



BOARD OF PODIATRIC MEDICINE
MARCH 4, 2016

SUBJECT: STATE LEGISLATION: AB 572 & AB 1174

12

ACTION: ADOPT COMMITTEE RECOMMENDED POSITIONS

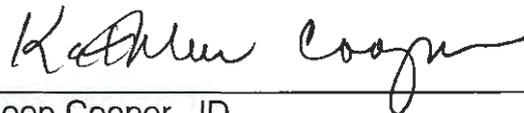
RECOMMENDATION

- A. AB 572 (Gaines)** Establishes the California Diabetes Program (CDP) within the Department of Public Health and requires that priorities and performance measures based on evidence-based strategies to prevent or control diabetes be established. CDPs key objectives include monitoring health status and risk factors, engaging in outreach to increase awareness, guiding public policy to support at-risk populations, offering leadership, guidance, and resources to community health interventions, seeking improvement of the health care delivery system, and reducing diabetes-related health disparities. According to the Center for Disease Control and Prevention (CDC), more than one-third of US adults are obese. One of every seven adults in California is diagnosed with diabetes and that totals almost three million people. Diabetes is a leading cause of death, adult blindness, kidney failure, and non-traumatic amputation of the lower limbs, which is particularly important to Doctors of Podiatric Medicine. **SUPPORT**
- B. AB 1174 (Bonilla)** Adds the California Board of Podiatric Medicine to the list of state licensing boards required to create and maintain a central file of the names of licensees to provide an individual historical record for each licensee with information on acts of licensee misconduct and discipline. **SUPPORT AS CURRENTLY DRAFTED**

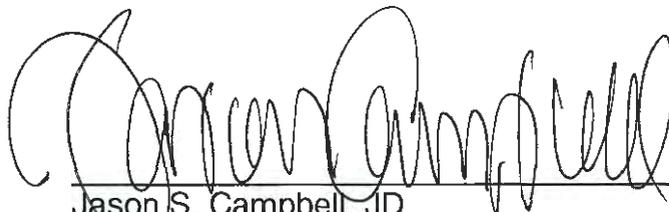
ATTACHMENTS

- A. Assembly Bill No. 572
- B. Senate Health Committee Analysis, July 15, 2015
- C. Assembly Bill No. 1174
- D. Assembly Appropriations Committee Analysis, January 21, 2016

Prepared by: Kathleen Cooper, JD



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AMENDED IN SENATE JULY 2, 2015
 AMENDED IN ASSEMBLY APRIL 16, 2015
 AMENDED IN ASSEMBLY APRIL 8, 2015
 CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL**No. 572**

**Introduced by Assembly Member Beth Gaines
 (Coauthors: Assembly Members Chávez, Cristina Garcia, Gonzalez,
 and Ridley-Thomas)**

February 24, 2015

An act to add Article 1 (commencing with Section 104250) to Chapter 4 of Part 1 of Division 103 of the Health and Safety Code, relating to diabetes.

LEGISLATIVE COUNSEL'S DIGEST

AB 572, as amended, Beth Gaines. ~~California Diabetes Program. prevention: treatment.~~

Existing law establishes the State Department of Public Health and sets forth its powers and duties pertaining to, among other things, protecting, preserving, and advancing public health, including disseminating information regarding diseases.

This bill would require the State Department of Public Health to ~~develop a detailed action plan for the prevention and treatment of diabetes; update the California Wellness Plan 2014 to include specified items, including priorities and performance measures that are based upon evidence-based strategies to prevent and control diabetes, and to submit a report to the Legislature by January 1, 2018, that includes an update on the status of the plan and the progress of those specified plan objectives and outcomes.~~ *items.*

The bill would also make related findings and declarations.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: no.

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

1 SECTION 1. Article 1 (commencing with Section 104250) is
2 added to Chapter 4 of Part 1 of Division 103 of the Health and
3 Safety Code, to read:

4
5 Article 1. Diabetes.
6

7 104250. The Legislature finds and declares all of the following:

8 (a) It is reported that one in seven adult Californians has
9 diabetes, and the numbers are rising rapidly. The actual number
10 of those whose lives are affected by diabetes is unknown and stands
11 to be much higher when factoring in the incidence of type 1
12 diabetes and undiagnosed gestational diabetes.

13 (b) California has the greatest number of annual new cases of
14 diabetes in the United States.

15 (c) The incidence of diabetes amongst all Californians has
16 increased 32 percent over the past decade.

17 (d) Over 11.4 million people in California have prediabetes, a
18 condition that is a precursor to full onset type 2 diabetes. This
19 suggests that the total population of those diagnosed will continue
20 to rise in the absence of interventions.

21 (e) The prevalence of diagnosed gestational diabetes in
22 California has increased 60 percent in just seven years, from 3.3
23 percent of hospital deliveries in 1998 to 5.3 percent of hospital
24 deliveries in 2005, with the federal Centers for Disease Control
25 and Prevention stating that the diagnosis rate could run as high as
26 18.3 percent.

27 (f) The fiscal impact to the State of California, including total
28 health care and related costs for the treatment of diabetes, was over
29 \$35.9 billion in 2010.

30 (g) *There is a disproportionate prevalence of type 2 diabetes*
31 *among Californians who are Black, Hispanic, or of Asian origin*
32 *compared to the general population. As of 2010, the incidence of*
33 *diabetes among Black and Hispanic people was nearly double that*
34 *among non-Hispanic Whites at approximately 14 percent. Asians*

1 *and Pacific Islanders, in the aggregate, experience higher rates*
2 *of diabetes than other populations. Certain groups within the Asian*
3 *and Pacific Islander population experience the highest prevalence*
4 *and risk overall, including Filipino, South Asians, and Pacific*
5 *Islanders, who suffer from diabetes at rates of 15 percent, 16*
6 *percent, and more than 18 percent respectively.*

7 ~~(g)~~

8 (h) A recent study of a large state with a sizable diabetes
9 population found that the rate of diagnosed diabetes in that state's
10 Medicaid population is nearly double that of its general population.

11 ~~(h)~~

12 (i) There is no cure for any type of ~~diabetes~~. *diabetes; however,*
13 *there is evidence that diabetes can be prevented or delayed in*
14 *onset through lifestyle changes and medical intervention.*

15 ~~(i)~~

16 (j) Diabetes when left untreated can lead to serious and costly
17 complications and a reduced lifespan.

18 ~~(j)~~

19 (k) Many of these serious complications can be delayed or
20 avoided with timely diagnosis, effective patient self-care, and
21 improved social awareness.

22 ~~(k)~~

23 (l) It is the intent of the Legislature to require the State
24 Department of Public Health to provide to the Legislature
25 information, including the annual federal Centers for Disease
26 Control and Prevention progress report, on diabetes prevention
27 and control activities conducted by the State Department of Public
28 Health and expenditures associated with diabetes prevention and
29 control activities. These activities are set forth by the State
30 Department of Public Health in the California Wellness Plan 2014
31 and the report dated September 2014 entitled "Burden of Diabetes
32 in California."

33 104251. (a) The State Department of Public Health shall
34 ~~develop a detailed action plan for the prevention and treatment of~~
35 ~~diabetes in the state. The plan shall include, at a minimum, update~~
36 ~~the California Wellness Plan 2014 to include~~ all of the following
37 items:

38 (1) Priorities and performance measures that are based upon
39 evidence-based strategies to prevent or control diabetes. The plan
40 shall also identify expected outcomes of the ~~action steps~~ proposed

1 *priorities and performance measures* and establish benchmarks
2 for controlling and preventing relevant forms of diabetes.

3 (2) An analysis of the financial impact on the state of ~~all types~~
4 ~~of~~ diabetes. This assessment shall include the number of persons
5 living with diabetes, the number of family members affected by
6 diabetes, the financial impact diabetes and its complications have
7 on the state, and the financial impact of diabetes in comparison to
8 other chronic diseases and conditions.

9 (3) A summary of expenditures by the department on programs
10 and activities aimed at preventing or controlling diabetes.

11 (4) A summary of the amount and source of any funding directed
12 to the department for programs and activities aimed at controlling
13 or preventing diabetes.

14 (5) A description of the existing level of coordination between
15 state departments and entities with regard to activities,
16 programmatic activities, and the provision of information to the
17 public regarding ~~managing, treating,~~ *managing* and preventing ~~all~~
18 ~~forms of~~ diabetes and its complications.

19 (6) A detailed budget blueprint identifying needs, costs, and
20 resources required to implement the ~~plan~~. *items listed in*
21 *paragraphs (1) to (5), inclusive.* This blueprint shall include a
22 budget range for each ~~action step~~ *priority and performance*
23 *measure* identified.

24 (7) Policy recommendations for the prevention and ~~treatment~~
25 *management* of diabetes.

26 ~~(b) The plan may revise the priorities and performance measures~~
27 ~~previously set forth as part of the California Wellness Plan, the~~
28 ~~Burden of Diabetes in California report, or other diabetes~~
29 ~~prevention programs within the State Department of Public Health.~~

30 ~~(e)~~

31 *(b)* The State Department of Public Health shall submit a report
32 to the Legislature on or before January 1, 2018, and biennially
33 thereafter, that includes ~~an update on the status of the plan and the~~
34 ~~progress of plan objectives and outcomes.~~ *the plan items listed in*
35 *paragraphs (1) to (7), inclusive, of subdivision (a).* The report shall
36 additionally include recommendations for improving ~~the those~~
37 *plan items* based upon activities and findings to date. The State
38 Department of Public Health shall make the report and any updates
39 issued pursuant to this section available on its Internet Web site.

40 ~~(d)~~

- 1 (c) (1) The requirement for submitting a report imposed under
- 2 subdivision ~~(e)~~ (b) is inoperative on January 1, 2024.
- 3 (2) The report submitted to the Legislature pursuant to this
- 4 section shall be submitted in compliance with Section 9795 of the
- 5 Government Code.

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SENATE COMMITTEE ON HEALTH**Senator Ed Hernandez, O.D., Chair**

BILL NO: AB 572
AUTHOR: Beth Gaines
VERSION: July 2, 2015
HEARING DATE: July 15, 2015
CONSULTANT: Reyes Diaz

SUBJECT: Diabetes prevention: treatment.

SUMMARY: Requires the Department of Public Health (DPH) to update the California Wellness Plan 2014 to include specified items, and requires DPH to report to the Legislature on or before January 1, 2018, and as specified, on the progress of the update.

Existing law:

- 1) Establishes DPH to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Establishes the California Diabetes Program (CDP) within DPH.
- 2) Provides DPH with the authority to perform activities that protect, preserve, and advance public health, including studies and dissemination of information.

This bill:

- 1) Requires DPH to update the California Wellness Plan 2014 (Plan) to include the following items:
 - a) Priorities and performance measures that are based on evidence-based strategies to prevent or control diabetes. Requires the Plan to identify expected outcomes of the proposed priorities and performance measures and establish benchmarks for controlling and preventing relevant forms of diabetes.
 - b) An analysis of the financial impact of diabetes on the state. Requires this assessment to include the number of persons living with diabetes, the number of family members affected by diabetes, the financial impact diabetes and its complications have on the state, and the financial impact of diabetes in comparison to other chronic diseases and conditions.
 - c) A summary of expenditures by DPH on programs and activities aimed at preventing or controlling diabetes.
 - d) A summary of the amount and source of any funding directed to DPH for programs and activities aimed at controlling or preventing diabetes.
 - e) A description of the existing level of coordination between state departments and entities regarding activities, programmatic activities, and the provision of information to the public regarding managing and preventing diabetes and its complications.
 - f) A detailed budget blueprint identifying needs, costs, and resources required to update the Plan. Requires this blueprint to include a budget range for each priority and performance measure identified.
 - g) Policy recommendations for the prevention and management of diabetes.
- 2) Requires DPH to submit a report to the Legislature on or before January 1, 2018, and biennially thereafter, that includes the progress of the Plan updates. Requires the report to

also include recommendations for improving Plan items based on activities and findings to date. Requires DPH to make this report and any updates available on its Internet Web site.

- 3) Specifies that the requirement to submit a report to the Legislature is inoperative on January 1, 2024.
- 4) Makes findings and declarations about the increased prevalence of diabetes in the state and the total health care cost of diabetes and related complications.

FISCAL EFFECT: According to the Assembly Appropriations Committee:

- 1) Costs of \$275,000 in the first year for staff and contract costs for fiscal and economic analysis, and \$125,000 (General Fund) ongoing until the 2024 sunset for one full-time staff to track progress and report biennially.
- 2) Potentially significant up-front cost pressure to fund action steps to prevent and control diabetes, with potentially significant long-term savings if such action is successful.

PRIOR VOTES:

Assembly Floor:	80 - 0
Assembly Appropriations Committee:	17 - 0
Assembly Health Committee:	17 - 0

COMMENTS:

- 1) *Author's statement.* According to the author, diabetes has reached epidemic levels in California. As of 2012, about one in seven adult Californians has diabetes and as many as one in three will be diagnosed in the near future. The total cost for treatment of diabetes in California exceeds \$24.5 billion. This dollar amount includes hospitalization, outpatient treatment, disability payments, loss of individual productivity, and more. As the number of those affected increases, so too will the cost. Many of the costs related to diabetes go towards the treatment of preventable disease related complications. These costly complications, such as blindness and limb amputation, are avoidable if the patient is properly educated on the management of the disease. When people are made aware of the signs of the onset of diabetes, they will be able to address the situation and seek medical attention before the disease has progressed and the irreversible damage to the body has been done.
- 2) *Diabetes in California.* DPH issued a study, *The Burden of Chronic Disease and Injury*, in 2013 that highlights some of the leading causes of death, such as heart disease, cancer, stroke, and respiratory disease, all of which have a strong connection to obesity. Diabetes is another serious chronic disease stemming from obesity that adversely affects quality of life and results in serious medical costs. The last decade has witnessed a 32% rise in diabetes prevalence, affecting some 3.9 million people and costing upwards of \$24 billion per year. According to the Center for Disease Control and Prevention (CDC), more than one-third of U.S. adults are obese, and approximately 12.5 million children and adolescents ages 2 to 19 years are obese. Research indicates a tripling in the youth obesity rate over the past three decades. While this increase has stabilized between the years 2005 and 2010, in 2010, 38% of public school children were overweight and obese. Overweight youth face increased risks for many serious detrimental health conditions that do not commonly occur during childhood,

including high cholesterol and type-2 diabetes. Additionally, more than 80% of obese adolescents remain obese as adults.

- 3) *CDP*. The CDP was established in 1981 and represents a partnership between DPH and the University of California, San Francisco. It primarily receives its funding from the CDC. A few key objectives that the CDP focuses on include:
 - a) Monitoring statewide diabetes health status and risk factors;
 - b) Engaging in outreach to increase awareness about the disease;
 - c) Guiding public policy to support at-risk and vulnerable populations;
 - d) Offering leadership, guidance, and resources to community health interventions;
 - e) Seeking to improve the health care delivery system; and,
 - f) Reducing diabetes-related health disparities.

The CDP achieves these through partnering with different individual, community, health care, policy, and environmental entities.

- 4) *The California Wellness Plan*. In February 2014, DPH's Chronic Disease Prevention Branch published the Plan, the result of a statewide process led by DPH to develop a roadmap for DPH and partners to promote health and eliminate preventable chronic disease in California. The Plan aligns with the Let's Get Healthy California Taskforce priorities and includes 26 priorities and performance measures developed in 2012 that are based upon evidence-based strategies to prevent chronic disease and promote equity. The Plan contains short, intermediate, and long-term objectives with measurable effects on a variety of chronic diseases, of which diabetes is a major focus. The Plan also contains 15 objectives specific to diabetes, including objectives to increase utilization of diabetes prevention and self-management programs, as well as broad objectives to reduce the prevalence of obesity and diabetes among children and adults. DPH's chronic disease programs plan to collaborate with local and state partners, including the Office of Health Equity, that are engaged in diabetes prevention to implement the objectives. DPH intends to monitor the progress of Plan objectives and publish regular reports on outcomes.

According to DPH, the Chronic Disease Control Branch Chief ensures that, at a minimum, the Plan is reviewed in conjunction with partners every five years to assess the need for a new version. As funding permits and partners agree, a process to create a new version of the Plan will be developed and implemented, overseen by the Director of Coordination. The process will capture observations and recommendations based on lessons learned from Plan implementation efforts and from which updated priorities and evidence-based strategies can be determined. The process will identify specific revisions, assign them to responsible parties, and establish target dates for completion. This review process will be consistent with the CDC and Evaluation Program guidelines. Triggers for reviewing the Plan sooner than the five year cycle include, but are not limited to: a) major changes to DPH authority; or b) major changes in federal and/or state funding, guidance, or requirements. Any future versions of the Plan developed in conjunction with partners will also be available to the public on DPH's Web site. DPH further states that a one-day statewide conference is planned for 2017 for partners and programs to report on progress or short term outcomes of goals of the Plan. A summary of conference reports will be posted online after the conference.

- 5) *State Auditor report*. In January 2015, the State Auditor published report 2014-113, titled "Even with a Recent Increase in Federal Funding, Its Efforts to Prevent Diabetes Are

Focused on a Limited Number of Counties." The report highlighted the fact that DPH manages federal grants that fund its diabetes prevention efforts. California does not provide any state funding for diabetes prevention. DPH spending on diabetes prevention has declined over time due to reductions in its federal funding. In fiscal year 2013-14, federal funding for diabetes prevention decreased from more than \$1 million in previous fiscal years to \$817,000. DPH's maternal diabetes program also experienced significant reductions in federal funding over the last three fiscal years, declining from \$1.2 million in fiscal year 2010-11 to \$71,000 in fiscal year 2013-14. In fiscal year 2012-13—the most recent year for which nationwide data is available—California had the lowest per capita funding for diabetes prevention in the nation. The report also found that DPH spent its limited federal funds in an appropriate manner and complied with applicable grant requirements. For the 40 expenditures reviewed from fiscal years 2009-10 through 2013-14, DPH expenditures were in accordance with federal requirements, and the amounts spent were found reasonable. Additionally, despite a concern that was raised about the relationship between DPH diabetes and tobacco control programs, the report found DPH has not spent its limited diabetes funds on tobacco cessation activities.

The Auditor recommended that the state consider providing state funding to support efforts to address diabetes, that DPH should develop a process for identifying and applying for federal funding opportunities, including routinely and proactively searching for grants, and DPH should ensure that staff responsible for diabetes prevention continues to develop appropriate knowledge and skills.

- 6) *Related legislation.* SB 203 (Monning), would have required a safety warning to be affixed to sugar sweetened beverages that states "STATE OF CALIFORNIA SAFETY WARNING: Drinking beverages with added sugar(s) contributes to obesity, diabetes, and tooth decay". *SB 203 failed in the Senate Health Committee.*

AB 270 (Nazarian), would require DPH to apply to the State Department of Motor Vehicles to sponsor a diabetes awareness, education, and research specialized license plate program. Establishes the Diabetes Awareness Fund and specifies that revenues from the fund will be used by DPH to fund programs related to diabetes awareness and prevention. *AB 270 is pending in the Senate Appropriations Committee.*

- 7) *Prior legislation.* SB 1316 (Cannella, 2014), would have required the Department of Health Care Services, DPH, and the Board of Administration of the Public Employees' Retirement System to submit a report to the Legislature regarding their respective diabetes-related programs. *SB 1316 was never referred out of Senate Rules Committee.*

AB 1592 (Beth Gaines, 2014), would have required DPH to complete and submit to the Legislature a Diabetes Burden Report by December 31, 2015, including, among other things, actionable items for consideration by the Legislature that would aid in attaining the goals set forth by DPH in the California Wellness Plan for 2014. Would have required DPH to include in the report guidelines that would reduce the fiscal burden of diabetes to the state. *AB 1592 was vetoed by the Governor, stating that DPH had already submitted its Diabetes Burden Report to the CDC, as required, and is unable to withdraw the report to include additional information prescribed by the bill.*

- 8) *Support.* Supporters of this bill argue that diabetes is the seventh-leading cause of death in the U.S. and is a leading cause of adult blindness, kidney failure, and non-traumatic

amputation of the lower limbs. Supporters also point out that one out of every seven adults (nearly three million) in the state is diagnosed with diabetes, adding to health care costs and related costs totaling nearly \$37.1 billion, which could be preventable with treatment and prevention programs. Supporters further argue that diabetes disproportionately affects underserved populations, including Black, Hispanic, and Asian and Pacific Islander communities.

SUPPORT AND OPPOSITION:

Support: American Diabetes Association
American Federation of State, County and Municipal Employees
Asian American, Native Hawaiian, and Pacific Islander Diabetes Coalition
Association of California Healthcare Districts
Bayer Corporation
Biocom
Boehringer-Ingelheim Pharmaceutical Company
California Academy of Family Physicians
California Black Health Network
California Chronic Care Coalition
Congress of California Seniors
National Council of Asian Pacific Islander Physicians

Oppose: None received.

-- END --

AMENDED IN ASSEMBLY JANUARY 4, 2016

AMENDED IN ASSEMBLY APRIL 20, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1174

Introduced by Assembly Member Bonilla

February 27, 2015

An act to add Sections 100240, 100241, 100242, and 100243 to the Health and Safety Code, relating to health research; amend Section 800 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1174, as amended, Bonilla. ~~Health research: women's health. Healing arts: licensee records.~~

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law requires various state licensing boards, including the Medical Board of California and the Board of Psychology, to create and maintain a central file of the names of licensees to provide an individual historical record for each licensee with information on acts of licensee misconduct and discipline, as specified.

This bill would add the California Board of Podiatric Medicine to the list of state licensing boards required to create and maintain such records.

~~Existing law establishes the Inclusion of Women and Minorities in Clinical Research Act, which requires a grantee, as defined, in conducting or supporting a project of clinical research, as defined, to ensure that women of all ages, and members of minority groups, as defined, are included as subjects in the clinical research projects, except~~

~~under prescribed circumstances. Existing law also requires state agencies to, and would declare legislative intent that the University of California include in specified progress reports, data on the extent to which state funds administered by state agencies and the University of California are used by grantees for research on diseases, disorders, and health conditions, that includes women and minorities in the research trials, and that studies diseases, disorders, and health conditions of particular concern to women and minorities. Existing law also states the legislative intent that research include, but not be limited to, specified diseases, disorders, and health conditions.~~

~~This bill would create the State Contingency Fund for Ancillary Costs and the Ancillary Costs Committee. The bill would authorize the fund to receive private donations. The bill would require the committee to develop grant criteria once a to be determined amount is deposited into the fund. The bill would authorize the committee to award, on a competitive basis, grants to various organizations, to increase patient access to cancer clinical trials.~~

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

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

1 SECTION 1. Section 800 of the Business and Professions Code
2 is amended to read:
3 800. (a) The Medical Board of California, the Board of
4 Psychology, the Dental Board of California, the Dental Hygiene
5 Committee of California, the Osteopathic Medical Board of
6 California, the State Board of Chiropractic Examiners, the Board
7 of Registered Nursing, the Board of Vocational Nursing and
8 Psychiatric Technicians of the State of California, the State Board
9 of Optometry, the Veterinary Medical Board, the Board of
10 Behavioral Sciences, the Physical Therapy Board of California,
11 the California State Board of Pharmacy, the Speech-Language
12 Pathology and Audiology and Hearing Aid Dispensers Board, the
13 California Board of Occupational Therapy, the Acupuncture Board,
14 *the California Board of Podiatric Medicine*, and the Physician
15 Assistant Board shall each separately create and maintain a central
16 file of the names of all persons who hold a license, certificate, or
17 similar authority from that board. Each central file shall be created

1 and maintained to provide an individual historical record for each
2 licensee with respect to the following information:

3 (1) Any conviction of a crime in this or any other state that
4 constitutes unprofessional conduct pursuant to the reporting
5 requirements of Section 803.

6 (2) Any judgment or settlement requiring the licensee or his or
7 her insurer to pay any amount of damages in excess of three
8 thousand dollars (\$3,000) for any claim that injury or death was
9 proximately caused by the licensee's negligence, error or omission
10 in practice, or by rendering unauthorized professional services,
11 pursuant to the reporting requirements of Section 801 or 802.

12 (3) Any public complaints for which provision is made pursuant
13 to subdivision (b).

14 (4) Disciplinary information reported pursuant to Section 805,
15 including any additional exculpatory or explanatory statements
16 submitted by the licensee pursuant to subdivision (f) of Section
17 805. If a court finds, in a final judgment, that the peer review
18 resulting in the 805 report was conducted in bad faith and the
19 licensee who is the subject of the report notifies the board of that
20 finding, the board shall include that finding in the central file. For
21 purposes of this paragraph, "peer review" has the same meaning
22 as defined in Section 805.

23 (5) Information reported pursuant to Section 805.01, including
24 any explanatory or exculpatory information submitted by the
25 licensee pursuant to subdivision (b) of that section.

26 (b) (1) Each board shall prescribe and promulgate forms on
27 which members of the public and other licensees or certificate
28 holders may file written complaints to the board alleging any act
29 of misconduct in, or connected with, the performance of
30 professional services by the licensee.

31 (2) If a board, or division thereof, a committee, or a panel has
32 failed to act upon a complaint or report within five years, or has
33 found that the complaint or report is without merit, the central file
34 shall be purged of information relating to the complaint or report.

35 (3) Notwithstanding this subdivision, the Board of Psychology,
36 the Board of Behavioral Sciences, and the Respiratory Care Board
37 of California shall maintain complaints or reports as long as each
38 board deems necessary.

39 (c) (1) The contents of any central file that are not public
40 records under any other ~~provision~~ of law shall be confidential

1 except that the licensee involved, or his or her counsel or
 2 representative, shall have the right to inspect and have copies made
 3 of his or her complete file except for the provision that may
 4 disclose the identity of an information source. For the purposes of
 5 this section, a board may protect an information source by
 6 providing a copy of the material with only those deletions necessary
 7 to protect the identity of the source or by providing a
 8 comprehensive summary of the substance of the material.
 9 Whichever method is used, the board shall ensure that full
 10 disclosure is made to the subject of any personal information that
 11 could reasonably in any way reflect or convey anything detrimental,
 12 disparaging, or threatening to a licensee’s reputation, rights,
 13 benefits, privileges, or qualifications, or be used by a board to
 14 make a determination that would affect a licensee’s rights, benefits,
 15 privileges, or qualifications. The information required to be
 16 disclosed pursuant to Section 803.1 shall not be considered among
 17 the contents of a central file for the purposes of this subdivision.

18 (2) The licensee may, but is not required to, submit any
 19 additional exculpatory or explanatory statement or other
 20 information that the board shall include in the central file.

21 (3) Each board may permit any law enforcement or regulatory
 22 agency when required for an investigation of unlawful activity or
 23 for licensing, certification, or regulatory purposes to inspect and
 24 have copies made of that licensee’s file, unless the disclosure is
 25 otherwise prohibited by law.

26 (4) These disclosures shall effect no change in the confidential
 27 status of these records.

28 ~~SECTION 1. The Legislature finds and declares the following:~~

29 ~~(a) Almost 50 percent of clinical trial studies do not finish in~~
 30 ~~time due to low patient participation, recruitment and navigation~~
 31 ~~difficulties, and other barriers for patients. Due to economic and~~
 32 ~~socioeconomic circumstances and lack of patient knowledge,~~
 33 ~~clinical oncology trial participation and retention are both very~~
 34 ~~low as they relate to eligible participants.~~

35 ~~(b) Overall, only 3 percent of eligible cancer patients participate~~
 36 ~~in clinical trials and of those, only 5 percent of trial participants~~
 37 ~~are from racial or ethnic minority communities.~~

38 ~~(c) One barrier that prevents patients from participating in~~
 39 ~~federal Food and Drug Administration clinical trials is finances.~~

1 Patients can't bear the burden of the ancillary costs of participating,
2 such as airfare, lodging, rental cars, and fuel.

3 ~~SEC. 2. Section 100240 is added to the Health and Safety Code,
4 to read:~~

5 ~~100240. The Ancillary Costs Committee is hereby created to
6 be made up of private and public health stakeholders.~~

7 ~~SEC. 3. Section 100241 is added to the Health and Safety Code,
8 to read:~~

9 ~~100241. (a) The State Contingency Fund for Ancillary Costs
10 is hereby created in the State Treasury to be made up of donations
11 from private entities. Moneys in the State Contingency Fund for
12 Ancillary Costs shall, upon appropriation by the Legislature to the
13 committee, be allocated by the committee as provided by Section
14 100242.~~

15 ~~(b) The board shall not use more than 10 percent of funds made
16 available for the grant program for administrative costs.~~

17 ~~SEC. 4. Section 100242 is added to the Health and Safety Code,
18 to read:~~

19 ~~100242. (a) Upon an unspecified amount of moneys being
20 donated to the fund, the committee shall establish a grant program
21 to determine grant parameters and criteria, and to make grant
22 awards.~~

23 ~~(b) In order to increase patient access to clinical trials, the
24 committee may award grants from any funds that may be made
25 available pursuant to Section 100241, on a competitive basis, to
26 both of the following:~~

27 ~~(1) Public and private research institutions and hospitals that
28 conduct cancer trials approved by the federal Food and Drug
29 Administration approved cancer clinical trials.~~

30 ~~(2) A nonprofit organization described in Section 501(e)(3) of
31 the Internal Revenue Code of 1954 which is exempt from income
32 tax under Section 501(a) of that code that specializes in direct
33 patient support for improved clinical trial enrollment and retention.~~

34 ~~(c) The funds awarded pursuant to subdivision (b) shall be used
35 for activities to increase patient access to clinical trials, including,
36 but not limited to:~~

37 ~~(1) Payment of ancillary costs for patients and caregivers,
38 including, but not limited to:~~

39 ~~(A) Airfare during the clinical trial.~~

40 ~~(B) Lodging during the clinical trial.~~

- 1 ~~(C) Rental cars during the clinical trial.~~
- 2 ~~(D) Fuel during the clinical trial.~~
- 3 ~~(E) Meals during the clinical trial.~~
- 4 ~~(F) Child care costs during the clinical trial.~~
- 5 ~~(2) Patient navigator services or programs.~~
- 6 ~~(3) Education and community outreach.~~
- 7 ~~(4) Patient-friendly technical tools to assist patients in~~
- 8 ~~identifying available clinical trials.~~
- 9 ~~SEC. 5. Section 100243 is added to the Health and Safety Code,~~
- 10 ~~to read:~~
- 11 ~~100243. Grant recipients shall report to the committee to ensure~~
- 12 ~~the appropriate use of the funds.~~

Date of Hearing: January 21, 2016

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Jimmy Gomez, Chair

AB 1174 (Bonilla) – As Amended January 4, 2016

Policy Committee: Business and Professions Vote: 14 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill adds the Board of Podiatric Medicine (BPM) to a list of boards required to create and maintain a database with specified professional licensee information.

FISCAL EFFECT:

Negligible state costs. The BPM already does what the bill requires.

COMMENTS:

- 1) **Purpose.** The author indicates this author-sponsored bill adds BPM to a list along with other boards, thereby clarifying the BPM's authority to continue current practice.
- 2) **Background.** The BPM regulates Doctors of Podiatric Medicine. Though functioning semi-independently and under its own professional board, BPM is part of the Medical Board of California (MBC). Because of this association, it is MBC who officially issues licenses to this small specialty group of about 2,000 practitioners upon the "recommendation" of BPM. Thus, it appears that since MBC is already included in the list to which this bill adds BPM, the list already implicitly applies to BPM. This bill would make it explicit, effectively codifying existing practice.
- 3) **BPM Sunset Review Pending.** Statutes related to the BPM expire January 1, 2017 and it is likely the sunset will be extended through legislation this year through the sunset review process. The sunset review process offers the Legislature the chance to periodically review the functioning of boards and bureaus, and make statutory changes both significant and of a minor and technical nature.

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