.5. (a) A medical corporation or podiatry corporation*
27 *that is authorized to render professional services, as defined in*
28 *Sections 13401 and 13401.5 of the Corporations Code, shall*
29 *disclose to its patients, orally and in writing, when initiating any*
30 *physical therapy treatment services, that the patient may seek*
31 *physical therapy treatment services from a physical therapy*
32 *provider of his or her choice who may not necessarily be employed*
33 *by the medical or podiatry corporation.*
34 *(b) This disclosure requirement shall not apply to any medical*
35 *corporation that contracts with a health care service plan with a*

license issued pursuant to the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) if the licensed health care service plan is also exempt from federal taxation pursuant to Section 501(c)(3) of the Internal Revenue Code.

~~SEC. 2.~~

SEC. 4. Section 2620.1 is added to the Business and Professions Code, to read:

2620.1. (a) In addition to receiving wellness and evaluation services from a physical therapist, a person may initiate physical therapy treatment directly from a licensed physical therapist provided that the treatment is within the scope of practice of physical therapists, as defined in Section 2620, and that all the following conditions are met:

(1) If, at any time, the physical therapist has reason to believe that the patient has signs or symptoms of a condition that requires treatment beyond the scope of practice of a physical therapist, the physical therapist shall refer the patient to a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California or to a person licensed to practice dentistry, podiatric medicine, or chiropractic.

(2) The physical therapist shall ~~disclose to the patient any financial interest he or she has in treating the patient and shall~~ comply with Article 6 (commencing with Section 650) of Chapter 1 of Division 2.

(3) With the patient's written authorization, the physical therapist shall notify the patient's physician and surgeon, if any, that the physical therapist is treating the patient.

(4) With respect to a patient initiating physical therapy treatment services directly from a physical therapist, the physical therapist shall not continue treating that patient beyond 30 business days or 12 visits, whichever occurs first, without receiving, from a person holding a physician and surgeon's certificate from the Medical Board of California or the Osteopathic Medical Board of California, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care. Approval of the physical therapist's plan of care shall include an appropriate patient examination by the person holding a physician and surgeon's certificate from the Medical Board of California

or the Osteopathic Medical Board of California. For purposes of this paragraph, "business day" means any calendar day except Saturday, Sunday, or the following business holidays: New Year's Day, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving Day, and Christmas Day.

(b) The conditions in paragraphs (1), (2), ~~and~~ (3), *and (4)* of subdivision (a) do not apply to a physical therapist when providing evaluation or wellness physical therapy services to a patient as described in subdivision (a) of Section 2620 *or treatment provided upon referral or diagnosis by a physician and surgeon, podiatrist, dentist, chiropractor, or other appropriate health care provider acting within his or her scope of practice. Nothing in this subdivision shall be construed to alter the disclosure requirements of Section 2406.5.*

(c) Nothing in this section shall be construed to expand or modify the scope of practice for physical therapists set forth in Section 2620, including the prohibition on a physical therapist diagnosing a disease.

(d) Nothing in this section shall be construed to require a health care service plan, insurer, *workers' compensation insurance plan,* or any other person or entity, including, but not limited to, a state program or state employer, to provide coverage for direct access to treatment by a physical therapist.

~~(e) A physical therapist shall not continue treating a patient beyond a 30-day period, unless the patient has obtained a diagnosis by a physician and surgeon.~~

(e) When a person initiates physical therapy treatment services directly pursuant to this section, the physical therapist shall not perform physical therapy treatment services without first providing the following written notice, orally and in writing, on one page, in at least 14-point type, and obtaining a patient signature on the notice:

Direct Physical Therapy Treatment Services

You are receiving direct physical therapy treatment services from an individual who is not a physician and surgeon, but who is a physical therapist licensed by the Physical Therapy Board of California.

Under California law, you may continue to receive direct physical therapy treatment services for a period of 30 business days or 12 visits, whichever occurs first, after which time a physical therapist may continue providing you with physical therapy treatment services only after receiving, from a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California, a dated signature on the physical therapist's plan of care indicating approval of the physical therapist's plan of care.

If you have received direct physical therapy treatment services for a duration of 30 business days or 12 visits, whichever occurs first, from a physical therapist, it may constitute unprofessional conduct for that physical therapist or for another physical therapist to provide direct physical therapy treatment services without receiving from a person holding a physician and surgeon's certificate issued by the Medical Board of California or by the Osteopathic Medical Board of California a dated signature on the physical therapist's plan of care, indicating approval of the physical therapist's plan of care.

_____

[Patient's Signature/Date]

~~SEC. 3. Section 2660 of the Business and Professions Code is amended to read:~~

~~2660. The board may, after the conduct of appropriate proceedings under the Administrative Procedure Act, suspend for not more than 12 months, or revoke, or impose probationary conditions upon any license, certificate, or approval issued under this chapter for unprofessional conduct that includes, but is not limited to, one or any combination of the following causes:~~

~~(a) Advertising in violation of Section 17500.~~

~~(b) Fraud in the procurement of any license under this chapter.~~

~~(c) Procuring or aiding or offering to procure or aid in criminal abortion.~~

~~(d) Conviction of a crime that substantially relates to the qualifications, functions, or duties of a physical therapist or physical therapist assistant. The record of conviction or a certified copy thereof shall be conclusive evidence of that conviction.~~

~~(e) Habitual intemperance.~~

~~(f) Addiction to the excessive use of any habit-forming drug.~~

~~(g) Gross negligence in his or her practice as a physical therapist or physical therapist assistant.~~

~~(h) Conviction of a violation of any of the provisions of this chapter or of the Medical Practice Act, or violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violating of, or conspiring to violate any provision or term of this chapter or of the Medical Practice Act.~~

~~(i) The aiding or abetting of any person to violate this chapter or any regulations duly adopted under this chapter.~~

~~(j) The aiding or abetting of any person to engage in the unlawful practice of physical therapy.~~

~~(k) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, or duties of a physical therapist or physical therapist assistant.~~

~~(*l*) Except for good cause, the knowing failure to protect patients by failing to follow infection control guidelines of the board, thereby risking transmission of blood-borne infectious diseases from licensee to patient, from patient to patient, and from patient to licensee. In administering this subdivision, the board shall consider referencing the standards, regulations, and guidelines of the State Department of Public Health developed pursuant to Section 1250.11 of the Health and Safety Code and the standards, regulations, and guidelines pursuant to the California Occupational Safety and Health Act of 1973 (Part 1 (commencing with Section 6300) of Division 5 of the Labor Code) for preventing the transmission of HIV, hepatitis B, and other blood-borne pathogens in health care settings. As necessary, the board shall consult with the Medical Board of California, the California Board of Podiatric Medicine, the Dental Board of California, the Board of Registered Nursing, and the Board of Vocational Nursing and Psychiatric Technicians of the State of California, to encourage appropriate consistency in the implementation of this subdivision.~~

~~The board shall seek to ensure that licensees are informed of the responsibility of licensees and others to follow infection control guidelines, and of the most recent scientifically recognized safeguards for minimizing the risk of transmission of blood-borne infectious diseases.~~

~~(m) The commission of verbal abuse or sexual harassment.~~

~~(n) Failure to comply with the provisions of Section 2620.1.~~

SEC. 5. Section 2690 of the Business and Professions Code is amended to read:

2690. A physical therapy corporation is a corporation that is authorized to render professional services, as defined in ~~Section~~ *Sections* 13401 *and 13401.5* of the Corporations Code, so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are physical therapists, *physicians and surgeons, podiatrists, acupuncturists, naturopathic doctors, occupational therapists, speech-language pathologists, audiologists, registered nurses, psychologists, and physician assistants* are in compliance with the Moscone-Knox Professional Corporation Act, this article, and all other statutes and regulations now or hereafter enacted or adopted pertaining to the corporation and the conduct of its affairs.

With respect to a physical therapy corporation, the governmental agency referred to in the Moscone-Knox Professional Corporation Act is the ~~Physical Therapy Board of California~~ *board.*

SEC. 6. Section 2694.5 is added to the Business and Professions Code, to read:

2694.5. A physical therapy corporation that is authorized to render professional services, as defined in Sections 13401 and 13401.5 of the Corporations Code, shall disclose to its patients, orally and in writing, when initiating any physical therapy treatment services, that the patient may seek physical therapy treatment services from a physical therapy provider of his or her choice who may not necessarily be employed by the physical therapy corporation.

SEC. 7. Section 13401.5 of the Corporations Code is amended to read:

13401.5. Notwithstanding subdivision (d) of Section 13401 and any other provision of law, the following licensed persons may be shareholders, officers, directors, or professional employees of the professional corporations designated in this section so long as the sum of all shares owned by those licensed persons does not exceed 49 percent of the total number of shares of the professional corporation so designated herein, and so long as the number of those licensed persons owning shares in the professional corporation so designated herein does not exceed the number of persons licensed by the governmental agency regulating the designated professional corporation:

(a) Medical corporation.
(1) Licensed doctors of podiatric medicine.
(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed physician assistants.
(8) Licensed chiropractors.
(9) Licensed acupuncturists.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(12) Licensed physical therapists.
(13) Licensed occupational therapists.
(b) Podiatric medical corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed physical therapists.
(9) Licensed occupational therapists.
(c) Psychological corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Registered nurses.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed chiropractors.
(8) Licensed acupuncturists.
(9) Naturopathic doctors.
(10) Licensed professional clinical counselors.
(d) Speech-language pathology corporation.
(1) Licensed audiologists.
(e) Audiology corporation.
(1) Licensed speech-language pathologists.
(f) Nursing corporation.

(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Licensed optometrists.
(5) Licensed marriage and family therapists.
(6) Licensed clinical social workers.
(7) Licensed physician assistants.
(8) Licensed chiropractors.
(9) Licensed acupuncturists.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(g) Marriage and family therapist corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed clinical social workers.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed professional clinical counselors.
(h) Licensed clinical social worker corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed marriage and family therapists.
(4) Registered nurses.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(8) Licensed professional clinical counselors.
(i) Physician assistants corporation.
(1) Licensed physicians and surgeons.
(2) Registered nurses.
(3) Licensed acupuncturists.
(4) Naturopathic doctors.
(j) Optometric corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed chiropractors.

(6) Licensed acupuncturists.
(7) Naturopathic doctors.
(k) Chiropractic corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed optometrists.
(6) Licensed marriage and family therapists.
(7) Licensed clinical social workers.
(8) Licensed acupuncturists.
(9) Naturopathic doctors.
(10) Licensed professional clinical counselors.
(*l*) Acupuncture corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed psychologists.
(4) Registered nurses.
(5) Licensed optometrists.
(6) Licensed marriage and family therapists.
(7) Licensed clinical social workers.
(8) Licensed physician assistants.
(9) Licensed chiropractors.
(10) Naturopathic doctors.
(11) Licensed professional clinical counselors.
(m) Naturopathic doctor corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Registered nurses.
(4) Licensed physician assistants.
(5) Licensed chiropractors.
(6) Licensed acupuncturists.
(7) Licensed physical therapists.
(8) Licensed doctors of podiatric medicine.
(9) Licensed marriage and family therapists.
(10) Licensed clinical social workers.
(11) Licensed optometrists.
(12) Licensed professional clinical counselors.
(n) Dental corporation.
(1) Licensed physicians and surgeons.

(2) Dental assistants.
(3) Registered dental assistants.
(4) Registered dental assistants in extended functions.
(5) Registered dental hygienists.
(6) Registered dental hygienists in extended functions.
(7) Registered dental hygienists in alternative practice.
(o) Professional clinical counselor corporation.
(1) Licensed physicians and surgeons.
(2) Licensed psychologists.
(3) Licensed clinical social workers.
(4) Licensed marriage and family therapists.
(5) Registered nurses.
(6) Licensed chiropractors.
(7) Licensed acupuncturists.
(8) Naturopathic doctors.
(p) Physical therapy corporation.
(1) Licensed physicians and surgeons.
(2) Licensed doctors of podiatric medicine.
(3) Licensed acupuncturists.
(4) Naturopathic doctors.
(5) Licensed occupational therapists.
(6) Licensed speech-language pathologists.
(7) Licensed audiologists.
(8) Registered nurses.
(9) Licensed psychologists.
(10) Licensed physician assistants.
~~SEC. 4.~~

SEC. 8. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

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