STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov

CALFORNIA BOARD OF PODIATRIC MEDICINE
JUNE 05, 2015

SUBJECT: REPORT OF THE EXECUTIVE OFFICER **6**

ACTION: RECEIVE REPORTS

RECOMMENDATION

Receive the status update report on all activities of the executive office.

ISSUE

Efficiently improving knowledge and awareness of all Executive Office program activities.

DISCUSSION

This report includes the four BPM program activity reports presented to Committees in May that highlight key areas and all statistics for each of BPM program units, the budget and other activity of note since last reported. The attached reports cover the period from January 2015 through March 2015 for end of quarter purposes.

Additionally, this document will be supplemented with presentations by various guest speakers covering several areas as reflected on the June 5, 2015 Board agenda.

NEXT STEPS

Staff will continue to maintain all program units up to speed and continue to operate without backlog and within targeted metrics.

ATTACHMENTS

A. Enforcement Program Report – Enforcement Committee, May 20, 2015
B. Legislative Program Report – Board of Podiatric Medicine, June 5, 2015
C. Licensing Program Report – Licensing Committee, May 21, 2015
D. Public Education Program Report – Public Education Committee, May 21, 2015
E. Quarterly Budget Report – Board of Podiatric Medicine, June 5, 2015

Prepared by: Kia-Maria Zomora, Licensing Unit Coordinator
Bethany DeAngelis, Enforcement Unit Coordinator

Andrea Damian FOR
Kia-Maria Zomora
Licensing Unit Coordinator

Bethany DeAngelis
Enforcement Unit Coordinator

Kathleen Cooper, JD
Administrative Analyst

Jason S. Campbell, JD
Executive Officer

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ENFORCEMENT COMMITTEE
MAY 20, 2015

SUBJECT: ENFORCEMENT PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

RECOMMENDATION

Receive and file the status update report on Enforcement Unit activity.

ISSUE

This status report highlights key areas and statistics for BPM's Enforcement Unit and other enforcement activity of note since last reported February 18, 2015 and covers the period from January 2015 through March 2015 for end of quarter purposes.

DISCUSSION

A. Current Enforcement Statistics

Enforcement reports have been reconfigured to provide a "current capture" of quarterly data along with a comparison over the prior fiscal year's quarterly data (for the same quarter) in order to notate any statistically significant changes and better track improvements and/or deficiencies.

Some staffing changes occurred within the Medical Board of California (MBC) with the individuals assigned for processing complaints and discipline cases per the shared services agreement with BPM. Effective April 1, 2015 Ian McGlone who handled complaint and discipline processing for BPM was approved for a leave of absence. Before his departure, Mr. McGlone worked directly with his replacement, Mr. Marco Armas to familiarize him with the complaint desk duties to ensure that complaints are processed properly and to the level of service necessary to maintain established performance standards. Marco Armas previously served in the Consumer Complaint Unit (CCU) and is well versed in departmental practice and procedure. Additionally, the handling of BPM disciplinary matters has been assigned to Kristy Voong in the Discipline Coordination Unit (DCU). Ms. Voong is already familiar with the processing of disciplinary matters. Management over both CCU and DCU Units remains the same and the quality and competency standard is expected to continue without change.

1) **Complaint Data**

The report shows no statistically significant changes in Third Quarter data over the prior year's Third Quarter data aside from the average number of days to assign a complaint arising from an arrest to investigation. **(Attachment A – Enforcement Statistics – Complaint Data)**.

2) **Investigation Data**

The report shows no statistically significant changes in Third Quarter data over the prior year's Third Quarter data. For this quarter there is a greater number of case closures over the prior year in addition to a noted decline in the average number of days to complete field investigations. **(Attachment B – Enforcement Statistics – Investigation Data).**

3) **Disciplinary Data**

Due to the small number of disciplinary cases each year, statistics are a bit more difficult to measure. Some cases are resolved very quickly and some span years depending on the complexity of the investigation, legal delays, lack of cooperation from the subject DPM, etc. **(Attachment C – Enforcement Data – Disciplinary Data).**

Attorney General Case Aging Data is currently not functioning properly or reportable in BreEZe and is not included in the Disciplinary Data report at this time. A Reports User Group task force assembled of representatives of all of the BreEZe Release One Boards and Bureaus and BreEZe staff meet monthly to discuss BreEZe report issues and help facilitate changes in priority order.

4) **Enforcement Statistics – Fiscal Year to Date Totals**

This report shows the current Fiscal Year (FY) to date covering three quarters of FY 2014-2015. This period is compared over the last FY (FY 2013-2014) for the same period. While complaint, investigation and discipline activity have all shown a slight increase from the prior year, the data also shows a significant increase in investigation closures. **(Attachment D – Enforcement Statistics – Fiscal Year to Date Totals).**

5) **Attorney General Case Aging Data**

Until BreEZe reporting issues can be resolved, Attorney General case aging data is being provided in a separate report based on reports received directly from the Attorney General's Office. **(Attachment E – Enforcement Statistics – Attorney General Case Aging Data).** Staff is aware that some additional data is not received through the Attorney General report and this is notated below the table with references to the applicable cases.

6) **DCA Performance Measures**

Given continued Breeze reporting difficulties, all Breeze Release 1 Boards (including BPM) have determined not to report Performance Measure numbers to DCA. Accordingly, said data will not be displayed to the public until all accuracy reporting issues in Breeze are corrected. To address this problem, new activity codes are being created to obtain more accurate data covering investigation and discipline cycle times. Once this report has been thoroughly tested, is in production and working all Release 1 Boards will recheck the Performance Measure statistics reported since the Breeze system launched and make any corrections as necessary. It is estimated that this report will be in production in late May 2015.

B. Probation/Cost Recovery Recoupment Status Update

$14,326.88 has been collected in cost recovery and probation monitoring costs during the 2014-2015 Fiscal Year third quarter beginning January 1, 2015 and ending March 31, 2015. This is a higher than average third quarter due to a lump sum payment for cost recovery made by a new probationer. The first and second quarters are generally the highest collection months as probation monitoring yearly billings go out around the middle of the first quarter.

C. Consultant Training Update

Consultant training will be held in Anaheim on Friday, June 26, 2015 in conjunction with the Western Foot and Ankle Conference. Staff are planning to video record this year's training with the assistance of DCA support staff so it can be used to help develop a webinar training for future use.

D. Consultant Recruitment

Staff has determined that BPM will have need to recruit and select one or two candidates for consultant positions located in or near the Bay Area to serve the Board. Staff is exploring targeted recruitment options such as including information on becoming a consultant or expert in the planned upcoming BPM Newsletter and possible advertising options through CPMA.

Separately, staff is developing an optional and voluntary Equal Employment Opportunity survey for the current panel of experts and consultants in order to evaluate current demographic groups under service with BPM. Questions on a voluntary survey may ask respondent's date of birth, gender and ethnicity and the information may later be used to assist BPM in tracking diversity patterns and determine where the agency may desire to seek out underutilized minorities and women to add to the pool in targeted recruitment efforts.

NEXT STEPS

Staff will continue to maintain enforcement program processing timeframes through vigilant review of enforcement matrix reports and other data in order to effectively and efficiently expedite investigation of consumer complaints and prosecution of open cases.

ATTACHMENTS

A. Enforcement Statistics - Complaint Data
B. Enforcement Statistics - Investigation Data
C. Enforcement Statistics - Disciplinary Data
D. Enforcement Statistics – Fiscal Year to Date Totals
E. Enforcement Statistics - Attorney General Case Aging Data

Prepared by: Bethany DeAngelis, Enforcement Unit Coordinator

For

Bethany DeAngelis
Enforcement Unit Coordinator

Jason S. Campbell, JD
Executive Officer

Board of Podiatric Medicine

Enforcement Statistics – Complaint Data

Quarter 3 Report (January – March 2015)

Complaint Intake

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Received	3	14	23	40	31	+25%
Assigned for investigation	1	11	16	28	28	0%
Average days to close or assign (Target = 9 Days)	22	9	12	11	11	0%
Pending						

Complaint Intake - Convictions/Arrests Reports

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Received	0	2	0	2	6	-100%
Assigned for investigation	0	0	2	2	6	-100%
Average days to close or assign (Target = 9 Days)	0	0	28	28	5	+139%
Pending	0	2	0			

Total Complaint Intake

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Received	3	16	23	42	37	+13%
Assigned for investigation	1	11	18	30	34	+12%
Average days to close or assign (Target = 9 days)	22	9	13	12	10	+18%
Pending	2	8	11			

ATTACHMENT A

Board of Podiatric Medicine

Enforcement Statistics – Investigation Data

Quarter 3 Report (January – March 2015)

Desk Investigations

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Investigations Assigned	1	11	19	31	34	-9%
Investigations Completed	10	17	41	68	51	+29%
Avg Days to Complete Investigations	78	98	56	70	73	-4%
Investigations Pending	30	30	45			

Field Investigations

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Investigations Assigned	1	1	3	5	5	0%
Investigations Completed	3	3	2	8	6	+29%
Avg Days to Complete Investigations	459	261	255	334	526	-45%
Investigations Pending	26	25	26			

Total (Case??) Investigations

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Investigations Assigned	2	11	18	31	35	-12%
Investigations Completed	10	12	4	26	15	+54%
Avg Days to Complete Investigations (Target = 125 Days)	248	175	156	200	178	+12%
Investigations Pending	87	86	100			

ATTACHMENT B

Board of Podiatric Medicine

Enforcement Statistics – Investigation Data

Quarter 3 Report (January – March 2015)

Investigations Aging

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Up to 90 Days	6	4	2	12	7	+53%
91 to 180 Days	0	2	0	2	5	-86%
181 Days to 1 Year	1	5	1	7	1	+150%
1 to 2 Years	3	1	1	5	No data	n/a
2 to 3 Years	No data	No data	No data	No data	2	n/a

Investigations Completed Without Referral for Disciplinary Action

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Investigations Completed	8	7	1	16	12	+29%
Average Days to Complete Investigations	179	163	204	173	130	+28%

Board of Podiatric Medicine

Enforcement Statistics – Disciplinary Data

Quarter 3 Report (January - March 2015)

Attorney General Cases

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Cases Initiated	2	6	2	10	4	+86%
Cases Pending	9	12	13			
Accusations Withdrawn/Dismissed/Declined	0	0	0	0	0	0%
Closed Without Disciplinary Action	2	2	1	5	2	+86%
Statement of Issues/Accusations Filed	0	0	1	1	2	-67%
Final Orders - Decisions/Stipulations	1	1	0	2	1	+67%
Avg Days to Complete Final Orders (target = 540 Days)	840	1058	0	949	291	+106%

Attorney General Case Aging

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Data unavailable at this time through BreEZe						

Other Legal Actions

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
PC23 Order	0	0	1	1	0	+200%

ATTACHMENT C

Board of Podiatric Medicine

Enforcement Statistics – Disciplinary Data

Quarter 3 Report (January - March 2015)

Citations

	15-Jan	15-Feb	15-Mar	QTR 3 Total	QTR over last	+/- %
Final Citations	0	1	0	1	5	-133%
Average Days to Complete	0	325	0	325	608	-61%

Probation

	15-Jan	15-Feb	15-Mar	End of QTR 3
Number of Active Probationers	15	16	15	15
Number of Tolled Probationers	7	7	7	7
Probation Cases Initiated (New Probationers)	1	1	0	2
Probation Cases Closed (Probation Completions)	0	0	1	1
Probation Violations Submitted to the AG	0	0	1	1

Board of Podiatric Medicine

Enforcement Statistics – Fiscal Year to Date Totals

Quarters 1-3 Report (July 2014 - March 2015)

Total Complaint Intake

	FY 14/15 QTR 1	FY 14/15 QTR 2	FY 14/15 QTR 3	FY 14/15 QTR 1-3 Total	FY 13/14 QTR 1-3 over last	+/- %
Received	38	24	42	104	87	+18%
Assigned for investigation	35	27	30	92	82	+11%
Average days to close or assign (Target = 9 days)	10	19	11	13	10	+26%

Total Investigations

	FY 14/15 QTR 1	FY 14/15 QTR 2	FY 14/15 QTR 3	FY 14/15 QTR 1-3 Total	FY 13/14 QTR 1-3 over last	+/- %
Investigations Assigned	37	27	31	95	85	+11%
Investigations Completed	24	39	26	89	54	+49%
Avg Days to Complete Investigations (Target = 125 Days)	246	168	200	201	189	+6%

Attorney General Cases

	FY 14/15 QTR 1	FY 14/15 QTR 2	FY 14/15 QTR 3	FY 14/15 QTR 1-3 Total	FY 13/14 QTR 1-3 over last	+/- %
Cases Initiated	4	4	10	18	10	+57%
Accusations Withdrawn/Dismissed/Declined	0	0	0	0	0	n/a
Closed Without Disciplinary Action	1	2	5	8	5	+46%
Statement of Issues/Accusations Filed	3	1	1	5	5	0%
Final Orders - Decisions/Stipulations	0	1	2	3	4	-29%
Avg Days to Complete Final Orders (target = 540 Days)	0	94	949	664	772	-15%

ATTACHMENT D

Board of Podiatric Medicine

Enforcement Statistics – Fiscal Year to Date Totals

Quarters 1-3 Report (July 2014 - March 2015)

Other Legal Actions

	FY 14/15 QTR 1	FY 14/15 QTR 2	FY 14/15 QTR 3	FY 14/15 QTR 1-3 Total	FY 13/14 QTR 1-3 over last	+/- %
PC23 Order	0	0	1	1	0	+200%
Interim Suspension Order	1	0	0	1	0	+200%

Citations

	FY 14/15 QTR 1	FY 14/15 QTR 2	FY 14/15 QTR 3	FY 14/15 QTR 1-3 Total	FY 13/14 QTR 1-3 over last	+/- %
Final Citations	1	1	1	3	5	-50%
Average Days to Complete	513	317	325	385	608	-45%

Board of Podiatric Medicine

Enforcement Statistics – Attorney General Case Aging Data

As of March 31, 2015

Attorney General Case Aging

Case No.	Matter Type	Accepted for Prosecution	Pleading Sent	Pleading Signed	Notice of Defense Received	Request to Set	OAH Dates Received	Case Rev Ret/Rej	Stipulation Signed by Respondent	Hearing – Date Commenced	Adjudicate	Decision Signed	Age of Case
1	ACC	11/16/12	1/16/14	1/22/14	10/20/14	9/16/14	9/25/14						865
2	ACC	9/18//13	4/18/14	4/25/14	5/12/14	5/20/14	6/10/14						559
3	ACC	12/11/13	2/21/14	3/05/14	3/20/14								475
4	ACC	2/05/14	5/16/14	5/30/14	6/20/14	9/29/14			11/25/14			1/28/15	310
5	ACC	5/02/14	9/12/14	9/19/14	10/01/14				2/23/15		2/26/15		300
6	ACC	7/28/14		9/02/14	9/17/14		10/21/14						246
7	ACC	10/08/14	11/21/14		12/19/14								174
8	REDU	10/31/14				12/10/14	1/06/15						151
9	ACC	12/17/14	3/20/15	3/24/15									104
10	ACC	1/27/15											63
11	REIN	2/19/14	10/1/14			2/21/14	3/07/14			4/18/14	4/18/14	12/03/14	58
12	ACC	2/20/15											39
13	ACC							3/16/15					0
14	REVO		3/19/15										0
15	REVO												0

ACC = Accusation

REDU = Reduction of Terms and Conditions of Probation (Petition Filed by Subject)

REIN = Reinstatement (Petition Filed by Subject)

REVO = Petition to Revoke Probation

Note:

Case 1: Originally set for trial 5/13/15, trial rescheduled to10/05/15 due to schedule conflict with respondent's attorney

Case 2: Set for hearing 7/07/15

Case 5: License surrender effective 4/29/15

Case 8: Set for hearing 6/30/15

Case 13: Case rejected by AG

ATTACHMENT E

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BOARD OF PODIATRIC MEDICINE
JUNE 5, 2015

SUBJECT: LEGISLATIVE PROGRAM REPORT

ACTION: RECEIVE AND FILE

RECOMMENDATION

Consider and discuss adoption of the Legislative Program Report including status updates and BPM positions on legislative matters.

ISSUE

This report summarizes recent legislative activities that may impact health boards including the Board of Podiatric Medicine ("BPM"). This report provides BPM with information regarding legislative and regulatory matters as well as updates on related activities of the BPM.

A. SUNSET REVIEW

In summary, the BPM has received a letter of invitation dated 4-30-15, to participate in the Sunset Review process. (This matter is fully outlined in the Executive Officer's Report in Agenda Item #8.) This gives BPM an opportunity to respond to issues, problem areas, or otherwise submit to the legislature its progress on specific issues brought forth in the last Sunset Review on 3-12-11. BPM will be given an opportunity to detail many of its accomplishments and answer questions publically to ensure that it is effective and efficient in protecting the public and responsibly licensing and disciplining doctors of podiatric medicine. If BPM fails to prove its competency, the Podiatric Medicine Act is scheduled for automatic repeal on January 1, 2017.

This process gives BPM an opportunity to prepare a Background Paper to be used at the Sunset Review Hearing which is expected to take place between March and May of 2016. BPM Board President and Executive Officer (EO) will attend the hearing to answer questions, etc... Other Board Members are free to attend the hearing and help to justify its actions and assist the legislature in determining whether BPM has satisfactorily demonstrated a public need for its continued existence.

B. LEGISLATIVE DAY

The Members of the BPM Legislative Committee will be invited to participate in visits to legislators at the Capitol on June 5, 2015, as follows:

3:00 pm
April Bird
Office of Senator Bob Wieckowski State Capitol, Room 3086
Phone: 916-651-4010
april.bird@sen.ca.gov

3:30 pm
Naima Ford|Legislative Assistant
Office of Majority Floor Leader Chris R. Holden|District 41
State Capitol, Room 319
P: (916) 319-2041 F: (916) 319-2141

C. PROGRAM ACTIVITIES AND LEGISLATION MATRIX

DISCUSSION

1. ADMINISTRATIVE SUMMARY

On February 18, 2015 the Legislative Committee met for the first time in many years. Kristina Dixon, President of the Board of Podiatric Medicine of the Legislative Committee, and Dr. Michael A. Zapf, as well as staff members Jason Campbell, Executive Officer, and Kathleen Cooper, Administrative Analyst, were in attendance. The results of this meeting were then reported at the 3-6-15 Board Meeting. The Board accepted the Committee's recommendations to accept the updated Strategic Plan and Action Plan.

2. 2015 LEGISLATION HEALTH BOARD IMPACT UPDATE

In order to assist BPM with a broad understanding of legislation and regulatory matters that impact BPM, summaries of legislation proposed in 2015 are included for review along with the recommendations of the BPM Legislative Committee that met on 5-20-15. All votes of the Legislative Committee were unanimous and recorded as (2-0).

This is the time of year where there is tremendous flurry of proposed legislation and DCA has held two roundtable discussions on 4-2-15 and 5-1-15 and Jason Campbell and Kathleen Cooper were in attendance. The following summaries are based on information communicated to BPM from legislative staff at DCA and other boards. The specific dates reported below are listed are hopefully accurate and updated information can be found at www.leginfo.ca.gov.

DEPARTMENT-WIDE LEGISLATION

AB 12 (Cooley) State government: administrative regulations: review
Location: Assembly Appropriations Committee
Date of Hearing: This bill was heard in Committee on 4-29-15 (Ayes 9, Noes 0) and referred to Appropriations.
This bill would require every state agency, department, board, bureau or other entity to review and revise regulations to eliminate inconsistent, overlapping, duplicative, and outdated provisions and adopt the revisions as emergency regulations by January 1, 2018. Additionally, this bill would require the Business, Consumer Services, and Housing Agency to submit a report to the Governor and Legislature affirming compliance with these provisions. These provisions would be repealed by January 1, 2019.
Position: BPM Legislative Committee recommends supporting this bill.
Discussion: BPM has begun the process of reviewing and revising BPM regulations that are inconsistent and outdated. (See reports to the BPM re: Scrivener's Errors for Continuing Education Regulations 1399.671 et al; Oral Argument, Article 13, 1399.1730 et al; and Disciplinary Guidelines, 1399.710 et al.)

AB 85 (Wilk) Open meetings
Location: Assembly Appropriations Committee
Date of Hearing: This bill was heard in Committee on 4-14-15 (Ayes 21, Noes 0) and re-referred to Appropriations
This urgency bill would require two-member advisory committees or panels of a "state body" (as defined in the Bagley-Keene Open Meeting Act) to hold open, public meetings if at least one member of the advisory committee is a member of the larger state body and the advisory committee is supported, in whole or in part, by state funds.
Position: BPM Legislative Committee recommends remaining neutral on this bill.
Discussion: BPM is currently prepared to implement this legislation should it pass the legislature and overcome the Governor's veto. Last year the Governor vetoed legislation mirroring this requirement. This may make it difficult for small advisory committees or panels to comply with the Bagley–Keene requirements.

AB 507 (Olsen) Department of Consumer Affairs: BreEZe system: annual report
Location: Assembly Appropriations Committee
Date of Hearing: This bill was heard in Committee on 4-14-15 (Ayes 14, Noes 0) and re-referred to Appropriations
This bill would, on and after January 31, 2016, require the department to submit an annual report to the Legislature and the Department of Finance that includes, among other things, the department's plans for implementing the BreEZe system at specified regulatory entities included in the Department's 3rd phase of the BreEZe implementation project, including, but not limited to, a timeline for the implementation.

Position: BPM Legislative Committee recommends remaining neutral on this bill.
Discussion: BPM supports all reasonable aspects of open reporting with the BreEZe system.

AB 611 (Dahle) Controlled substances: prescriptions: reporting
Location: Assembly Committee on Business and Professions
Date of Hearing: The author canceled the hearing as this bill has a two year cycle.
This bill would provide that any individual within the Department of Consumer Affairs designated to investigate the holder of a professional license, may request the Department of Justice to release any data that may exist on that individual in the CURES database if there is probable cause to believe that laws governing controlled substances have been violated by the licensee. It would also provide that an individual from a board licensing health care practitioners is not required to submit an application pursuant to this bill in order to access the CURES database. This bill is similar to SB 482 (Lara, 2015).
Position: BPM Legislative Committee recommends that the Board discuss and watch this bill.
Discussion: It is important that BPM's enforcement efforts are streamlined and that all relevant information is easily made available; however, there may be delays in providing necessary medications to patients. (See discussion in SB 482 below).

AB 728 (Hadley) State Government: Financial Reporting
Location: Senate Committee on Rules for assignment.
Date of Hearing: Passed third reading and ordered to the Senate on 5-7-15
This bill would require all state agencies to post biennial reviews of internal accounting, administrative control, and monitoring practices on the Department website within five days of finalization. This report is already subject to Public Record Act requests as the report is currently submitted to the Governor, Legislature, State Controller, Treasurer, and others, for inspection by the public.
Position: BPM Legislative Committee recommends that the Board remains neutral on this bill.
Discussion: BPM encourages efforts to achieve full transparency to all stakeholders in financial reporting.

AB 750 (Low) Business and professions: licenses
Location: Assembly Committee on Appropriations
Date of Hearing: On April 15 (Ayes 14, Noes 0) and it was referred to the Committee on Appropriations.
This bill would allow all programs within the Department to issue a retired license. BPM already issues retired licenses.
Position: BPM Legislative Committee recommends supporting this bill.
Discussion: A license can be changed to "inactive" for disciplinary or non-compliance reasons, and the "retired" designation is more accurate and has no negative connotation.

AB 1060 (Bonilla) Professions and vocations: licensure
Location: Senate Committee on Rules for assignment.
Date of Hearing: On 4-29-15 (Ayes 17, Noes 0) this bill was ordered to the Consent Calendar.
This bill would authorize a board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or penalty reduction through first-class mail or by electronic means.
Position: BPM Legislative Committee recommends supporting this bill.
Discussion: Where licenses are revoked or suspended, licensees will be entitled to information about the procedures and criteria for license rehabilitation. It is expected that the related costs will be minor and absorbable within existing resources.

AB 1351 (Eggman) Deferred entry of judgment: pretrial diversion
Location: Committee on Appropriations
This bill changes the existing deferred entry of judgment program for specified offenses into a pretrial diversion program. This bill seeks to limit harsh consequences to immigrants facing deportation. This bill would change the process of prosecution by allowing defendants to enter diversion programs prior to entering a plea.
Date of Hearing: Heard on April 21, 2015 (Ayes 5, Noes 2). Referred to Committee on Appropriations on 5-6-15.
Position: BPM Legislative Committee recommends that the Board remain neutral on this bill.
Discussion: This bill will likely negatively impact the ability of BPM to efficiently prove in disciplinary proceedings that a licensee or applicant is engaged in illicit drug activities and increase the cost of prosecution.

AB 1352 (Eggman) Deferred entry of judgment: withdrawal of plea
Location: Committee on Rules for assignment
This bill requires a court to allow a defendant to withdraw a guilty or nolo contendere upon the completion of a diversion program where the plea may have serious consequences such as deportation.
Date of Hearing: Heard on 4-21-15 (Ayes 5, Noes 2). Referred to Committee on Appropriations on 5-6-15.
Position: BPM Legislative Committee recommends that the Board remain neutral on this bill.
Discussion: This bill will likely negatively impact the ability of BPM to efficiently prove in disciplinary proceedings that a licensee or applicant is engaged in illicit drug activities and increase the cost of prosecution.

SB 467 (Hill) Professions and vocations
Location: Senate Committee on Appropriations
Date of Hearing: Hearing was on 4-28-2015 (Ayes 9, Noes 0) and re-referred to Senate Committee on Appropriations on 5-11-15.
This bill would require the Legislature to approve pro rata distributions at the Department. This bill would also require the Attorney General to implement

performance measures regarding case referrals. In addition, this bill would direct the Division of Investigation to work cooperatively with healing arts boards regarding standard case referral to the Division. Finally, this bill would extend the sunset for the Board of Accountancy.
Position: BPM Legislative Committee recommends that the Board remain neutral on this bill.
Discussion: Although this bill appears to relate to the Board of Accountancy, it is important to all healing arts boards. Policies and procedures impacting case referrals and pro rata distributions are essential to BPM's core functioning.

HEALING ARTS LEGISLATION

AB 159 (Calderon) Investigational drugs, biological products, and devices
Location: Assembly Committee on Appropriations
Date of Hearing: Hearing on 4-27-15 (Ayes 14, noes 0), re-referred to Committee on Appropriations heard on 5-13-15 (Ayes 15, Noes 0)
This bill is referred to as the "Right to Try" and sets up a legal structure whereby individuals with life threatening conditions can gain access to investigational drugs and devices. It would allow a physician to administer drugs that are still undergoing clinical trials and have not yet been approved for general use by the federal Food and Drug Administration. Additionally, this bill would allow manufacturers of such drugs to provide them to the patient, authorize health benefit plans to cover the cost of the drugs, and prohibit state agencies from interfering with the distribution of the drugs or disciplining physicians for recommending them to qualified patients. The bill is similar to SB 149 (Stone, 2015) and SB 715 (Anderson, 2015).
Position: BPM Legislative Committee recommends that the Board discuss and watch this bill.
Discussion: The costs are expected to be minor and absorbable; however, there is substantial opposition from health organizations and related entities that cite patient safety and the threat of a decrease in enrollment in clinical trials.

AB 333 (Melendez) Healing arts: continuing education
Location: To Consent Calendar on 5-13-15
Date of Hearing: This bill was heard on 4-29-15 (Ayes 14, Noes 0) and re-referred to Committee on Appropriations on 5-13-15 (Ayes 17, Noes 0).
This bill would allow specified healing arts licensees to apply one unit, as defined, of continuing education credit, for attending a course that results in the licensee becoming a certified instructor of cardiopulmonary resuscitation or the proper use of an automated external defibrillator. It also allows boards to opt out of allowing their licensees to apply this training to their CE requirements.
Position: BPM Legislative Committee recommends the Board discuss and watch this bill.
Discussion: An increase in the amount of trained CPR and AED professionals will ultimately lead to less hesitation in emergency environments and increase the success rate of cardiac recovery. The bill is supported by the American Red Cross and has no opposition.

SB 396 (Hill) Health and care facilities: outpatient settings and surgical clinics
Location: Senate Committee on Appropriations
Date of Hearing: On 4-21-15 this bill was re-referred to the Committee on Health. On 5-4-15 it was heard (Ayes 9, Noes 0) and re-referred to the Committee on Appropriations.
Summary: This bill would revise various laws related accredited outpatient surgical clinics, including allowing such clinics to apply for licensure to the California Department of Public Health, imposing certain peer review requirements, and requiring certain reporting to the Office of Statewide Health Planning and Development.
Position: BPM Legislative Committee recommends that the Board discuss and watch this bill.
Discussion: Although there has not been a thorough fiscal study, this bill is likely to result in an increase in patient safety through additional regulation. The opposition states that it creates potentially burdensome regulation without increasing patient safety.

SB 482 (Lara) Controlled substances: CURES database
Location: Senate Committee on Appropriations
Date of Hearing: This bill was heard on 4-29-15 (Ayes 7, Noes 1), and referred to Committee on Appropriations. It is set for hearing on 5-18-15.
This bill would require prescribers, except veterinarians, and dispensers prescribing or dispensing a Schedule II or III drug to a patient for the first time to consult that patient's record on the CURES database prior to issuing the prescription or dispensing the drug. It would also require the prescriber or dispenser to check the database annually when the prescription remains a part of the patient's treatment. Failure to consult the CURES database as specified would be considered unprofessional conduct and subject the licensee to discipline by the appropriate board. This bill is related to AB 611 (Dahle, 2015).
Position: BPM Legislative Committee recommends that the Board discuss and watch this bill.
Discussion: Although prescribers may be required to take additional time prior to dispensing Schedule II or III drugs to a patient, the CURES database is a valuable tool that can prevent drug abuse. It is predicted by supporters that lives will be saved. There are concerns that the volume of inquiries will overwhelm the current technology and that this will create an overly burdensome requirement that cannot be efficiently and effectively utilized.

AB 623 (Wood) Abuse-deterrent opioid analgesic drug products
Location: Committee on Appropriations
Date of Hearing: On 4-28-15 (Ayes 13, Noes 1) and re-referred to Committee on Appropriations.
This bill attempts to prevent the misuse and abuse of opioids, including the I innovative technologies that make crushing, cutting, or dissolving conventional

opioids difficult. This new approach prevents physical alterations to the pills or inhibits the euphoric effects of opioids when abused.
Position: BPM Legislative Committee recommends that the Board discuss and watch this bill.
Discussion: Although on its face the bill appears to help fight drug abuse, the policy issues for consideration brought forth by pharmacists, health plans, etc... cite serious challenges such as mandating to a prescriber they type of medication prescribed and this may not be in the best interests of patients or other stakeholders.

MEDICAL CANNABIS BILLS

The BPM should be vigilant in following the numerous laws that are currently pending regarding medical marijuana. A broad reading of the statute leads one to conclude that doctors of podiatric medicine come within the definition of "physician" as it is used in Sec. 11362.5 of the Health and Safety Code:

> , "...physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief."

It is the recommendation of the BPM Legislative Committee that the following bills are followed closely and that positions be taken as the proposed legislation continues forward.

AB 26 (Jones-Sawyer) Medical Cannabis Regulation and Control Act
Location: Assembly Business and Professions and Health
Date of Hearing: None scheduled
Provisions affecting the Department in this bill would authorize the Medical Board to discipline a licensee for overprescribing medical marijuana, prescribing without an in-person examination, or recommending marijuana for a nonmedical purpose. This bill has merged with AB 34.

AB 34 (Bonta) Medical Cannabis
Location: Assembly Committee on Appropriations
Date of Hearing: On 4-28-15 (Ayes 9, Noes 4) it was referred to the Committee on Appropriations
This bill would establish the Division of Medical Cannabis Regulation and Enforcement (Division) within the Department of Alcoholic and Beverage Control, and would authorize the Medical Board to discipline a licensee for overprescribing medical marijuana, prescribing without an examination, or recommending marijuana without a medical indication. AB 26 has now merged with this bill.

AB 266 (Cooley and Lackey) Medical marijuana
Location: Assembly Business and Professions
Date of Hearing: On 4-28-15 (Ayes 13, Noes 0) where it was referred to the Committee on Appropriations
This bill would establish the Bureau of Medical Marijuana Regulation (Bureau) within the Department of Consumer Affairs (Department) to license and enforce, in conjunction with local law enforcement, medical marijuana cultivation, manufacture, transportation, storage, distribution, and sale. This bill would also authorize the Medical Board to prioritize cases in which licensees recommend medical marijuana without a medical purpose. This bill is similar to SB 643.

SB 643 (McGuire) Medical marijuana
Location: Senate Committee on Governance and Finance
Date of Hearing: None scheduled
This bill would establish the Bureau of Medical Marijuana Regulation (Bureau) within the Department of Consumer Affairs (Department) to license and enforce, in conjunction with local law enforcement, medical marijuana cultivation, manufacture, transportation, storage, distribution, and sale. This bill would also authorize the Medical Board to prioritize cases in which licensees recommend medical marijuana without a medical purpose. This bill is similar to AB 266.

3. QUARTERLY TIMELINE

Please find attached the BPM Quarterly Timeline

D. PROGRAM CONSENSUS DOCUMENT

The Legislative Committee has received the following summary regarding BPM's ability to provide the EO with a "Consensus Document" which will allow the Executive Officer" to lobby on behalf of BPM in a timely and effective manner. This issue is being presented to BPM as Agenda Item 13.

ATTACHMENTS

A: BPM – Quarterly Timeline

B. Legislation Matrix

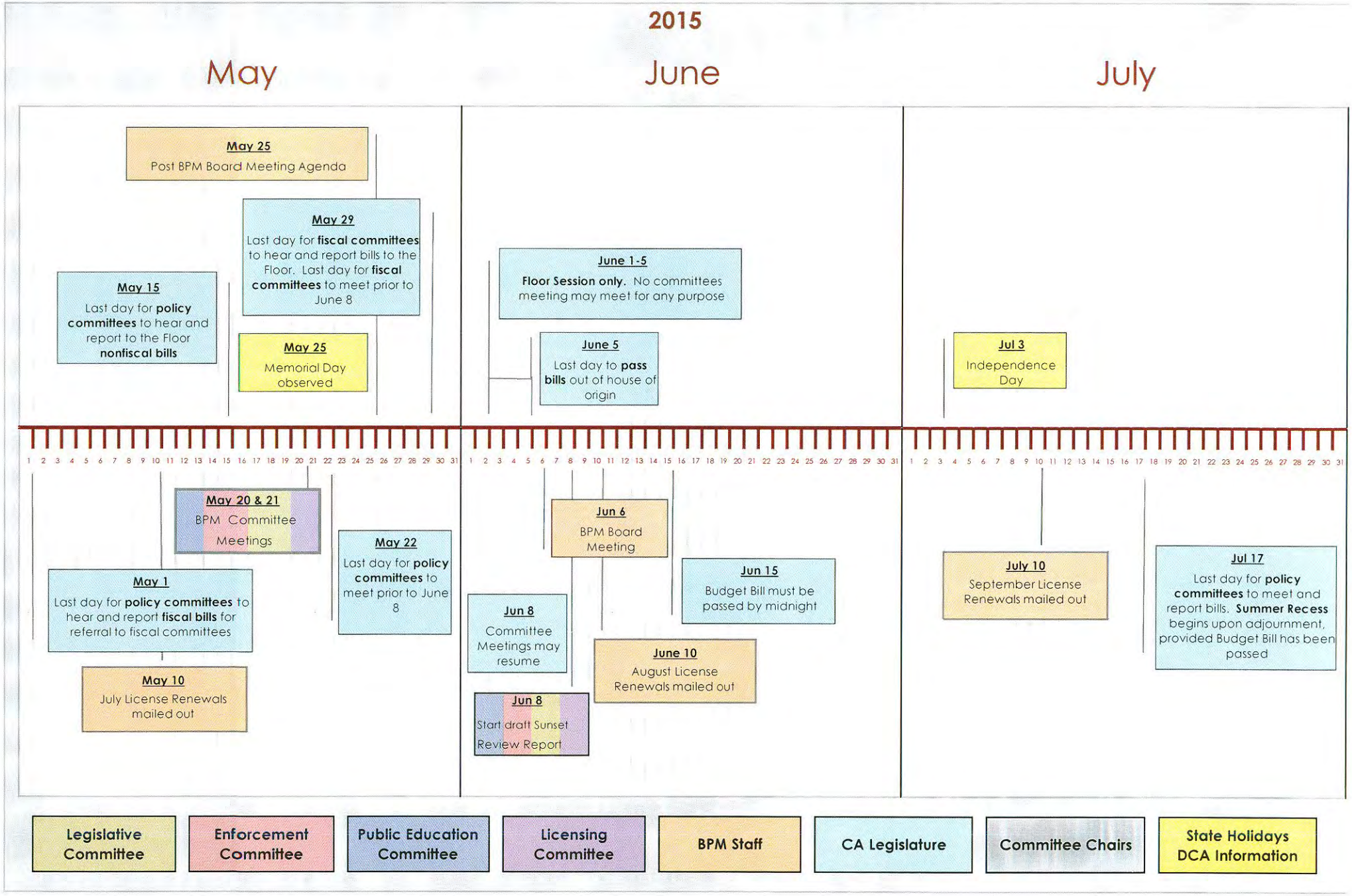
Prepared by: Kathleen Cooper, JD

Kathleen Cooper, JD
Administrative Analyst

Jason S. Campbell, JD
Executive Officer

BPM QUARTERLY TIMELINE

Leg Report 6-5-15 Attachment A



B

BOARD OF PODIATRIC MEDICINE

Program Activities and Legislative & Regulatory Matrix

LEGISLATION								
Ankle Certification Study Sec. 2472								
REGULATIONS								
Subject	Current Status	Date Approved by Board	Date Notice Published by OAL	Date of Public Hearing	Date of Final Adoption by Board	Date to DCA (and other control agencies for Final Review	Date to OAL for Review	Date to Secretary of State
Disciplinary Guidelines-Implementation of SB 1441	To BPM Enforcement Committee on 5-20-15							
Scrivener's Errors –BPM Continuing Education Regulations	To BPM Licensing Committee on 5-21-15							
BPM Regulations for Oral Argument	To BPM Enforcement Committee on 5-20-15							

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY - GOVERNOR EDMUND G. BROWN JR.
Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov

LICENSING COMMITTEE
MAY 20, 2015

SUBJECT: LICENSING PROGRAM REPORT

ACTION: RECEIVE LICENSING PROGRAM REPORT

RECOMMENDATION

Receive and file the status update report on Licensing Unit activity.

ISSUE

This status report highlights key statistics of BPM's Licensing Unit and other Licensing activity of note since last reported November 7, 2014.

DISCUSSION

Licensing is current and up to date on all statistics, new licenses and renewals.

A. Licensing Statistics

The following Licensing Reports reflect a current capture of licensing statistics including new licenses and renewals during FY14/15 Quarter 3 running from January 1, 2015, through March 30, 2015.

1. **Licensing Statistics – New Licenses Issued, Year over Year Comparison**

   This report provides a comparison of BPM licenses that have been issued during the two previous fiscal years for 12/13, 13/14 and those issued to date for FY14/15. In FY12/13, BPM issued 66 permanent licenses; FY13/14, 69 permanent licenses; FY14/15, 44 to date. For a grand total of 179 newly licensed DPMs in the last two and three quarter fiscal years.

2. **Licensing Statistics - Renewal Data and Renewal Data Breakdown**

   This report provides an overview of license renewal data for the immediately preceding quarter in FY 14/15 for which full reporting data is available and running from January – March 2015. In the month of January, 94 license renewals were mailed out with 85 license renewals by end of month. During the

month of February, 91 renewals were mailed with a total of 87 license renewals by the end of month renewal period. March saw 82 license renewals mailed with 69 licenses renewed. For licentiates that did not comply with renewal requirements, Delinquent Renewal Notices were mailed to all pending renewals 30 days after license expiration. As an example, a license expiration date of January 31, 2015, receives a delinquent renewal notice on February 28, 2015. While there may be numerous reasons why a DPM may be delinquent—such as licensee failure to file a change of address, inadvertent oversight or misplacement of forms—BPM staff have taken steps to ensure that the licensee is appropriately notified to avoid additional repercussions.

This report also provides a breakdown of licensing data such as the number of Initial Applications received that are currently pending; the license renewal data broken down to by those who have renewed in addition to those that have filed for a Retired, Military, Disabled or Inactive modifier. Also included is the number of licensees in delinquent status in addition to those whose status has changed from Active to Cancelled, Revoked, Surrendered or Reinstated.

3. **Licensing Statistics - Residents**

   This report reflects the Resident licensee base to date. BPM currently has 40 1st Year Residents; 41 2nd Year Residents; and 36 3rd Year Residents. The Resident academic year for 2015 will end on June 30. As the next resident academic year is upon us, consider approving the California Residency Program Applications under Agenda Item 7. The next resident academic year will begin on July 1, 2015 and end on June 30, 2016.

B. Continuing Medical Education Audit Update

The January CME Audit is now complete. As of April 22, 2015, out of 74 audited licensees, 67 have been found in compliance, 7 licensees have neither renewed nor complied with the CME audit requirements. This data is included on Licensing Statistics Renewal Data report.

C. BreEZe System Update

BPM currently has 12 System Investigation Requests (SIR) that are being handled to fix known issues in BreEZe. The number of outstanding SIRs has been reduced from 22 in Q2 FY 14/15 as reported last meeting. Of these 12 SIRs, Boards and Bureaus are asked to submit their Top 5 priority SIRs each week for the Information System team to address for the next Release. Depending on the severity of an issue and as new issues arise, SIR ranking can be rearranged at any time. BPM's current Top 5 SIRs with details are as follows below:

1. SIR 6285 – Requests detail data to be added to a screen
2. SIR 1422 – Addresses License Search 'Back" button in VO
3. SIR 8228 – Updates License Status Description in VO
4. SIR 932 – Automates License Remittance Process
5. SIR 870 – Addresses Address of Record requirements

The SIRs below have been tested and passed for Release 1.23. The production implementation date was April 2, 2015.

1. SIR 4446 – Updates our deficiency letter with minor grammatical changes.
2. SIR 692 – Addresses Reinstatement Transaction that currently is not functioning correctly.
3. SIR 9513 – Global – Implementation of SB 1159 FEIN/SSN for VO/VR

These SIRs are currently in User Acceptance Testing (UAT). The schedule production implementation date is May 21, 2015.

1. SIR 264 – Changes wording on our Resident License Extend Expiration Date transaction checklist to reflect the correct name of the required form.
2. SIR 6789 – Updates License Status Description
3. SIR 10784 – Updates activity code definitions
4. SIR 10705 – Licensing Performance Measure report
5. SIR 8227 – Adds CURES language to renewal application

The following SIRs are scheduled for Release 1.25 (tentatively scheduled for production implementation on June 30, 2015):

1. SIR 2753 – Addresses the Podiatric school name printing format on BPM wall licenses.
2. SIR 8233 – Task Assignment error message when using "Mass Assign" button

The following SIRs were recently rejected:

1. SIR 919 – Addresses the workflow Action Step queue that is not populating steps to appear on appropriate staff Dashboard's.

This SIR was rejected as this was not a vendor issue rather DCA Office of Information Services (OIS) was able to address the issue and resolve.

2. SIR 9779 – 5002-7020 default license expiration date incorrect.

   This SIR was rejected as it deals with specific data records that were not addressed and fixed during data conversion to BreEZe; therefore, when this transaction is used if the record is incorrect, it will need to be fixed individually.

3. SIR 2289 – Underpayment Renewal notice – remove "to pay online…" language

   This SIR was rejected as this is a global notice and removal would affect those boards/bureaus that currently provide online renewal transactions.

There have also been new developments as they relate to the BreEZe project funding and costs. This February a Spring Finance Letter (SFL) was submitted to the Department of Finance (DOF) containing appropriation authority needed to fund the continuance of the BreEZe project for FYs 2015-16 and 2016-17 for costs identified in Special Project Report (SPR) 3.1. The SFL was approved through the Administration and is currently under consideration with the Legislature. As previously reported, Breeze maintenance associated costs are expected to double.

A DCA Budget Office prepared graphic fund condition statement is attached that details a high level fund condition and displays the annual revenue and expenditure totals in a bar graph overlaid with a line graph displaying the fund balance. FY 2014-15 through FY 2016-17 are projected figures and assume full budget appropriation is expended.

A Section 11.00 request was also submitted to the Legislature in February for their approval. The Section 11.00 process requires DOF to report to the Joint Legislative Budget Committee (JLBC) when a reportable information technology project's overall costs increase by $5.0 million or 20 percent of the budgeted cost of the project, whichever is less. Section 11.00 requires that the report shall be made no less than 30 days prior to any commitment to a new contract or contract amendment. DCA submitted this report and Section 11.00 application to DOF for review and approval. The JLBC concurred with the section 11.00 request but the approval process resulted in a two month schedule delivery extension of the project at a cost of $1.95 million. The Breeze project cannot absorb this cost within existing budgeted resources and it is being requested through the May Revise process.

DCA has recently received confirmation to proceed with this request and that it will be included in the Governor's revised budget. Because the contract(s) amended were the Accenture implementation contracts, funding for the $1.95 million will be borne by Release 1 and 2 clients only. The budget office will share updated fund conditions with each our program as soon as it is prepared.

D. BreEZe Online Complaint Feature Disabled

Our BreEZe team is currently working to update the functionality of the online complaint submission screen in BreEZe. Currently, when a consumer submits an online complaint, one of the screens allows the complainant to enter the licensee's license number and 'lookup' the name and address information which pre-populates some of the necessary fields (i.e. street address, city, state, zip, etc.). While these fields are publicly disclose-able information, other not publicly disclose-able fields were also being added (i.e. gender, phone number, e-mail address) and DCA cannot provide this information to the public. Until the functionality is fixed, DCA has taken action and disabled the ability for consumers to submit a complaint online. If a consumer selects the "File a Complaint" button from the opening BreEZe page, they will be redirected with information on how to 'Submit a Complaint by Mail.' Complaint submission by mail will be used until further notice.

E. Legislative Impacts to Licensing Program and Implementation Plan

In order to assist the Legislative Committee with a broad understanding of legislation and regulatory matters that impact BPM, summaries of legislation passed in 2014 are included for committee review that may need to be addressed by the Board in order to adopt general policy guidance.

1. AB 809 (Logue, Chapter 404) – Patient Consent for Telehealth Services

Committee members may recall this bill revises the patient consent provisions related to the use of telehealth services by health care providers. The bill allows written consent in addition to verbal consent and specifies that either is valid for a designated course of health care and treatment. This bill took effect September 18, 2014

This bill impacts healing arts programs ONLY. BPM may wish to provide outreach to its licensees regarding the changes and how this legislation may alter the regulation of telehealth.

2. AB 2396 (Bonta, Chapter 737) – Denial of Licensure Based on Expunged Convictions

As previously reported in February, this bill prohibits a licensing authority under the Department of Consumer Affairs from denying a license based solely on a prior conviction if the conviction has been dismissed pursuant to Penal Code expungement procedures.

BPM's Legal Counsel has provided guidance to the licensing program regarding implementation of this legislation. Staff is completed its review and revision to BPM conviction questions and instructions on the program's Application for initial licensure and the changes have been incorporated as required by AB2396.

3. SB 1159 (Lara, Chapter 752) – Use of ITINs on Licensure Applications

As previously reported, this bill requires all programs within the Department of Consumer Affairs to accept an individual taxpayer identification number (ITIN) from applicants in lieu of a social security number (SSN). The legislation explicitly directs licensing programs to issue licenses to individuals qualified for licensure in spite of unlawful presence in the United States. All programs must implement the bill's requirements no later than January 1, 2016.

The Department's Office of Information Services (OIS) has incorporated the necessary changes into BreEZe and legacy systems to ensure that full implementation of this bill takes place no later than January 1, 2016.

BPM is currently in process of making minor changes on our initial licensing application to include information allowing for collection of an ITIN or a SSN for individuals. BPM will also be providing the necessary outreach to interested parties via emails to program stakeholders; an update on our website; and inclusion on of the development in its planned newsletter this winter.

PENDING 2015 LEGISLATION

1. AB750 (Low) Business and professions: licenses

This bill authorizes any of the boards, bureaus, commissions, or programs (boards) within the Department of Consumer Affairs (DCA) to establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

According to the author, "An occupational license can be sent to 'inactive' for various reasons, including violations and non-renewal. The same is done in some boards for those individuals who decided to retire – a troublesome label, as an 'inactive' status holds negative connotations and does not appropriately illustrate the decades of service from the license holder.

BPM already has statutory authority for issuing a retired license under Section 2439 of California Business and Professions Code. This bill is not expected to impact BPM.

2. AB 1060 (Bonilla) Professions and vocations: licensure

This bill would authorize a board, upon suspension or revocation of a license, to provide the ex-licensee with certain information pertaining to rehabilitation, reinstatement, or penalty reduction through first-class mail or by electronic means.

Where licenses are revoked or suspended, licensees will be entitled to information about the procedures and criteria for license rehabilitation. BPM has such a small volume of revocations or suspensions per year that it is expected that the related costs will be negligible and well within existing resources.

F. BPM QUARTERLY TIMELINE

Provided for Committee planning purposes and review is a 3-month timeline to enhance committee situational awareness for pertinent dates and approaching deadlines.

NEXT STEPS

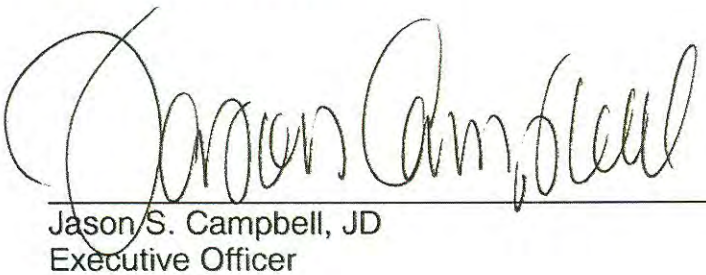
Staff will continue to maintain the licensing program current, continue operations without backlog and provide excellence of service within resources in keeping with the importance of licensing effectiveness in consumer protection and efficient use of public resources.

ATTACHMENTS

A. Licensing Statistics –New Licenses Issued (Year/Year Comparison)
B. Licensing Statistics - Renewal Data Quarter 3 (January – March 2015)
C. Licensing Statistics – Residents
D. BPM Quarterly Timeline
E. BreEZe Cost and Funding (Podiatric) 2.24.15
F. BreEZe SPR 3.1 Graphic Fund Condition (Podiatric)

Prepared by: Kia-Maria Zamora, Licensing Unit Coordinator

Kia-Maria Zamora
Licensing Unit Coordinator



Jason S. Campbell, JD
Executive Officer

Board of Podiatric Medicine

Licensing Statistics - New Licenses Issued

Year over Year Comparison

New Licenses Issued by Fiscal Year

	FY 12/13	FY 13/14	FY 14/15
July	9	8	5
August	3	8	3
September	4	2	3
October	4	1	2
November	4	3	2
December	0	1	7
January	2	5	4
February	5	3	4
March	9	12	14
April	10	10	
May	8	7	
June	8	9	

Totals

	FY 12/13	FY 13/14	FY 14/15
Grand Total of New Licenses Issued by Fiscal Year	66	69	44

Totals

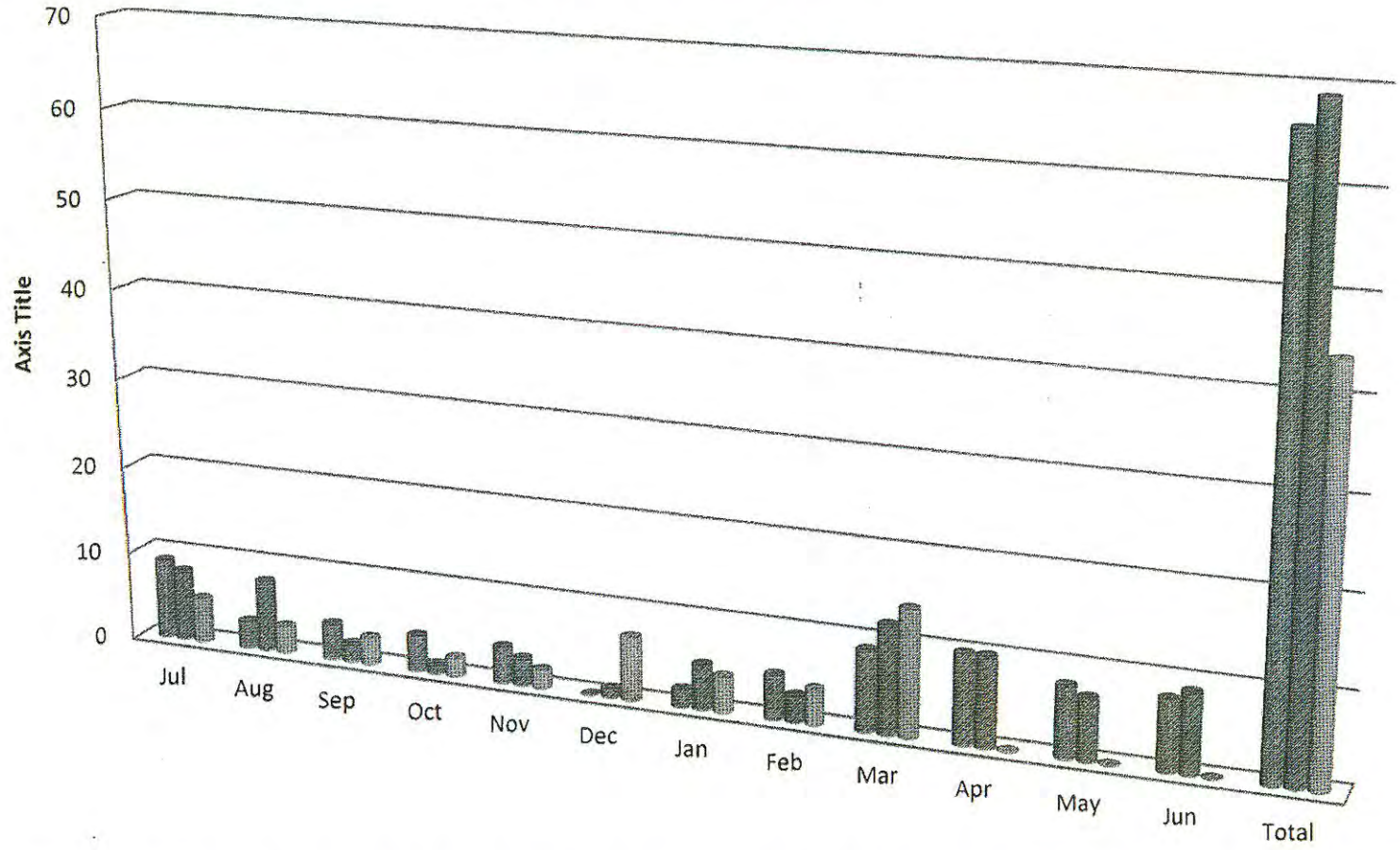
	FY 12/13	FY 13/14	FY 14/15
Total of Current Active Licenses by Fiscal Year	1955	1966	1997

ATTACHMENT A

Board of Podiatric Medicine

Licensing Statistics - New Licenses Issued

Year over Year Comparison



	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
FY 12/13	9	3	4	4	4	0	2	5	9	10	8	8	66
FY 13/14	8	8	2	1	3	1	5	3	12	10	7	9	69
FY 14/15	5	3	3	2	2	7	4	4	14	0	0	0	44

Board of Podiatric Medicine

Licensing Statistics – Renewal Data

Quarter 3 Report (January – March 2015)

Renewal Data

	Renewals Sent	Renewed	Pending Renewal
January	94	85	9
February	91	87	4
March	82	69	13
Total	267	241	26

Renewal Data Breakdown

	Jan – Mar 2015
Initial Applications Pending	19
Renewed – Current	241
Renewed – Disabled	6
Renewed – Military	3
Renewed – Retired	11
Renewed – Inactive	1
Delinquent (includes prior months)	191
Cancelled	0
Revoked	0
Surrendered	0
Reinstated	1

Annual CME Audit (Renewal Period January 31, 2013 – January 31, 2015)

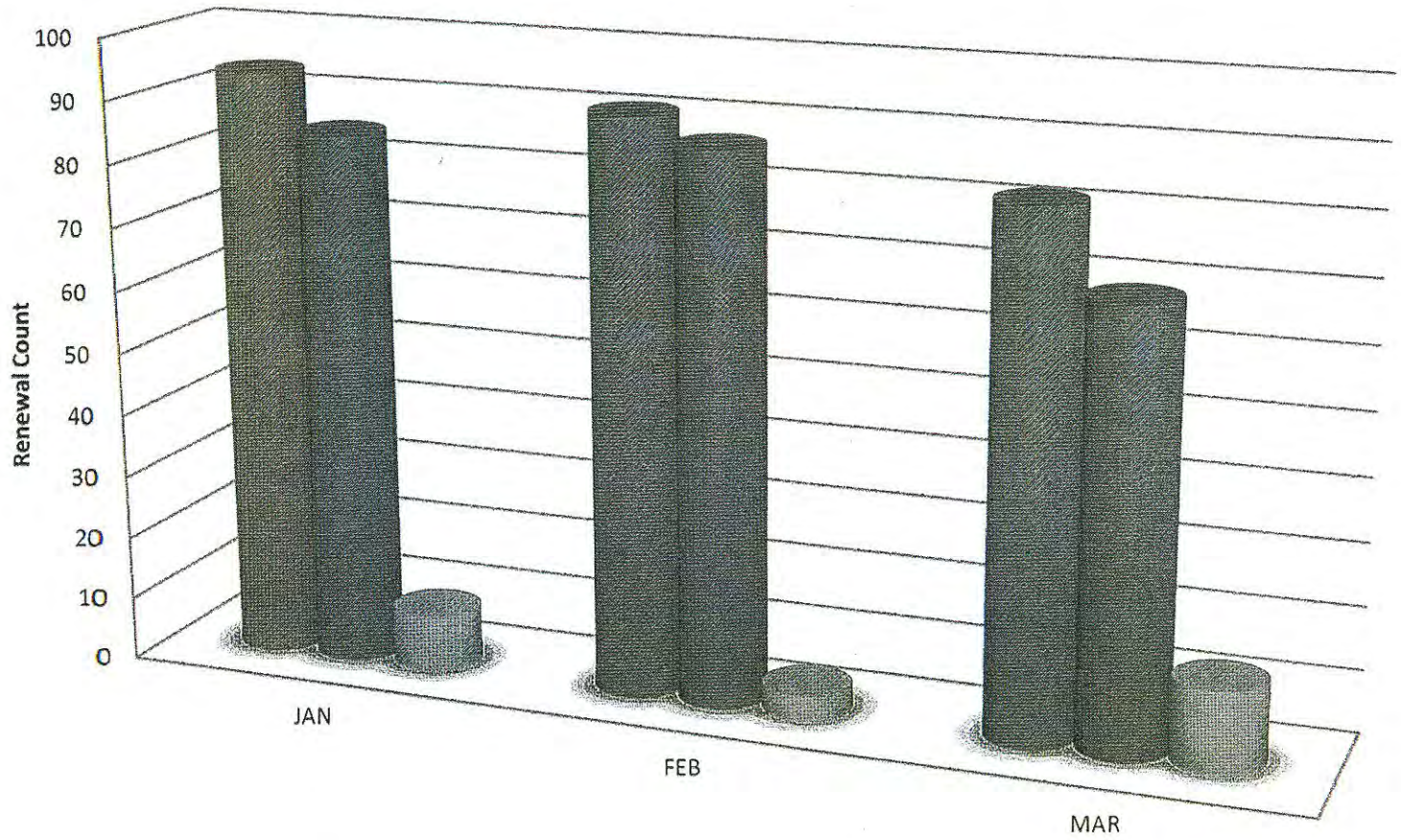
	Licensee Audit Count	Licensees Compliant	Licensees Pending Renewal and Compliance	Licensees not Compliant nor Renewed
Licensees with Expiration Date of January 31, 2015	74	67	0	7

ATTACHMENT B

Board of Podiatric Medicine

Licensing Statistics - Renewal Data

Quarter 3 Report (January - March 2015)

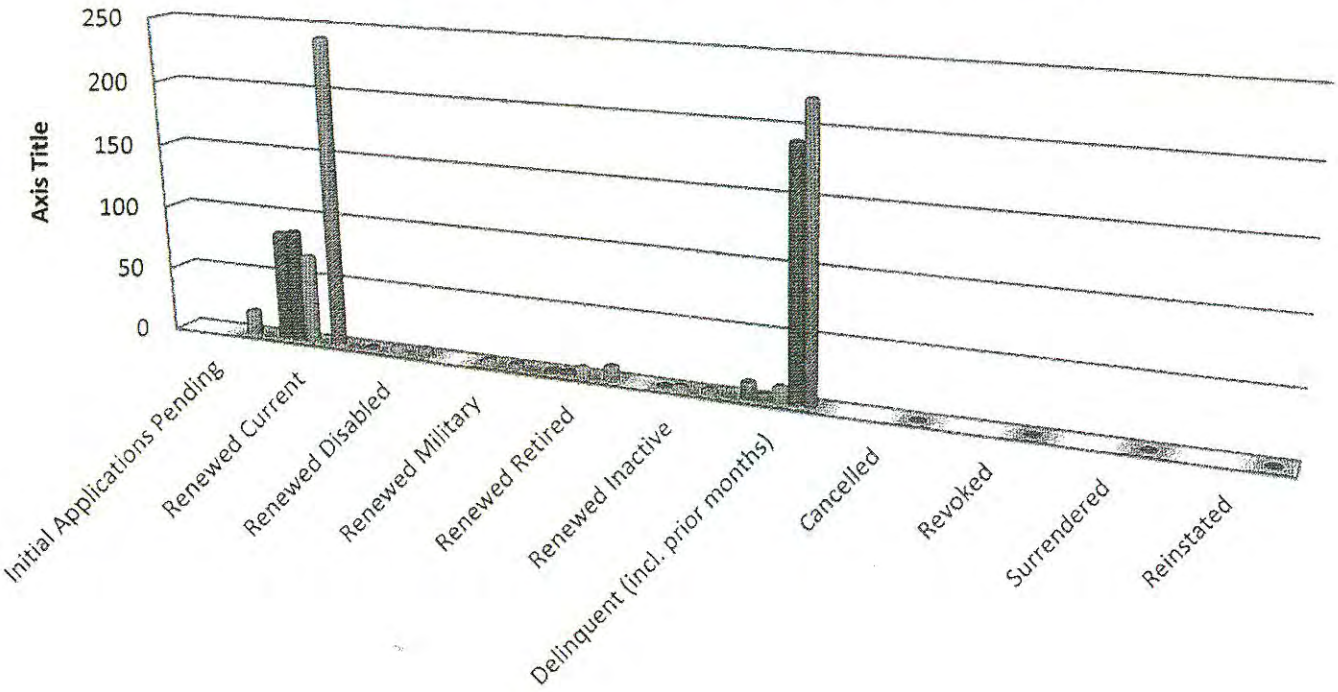


	JAN	FEB	MAR
Renewals Sent	94	91	82
Renewed	85	87	69
Pending Renewal	9	4	13

Board of Podiatric Medicine

Licensing Statistics - Renewal Data Breakdown

Quarter 3 Report (January - March 2015)



	Initial Applications Pending	Renewed Current	Renewed Disabled	Renewed Military	Renewed Retired	Renewed Inactive	Delinquent (incl. prior months)	Cancelled	Revoked	Surrendered	Reinstated
Jan		85	1		2		13				
Feb		87			2	1	6				
Mar		69	5	3	7	2	12				
prior months							191				
Jan - Mar	19	241	6	3	11	3	222	0	0	0	0

Board of Podiatric Medicine

Licensing Statistics – Residents

Quarter 3 Report (January – March 2015)

Resident Licenses

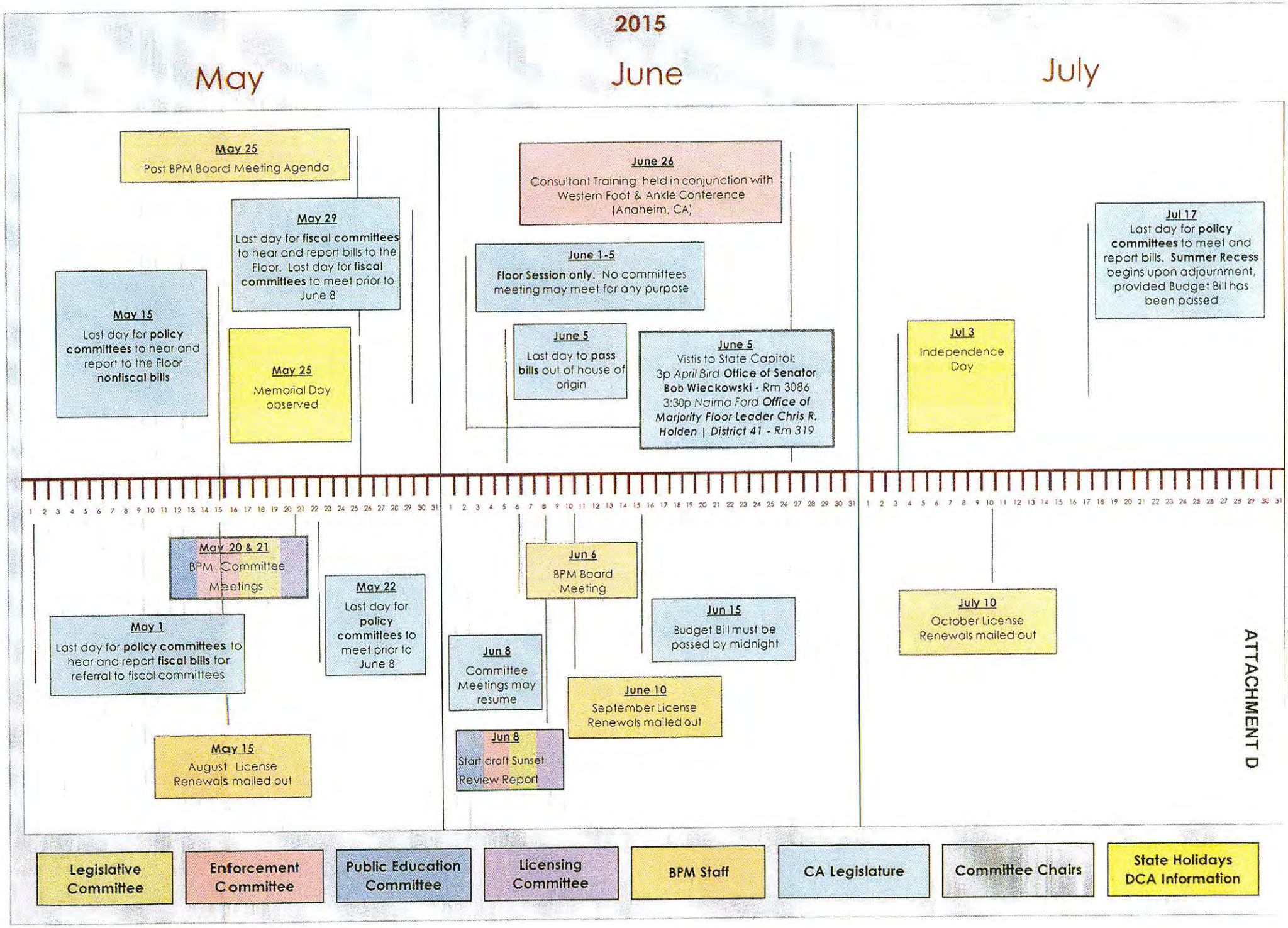
	Resident Academic Period July 1, 2014 – June 30, 2015
1st Year Resident	40
2nd Year Resident	41
3rd Year Resident	34
3rd Year Resident Rotation	2

Totals

	Resident Academic Period July 1, 2014 – June 30, 2015
Total Resident Licenses	117

ATTACHMENT C

BPM QUARTERLY TIMELINE



ATTACHMENT D

Department of Consumer Affairs
BreEZe Costs and Funding
FY 2009-10 through FY 2016-17
(amounts in whole $s)

	FY 2009-10		FY 2010-11		FY 2011-12		FY 2012-13		FY 2013-14		FY 2014-15	FY 2015-16	FY 2016-17
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Proposed*	Proposed*	Proposed*
BreEZe Costs					1,200,000	869,926	4,081,649	387,607	5,029,513	4,478,770	5,375,928	9,732,344	11,750,441
Solution Vendor - Accenture LLP													
DCA Staff and OE&E	2,080,000	372,732	2,080,000	1,096,247	3,280,829	3,199,363	3,636,888	4,655,450	6,742,294	7,979,320	8,026,062	13,111,845	7,046,014
Data Center Services					1,101,843	147,645	1,667,899	138,410	136,072	137,472	155,376	156,096	156,096
Other Contracts		44,151		53,169	860,120	645,011	899,600	1,178,588	2,357,360	1,751,269	2,814,819	4,428,850	4,543,800
Oversight		10,168		345,993	537,276	488,034	537,276	393,232	559,920	478,328	563,234	643,512	
Total Costs	**2,080,000**	**427,051**	**2,080,000**	**1,495,409**	**6,980,068**	**5,349,979**	**10,823,312**	**6,753,287**	**14,825,159**	**14,825,159**	**16,935,419**	**28,072,647**	**23,496,351**
BreEZe Funding Needs													
Total Costs	2,080,000	427,051	2,080,000	1,495,409	6,980,068	5,349,979	10,823,312	6,753,287	14,825,159	14,825,159	16,935,419	28,072,647	23,496,351
Redirected Resources	2,080,000	427,051	2,080,000	1,495,409	4,169,882	3,198,486	4,448,886	4,818,002	5,806,881	5,806,881	7,405,427	7,426,449	2,080,000
Total BreEZE BCP					**2,810,186**	**2,151,493**	**6,374,426**	**1,935,285**	**9,018,278**	**9,018,278**	**9,529,992**	**20,646,198**	**21,416,351**

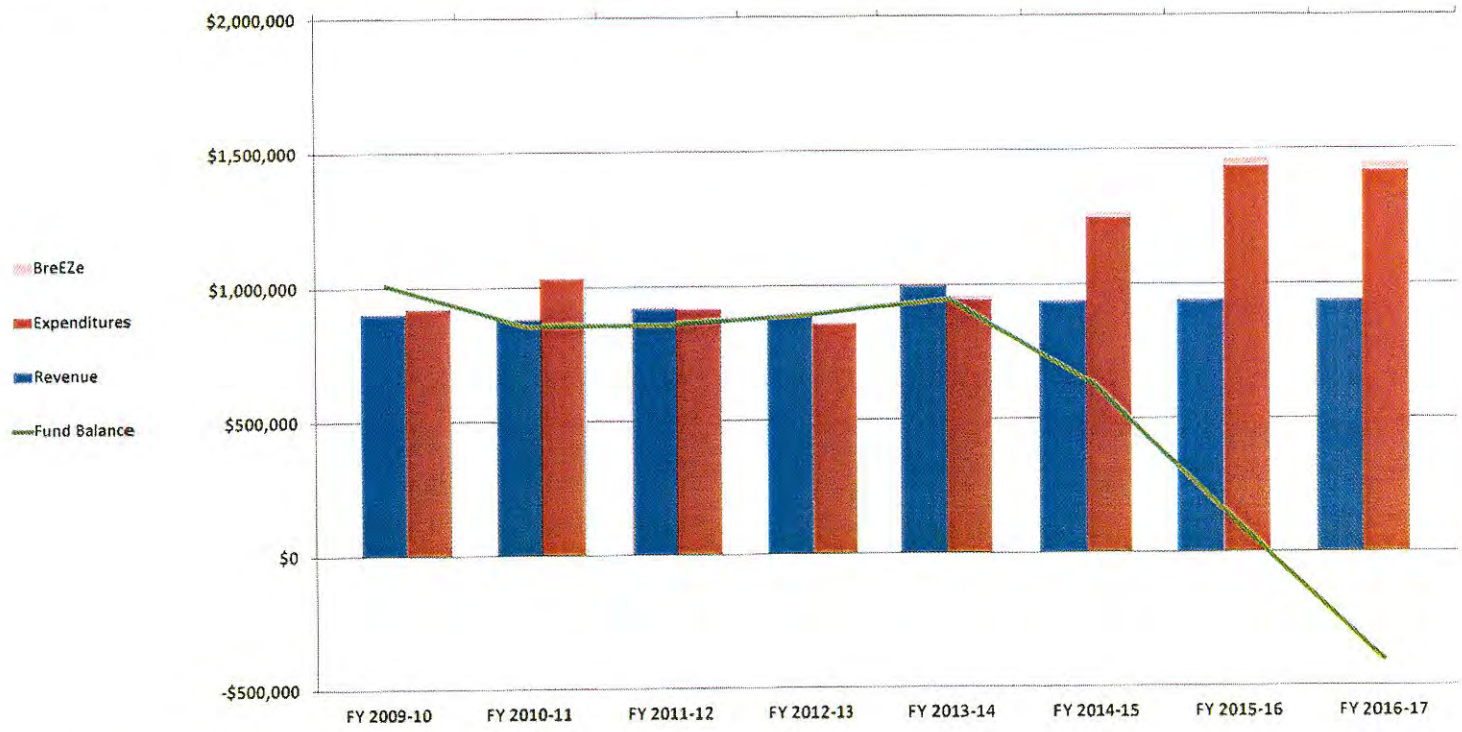
	FY 2009-10		FY 2010-11		FY 2011-12		FY 2012-13		FY 2013-14		FY 2014-15	FY 2015-16	FY 2016-17
Board / Bureau Name	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Proposed*	Proposed*	Proposed*
Podiatry Boad	2,117	538	2,117	2,248	4,339	3,777	11,117	7,005	12,117	12,117	14,097	26,490	28,024

ATTACHMENT E

* Figures identified in FY 2014-15 through FY 2016-17 are still pending approval

Board of Podiatric Medicine
Fund Analysis: Governor's Budget w/BreEZe SPR 3.1
Release 1

	FY 2009-10	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
	Actual					Projected*		
Beginning Fund Balance (Incl. Prior Year Adj.)	$ 1,030,000	$ 1,008,000	$ 857,000	$ 863,000	$ 908,000	$ 948,000	$ 625,000	$ 104,000
Total Revenue	$ 905,000	$ 883,000	$ 921,000	$ 895,000	$ 997,000	$ 938,000	$ 942,000	$ 941,000
Transfers/General Fund Loans	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Expenditures	$ 924,000	$ 1,035,000	$ 919,000	$ 865,000	$ 957,000	$ 1,261,000	$ 1,463,000	$ 1,447,000
BreEZe Cost	$ 538	$ 2,248	$ 3,777	$ 7,005	$ 12,117	$ 14,097	$ 26,490	$ 28,024
Expenditures (less BreEZe)	$ 923,462	$ 1,032,752	$ 915,223	$ 857,995	$ 944,883	$ 1,246,903	$ 1,436,510	$ 1,418,976
Ending Fund Balance	$ 1,011,000	$ 856,000	$ 859,000	$ 893,000	$ 948,000	$ 625,000	$ 104,000	$ -402,000
Months in Reserve	11.7	11.2	11.9	11.2	9.0	5.1	0.9	-3.3



* Projected years assume full budget appropriation is expended

Highlights

- Historical expenditure savings maintain fund balance/solvency

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov

PUBLIC EDUCATION COMMITTEE
MAY 21, 2015

SUBJECT: PUBLIC EDUCATION PROGRAM REPORT

ACTION: RECEIVE AND FILE STATUS REPORT

RECOMMENDATION

Receive and file the quarterly status report on public outreach efforts and education.

ISSUE

This report summarizes key activities and other items of note in the executive offices of the Board of Podiatric Medicine pertaining to Public Education and Outreach activity. The report provides committee with progress updates on special projects and/or Board directed tasks and highlights ongoing operations and key accomplishments.

DISCUSSION

A. ADMINISTRATIVE SUMMARY

On February 19, 2015, the Public Education Committee met for the first time in several years. Dr. Manzi, Chair of the Committee, presided with Board Member Masaniai in attendance via teleconference. Also in attendance with staff members Jason S. Campbell, Executive Officer and Kia-Maria Zamora, Acting Board Secretary. The Comittee meeting was successfully webcast in a pilot effort to test the outreach technologies available to BPM for later implementation on a wider scale. Committee reccommendations were then reported at the March 6, 2015 meeting of the Board and were unanimously adopted.

B. STAKEHOLDER EMAIL INQUIRIES & REQUESTS FOR INFORMATION

BPM statistics for the volume of concerns, comments, suggestions and/or inquiries regarding programs and services are provided in the following tables:

Table 1 below details the summary of total email inquiries received for Quarter Three (3) of FY 14/15

Table 2 provides FY 14/15 Quarter Three (3) calls answered and handled by Medical Board call center staff concerning BPM inquiries.

Complaints	-	-	-
Enforcement	3	1	2
Scope of Practice	5	4	2
FNP	3	3	1
TOTALS	57	50	48
Q3 TOTALS		155	

C. WEBSITE STATISTICS UPDATE

The following website statistics are povided to assist the Board analyze current BPM website traffic. As previously reported, use of anayltic tools and information will assist the Board to determine popular content pages, stagnant pages and gain insight into visitor information or trends for developing new and existing pages.

1. CONTENT SUMMARY REPORT

Table 4 below assists in determining whether the website has become more or less effective at visitor retention for a determined date range. In this case, FY14/15 Quarter 3 running from January through March 2015 as compared against FY 14/15 Quarter 2 running from October through December 2014 is presented.

The first column in table 4 shows 1) Entrances; 2) Exits; and 3) Most Visited and provides figures for the Top 5 content sites for each. Included are the percentage increases or decreases for FY14/15 Q3 compared to Q2.

The second column consisting of 1) bounces; 2) page views; and 3) page views shows the number of immediate exits (bounces) from BPM's top five entrance pages, and the number of times BPM's exit pages and most visited pages were viewed during Q3. The green or red arrows and percentage change indicates the increase or decrease from Q2 figures.

Finally, the third column shows the 1) bounce rate; 2) the exit rate; and 3) the average visit time for BPM's top entrance pages, exit pages, and most visited pages, respectively, during Q3. Again, the green or red arrow percentages indicate the increase or decrease from Q2.

DEFINITIONS

a. **Entrances:** First entrance page accessed on a website when visited
b. **Bounce Rate:** Single interaction visit to a website without visiting other pages
c. **Exits:** Leaving the webpage
d. **Page Views:** Content that is viewed when visiting a page

Table 3 tracks the call volume and inquiry type for incoming calls handled by BPM staff for the same period.

Table 1 – Q3 STAKEHOLDER INQUIRY STATISTICS

INQUIRY SUBJECT	January 2015	February 2015	March 2014
Scope of Practice			
Ankle Surgery	2	1	1
Practice Act-General	2	-	-
Anesthetics	1	-	-
Films & X-Rays	2	-	1
Licensing	1	3	7
CME	-	-	1
Billing Practices	-	1	-
Code of Ethics	-	-	2
Standard of Care	-	1	-
Renewals	-	2	4
Residency	-	1	3
HBOT	2	1	-
Case Law Inquiry	-	1	-
Telehealth	-	1	-
Complaints	1	1	1
Enforcement	-	5	4
Skin Grafts	-	1	-
Supervision	-	2	-
FNP	1	-	1
TOTALS	12	21	25
Q3 TOTALS		58	

Table 2 – Q3 MBC CALL CENTER STATISTICS FOR BPM RELATED MATTERS

OUTCOME CODE	January 2015	February 2015	March 2014
BPM – All Others	1	-	-
BPM – Lic Verfication	-	-	-
TOTALS	1	-	-
Q3 TOTALS		1	

Table 3 – Q3 BPM CALL STATISTICS

INQUIRY TYPE	January 2015	February 2015	March 2014
Licensing – General	20	27	59
Licensing – Renewals	23	11	34
CME	3	3	15
Residency	-	1	22

Table 4 – Q3 BPM WEBSITE CONTENT SUMMARY REPORT

Top 5 Entrances	Entrances	%±	Bounces	%±	Bounce Rate	%±
Homepage	7,103	↓ -4%	4,533	↓ -5%	63.82%	↓ -1%
Orthotics	2,029	↓ -4%	1,844	↓ -1%	90.88%	↑ 3%
MA Informtn	1,449	↑ 13%	1,269	↑ 13%	87.58%	0%
Recent Discpl	1,144	↑ 14%	969	↑ 22%	84.70%	↑ 7%
Diabetes Info	1,125	↑ 74%	924	↑ 88%	82.13%	↑ 8%
Top 5 Exits	**Exits**	**%±**	**Pageviews**	**%±**	**Exit Percentage**	**%±**
Homepage	5,268	↓ -5%	9,369	↓ -12%	56.23%	↑ 7%
Orthotics	2,018	↓ 0%	2,778	↓ -5%	72.64%	↑ 5%
Recent Discpl	1,396	↑ 27%	2,033	↑ 6%	68.67%	↑ 20%
MA Informtn	1,379	↑ 12%	1,782	↑ 9%	77.38%	↑ 3%
Diabetes	998	↑ 81%	1,721	↑ 27%	57.99%	↑ 43%
Top 5 Most Visited	**Visits**	**%±**	**Pageviews**	**%±**	**Average Time**	**%±**
Homepage	7,803	↓ -7%	9,369	↓ -12%	00:01:51	↑ 11%
Orthotics	2,573	↓ -7%	2,778	↓ -5%	00:02:05	↑ 46%
Recent Discpl	1,858	↑ 13%	2,033	↑ 6%	00:02:28	↑ 15%
Licensee Info	1,758	↓ -3%	2,173	↓ -3%	00:01:43	↑ 1%
MA Informtn	1,694	↑ 11%	1,782	↑ 9%	00:03:15	↑ 23%

D. WEBSITE REDESIGN

Staff is pleased to report that efforts to begin website redevelopment have begun. These efforts will go far to improve and modernize the look of the site in addition to reorganizing the format and content into a more user and search engine friendly site structure. Finally, it is believed that the site redesign will help generate new opportunities for improved consumer and stakeholder outreach and help to achieve many of the goals and objectives contained in the 2015-2018 Strategic Plan. The redesign is expected to take approximately three to four months to complete and is expected to go live by end of summer.

E. LEGISLATIVE OUTREACH UPDATE

In an effort to build increased opportunities for interaction and outreach with members of the Legislature, staff has arranged an Legislative Outreach Day for members of the BPM Legislative Committee who are invited to participate in visits with legislators at the State Capitol on June 5, 2015. This will be an excellent opportunity to educate Legislative Members on BPM's role in consumer safety, mission and accomplishments. Board members will also be able to answer questions from the Legislative offices and staff regarding the Board. The details of the scheduled meetings are as follows:

3:00 pm
Office of Senator Bob Wieckowski
State Capitol, Room 3086
Contract: April Bird
Phone: 916-651-4010
april.bird@sen.ca.gov

3:30 pm
Office of Majority Floor Leader Chris R. Holden, District 41
State Capitol, Room 319
Contact: Naima Ford, Legislative Assistant
P: (916) 319-2041 F: (916) 319-2141

Additional afternoon appointments are expected to be scheduled shortly and will be provided when available.

F. CURES UPGRADE 2.0 & PRESCRIBER REGISTRATION REQUIREMENT

The Board may recall that in 2013, AB 110 and SB 809 authorized funding and specific requirements for an upgraded and modernized prescription drug database. The Controlled Subtance Utilization Review and Evaluation System ("CURES") is California's first online prescription drug monitoring program created in response to the onset of a contemporary prescription drug abuse epidemic. The Department of Justice ("DOJ") is now scheduled to go live with its new and improved CURES 2.0 project shortly. It is expected that the CURES 2.0 upgrade will launch on or about June 30, 2015.

It is foreseen that CURES 2.0 will greatly enhance and promote safe prescribing by providing practitioners with a powerful tool for accessing patient activity reports. In addition to the functionality of the current database, CURES 2.0 will provide an improved user interface, greater ease of use in addition to an analytics engine that provides prescribers and dispensers with critical information regarding at-risk patients. An often touted example of a new upgraded CURES 2.0 feature is prescribers will have the ability to specify patients with whom they have treatment exclusivity compacts in order to warn other providers that additional prescribing to these patients may be potentially counter-productive to their current treating regimen.

It is also expected that CURES 2.0 will provide faster, more reliable service to a larger practitioner base sufficient to accommodate hundreds of thousands of prescribers and dispensers in California who are required by SB 809 to register with the system by January 1, 2016. This includes:

1) ALL LICENSED DOCTORS OF PODIATRIC MEDICINE ("DPM") PRACTICING IN CALIFORNIA;
2) WITH A DRUG ENFORCEMENT ADMINISTRATION CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE ("DEA Certificate").

DPM registration may be currently be completed by visiting the website:
https://pmp.doj.ca.gov/pmpreg/RegistrationType_input.action#

1) Complete the on-line application form;
2) Print the form out and sign/date;
3) Attach copies of the state podiatric medical license, DEA Certificate, and a driver's license or other government photo identification;
4) Have the entire application package notarized; and
5) Mail the completed application package to:

PDMP Registration
Law Enforcement Support Program
PO Box 160447, Sacramento, CA 95816

The Board of Podiatric Medicine ("BPM") is one of ten Department of Consumer Affairs ("DCA") boards that license and regulate over 270,000 total prescribers and dispensers in the state. Accordingly, public outreach and education will play an important and vital task that will be necessary for the success of the CURES 2.0 project. Thus, BPM executive staff have recently met with DCA and other health board programs to discuss and finalize an Outreach Plan. The goal is to ensure consistent messaging across all state agencies to the public, stakeholders and licensees.

A rough Outreach Plan outline has been formulated and agreed to. It is designed to be undertaken in stages according to the assumed launch date of June 30, 2015. The outreach plan entails the following sequence of stages and efforts.

PRIOR TO LAUNCH

1) Public presentation at regular Board Meeting to update the Board, licensees and the public on the status of the project.
2) Monthly DOJ status update to DCA for placement on agency webpage.

LAUNCH DATE

1) Written notification of the launch of CURES 2.0.
2) Launch information provided on Board webpage or through link to information.

POST LAUNCH DATE

1) CURES 2.0 upgrade and registration requirement included in Board newsletter.

PRIOR TO REGISTRATION DEADLINE

1) Written notification of approaching registration deadline.
2) Registration deadline information provided on Board webpage or through link to information.

Messaging and outreach efforts must use information drafted by DOJ and collectively reviewed and approved by DCA and each of the ten health boards including BPM. A meeting regarding same took place on April 29, 2015. The notification documents and materials are currently being finalized and are expected to be available for use not later than May 22, 2015.

The Outreach Plan above does not preclude BPM from performing supplemental outreach or taking additional measures to notify licensees, stakeholders or the public of the CURES 2.0 upgrade and registration requirements. As a result, executive staff anticipate implementing the following additional outreach methods:

1) Registration Flyers included in licensee renewal notices.
2) Listserv email notification.
3) Outreach to identified stakeholders.

G. BPM QUARTERLY TIMELINE

Provided for Committee planning purposes and review is a 3-month timeline to enhance Committee situational awareness of pertinent upcoming dates and/or approaching deadlines.

NEXT STEPS

Staff will continue with ongoing website redesign efforts in addition to working towards re-launching the BPM newsletter with an expected Q2 FY 15/16 publication release date. The action plan status update will continue to be reported in Committee in order to help keep the Board apprised of progress and staff on task with desired goals and objectives.

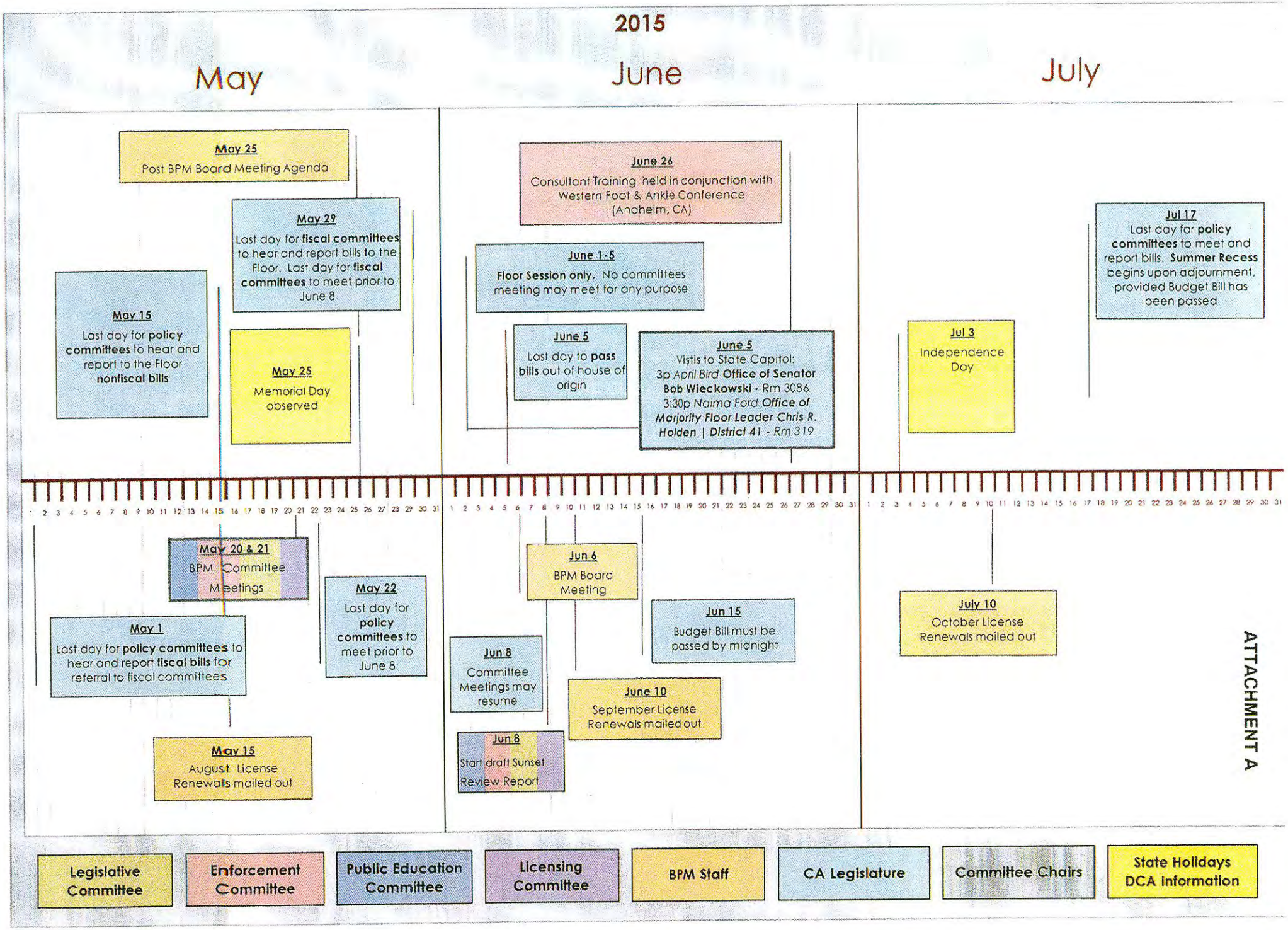
ATTACHMENTS

A. BPM – 3-month timeline

Prepared by: Jason S. Campbell, JD

Jason S. Campbell, JD
Executive Officer

BPM QUARTERLY TIMELINE



ATTACHMENT A

STATE OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
Medical Board of California
BOARD OF PODIATRIC MEDICINE
2005 Evergreen Street, Suite 1300 Sacramento, CA 95815-3831
P (916) 263-2647 F (916) 263-2651 www.bpm.ca.gov

BOARD OF PODIATRIC MEDICINE
JUNE 05, 2015

SUBJECT: QUARTERLY BUDGET REPORT

ACTION: RECEIVE AND FILE

RECOMMENDATION

Receive and file the Quarterly Budget Report through 3-31-15.

ISSUE

This report provides BPM with the quarterly budget financials through 3-31-15.

DISCUSSION

The subject documentation is attached for Board review which provides the most current budget and financial data available to date. The documents taken on a whole indicate that BPM is on task with maintaining a financially sound budget for FY 2014-15. Through continued efficient delivery of public services and minimization of financial costs BPM has continued to maintain fiscal and financial discipline.

1. EXPENDITURE REPORT

Through March 31, 2015 BPM spent or encumbered approximately $615,000, which is equivalent to approximately 53% of its total FY 2014-15 budget. Table One (1) provides an expenditure report with summary totals for personnel services and operating expenditures alone while Table Two (2) provides a more detailed account into actual line item expenditures. There are encumbrances that will be added to the final Expenditure Report to BPM in September, and as stated in the last financial report, BPM will be making changes to the financial reports starting in the 2015-2016 FY, including but not limited to additional comparative financials from prior reporting periods.

2. REVENUE REPORT

Table Three (3) provides a breakdown of the revenue totals and corresponding revenue categories BPM has received through March 31, 2015. To date the agency has had receipts totaling $769,773. As with years past, the Biennial License Renewal Fee accounts for the vast majority of fee income totally 92% of revenues.

BPM has begun the process of investigating the next steps for conducting a fee audit. The fees currently charged to licensees have been in place for over a decade and they may not reflect the costs to BPM which have increased over that period. In other words, BPM may not be recovering the true costs for offering the services. A fee audit will allow BPM to analyze the exact costs of providing services and to determine if the current fee structure is sustainable. Staff should have more specific information on conducting a fee audit at the next Board meeting in September 2015.

3. DCA FUND CONDITION ANALYSIS

The DCA Budget Office fund condition analysis for BPM is provided for member review in Table Four (4). As with past practice and in accord with sound governmental financial planning principals, the DCA fund analysis assumes full budget expenditure. Accordingly, BPM is shown to begin current FY 2014-15 with a $948,000 reserve balance, representing only 5.3 months of operating reserve in the event of a catastrophic occurrence assuming full expenditure of a $1.2 million budget.

4. BPM FUND CONDITION ADJUSTMENT ANALYSIS

Staff has provided a BPM fund analysis based on adjusted projected expenditures coupled with projected reversion amounts for FY 2015-16 through FY 2016-17. Similar to the previous analysis, Table Five (5) also shows BPM beginning current FY 2014-15 with a $948,000 reserve balance. However, based on an actual projected expenditure assumption of only $903,000, as opposed to $1.2 million, the reserve figure represents an operating reserve of 11 total months for the 2014-15 FY and 13 total months for the 2015-16 FY.

As far as the projections for the 2015-16 FY, it is currently estimated that BPM's BreEZe costs for the 2015-16 FY are at $26,490 and for the 2016-17 FY estimates are at $28,024. Additionally, BPM is expected to incur an average of $5000 per

year for the next two years in developing the BPM website. Also, a fair estimate for costs related to a fee audit could be averaged over two years at $4000 per year for a total of $8000. These amounts are now reflected in the BPM's Fund Condition analysis.

5. SHARED SERVICES EXPENDITURES

Table Six (6) provides members with current Medical Board Shared Services expenditures. As can be seen from the data, expenditures have remained relatively flat and stable throughout the current and the last two previous fiscal years.

6. ATTORNEY GENERAL COSTS

In order to provide the Board an enhanced view of Attorney General (AG) related expenditures, Table Seven (7) summarizes costs from July – Dec 2014 and Table Eight (8) summarizes costs from Jan-March 2015. Both have been provided in order to lend greater insight into the monthly enforcement related financial outlook. The Board may note that during the first six months of the 2014-15 FY there are charges of $66,979 and for the next three months charges are $35,154. Total AG charges to BPM during the 2014-15 FY are at $102,134 or approximately 15.5% of the budgeted amount for 2014-15 FY.

7. ENFORCEMENT PROBATION RECEIPTS

As with AG costs, Enforcement Probation receipts have been provided in Table Nine (9) in order to shed greater insight into the yearly enforcement related recovery efforts. One important point to keep in mind when analyzing Table Nine (9) is to note that recovery of probation monies is cyclical. That is to say that cost and/or probation recovery figures recovered in the current fiscal year may have been ordered in a previous fiscal year. Nevertheless, BPM has recovered a total of $66,007 in probation monitoring and recovery costs combined to date.

8. EXTERNAL AGENCY SPENDING

Table Ten (10) is provided to shed insight into external agency associated costs. Accordingly, data shows total budgeted amounts over costs incurred to date through March 31, 2015. Figures for Departmental Services and Statewide Pro Rata are provided in addition to Attorney General and Office of Administrative Hearing expenditures for review and reference.

9. BOARD EXPENDITURES REPORT

Finally, Table Eleven (11) provides the Board with member expenditures to date. This information is an excellent tool for Board and Committee meeting expense planning. The Board may note that the total expenditures for meetings during the first three-quarters of 2014-15 FY totaled $3778.

NEXT STEPS

Board staff will continue to monitor the BPM fund condition closely and maintain fiscal and financial discipline in order to ensure the efficient delivery of its services to the public through disciplined minimization of financial costs. BPM could expect to have changes in the financial reporting format once the current FY has been closed and BPM begins the 2015-16 FY.

Prepared by: Kathleen Cooper, JD

Kathleen Cooper, JD
Administrative Analyst

Jason S. Campbell, JD
Executive Officer

Table 1

Board of Podiatric Medicine
as of March 2015

Expenditure Description	FY 2014-15 BUDGET	MAR 2015 EXPENSES	YTD	BALANCE	% OF BUDGET REMAINING
PERSONNEL SERVICES					
Civil Service - Perm	216,628	16,197	113,751	102,877	47.49%
Board Members	8,000	500	3,000	5,000	62.50%
Temp Help	24,000	1,298	10,070	13,930	58.04%
Statutory Exempt	84,180	6,950	62,550	21,630	25.69%
Staff Benefits	124,975	10,509	84,988	39,987	32.00%
TOTAL PERSONNEL SERVICES	**457,783**	**35,454**	**274,359**	**183,424**	**40.07%**
OPERATING EXPENSES & EQUIPMENT					
Operating Expenses	305,423	8,269	251,212	36,631	11.99%
Enforcement	659,794	16,888	132,587	527,207	79.90%
TOTAL OPERATING EXPENSES & EQUIPMENT	**965,217**	**25,157**	**383,799**	**563,838**	**58.42%**
TOTALS	**1,423,000**	**60,611**	**615,102**	**747,262**	**52.51%**

Table 2

Board of Podiatric Medicine
as of March 31, 2015

Expenditure Description	FY 2014-15 BUDGET	MAR 2015 EXPENSES	YTD	BALANCE	% OF BUDGET REMAINING
PERSONNEL SERVICES					
Civil Service - Perm	216,628	16,197	113,751	102,877	47.49%
Board Members	8,000	500	3,000	5,000	62.50%
Temp Help	24,000	1,298	10,070	13,930	58.04%
Statutory Exempt	84,180	6,950	62,550	21,630	25.69%
Staff Benefits	124,975	10,509	84,988	39,987	32.00%
TOTAL PERSONNEL SERVICES	**457,783**	**35,454**	**274,359**	**183,424**	**40.07%**
OPERATING EXPENSES & EQUIPMENT					
Fingerprints	0	196	1,470	(1,470)	0%
GENERAL EXPENSE					
General Expense	13,843	0	0	13,843	100.00%
Dues & Memberships	0	0	2,325	(2,325)	0%
Misc Office Supplies	0	437	2,150	(2,150)	0%
Frieght & Drayage	0	202	852	(852)	0%
Library Purchases/Subs	0	756	756	(756)	
Admin Overhead - Other	0	67	1,357	(1,357)	0%
Total General Expense	**13,843**	**1,462**	**7,440**	**6,403**	**46.25%**
Printing	1,268	296	3,151	(2,204)	-174%
Communications	0	591	4,570	(4,570)	0%
Postage	1,868	267	2,215	(347)	-18.58%
Travel: In-State	4,347	1,316	8,695	(4,348)	-100.02%
Training	843	0	0	843	100%
Facilities Operation	51,721	3,828	45,853	5,868	11.35%
Consulting Services - Interdepartmental	11,171	0	14,000	(2,829)	-25.32%
Consulting Services - External	0	0	560	(15,560)	0.00%
Departmental Services	147,018	0	123,950	23,068	15.69%
Consolidated Data Centers	4,020	0	0	4,020	100%
Data Processing	0	0	33	(2,290)	0%
Central Administrative Servies Pro Rata	49,324	0	35,493	13,831	28%
Examinations - C/P Serves Expert	20,000	0	0	20,000	100%
Enforcement	659,794	16,888	132,587	527,207	79.90%
Minor Equipment - General Replacement	0	312	3,782	(3,782)	0%
Total Operating Expenses	**951,374**	**23,498**	**374,889**	**558,907**	**58.75%**
TOTAL OPERATING EXPENSES & EQUIPMENT	**965,217**	**25,156**	**383,799**	**563,840**	**58%**
TOTALS	**1,423,000**	**60,610**	**658,158**	**747,264**	**52.51%**

Table 3

Board of Podiatric Medicine
as of March 31, 2015

Revenue Category	Receipts Through 3/31/2015	Percentage of Revenue
Application Fee	660	0.1%
Limited License Fee	420	0.05%
Initial License Fee/National Board Certificate	32,780	4.3%
Fingerprints (DOJ/FBI)	1,274	0.17%
Fictitious Name Permit	1,100	0.14%
Duplicate License/Cert	660	0.1%
Letter of Good Standing	780	0.1%
License Biennial Renewal Fee	708,402	92.0%
CURES	10,212	1.3%
Fictitious Name Permit Renewal	5,400	0.7%
Fictitious Name Permit Delinquency Fee	160	0.02%
License Delinquency Fee	1,200	0.2%
License Penalty Fee	3,125	0.4%
Citation Fee	3,500	0.5%
CME Course Approval	0	0%
Dishonored Check Fee	100	0.01%
Total	**769,773**	**100%**

Table 4

Board of Podiatric Medicine
as of December 2014 (mid-year)

DCA Fund Condition Analysis (in 1,000s)	**Prior Year Actual**	**Current Year**	**Budget Year**	**Budget Year +1**
	2013/14	**2014/15**	**2015/16**	**2016/17**
Beginning Balance	908	948	625	425
Revenue	997	938	942	941
Total Resources	1,905	1,886	1,570	1,366
Expenditures	957	1,261	1,422	1,494
Reserve	948	625	148	(378)
Months in Reserve	9.0	5.3	1.2	(3.0)

Table 5

Board of Podiatric Medicine
as of March 31, 2015

BPM Fund Condition Analysis(in 1,000s)	**Prior Year Actual**	**Current Year Estimated**	**Budget Year**	**Budget Year +1**
	2013/14	**2014/15**	**2015/16**	**2016/17**
Beginning Balance	908	948	1,099	1,074
Revenue	997	1,054	950	920
Total Resources	1,905	2,002	2,049	1,994
Expenditures	957	1,011	1,012	970
Reserve	948	1,099	1,074	1,024
Months in Reserve	11.5	11	13	13

Medical Board Shared Services	Description	FY 12/13 Cost	FY 13/14 Cost	FY 14/15 Cost
Discipline Coordination Unit (DCU)	Charges are prorated based on the total number of cases tracked during the prior fiscal year in relation to the cost of maintaining staff for the purposes of performing a wide range of duties associated with the coordination of disciplinary actions.	$9,088	$9,670	$4,521
Consumer Services: Central Complaint Unit (CCU)	Charges are prorated based on the actual number of complaints received during the prior fiscal year in relation to the cost of maintaining staff for the purposes of performing a wide range of duties associated with the management of complaints.	$23,748	$28,635	$29,373
Consumer Information Unit (CIU)	Charges are prorated based on actual verification activity in relation to the cost of maintaining staff support to verify licensure of DPMs for interested parties.	$98	$124	$124
Podiatric Fictitious Name Permit Registrations	Charges are based on the actual number of permits processed during the prior fiscal year in relation to the cost of maintaining clerical support to perform duties associated with the issuance and maintenance of FNPs.	$2,292	$2,014	$1,972
	TOTAL	**$35,226**	**$40,443**	**$35,990**

Table 6

Table 7

Board of Podiatric Medicine
as of December 2014 (mid-year)

Attorney General Expenditures		Number of Hours	Rate	Amount	% OF BUDGET REMAINING
July					
	Attorney Services	47	$170.00	$7,990.00	1.21%
	Paralegal Services	2.25	$120.00	$270.00	0.04%
	Auditor	0.25	$99.00	$24.75	0.00%
	Cost of Suit	0	$-	$-	0.00%
Totals for July		**49.50**		**$8,284.75**	**1.26%**
August					
	Attorney Services	43.75	$170.00	$7,437.50	1.13%
	Paralegal Services	0.00	$-	$-	0.00%
	Auditor	0	$-	$-	0.00%
	Cost of Suit	0	$-	$-	0.00%
Totals for August		**43.75**		**$7,437.50**	**1.13%**
September					
	Attorney Services	90.00	$170.00	$15,300.00	2.32%
	Paralegal Services	0.75	$120.00	$90.00	0.01%
	Auditor	1.50	$99.00	$148.50	0.02%
	Cost of Suit	0	$86.00	$86.00	0.01%
Totals for September		**92.25**		**$15,624.50**	**2.37%**
October					
	Attorney Services	102.00	$170.00	$17,340.00	2.63%
	Paralegal Services	0	$-	$-	0.00%
	Auditor	0.25	$99.00	$24.75	0.00%
	Cost of Suit	0	$-	$-	0.00%
Totals for October		**102.25**	**$269.00**	**$17,364.75**	**2.63%**
November					
	Attorney Services	63.25	$170.00	$10,752.50	1.63%
	Paralegal Services	0	$-	$-	0.00%
	Auditor	0	$-	$-	0.00%
	Cost of Suit	0	$-	$-	0.00%
Totals for November		**63.25**	**$170.00**	**$10,752.50**	**1.63%**
December					
	Attorney Services	43.50	$170.00	$7,395.00	1.12%
	Paralegal Services	1	$120.00	$120.00	0.02%
	Auditor	0	$-	$-	0.00%
	Cost of Suit	0	$-	$-	0.00%
Totals for December		**44.50**	**$290.00**	**$7,515.00**	**1.14%**
FY 14/15 Budget				**$659,794.00**	
TOTALS FOR JULY - DECEMBER 2014		**395.50**		**$66,979.00**	**10.15%**

Table 8

Board of Podiatric Medicine
as of March 31, 2015

Attorney General Expenditures	Number of Hours	Rate	Amount	% OF BUDGET REMAINING
January				
Attorney Services	33	$ 170.00	$ 5,567.00	0.84%
Paralegal Services	0.25	$ 120.00	$ 30.00	0.00%
Auditor	0.50	$ 99.00	$ 49.50	0.01%
Cost of Suit	0	$ -	$ -	0.00%
Totals for January			**$ 5,646.50**	**0.86%**
February				
Attorney Services	80.50	$ 170.00	$ 13,685.00	2.07%
Paralegal Services	2.25	$ 120.00	$ 270.00	0.04%
Auditor	2	$ 99.00	$ 148.50	0.02%
Cost of Suit	0	$ -	$ -	0.00%
Totals for February			**$ 14,103.50**	**2.14%**
March				
Attorney Services	85.00	$170.00	$ 14,450.00	2.19%
Paralegal Services	7.75	$120.00	$ 930.00	0.14%
Auditor	0.25	$99.00	$ 24.75	0.00%
Cost of Suit	0	$ -		0.00%
Totals for March			**$ 15,404.75**	**2.33%**
April				
Attorney Services			$ -	0.00%
Paralegal Services	0	$ -	$ -	0.00%
Auditor			$ -	0.00%
Cost of Suit	0	$ -	$ -	0.00%
Totals for April			**$ -**	**0.00%**
May				
Attorney Services			$ -	0.00%
Paralegal Services	0	$ -	$ -	0.00%
Auditor	0	$ -	$ -	0.00%
Cost of Suit	0	$ -	$ -	0.00%
Totals for May			**$ -**	**0.00%**
June				
Attorney Services			$ -	0.00%
Paralegal Services			$ -	0.00%
Auditor	0	$ -	$ -	0.00%
Cost of Suit	0	$ -	$ -	0.00%
Totals for June			**$ -**	**0.00%**
FY 14/15 Budget			**$ 659,794.00**	

Table 9

Board of Podiatric Medicine as of March 2015			
Enforcement	**FY 2013-14**	**FY 2014-15**	**TOTALS**
Cost Recovery			
Number of Cases	30	19	**49**
Ordered	39,158	5,543	**44,701**
Received	31,206	30,427	**61,633**
Total Cost Recovery	**31,206**	**30,427**	**61,633**
Probation Monitoring			
Ordered	38,713	48,700	**87,413**
Received	40,512	35,580	**76,092**
Total Probation Monitoring	**40,512**	**35,580**	**76,092**
TOTAL CR/PM	**71,718**	**66,007**	**137,725**

Table 10

Board of Podiatric Medicine as of March 2015					
Encumbrance	**FY 2014-15 BUDGET**	**Q3 EXPENSES MARCH 31, 2015**	**YTD**	**BALANCE**	**% OF BUDGET REMAINING**
Departmental Services					
OIS Pro Rata	54,643	13,661	40,983	13,660	25.00%
Indirect Distribution Co	57,187	14,297	42,891	14,296	25.00%
Ineragency Services	63	0	0	63	100.00%
Shared Services - MBC Only	38,680	8,997	17,994	20,686	53.48%
DOI - ISU Pro Rata	1,791	448	1,344	447	24.96%
Public Affairs	1,746	437	1,311	435	24.91%
PCSD Pro Rata	1,908	477	1,431	477	25.00%
TOTAL DEPARTMENTAL SERVICES	**156,018**	**38,317**	**105,954**	**50,064**	**32%**
Enforcement					
Attorney General	338,773	15,001	86,730	252,043	74.40%
OFC Admin Hearing	86,089	796	2,039	84,050	97.63%
Evidence/Witness	45,665	4,784	19,712	25,953	56.83%
Court Reporting Services	0	0	150	(150)	0.00%
DOI - Investigations	189,267	0	0	189,267	100.00%
Invest - SVS - MBC Only	0	6,969	23,957	(23,957)	0.00%
TOTAL ENFORCEMENT	**659,794**	**27,550**	**132,588**	**527,206**	**79.90%**
TOTAL DEPT SERVICES & ENFORCEMENT	**815,812**	**65,867**	**238,542**	**577,270**	**71%**

Board of Podiatric Medicine
as of December 2014 (FY 14/15)

Board Members	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD
PER DIEM													
Barnes	91.05	91.05	-	-	91.05	-	-	-	-	-	-	-	$ 273.15
Cha	81.05	81.05	-	-	81.05	81.05	-	-	81.05	-	-	-	$ 405.25
Dixon	85.10	91.05	-	-	-	86.05	-	68.51	-	-	-	-	$ 330.71
Mansdorf	91.05	91.05	-	-	91.05	91.05	-	83.11	91.05	-	-	-	$ 538.36
Masaniai	91.05	91.05	-	-	91.05	91.05	-	91.05	91.05	-	-	-	$ 546.30
Wrubel	91.05	91.05	-	-	-	-	-	91.05	91.05	-	-	-	$ 364.20
Zapf	91.05	91.05	-	-	91.05	91.05	-	91.05	91.05	-	-	-	$ 546.30
TOTAL PER DIEM	**621.40**	**445.25**	**-**	**-**	**445.25**	**440.25**	**-**	**424.77**	**445.25**	**-**	**-**	**-**	**$ 3,004.27**
TRAVEL													
Barnes	-	-	-	-	88.53	-	88.53	-	-	-	-	-	$ 177.06
Cha	-	-	-	-	-	-	-	-	-	-	-	-	$ -
Dixon	-	-	-	-	-	-	162.24	-	-	-	-	-	$ 162.24
Mansdorf	-	73.75	-	-	44.00	-	44.00	-	-	-	-	-	$ 161.75
Masaniai	-	110.31	-	-	81.50	-	81.50	-	-	-	-	-	$ 273.31
Wrubel	-	-	-	-	-	-	-	-	-	-	-	-	$ -
Zapf	-	-	-	-	-	-	-	-	-	-	-	-	$ -
TOTAL TRAVEL	**-**	**184.06**	**-**	**-**	**214.03**	**-**	**376.27**	**-**	**-**	**-**	**-**	**-**	**$ 774.36**
TOTAL PER DIEM & TRAVEL	**621.40**	**629.31**	**-**	**-**	**659.28**	**440.25**	**376.27**	**424.77**	**445.25**	**-**	**-**	**-**	**$ 3,778.63**

Table 11