The CA Telehealth Resource Center provides telehealth technical assistance to the state of California.

A few notes about this report:

1. Bills are organized into specific telehealth "topic area".
2. The Fiscal Note (FN) Outlook: The left hand column indicates the bill's Pre-Floor Score, and the right hand column indicates the bill's actual Floor Score of the last chamber it was in (either Senate or House).
3. Regulations are listed at the end in order of their publication date.
4. If you would like to learn more about any piece of legislation or regulation, the bill numbers and regulation titles are clickable and link out to additional information.

**Bills by Topic**

- Broadband (1)

**Bills by Status**

- 10 - Introduced
- 4 - Passed First Chamber
Title
Rural Broadband and Emergency Infrastructure Grant Act of 2020.

Description
AB 2163, as introduced, Robert Rivas. Rural Broadband and Emergency Infrastructure Grant Act of 2020. Under existing law, the Public Utilities Commission has regulatory authority over public utilities, including telephone corporations. Existing law establishes, among other funds related to telecommunications, the California Advanced Services Fund (CASF) in the State Treasury. Existing law requires the commission to develop, implement, and administer the CASF to encourage the deployment of high-quality advanced communications services to all Californians that will promote economic growth, job creation, and the substantial social benefits of advanced information and communications technologies. Existing law requires the commission to approve infrastructure projects supported by expenditures from the fund that provide last-mile broadband access to households that are unserved by an existing facilities-based broadband provider. This bill would establish the Rural Broadband and Emergency Infrastructure Grant Act of 2020 to ensure that all California fairgrounds are equipped with adequate broadband and telecommunications infrastructure to support local, regional, and state emergency and disaster response personnel and systems. The bill would, upon appropriation, require the Department of Technology, Department of Food and Agriculture, Public Utilities Commission, California Broadband Council, and Office of Emergency Services to jointly develop the Rural Broadband and Emergency Infrastructure Grant Program to provide each California fairground with grant moneys to support broadband and telecommunications infrastructure deployment.

Primary Sponsors
Robert Rivas, Cecilia Aguiar-Curry, Devon Mathis

Bill Summary: This bill would establish the Rural Broadband and Emergency Infrastructure Grant Act of 2020 to ensure that all California fairgrounds are equipped with adequate broadband and telecommunications infrastructure to support local, regional, and state emergency and disaster response personnel and systems. The bill would, upon appropriation, require the Department of Technology, Department of Food and Agriculture, Public Utilities Commission, California Broadband Council, and Office of Emergency Services to jointly develop the Rural Broadband and Emergency Infrastructure Grant Program to provide each California fairground with grant moneys to support broadband and telecommunications infrastructure deployment.

Introduction Date: 2020-02-11

Cross-State Licensing (2)
Title
Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact.

Description
SB 1053, as amended, Moorlach. Licensed registered nurses and licensed vocational nurses: Nurse Licensure Compact. Existing law, the Nursing Practice Act, provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing. The Vocational Nursing Practice Act provides for the licensure and regulation of vocational nurses by the Board of Vocational Nursing and Psychiatric Technicians of the State of California. The Nursing Practice Act establishes the Board of Registered Nursing Fund and the Vocational Nursing Practice Act establishes the Vocational Nursing and Psychiatric Technicians Fund. This bill would enact the Nurse Licensure Compact, under which the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians would be authorized to issue a multistate license that would authorize the holder to practice as a registered nurse or a licensed vocational nurse, as applicable, in all party states under a multistate licensure privilege, as specified. The bill would designate the Board of Registered Nursing as the licensing board for registered nurses for purposes of the compact and would designate the Board of Vocational Nursing and Psychiatric Technicians as the licensing board for vocational nurses for purposes of the compact. The bill would require the boards to participate in a coordinated licensure information system that would include all of the licensure and disciplinary history of all licensed registered nurses and licensed vocational nurses. The bill would provide that the Board of Registered Nursing and the Board of Vocational Nursing and Psychiatric Technicians shall alternate as the administrator of the compact for the state and as members of an entity known as the Interstate Commission of Nurse Licensure Compact Administrators. The bill would authorize the commission to adopt rules that have the force and effect of law. The bill would prohibit fees collected by the Board of Registered Nursing or the Board of Vocational Nursing and Psychiatric Technicians for purposes of granting a multistate license pursuant to the bill from exceeding the cost of administering that multistate license under the compact and would require those fees to be deposited in the Board of Registered Nursing Fund or the Board of Vocational Nursing and Psychiatric Technicians Fund, as applicable. By authorizing out-of-state licensees to practice in this state under the multistate compact privilege created by the bill, the bill would expand the scope of the criminal provisions of the Nursing Practice Act and Vocational Nursing Practice Act, thereby imposing a state-mandated local program. The California Constitution requires the state to reimburse local agencies and scho... (click bill link to see more).

Bill Summary: Enacts the Nurse’s Licensure Compact.

Introduction Date: 2020-02-18

Primary Sponsors
John Moorlach
Title
Physical Therapy Licensure Compact.

Description
SB 1054, as amended, Moorlach. Physical Therapy Licensure Compact. Existing law, the Physical Therapy Practice Act, provides for the licensure and regulation of physical therapists by the Physical Therapy Board of California, and establishes education, examination, and other requirements for licensure in this state. This bill would enact the Physical Therapy Licensure Compact, under which each member state is required to grant a compact privilege, as defined, to a physical therapist holding a license in another member state if specified conditions are satisfied. The bill would authorize a member state to charge a fee for granting a compact privilege. The bill would prohibit fees collected by the Physical Therapy Board of California for purposes of granting a compact privilege from exceeding the cost of administering that privilege under the compact and would require the fees to be deposited in the Physical Therapy Fund. The bill would require the board to select a delegate to be a member of the Physical Therapy Compact Commission, a joint public agency which would be authorized to promulgate uniform rules in accordance with specified rulemaking procedures to implement the compact. The bill would authorize an executive board of the commission to act on behalf of the commission, and would specify the executive board's duties, including recommending changes to fees. The bill would authorize the commission to levy and collect an annual assessment from each state or impose fees on other parties to cover the costs of the operations and activities of the commission. The bill would require the board to transmit specified data on licensees to a coordinated database and reporting system maintained by the commission. The bill would specify that the provisions of the compact and the rules promulgated pursuant to the compact shall have the force and effect of state law. The bill would state that if any provision of the compact is contrary to the United States Constitution, the California Constitution, or any state or federal statute or regulation, the provision is void and unenforceable. Because a person licensed in another state practicing under a compact privilege would be subject to the provisions of the act, a violation of which is a misdemeanor, the bill would expand the scope of a crime and would thereby impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that no reimbursement is required by this act for a specified reason.

Primary Sponsors
John Moorlach
<table>
<thead>
<tr>
<th>Title</th>
<th>Maternal mental health.</th>
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<tbody>
<tr>
<td>Description</td>
<td>AB 798, as amended, Cervantes. Maternal mental health. Existing law requires the State Department of Public Health within the California Health and Human Services Agency to develop and maintain a statewide community-based comprehensive perinatal services program to, among other things, ensure the appropriate level of maternal, newborn, and pediatric care services necessary to provide the healthiest outcomes for mothers and infants. Existing law also requires the department, until January 1, 2023, to investigate and apply for federal funding opportunities to support maternal mental health. Existing law requires, by July 1, 2019, licensed health care practitioners providing prenatal or postpartum care to screen or offer to screen mothers for maternal mental health conditions, and health care service plans and health insurers to develop maternal mental health programs, as specified. Existing law also requires, by January 1, 2020, each general acute care hospital with a perinatal unit to develop and implement a program to provide education and information to postpartum women, families, and specified hospital employees regarding maternal mental health conditions, including postpartum depression. This bill would declare the intent of the Legislature to address the shortage of treatment options for women suffering from maternal mental health disorders, including postpartum depression and anxiety disorders. This bill would create a pilot program, in the 10 largest counties by population, designed to increase the capacity of health care providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program would be coordinated by the State Department of Public Health and be privately funded. The bill would require the department to submit a report to the Legislature regarding the pilot program 6 months after the results of the pilot program are reported, as specified. The bill would repeal these provisions on January 1, 2025. Because the bill would require the 10 largest counties by population to participate in the program, the bill would impose a state-mandated local program. The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement. This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.</td>
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<tr>
<td>Bill Summary</td>
<td>This bill would create a pilot program, in counties that elect to participate, designed to increase the capacity of health care providers that serve pregnant and postpartum women up to one year after delivery to effectively prevent, identify, and manage postpartum depression and other mental health conditions. The pilot program may include a provider-to-provider or patient-to-provider consultation program and utilize telehealth or e-consult technologies.</td>
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<td>Introduction Date</td>
<td>2019-02-20</td>
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<tr>
<td>State</td>
<td>CA</td>
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<tr>
<td>Bill Number</td>
<td>AB 798</td>
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<tr>
<td>Last Action</td>
<td>In Committee Set First Hearing Hearing Canceled At The Request Of Author 2019 06 24</td>
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<tr>
<td>Status</td>
<td>In Senate</td>
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Title
Telehealth.

Description
AB 2164, as amended, Robert Rivas. Telehealth. Existing law provides for the Medi-Cal program, which is administered by the department, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. Existing law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.

Primary Sponsors
Robert Rivas, Rudy Salas, Jim Wood

Bill Summary: This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward.

Introduction Date: 2020-02-11
Title
Project ECHO (registered trademark) Grant Program.

Description
AB 2464, as amended, Aguiar-Curry. Project ECHO (registered trademark) Grant Program. Existing law establishes within state government the California Health and Human Services Agency. Existing law also establishes various public health programs, including grant programs, throughout the state for purposes of promoting maternal, child, and adolescent health. This bill would require the agency, upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Under the grant program, the bill would require participating children's hospitals to establish one year-long pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic. The bill would require the agency to ensure that the grant program includes a maximum of 8 grants that support pediatric behavioral health teleECHO (trademark) clinics to be administered and operated by an eligible children's hospital, and that grant funding be made available, at a minimum, to participants for specified purposes, such as recruiting efforts and funding salaries and fringe benefits for pediatric behavioral health teleECHO (trademark) clinic personnel. The bill would require a pediatric behavioral health teleECHO (trademark) clinic to target specified audiences, including school-based health care personnel who serve kindergarten and grades 1 to 12, inclusive, and would require a participant to perform prescribed duties, such as preparing a report that evaluates the grant program. The bill would repeal these provisions on January 1, 2026.

Primary Sponsors
Cecilia Aguiar-Curry

Bill Summary: This bill would require the agency, upon appropriation by the Legislature, to establish, develop, implement, and administer the Project ECHO (registered trademark) Grant Program. Under the grant program, the bill would require participating children's hospitals to establish one year-long pediatric behavioral health teleECHO (trademark) clinics for specified individuals, including primary care clinicians and educators, to help them develop expertise and tools to better serve the youth that they work with by addressing their mental health needs stemming from the coronavirus pandemic.

Introduction Date: 2020-02-19
<table>
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<tr>
<th>Title</th>
<th>Mental health services: youth.</th>
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<tr>
<td>Description</td>
<td>SB 12, as amended, Beall. Mental health services: youth. Existing law, the Children's Mental Health Services Act, establishes an interagency system of care for the delivery of mental health services to seriously emotionally and behaviorally disturbed children and their families. Existing law, the Mental Health Services Act, an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, also funds a system of county mental health plans for the provision of mental health services, as specified. Existing law provides for the operation and administration of various mental health programs by the Mental Health Services Oversight and Accountability Commission. This bill would require the commission, subject to an appropriation, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified. The bill would authorize the commission to establish the core components of the program, subject to specified criteria, and would require the commission to develop the selection criteria and process for awarding funding to local entities for these purposes. The bill would authorize the commission to implement these provisions by means of an informational letter, bulletins, or similar instructions.</td>
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<tr>
<td>Primary Sponsors</td>
<td>Jim Beall, Anthony Portantino</td>
</tr>
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**Bill Summary:**
Would require the Mental Health Services Oversight and Accountability Commission, subject to the availability of funds, to administer an Integrated Youth Mental Health Program to establish local centers to provide integrated youth mental health services for youths 12 years of age to 25 years of age. The program is intended to reach adolescents and young adults in clinical sites, online, in schools, and other venues.

**Introduction Date:** 2018-12-03

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**Medicaid Reimbursement (2)**
Title

Description
AB 2007, as introduced, Salas. Medi-Cal: federally qualified health center: rural health clinic: telehealth. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. FQHC and RHC services are reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis, and a “visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including dental providers. Existing law prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when the service may be provided by telehealth, and, for purposes of telehealth, prohibits the department from limiting the type of setting where Medi-Cal services are provided. Existing law authorizes, to the extent that federal financial participation is available, the use of health care services by store and forward under the Medi-Cal program, subject to billing and reimbursement policies developed by the department, and prohibits a requirement of in-person contact between a health care provider and a Medi-Cal patient when these services are provided by store and forward. This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.

Bill Summary: This bill would provide that an FQHC or RHC “visit” includes an encounter between an FQHC or RHC patient and a health care provider using telehealth by synchronous real time or asynchronous store and forward. The bill would clarify, for purposes of an FQHC or RHC visit, that face-to-face contact between a health care provider and a patient is not required for an FQHC or RHC to bill for telehealth by synchronous real time or asynchronous store and forward if specified requirements are met, including that a billable provider in the Medi-Cal program, and who is employed by the FQHC or RHC, supervises or provides the services for that patient via telehealth by synchronous real time or asynchronous store and forward.

Introduction Date: 2020-01-28

Primary Sponsors
Rudy Salas
Title
Medi-Cal: federally qualified health center and rural health clinic services.

Description
SB 66, as amended, Atkins. Medi-Cal: federally qualified health center and rural health clinic services. Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, “physician,” for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC’s or RHC’s rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill. This bill would also include a licensed acupuncturist within those health care professionals covered under the definition of “visit.” The bill would require the department, by July 1, 2020, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect certain changes described in the bill, and to seek necessary federal approvals. The bill would also make conforming and technical changes.

Primary Sponsors
Toni Atkins, Mike McGuire

Bill Summary:
This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.

Introduction Date: 2019-01-08
Title
Information privacy: digital health feedback systems.

Description
AB 384, as amended, Chau. Information privacy: digital health feedback systems. Existing law, the Confidentiality of Medical Information Act, generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as otherwise specified. Existing law defines “medical information” for purposes of these provisions to mean certain individually identifiable health information in possession of or derived from a provider of health care, among others. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would define “personal health record information” for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual’s mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual's individually identifiable personal health record information through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it would impose a state-mandated local program.

Bill Summary:
This bill would define “personal health record information” for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual’s mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual's individually identifiable personal health record information through a direct measurement of an individual's mental or physical condition or through user input regarding an individual's mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it would impose a state-mandated local program.

Introduction Date: 2019-02-05

Primary Sponsors
Ed Chau
Title
Information privacy: digital health feedback systems.

Description
AB 2280, as introduced, Chau. Information privacy: digital health feedback systems. Existing law, the Confidentiality of Medical Information Act, generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as otherwise specified. Existing law defines “medical information” for purposes of these provisions to mean certain individually identifiable health information in possession of or derived from a provider of health care, among others. Existing law makes a violation of these provisions that results in economic loss or personal injury to a patient punishable as a misdemeanor. This bill would define “personal health record information” for purposes of the act to mean individually identifiable information, in electronic or physical form, about an individual’s mental or physical condition that is collected by an FDA-approved commercial internet website, online service, or product that is used by an individual at the direction of a provider of health care with the primary purpose of collecting the individual’s individually identifiable personal health record information through a direct measurement of an individual’s mental or physical condition or through user input regarding an individual’s mental or physical condition. The bill would provide that a business that offers personal health record software or hardware to a consumer, in order to make information available to an individual or provider of health care at the request of the individual or provider of health care, for purposes of allowing the individual to manage their information, or for the diagnosis, treatment, or management of a medical condition of the individual, shall be deemed to be a provider of health care subject to the requirements of the Confidentiality of Medical Information Act. Because the bill would expand the definition of a crime, it would impose a state-mandated local program.

Introduction Date: 2020-02-14

Primary Sponsors
Ed Chau
Title
Mental health: involuntary commitment.

Description
AB 3242, as amended, Irwin. Mental health: involuntary commitment. Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Existing law requires persons providing the evaluation services to be properly qualified professionals, and authorizes those professionals to provide telehealth evaluation services. Existing law requires, prior to admitting a person for evaluation and treatment for a period of 72 hours, the professional person in charge of the facility or a designee to assess the individual in person to determine the appropriateness of the involuntary detention. Existing law also provides immunity from civil and criminal liability for similar detention by specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff at those hospitals, or any physician and surgeon providing emergency medical services in any department of those hospitals if various conditions are met, including that the detained person cannot be safely released from the hospital because, in the opinion of treating staff, the person, as a result of a mental health disorder, presents a danger to themselves, or others, or is gravely disabled. This bill would authorize an examination, assessment, or evaluation specified, required, or authorized for purposes of involuntary commitments to be conducted using telehealth or other audio-visual technology.

Introduction Date: 2020-02-21
Title
Dental Practice Act: unprofessional conduct.

Description
AB 1998, as amended, Low. Dental Practice Act: unprofessional conduct. Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act specifies unprofessional conduct by a licensee to include, among other things, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of record, including the review of the patient's most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. The act requires new radiographs or other equivalent bone imaging to be ordered if deemed appropriate by the treating dentist. The act defines a patient of record to mean a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. The act also specifies unprofessional conduct by a licensee to include the advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This bill would revise that unprofessional conduct provision described above to require new radiographs or other equivalent bone imaging to be ordered if no radiographs are available for diagnostic review. The bill would provide that, for purposes of that unprofessional conduct provision, the correction of malpositions includes any movement of the teeth, including the treatment of malocclusions. The bill would also specify unprofessional conduct by a licensee to include the destruction of patient records before 10 years have elapsed from the date a dental service was last provided if the patient is an adult or 7 years have elapsed from the date a dental service was last provided, or one year has elapsed from the patient's 18th birthday, whichever is longer, if the patient is a minor. The bill would additionally specify unprofessional conduct by a licensee to include the advertising of performance of professional services in a more expeditious manner. Existing law requires an individual, partnership, corporation, or other entity providing dental services through telehealth, prior to the rendering of services and when requested by a patient, to make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in the provision of services to a patient, and makes a violation of that provision unprofessional conduct. This bill would require the information described above to be provided to the patient at the time that the pa... (click bill link to see more).

Bill Summary: This bill would revise that unprofessional conduct provision described above to provide that the failure of a treating dentist to perform an in-person examination pursuant to that required of a patient of record is unprofessional conduct under the act.

Introduction Date: 2020-01-27

Primary Sponsors
Evan Low
Title
Dental Practice Act: unprofessional conduct.

Description
AB 1998, as amended, Low. Dental Practice Act: unprofessional conduct. Existing law, the Dental Practice Act, provides for the licensure and regulation of dentists and dental assistants by the Dental Board of California. The act specifies unprofessional conduct by a licensee to include, among other things, the failure by a treating dentist, prior to the initial diagnosis and correction of malpositions of human teeth or the initial use of orthodontic appliances, to perform an examination pursuant to that required of a patient of record, including the review of the patient’s most recent diagnostic digital or conventional radiographs or other equivalent bone imaging suitable for orthodontia. The act requires new radiographs or other equivalent bone imaging to be ordered if deemed appropriate by the treating dentist. The act defines a patient of record to mean a patient who has been examined, has had a medical and dental history completed and evaluated, and has had oral conditions diagnosed and a written plan developed by the licensed dentist. The act also specifies unprofessional conduct by a licensee to include the advertising of either professional superiority or the advertising of performance of professional services in a superior manner. This bill would revise that unprofessional conduct provision described above to require new radiographs or other equivalent bone imaging to be ordered if no radiographs are available for diagnostic review. The bill would provide that, for purposes of that unprofessional conduct provision, the correction of malpositions includes any movement of the teeth, including the treatment of malocclusions. The bill would also specify unprofessional conduct by a licensee to include the destruction of patient records before 10 years have elapsed from the date a dental service was last provided if the patient is an adult or 7 years have elapsed from the date a dental service was last provided, or one year has elapsed from the patient’s 18th birthday, whichever is longer, if the patient is a minor. The bill would additionally specify unprofessional conduct by a licensee to include the advertising of performance of professional services in a more expeditious manner. Existing law requires an individual, partnership, corporation, or other entity providing dental services through telehealth, prior to the rendering of services and when requested by a patient, to make available the name, telephone number, practice address, and California state license number of any dentist who will be involved in the provision of services to a patient, and makes a violation of that provision unprofessional conduct. This bill would require the information described above to be provided to the patient at the time that the pa...

Bill Summary: This bill would revise that unprofessional conduct provision described above to provide that the failure of a treating dentist to perform an in-person examination pursuant to that required of a patient of record is unprofessional conduct under the act.

Introduction Date: 2020-01-27

Primary Sponsors
Evan Low
Title
Mental health: involuntary commitment.

Description
AB 3242, as amended, Irwin. Mental health: involuntary commitment. Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Existing law requires persons providing the evaluation services to be properly qualified professionals, and authorizes those professionals to provide telehealth evaluation services. Existing law requires, prior to admitting a person for evaluation and treatment for a period of 72 hours, the professional person in charge of the facility or a designee to assess the individual in person to determine the appropriateness of the involuntary detention. Existing law also provides immunity from civil and criminal liability for similar detention by specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff at those hospitals, or any physician and surgeon providing emergency medical services in any department of those hospitals if various conditions are met, including that the detained person cannot be safely released from the hospital because, in the opinion of treating staff, the person, as a result of a mental health disorder, presents a danger to themselves, or others, or is gravely disabled. This bill would authorize an examination, assessment, or evaluation specified, required, or authorized for purposes of involuntary commitments to be conducted using telehealth or other audio-visual technology.

Bill Summary: This bill would authorize an examination, assessment, or evaluation specified, required, or authorized for purposes of involuntary commitments to be conducted using telehealth or other audio-visual technology.

Introduction Date: 2020-02-21

Primary Sponsors
Jacqui Irwin
<table>
<thead>
<tr>
<th>State</th>
<th>Bill Number</th>
<th>Last Action</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>SB 1278</td>
<td>May 18 Set For First Hearing Canceled At The Request Of Author 2020 05 15</td>
<td>In Senate</td>
</tr>
</tbody>
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**Title**
Medicine: telehealth.

**Description**
SB 1278, as introduced, Bradford. Medicine: telehealth. Existing law requires a health care provider, before the delivery of health care via telehealth, as defined, to inform the patient about the use of telehealth and to obtain and document verbal or written consent from the patient for the use of telehealth as an acceptable mode of delivering health care services and public health. Existing law provides that all laws and regulations governing professional responsibility, unprofessional conduct, and standards of practice that apply to a health care provider under the health care provider’s license apply to that health care provider while providing telehealth services. This bill would specify that generally accepted standards of practice that apply to a health care provider under their license also apply while providing telehealth services.

**Primary Sponsors**
Steve Bradford

**Bill Summary:** Specifies that generally accepted standards of practice that apply to a health care provider under their license also apply while providing telehealth services.

**Introduction Date:** 2020-02-21
**Title**

Telemedicine

**Agency**

VETERINARY MEDICAL BOARD (CA)

A. Informative Digest

BPC section 4808 authorizes the Board to adopt, amend, or repeal such rules and regulations as may be reasonably necessary to enable it to carry into effect the provisions of the Veterinary Medicine Practice Act. This regulatory proposal would amend CCR section 2032.1. Specifically, the Board is proposing the following: Amend subdivision (d) of section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to make conforming technical corrections to the “drug” and “dangerous drug” cross-references to the BPC. Add subdivision (e) to section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to clarify that a person may not practice veterinary medicine in this state except within the context of a veterinarian−client−patient relationship (VCPR), which cannot be established solely by telephonic or electronic means. Add subdivision (f) to section 2032.1 of Article 4 of Division 20 of Title 16 of the CCR to make conforming technical corrections to BPC sections 686 and 2290.5 that telemedicine, as provided by animal health care practitioners, shall be conducted within an existing VCPR, with the exception of advice given in an “emergency,” as defined in BCP section 4840.5, until the patient(s) can be seen or transported to a veterinarian. In new subdivision (f) of section 2032.1, define “telemedicine” to mean the mode of delivering animal health care services via communication technologies to facilitate consultation, treatment, and care management of the patient. B. Policy Statement Overview

The primary mission of the Board is to protect consumers and animals through the development and maintenance of professional standards. The proposed regulations regarding telemedicine were developed to address the increasing use of telemedicine in veterinary practices. This proposal was developed by considering the American Veterinary Medical Association (AVMA) and the American Association of Veterinary State Boards (AAVSB) policies regarding telemedicine. Telemedicine is currently authorized under BPC section 686 for all health care practitioners licensed under Division 2 of the BPC, which includes veterinarians. However, that section makes practitioners subject to certain requirements under the Medical Practice Act, which does not generally apply to veterinary services. This proposal defines “telemedicine” for veterinary purposes and states that it can be used as a delivery of health care services only after a VCPR has been established in person. Without the prior establishment of this relationship, a veterinarian is unable to provide the appropriate level of care and diagnosis needed to assist the animal patient effectively.

**Anticipated Benefits of Proposed Regulatory Action**

The proposal will provide appropriate guidelines for providing telemedicine, which will benefit veterinarians who implement telemedicine services into their practice. C. Consistency and Compatibility with Existing State Regulations

While there are multiple CCRs and federal regulations that deal with human telemedicine, the Board has determined this proposal would be the only state regulation that deals with the subject area of animal telemedicine. The Board has evaluated this regulatory proposal and found that it is neither inconsistent nor incompatible with existing state regulations.

The proposal will provide restrictions on the provision of telemedicine by clarifying the requirements to establish a Veterinarian Client Patient Relationship before providing telemedicine. The proposal will also provide guidelines for providing telemedicine.