

2018 OPSC Bills of Interest

Here is the list of priority bills OPSC has compiled for 2018:

SCOPE OF PRACTICE

[AB 2682](#) ([Burke D](#)) Nurse-midwives.

Summary:

Would authorize a nurse-midwife to attend cases of normal childbirth without supervision by a physician and surgeon. This bill would also authorize a certified nurse-midwife to furnish drugs or devices when care is rendered in a home and would authorize the furnishing or ordering of drugs or devices under standardized procedures and protocols rather than under physician and surgeon supervision.

Position: Oppose

[AB 1802](#) ([Salas D](#)) Optometry: scope of practice.

Summary:

Current law prohibits an optometrist from having any membership proprietary interest, coownership, or any profit-sharing arrangement, either by stock ownership, interlocking directors, trusteeship, mortgage, or trust deed, with any registered dispensing optician or any optical company, except as specified, and makes a violation of this provision punishable by a fine. This bill would instead prohibit an optometrist from having any of those above-described arrangements with a dispensing optician or optical company, except as specified, and would define “dispensing optician” as an individual, corporation, or firm engaged in the business of filling prescriptions of physicians and surgeons licensed by the Medical Board of California or optometrists licensed by the State Board of Optometry for prescription lenses and kindred products.

Position: Watch

[AB 3110](#) ([Mullin D](#)) Athletic trainers.

Summary:

Would enact the Athletic Training Practice Act, which would establish the Athletic Trainer Board, until January 1, 2025, within the Department of Consumer Affairs to exercise licensing, regulatory, and disciplinary functions under the act. On or after January 1, 2021, the bill would prohibit a person from practicing as an athletic trainer or using certain titles or terms without being registered with the board. The bill would define the practice of athletic training, and would specify requirements for registration as an athletic trainer, and would require a registrant to render athletic training services only under the supervision of a physician and surgeon or osteopathic physician and surgeon.

Position: Support

PHYSICIAN MANDATES

[SB 790](#) ([McGuire D](#)) Health care providers: gifts and benefits.

Summary:

Would, on and after January 1, 2019, prohibit a manufacturer of a prescribed product from offering or giving a gift to a health care provider. The bill would further prohibit a manufacturer of a prescribed product or an

entity on behalf of a manufacturer of a prescribed product from providing a fee, payment, subsidy, or other economic benefit to a health care provider in connection with the provider's participation in research, except as specified. The bill would define terms of its purposes, including, among others, the term "gift." The bill would specify circumstances to which these prohibitions do not apply.

Position: Oppose Unless Amended

[AB 2789](#) ([Wood D](#)) **Health care practitioners: prescriptions: electronic transmission.**

Summary:

This bill, on and after January 1, 2022, would require health care practitioners authorized to issue prescriptions to have the capability to transmit electronic transmission prescriptions, and would require pharmacies to have the capability to receive those transmissions.

Position: Oppose Unless Amended

LICENSURE, EDUCATION & TRAINING

[SB 1448](#) ([Hill D](#)) **Healing arts licensees: probation status: disclosure.**

Summary:

Would, on and after July 1, 2019, require the California Board of Podiatric Medicine, the Naturopathic Medicine Committee, the State Board of Chiropractic Examiners, and the Acupuncture Board to require a licensee to provide a separate disclosure, as specified, to a patient or a patient's guardian or health care surrogate before the patient's first visit if the licensee is on probation pursuant to a probationary order made on and after July 1, 2019. The bill, on and after July 1, 2019, would require the Medical Board of California and the Osteopathic Medical Board of California to require a licensee to provide a separate disclosure, as specified, to a patient or a patient's guardian or health care surrogate before the patient's first visit if the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, under specified circumstances.

Position: Oppose unless amended

[AB 1791](#) ([Waldron R](#)) **Physicians and surgeons: continuing education.**

Summary:

Current law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons. This bill would require the board, in determining continuing education requirements, to consider including a course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings, as specified.

Position: Watch

[AB 2487](#) ([McCarty D](#)) **Physicians and surgeons: education: opiate-dependent patient treatment and management.**

Summary:

Would require a physician and surgeon to complete a one-time continuing education course on either pain management and the treatment of terminally ill and dying patients, or opiate-dependent patient treatment and management, unless the physician and surgeon qualifies for a specified exemption.

Position: Oppose Unless Amended

[AB 2539](#) ([Mathis R](#)) California Physician Corps Program: practice setting.

Summary:

Current law establishes the Medically Underserved Account for Physicians, a continuously appropriated account, within the Health Professions Education Fund, to primarily provide funding for the ongoing operations of the California Physician Corps Program. This bill would modify eligibility for program participants who enroll in the program on or after January 1, 2019 to have at least 30% of patients, if the area is a rural area, as defined, or at least 50% of patients, if the area is not a rural area, who are from specified underserved populations.

Position: Support

HEALTH CARE REFORM

[SB 562](#) ([Lara D](#)) The Healthy California Act.

Summary:

Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill, the Healthy California Act, would create the Healthy California program to provide comprehensive universal single-payer health care coverage and a health care cost control system for the benefit of all residents of the state.

Position: Oppose

OPIOIDS

[AB 1998](#) ([Rodriguez D](#)) Opioids: prescription limitations.

Summary:

This bill would require, by July 1, 2019, every health care practitioner who prescribes, orders, administers, or furnishes opioids classified as Schedule II and Schedule III to adopt, review, and periodically update a safe opioid prescribing policy, as specified.

Position: Support if Amended

[AB 1751](#) ([Low D](#)) Controlled substances: CURES database.

Summary:

Would authorize the Department of Justice to enter into an agreement with an entity operating an interstate data share hub for the purposes of participating in interjurisdictional information sharing between prescription drug monitoring programs across state lines. The bill would require any agreement entered into by the Department of Justice for those purposes to ensure that all access to data within CURES complies with California law and meets the same patient privacy and data security standards employed and required for direct access of CURES.

Position: Support

[AB 1752](#) ([Low D](#)) Controlled substances: CURES database.

Summary:

Would add Schedule V controlled substances to the CURES database. The bill would require a dispensing pharmacy, clinic, or other dispenser to report the information required by the CURES database no more than one working day after a controlled substance is dispensed. The bill would additionally require the date of sale of the prescription, if applicable, to be reported.

Position: Support

AB 2760 (Wood D) Prescription drugs: naloxone hydrochloride.

Summary:

Would require a prescriber, as defined, to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when certain conditions are present and to provide education on overdose prevention and the use of naloxone hydrochloride or another drug to the patient and specified others. The bill would subject a prescriber to referral to the board charged with regulating his or her license for the imposition of administrative sanctions, as that board deems appropriate, for violating those provisions.

Position: Oppose Unless Amended

SB 1109 (Bates R) Controlled substances: Schedule II drugs: opioids.

Summary:

Would require, for physicians and surgeons licensed on or after January 1, 2019, the mandatory continuing education course to also include the subject of the risks of addiction associated with the use of Schedule II drugs. The bill would require the Medical Board of California to give its highest priority to considering a course in the risks of addiction associated with the use of Schedule II drugs among its continuing education requirements for physicians and surgeons and would require the board to periodically develop and disseminate information and educational material on the risks of addiction associated with the use of Schedule II drugs to physicians and surgeons and general acute care hospitals.

Position: Neutral as Amended