Monday, June 20, 2016 11:30 AM
Until conclusion of business

AGENDA

Regular Board Meeting
California Board of Podiatric Medicine
2005 Evergreen Street
Sacramento, CA 95815
Hearing Room A
Webcast: http://thedcapage.wordpress.com/webcasts/

Teleconference Locations Open to the Public:

DCA, San Jose Office, 1735 Technology Dr. Ste 800, San Jose, CA 95110

Podiatric Medical Office, 500 south Sepulveda Bl., #218 Manhattan Beach, CA 90266

Podiatric Medical Office, 555 North Tustin Street, Orange, CA 92867

LA Homeless Services Authority, 811 Wilshire Blvd, 5th Fl, Room 3, LA, CA 90017

Podiatric Medical Office, Bella Vista Ofc, 555 Marin Street, 1st Fl Conf. Rm. Thousand Oaks, CA 91360

Kaiser Medical Ctr, 710 Lawrence Expy, Ste 140 Santa Clara, CA 95051

Riverside Public Utilities, 3750 University Avenue 4th floor, Riverside, CA 92501

Call to Order & Establishment of Quorum

Board Members
John Y. Cha, DPM, President
Michael A. Zapf, DPM, Vice-President
Kristina M. Dixon, MBA
Darlene Trujillo Elliot
Neil Mansdorf, DPM
Judith Manzi, DPM
Melodi Masaniai

Staff
Kathleen Cooper, JD, Interim Executive Officer

Board Counsel
Gary Duke, Esq.

STATE OF CALIFORNIA
BOARD OF
PODIATRIC
MEDICINE

"Boards are established to protect the people of California." – Bus. & Prof. Code §101.6

CALIFORNIA BOARD OF PODIATRIC MEDICINE

MEETING INFORMATION
While the Board intends to webcast this meeting, it may not be possible to webcast the entire open meeting due to technical difficulties or limitations on resources. If you wish to participate or to have a guaranteed opportunity to observe, please plan to attend at the physical location. To view the meeting remotely, visit the following link: http://thedcapage.wordpress.com/webcasts/

PUBLIC COMMENT
A member of the public may address the Board on agenda items, before or during Board or Committee consideration of the item or at the discretion of the Chair. Public comment is greatly encouraged. While the public may also address the Board on non-agenda items within the subject matter jurisdiction of the Board during the Public Comment period held at the beginning and/or end of each meeting, the Board cannot discuss or take action on any Public Comment matter raised that is not included on the agenda, except to decide whether to place the matter on the agenda of a future meeting. (G.C. 11125 and 11125.7(a)). Speakers not addressing matters within the Board's jurisdiction will be asked to conclude by the presiding officer.

INFORMATION RELATING TO AGENDAS AND ACTIONS OF THE BOARD
Agendas for the Regular BPM Board meetings are prepared by the Executive Office and are available prior to the meeting in the Records Management Department of the Board of Podiatric Medicine and on the Internet.

ADA REQUIREMENTS
The meeting is accessible to the physically disabled. Persons requiring disability-related accommodations, including sign language interpretation, materials in alternative formats and other accommodations are available to the public for BPM sponsored meetings and events. Providing requests at least five (5) business days in advance of the scheduled meeting date by contacting Andreia Damian at 916.263.2648, via email at Andreia.Damian@dca.ca.gov by sending a written request to the Board of Podiatric Medicine, 2005 Evergreen Street, Suite 1300, Sacramento, CA 95834-3831 will help ensure the availability of the requested accommodation.

HELPFUL PHONE NUMBERS
Copies of Agendas or Record of Board Actions - (916) 263-2647 (Records Management Department)
General Information/Rules of the Board - (916) 263-2650 (Executive Office)
Internet Access to Agendas - http://www.bpm.ca.gov/about_us/meetings/index.shtml

NOTE: ACTION MAY BE TAKEN ON ANY ITEM IDENTIFIED ON THE AGENDA UNLESS LISTED AS INFORMATIONAL ONLY.

AGENDA ITEMS

1. Call to Order & Establishment of Quorum

2. President's **Welcome**.

3. **PUBLIC COMMENT on non-agenda items** within the Board's subject matter jurisdiction**.**

4. APPROVE **Minutes of the Regular Board Meeting held June 3, 2016.**

5. **Legislative Program; Discussion and Consideration of Bills.**

   AB 2193 (Salas) Professions and Vocations
   SB 1039 (Hill) Professions and Vocations

ADJOURNMENT

Friday, June 3, 2016 10:00 AM

MINUTES

4

Regular Board Meeting
California Board of Podiatric Medicine
2005 Evergreen Street, Hearing Room A
Sacramento, CA 95815
Webcast: http://thedcapage.wordpress.com/webcasts/

Called to Order & Quorum Established at 10:03 AM

Board Members Present
John Y. Cha, DPM, President
Michael A. Zapf, DPM Vice President
Kristina M. Dixon, MBA
Darlene Trujillo Elliot
Neil Mansdorf, DPM
Judith Manzi, DPM
Melodi Masaniai

Staff
Jason S. Campbell, JD, Executive Officer
Kia-Maria Zamora, Acting Secretary

Board Counsel
Gary Duke, Esq.

STATE OF CALIFORNIA
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MEDICINE

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AGENDA ITEMS

1. Called to Order & Quorum Established

JC	KD	DE	NM	JM	MM	MZ
P	P	P	P	P	P	P

2. Chair's **Welcome and Report**.

JC	KD	DE	NM	JM	MM	MZ
P	P	P	P	P	P	P

3. STATEMENT **on public comment and PUBLIC COMMENT on items not on the agenda.**

JC	KD	DE	NM	JM	MM	MZ
P	P	P	P	P	P	P

4. APPROVED **Minutes of the Regular Board Meeting held March 4, 2016.**

JC	KD	DE	NM	JM	MM	MZ
Y	Y	Y	Y	Y	Y	Y

5. RECEIVED **Executive Officer's Report.**

A. Quarterly Budget Update – Kathleen Cooper

1. FY 15/16 Quarter 3 Summary

B. Public Outreach Update – Jason S. Campbell

1. Administrative Summary
2. Stakeholder Inquiries & Responses of the Executive Officer
3. Website Statistics
4. Website Redesign Update
5. Legislative Outreach Plan 2016
6. BPM Newsletter Update
7. CURES Update

C. Licensing Program Update – Kia-Maria Zamora

1. Licensing Statistics

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

LEGEND: Y = YES, N = NO, A = ABSENT, P = PRESENT, ABS = ABSTAIN, C = CONFLICT

2. BreEZe System Update
    a. Online License Application Functionality
    b. Online License Renewal Functionality
    c. License Verification Survey Information
3. Proposed Legislation affecting Licensing including:
    a. SB 1155 (Morrell) Professions and vocations: licenses: military service
    b. SB 1348 (Cannella) Licensure applications: military experience
    c. SB 1039 (Hill) Professions and vocations: BPM reorganization within DCA
    d. AB 2859 (Low) Professions and vocations: retired category: licenses

D. Enforcement Program Update – Jason S. Campbell

1. Current Enforcement Statistics
2. Probation/Cost Recovery Recoupment Status Update
3. Consultant and Expert Training Update

E. Legislative Program Update – Kathleen Cooper

1. Legislative Outreach Plan Day –2015/2016
2. Legislative Update – Consideration of possible positions on proposed legislation in the 2015/2016 season

AB 12 (State government: administrative regulations: review), AB 2193 (Professions and Vocations), AB 2606 (Crimes against children, elders, dependent adults, & persons), AB 2701 (DCA: boards, training requirements with disabilities), AB 2859 (Professions and vocations: retired category: licenses), AB 482 (Controlled Substance: CURES database), AB 1033 (Medical Board: disclosure of probationary status), AB 1039 (Professions and Vocations), SB 1155 (Professions and Vocations: licenses: military service), SB 1195 (Professions and Vocations, boards, competitive impact), SB 1348 (Licensure applications: military experience), SB 1478 (Professions and Vocations, Healing Arts)

APPROVED:

Motion by Board Member **Masaniai** directing BPM Legislative Committee to show support AB 2193.

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

LEGEND: Y = YES, N = NO, A = ABSENT, P = PRESENT, ABS = ABSTAIN, C = CONFLICT

APPROVED:

Motion by Board Member **Dixon** directing BPM Legislative Committee to show support AB 1478.

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

3. Regulatory Update

A. Conduct of Oral Argument Status – Title 16 CCR Sections 1399.730, 1399.731 & 1399.732
B. Model Disciplinary Guidelines Status – Title 16 CCR Sections 1399.710, 1399.711, 1399.712, 1399.713, 1399.714, 1399.715 and 1399.716
C. Citations and Fines Status – Title 16 CCR Section 1399.696(c)
D. Continuing Education for Acupuncture – Title 16 CCR 1399.672

4. Sunset Hearing Oversight Review Update

5. Legislative Calendar

6. APPROVED:

Motion by Board Member Dixon for **new meeting date for the next quarterly Board meeting to** be held Friday, September 9, 2016

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

LICENSING COMMITTEE

7. APPROVED:

Motion by Board Member Dixon to approve **California Residency Program Applications** for the 2016-2017 podiatric medicine residency training year – Jason Campbell and Kia-Maria Zamora

A. Cedars-Sinai Medical Center – Los Angeles, CA
B. Chino Valley Medical Center – Chino, CA
C. Department of Veterans Affairs Greater Los Angeles – Los Angeles, CA

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

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D. Department of Veterans Affairs Palo Alto – Palo Alto, CA
E. Department of Veterans Affairs Jerry L Pettis – Loma Linda, CA
F. Department of Veterans Affairs San Francisco – San Francisco, CA
G. Kaiser Permanente – Oakland and San Francisco, CA
H. Kaiser Permanente – Sacramento, CA
I. Kaiser Permanente – Santa Clara, CA
J. Kaiser Permanente – Vallejo, CA
K. Lakewood Regional Medical Center – Lakewood, CA
L. Long Beach Memorial Medical Center – Long Beach, CA
M. Dignity Health – St. Mary's Medical Center – San Francisco, CA
N. Scripps Mercy Hospital – San Diego, CA
O. Silver Lake Medical Center – Los Angeles, CA
P. West Covina Medical Center (formerly Doctors Hospital of West Covina) – West Covina, CA
Q. White Memorial Medical Center – Los Angeles, CA

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

8. APPROVED:

Motion by Board Member Mansdorf to approve **California Residency Program Application** submitted by Fountain Valley Regional Hospital – Fountain Valley, CA.

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

9. APPROVED:

Motion by Board Member Dixon to approve the proposed revisions to California Code of Regulations, **Title 16, section 1399.672 – Continuing Education for Acupuncture Practice**.

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

EXECUTIVE MANAGEMENT COMMITTEE

10. APPROVED:

Motion by Board Member Dixon to approve **Board Administrative Procedures Manual** as amended.

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

LEGEND: Y = YES, N = NO, A = ABSENT, P = PRESENT, ABS = ABSTAIN, C = CONFLICT

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	Y	Y

11. OPPOSED UNLESS AMENDED:

Motion by Board Member Mansdorf to OPPOSE UNLESS AMENDED support SB 1039. The following amendments must be included to incorporate some of the recommendations of legal counsel regarding the two non-controversial (clean-up) changes; include clarification that there is no intent to change the scope of practice and DPM's would be afforded all the rights and privileges that they currently have under the Medical Board of California. If amendments are incorporated then they would change from opposition to support of the bill

JC	KD	DE	NM	MM	JM	MZ
Y	Y	Y	Y	Y	N	Y

(AGENDA ITEM TAKEN OUT OF ORDER TO ACCOMMODATE MEMBERS OF THE LEGISLATIVE)

BOARD CONSIDERATION

13. RECEIVED EXECUTIVE OFFICER **Recruitment and Selection Process** – Ricardo DeLaCruz, Personnel Officer

a. Presentation from the Department of Consumer Affairs' Office of Human Resources Regarding the Selection Process of an Executive Officer

b. Discussion of Executive Officer Recruitment and Selection Process, Possible Appointment of a Search Committee and Review of Executive Officer's Duty Statement

14. **CLOSED SESSION:**

a. Pursuant to G.C. 11126(a)(1) – Discussion and possible Appointment of Acting or Interim Executive Officer

b. Pursuant to G.C. 11126(c)(2) – Discussion of Disciplinary Action

c. Pursuant to G.C. 11126(c)(2) – Discussion of Disciplinary Action

Board Member Mansdorf recused self from discussion of Item C.

NO REPORT.

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

LEGEND: Y = YES, N = NO, A = ABSENT, P = PRESENT, ABS = ABSTAIN, C = CONFLICT

CLOSED SESSION ADJOURNED AT 3:12pm

15. Return to Open Session.

ENFORCEMENT COMMITTEE

12. AGENDA ITEM MOVED TO NEXT BORAD MEETING to accommodate DAG Brinkman. DISCUSSION AND CONSIDERATION of existing **BPM policies regarding Experts**/Consultants and feasibility of periodic review and evaluation of expert pool. – Emily L. Brinkman, Deputy Attorney General

16. DISCUSSED JOINTLY WITH Item 13

17. SUGGESTIONS of **agenda items for future meetings**.

a. ANNOUNCEMENT: Selection of Ms. Kathleen Cooper as interim Executive Officer until a permanent selection is made.
b. FUTURE AGENDA ITEMS:
    i. Scope of practice discussion on how to address the public with regards to inquiries that have come up regarding scope
    ii. Potential legislative sponsors and working with CPMA regarding the 8 conforming issues that were deemed controversial and therefore not included in SB 1039.

JC	KD	DE	NM	JM	MM	MZ
P	P	P	P	P	P	P

MEETING ADJOURNED AT 3:25pm

ADJOURNMENT

Prepared by: Kia-Maria Zamora

Approved on:

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

LEGEND: Y = YES, N = NO, A = ABSENT, P = PRESENT, ABS = ABSTAIN, C = CONFLICT

Kia-Maria Zamora, Acting Board Secretary

JC = J. Cha	KD = K. Dixon	NM = N. Mansdorf	MM = M. Masaniai
JM = J. Manzi	MZ = M. Zapf		

LEGEND: Y = YES, N = NO, A = ABSENT, P = PRESENT, ABS = ABSTAIN, C = CONFLICT

CALIFORNIA BUSINESS AND PROFESSIONS CODE – Possible Inclusion in AB 2193

328. Implementation of Complaint Prioritization Guidelines

(a) In order to implement the Consumer Protection Enforcement Initiative of 2010, the director, through the Division of Investigation, shall implement "Complaint Prioritization Guidelines" for boards to utilize in prioritizing their respective complaint and investigative workloads. The guidelines shall be used to determine the referral of complaints to the division and those that are retained by the health care boards for investigation.

(b) The Medical Board of California *and the California Board of Podiatric Medicine* shall not be required to utilize the guidelines implemented pursuant to subdivision (a).

[…]

2054. Misrepresentation as physician and surgeon; Persons licensed to practice podiatric medicine; Exceptions

(a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) A holder of a valid, unrevoked, and unsuspended certificate to practice podiatric medicine may use the phrases *"podiatric physician," "podiatric surgeon," "podiatric physician and surgeon,"* "doctor of podiatric medicine," "doctor of podiatry," and "podiatric doctor," or the initials "D.P.M.," and shall not be in violation of subdivision (a).

(c) Notwithstanding subdivision (a), any of the following persons may use the words "doctor" or "physician," the letters or prefix "Dr.," or the initials "M.D.":

(1) A graduate of a medical school approved or recognized by the board while enrolled in a postgraduate training program approved by the board.

(2) A graduate of a medical school who does not have a certificate as a physician and surgeon under this chapter if he or she meets all of the following requirements:

(A) If issued a license to practice medicine in any jurisdiction, has not had that license revoked or suspended by that jurisdiction.

(B) Does not otherwise hold himself or herself out as a physician and surgeon entitled to practice medicine in this state except to the extent authorized by this chapter.

(C) Does not engage in any of the acts prohibited by Section 2060.

(3) A person authorized to practice medicine under Section 2111 or 2113 subject to the limitations set forth in those sections.

[…]

2220.05. Prioritization of allegations

(a) In order to ensure that its resources are maximized for the protection of the public, the Medical Board of California *and the California Board of Podiatric Medicine* shall prioritize its investigative and prosecutorial resources to ensure that physicians and surgeons *including doctors of podiatric medicine* representing the greatest threat of harm are identified and disciplined expeditiously. Cases involving any of the following allegations shall be handled on a priority basis, as follows, with the highest priority being given to cases in the first paragraph:

(1) Gross negligence, incompetence, or repeated negligent acts that involve death or serious bodily injury to one or more patients, such that the physician and surgeon *or doctor of podiatric medicine* represents a danger to the public.

(2) Drug or alcohol abuse by a physician and surgeon *including doctors of podiatric medicine* involving death or serious bodily injury to a patient.

(3) Repeated acts of clearly excessive prescribing, furnishing, or administering of controlled substances, or repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith prior examination of the patient and medical reason therefor. However, in no event shall a physician and surgeon prescribing, furnishing, or administering controlled substances for intractable pain consistent with lawful prescribing, including, but not limited to, Sections 725, 2241.5, and 2241.6 of this code and Sections 11159.2 and 124961 of the Health and Safety Code, be prosecuted for excessive prescribing and prompt review of the applicability of these provisions shall be made in any complaint that may implicate these provisions.

(4) Repeated acts of clearly excessive recommending of cannabis to patients for medical purposes, or repeated acts of recommending cannabis to patients for medical purposes without a good faith prior examination of the patient and a medical reason for the recommendation.

(5) Sexual misconduct with one or more patients during a course of treatment or an examination.

(6) Practicing medicine while under the influence of drugs or alcohol.

(b) The board may by regulation prioritize cases involving an allegation of conduct that is not described in subdivision (a). Those cases prioritized by regulation shall not be assigned a priority equal to or higher than the priorities established in subdivision (a).

(c) The Medical Board of California shall indicate in its annual report mandated by Section 2312 the number of temporary restraining orders, interim suspension orders, and disciplinary actions that are taken in each priority category specified in subdivisions (a) and (b).

[…]

2472. Certificate to practice; "Podiatric Medicine"; What procedures doctor of podiatric medicine may do

(a) The certificate to practice podiatric medicine authorizes the holder to practice podiatric medicine.

(b) As used in this chapter, "podiatric medicine" means the diagnosis, medical, surgical, mechanical, manipulative, and electrical treatment of the human foot, including the ankle and tendons that insert into the foot and the nonsurgical treatment of the muscles and tendons of the leg governing the functions of the foot.

(c) A doctor of podiatric medicine may not administer an anesthetic other than local. If an anesthetic other than local is required for any procedure, the anesthetic shall be administered by another licensed health care practitioner who is authorized to administer the required anesthetic within the scope of his or her practice.

(d) (1) A doctor of podiatric medicine ~~who is ankle certified by the board on and after January 1, 1984,~~ may do the following:

(A) Perform surgical treatment of the ankle and tendons at the level of the ankle pursuant to subdivision (e).

(B) Perform services under the direct supervision of a physician and surgeon, as an assistant at surgery, in surgical procedures that are otherwise beyond the scope of practice of a doctor of podiatric medicine.

(C) Perform a partial amputation of the foot no further proximal than the Chopart's joint.

(2) Nothing in this subdivision shall be construed to permit a doctor of podiatric medicine to function as a primary surgeon for any procedure beyond his or her scope of practice.

(e) A doctor of podiatric medicine may perform surgical treatment of the ankle and tendons at the level of the ankle only in the following locations:

(1) A licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code.

(2) A licensed surgical clinic, as defined in Section 1204 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical clinic.

(3) An ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1) and meets all the protocols of the surgical center.

(4) A freestanding physical plant housing outpatient services of a licensed general acute care hospital, as defined in Section 1250 of the Health and Safety Code, if the doctor of podiatric medicine has surgical privileges, including the privilege to perform surgery on the ankle, in a general acute care hospital described in paragraph (1). For purposes of this section, a

"freestanding physical plant" means any building that is not physically attached to a building where inpatient services are provided.

(5) An outpatient setting accredited pursuant to subdivision (g) of Section 1248.1 of the Health and Safety Code.

2473. ~~[Section repealed 1998.]~~ *Professional Status; Enjoining Discrimination*

(a) It is the policy of the state that holders of D.P.M. degrees shall be accorded equal professional status and privileges within the scope of their licensure as licensed physicians and surgeons holding M.D. degrees and D.O. degrees.

2474. Practice without certificate

Any person who uses in any sign or in any advertisement or otherwise, the word or words *"podiatric physician," "podiatric surgeon," "podiatric physician and surgeon,"* "doctor of podiatric medicine," "doctor of podiatry," "podiatric doctor," "D.P.M.," "podiatrist," "foot specialist," or any other term or terms or any letters indicating or implying that he or she is a doctor of podiatric medicine, or that he or she practices podiatric medicine, or holds himself out as practicing podiatric medicine or foot correction as defined in Section 2472, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as provided for in this chapter, is guilty of a misdemeanor.

2475. Practice by postgraduates; Instructors and residents

Unless otherwise provided by law, no postgraduate trainee, intern, resident postdoctoral fellow, or instructor may engage in the practice of podiatric medicine, or receive compensation therefor, or offer to engage in the practice of podiatric medicine unless he or she holds a valid, unrevoked, and unsuspended certificate to practice podiatric medicine issued by the division. However, a graduate of an approved college or school of podiatric medicine upon whom the degree doctor of podiatric medicine has been conferred, who is issued a resident's license, which may be renewed annually ~~for up to eight years~~ for this purpose by the division upon recommendation of the board, and who is enrolled in a postgraduate training program approved by the board, may engage in the practice of podiatric medicine whenever and wherever required as a part of that program and may receive compensation for that practice under the following conditions:

(a) A graduate with a resident's license in an approved internship, residency, or fellowship program may participate in training rotations outside the scope of podiatric medicine, under the supervision of a physician and surgeon who holds a medical doctor or doctor of osteopathy degree wherever and whenever required as a part of the training program, and may receive compensation for that practice. If the graduate fails to receive a license to practice podiatric medicine under this chapter within three years from the commencement of the postgraduate training, all privileges and exemptions under this section shall automatically cease.

(b) Hospitals functioning as a part of the teaching program of an approved college or school of podiatric medicine in this state may exchange instructors or resident or assistant resident doctors of podiatric medicine with another approved college or school of podiatric medicine not located in this state, or those hospitals may appoint a graduate of an approved school as such a resident for purposes of postgraduate training. Those instructors and residents may

practice and be compensated as provided in this section, but that practice and compensation shall be for a period not to exceed two years.

[…]

2525.2. Limitation to attending physician
An individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California*, the California Board of Podiatric Medicine,* or the Osteopathic Medical Board of California shall not recommend medical cannabis to a patient, unless that person is the patient's attending physician, as defined by subdivision (a) of Section 11362.7 of the Health and Safety Code.

[…]
CALIFORNIA HEALTH AND SAFETY CODE

11362.7.
For purposes of this article, the following definitions shall apply:
(a) "Attending physician" means an individual who possesses a license in good standing to practice medicine or osteopathy issued by the Medical Board of California, *the California Board of Podiatric Medicine,* or the Osteopathic Medical Board of California and who has taken responsibility for an aspect of the medical care, treatment, diagnosis, counseling, or referral of a patient and who has conducted a medical examination of that patient before recording in the patient's medical record the physician's assessment of whether the patient has a serious medical condition and whether the medical use of marijuana is appropriate.

(b) "Department" means the State Department of Health Services.

(c) "Person with an identification card" means an individual who is a qualified patient who has applied for and received a valid identification card pursuant to this article.

(d) "Primary caregiver" means the individual, designated by a qualified patient or by a person with an identification card, who has consistently assumed responsibility for the housing, health, or safety of that patient or person, and may include any of the following:

(1) In any case in which a qualified patient or person with an identification card receives medical care or supportive services, or both, from a clinic licensed pursuant to Chapter 1 (commencing with Section 1200) of Division 2, a health care facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2, a residential care facility for persons with chronic life-threatening illness licensed pursuant to Chapter 3.01 (commencing with Section 1568.01) of Division 2, a residential care facility for the elderly licensed pursuant to Chapter 3.2 (commencing with Section 1569) of Division 2, a hospice, or a home health agency licensed pursuant to Chapter 8 (commencing with Section 1725) of Division 2, the owner or operator, or no more than three employees who are designated by the owner or operator, of the clinic, facility, hospice, or home health agency, if designated as a primary caregiver by that qualified patient or person with an identification card.

(2) An individual who has been designated as a primary caregiver by more than one qualified patient or person with an identification card, if every qualified patient or person with an identification card who has designated that individual as a primary caregiver resides in the same city or county as the primary caregiver.

(3) An individual who has been designated as a primary caregiver by a qualified patient or person with an identification card who resides in a city or county other than that of the primary caregiver, if the individual has not been designated as a primary caregiver by any other qualified patient or person with an identification card.

(e) A primary caregiver shall be at least 18 years of age, unless the primary caregiver is the parent of a minor child who is a qualified patient or a person with an identification card or the primary caregiver is a person otherwise entitled to make medical decisions under state law pursuant to Sections 6922, 7002, 7050, or 7120 of the Family Code.

(f) "Qualified patient" means a person who is entitled to the protections of Section 11362.5, but who does not have an identification card issued pursuant to this article.

(g) "Identification card" means a document issued by the State Department of Health Services that document identifies a person authorized to engage in the medical use of marijuana and the person's designated primary caregiver, if any.

(h) "Serious medical condition" means all of the following medical conditions:

(1) Acquired immune deficiency syndrome (AIDS).

(2) Anorexia.

(3) Arthritis.

(4) Cachexia.

(5) Cancer.

(6) Chronic pain.

(7) Glaucoma.

(8) Migraine.

(9) Persistent muscle spasms, including, but not limited to, spasms associated with multiple sclerosis.

(10) Seizures, including, but not limited to, seizures associated with epilepsy.

(11) Severe nausea.

(12) Any other chronic or persistent medical symptom that either:

(A) Substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act of 1990 (Public Law 101-336).

(B) If not alleviated, may cause serious harm to the patient's safety or physical or mental health.

(i) “Written documentation” means accurate reproductions of those portions of a patient’s medical records that have been created by the attending physician, that contain the information required by paragraph (2) of subdivision (a) of Section 11362.715, and that the patient may submit to a county health department or the county’s designee as part of an application for an identification card.

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

June --, 2016

The Honorable Jerry Hill, Chair
Senate Business, Professions and Economic Development Committee
State Capitol, Room 2053
Sacramento, CA 95814

RE SB 1039 Senate Omnibus Bill – Oppose Unless Amended

Dear Senator Hill:

The California Board of Podiatric Medicine (Board) is opposed to provisions in SB 1039 removing the Board of Podiatric Medicine from the jurisdiction of the Medical Board of California (Medical Board) unless amended to delete these sections. The Board will support SB 1039 if amended.

The Board understands how SB 1039 could look non-substantive on its face, however, this omnibus bill changes the authority of the Medical Board to issue licenses to the Board of Podiatric Medicine, alters the structures currently in place as to enforcement, and has negative financial implications. The public needs an opportunity to fully review and understand the effects of SB 1039.

California Board of Podiatric Medicine's Position on SB 1039 - Summary Statement

The removal of the Board of Podiatric Medicine from the jurisdiction of the Medical Board and Medical Practice Act will have unintended consequences and is not appropriate for an omnibus bill. These sections of SB 1039 are substantive and involve major structural reform. This bill will result in unintended consequences for the Board, Doctors of Podiatric Medicine, and staff that work with the cross-referencing statutes and regulations on a daily basis. It is also likely to limit access to care to the most vulnerable populations suffering from diabetic complications, including the salvaging of limbs.

The Board of Podiatric Medicine's Position on SB 1039 is based on the following:

SB 1039 changes the status quo concerning:

1. Changes to the status and privileges of Doctors of Podiatric Medicine (DPM); who currently hold licenses that are issued by the Medical Board of California.

2. Changes to the Board's enforcement activities that are vertically aligned with those of the Medical Board;

3. Changes to the statutory and regulatory frameworks that currently reference "podiatry" or "podiatric" which will create confusion, great potential for mistakes, and a multitude of challenges and unintended consequences; and,

4. Changes to the Board's current workload, finances, and fund condition which may cause the Board to eventually become insolvent.

1. **Changes to Status and Privileges**: By removing the Board from "Chapter 5, Medicine," and creating Chapter 3.5, the Board will no longer be considered "medical" but rather "allied" healthcare practitioners." DPMs will no longer be included as allopathic medical practitioners, and this will impact DPMs position within the healthcare system. A license issued by the Medical Board of California is unequivocally the essential thing needed for clinical practitioners performing surgery. (See Attachment A: Current Doctor of Podiatric Medicine – License Issued by the Medical Board)

DPMs are currently "on staff" at private surgical centers, hospitals and clinics. There are concerns that changing the current "issuer" of the license, and therefore the understanding of what that means to members of the public, as well as healthcare administrators and fellow healthcare clinicians, may likely lead to the loss of eligibility or qualifications for positions or privileges currently held by DPMs. (Attachment B: Hospital Medical Center's Qualifications – Licensure by Medical Board). The status of DPM's in the healthcare community will be impacted, and most importantly, DPM's will face reimbursement issues from insurance companies and benefit administrators, that often offer a lower fee schedule or even exclusion where the allied health professions are concerned.

Changing the current status of DPMs, from "allopathic" to "allied" is a significant change from the status quo and should not be included in this omnibus bill. (See Attachment C, Letter from Jim Rathlesberger, MPA, Retired - Board of Podiatric Medicine, Executive Officer)

2. **Changes to Enforcement**: The Board's enforcement processes are vertically aligned with those of the Medical Board. The sophisticated and experienced staff at the Medical Board create a synergy of knowledge that is used at all stages of the complaint and follow through with the Division of Investigation, the Attorney General and beyond. Today the work is performed together with both Boards which form a single enforcement unit. Practice standards and case reviews processes have been in place for many years, and lend necessary support to the Board, and should not be changed. There are no provisions in SB 1039 for the continuance of enforcement services currently provided by the Medical Board.

By removing the Board from the Medical Practice Act there will be two boards reviewing the same medical procedures. It would be confusing to patients if their surgeons were reviewed separately under the standards established by two medical boards. All surgeons are currently under the umbrella of the Medical Board of California. If the Board is removed from the jurisdiction of the Medical Board, there is a danger that there will be inconsistent standards established as to the standards of care.

The Board is fundamentally dependent upon the Medical Board in its enforcement efforts. There has not been adequate attention to the need for consistency and reliability regarding essential, mission critical enforcement services, that are currently provided to the Board by the Medical Board. Without obligatory language being added to ensure that services continue to be provided, removing the Board from the Medical Board, may prove to have many unintended consequences, including inconsistencies or failures in enforcement obligations to the public.

3. Changes to Administrative Functions: A more robust review of the many cross-referenced statutes needs to be performed to understand the impact of removing the Board from its current jurisdiction within the Medical Practice Act. There are many references to the Board and DPMs throughout California Law. In searching the current bills under "California Legislative Information" with the search term "podiat!" there are 5052 hits. (See Attachment D: California Legislative Information – "Podia!" 5052 hits, 6 15 16). Many of these references are outside of the Business and Professions Code but refer to the current enabling statutes of the Board. The thousands of references create a network of privileges and obligations that will be impacted. Often the "Medical Board" is mentioned in legislation and regulations and historically this meant the "Board of Podiatric Medicine" was included by virtue of its jurisdiction within the Medical Board. The implications will become more apparent when applied to real life situations.

The Board is certainly willing to work with the Medical Board to accomplish reform, but not within this limited timeframe. To become law during this legislative cycle does not allow appropriate review. This is not the type of content one would expect in an omnibus bill and more time is needed to do justice to the task.

An example of an unintended consequence is Health and Safety Code, sec. 11362.7 where the definition of an "attending physician" is found. Many DPMs are "attending physicians" at Kaiser, clinics, etc...

> Pursuant to Health and Safety Code, sec 11362.7(a), "*attending physician*" is defined as one *"who possess a license in good standing to practice medicine or osteopathy issued by the Medical Board of California or the Osteopathic Medical Board of California..."*

Flowing from this definition are rights and privileges that will summarily be lost. This became apparent when reviewing the recent legislation covering medical cannabis. Under the current law, DPMs may recommend cannabis to patients. If SB 1039 passes, DPMs can no longer

legally recommend a medically indicated treatment. Disallowing DPMs from recommending a medically indicated treatment hurts patients and limits a proven treatment option. Other rights will be removed when DPMs are no longer considered "attending physicians."

Adequate attention has not been given to the implications of SB 1039.

4. **Financial and Budget Issues:** The Board and the Medical Board have historically used an Affiliated Health Board Shared Services Allocation to perform critical mission tasks. The last agreement was executed on Jan 8, 2014. The annual costs for services total $44,641 and are itemized as follows: discipline coordination ($6,238); central complaint unit ($34,850); consumer information unit ($133); and podiatric fictitious name permits ($3,420). SB 1039 makes no provisions for the continuance of these services.

The estimated costs to the Board for internalizing the current Medical Board Complaint and Discipline Model indicate that the Board will incur an additional $162,213. The Board cannot reproduce the economies of scale available at the Medical Board. (See Attachment E – Study Estimated Costs to the Board for Internalizing the Current Medical Board Complaint and Discipline Model & Attachment F: Estimated Costs to the Board for Internalizing the Current Medical Board Complaint and Discipline Model: Fund Condition)

Related Concerns on SB 1039

Given the limited period of time the Board has had to review SB 1039, the Board sincerely requests that Mr. Hill, and/or the members of the Senate's Business, Professions and Economic Development Committee, and the members of the Assembly's Business and Professions Committee, consider the Board's concerns, and if the bill is not amended, to vote "no" on SB 1039.

Currently, the Board has a collaborative relationship with the Medical Board and this has provided an efficient and highly effective enforcement program that has protected the consumers and public. Complaints are heard quickly. There have been no negative press articles or public complaints regarding the team effort with the Medical Board. There is NO reason to change such a collaborative and successful relationship.

In reality, DPM's are working side by side in hospitals providing the consumers with the most comprehensive and protective treatments. DPM's often use MD's and DO's to monitor a patients complicated systemic/whole body needs, while DPM's provide the best foot and ankle care. Thus the Board needs to also work side by side with the Medical Board, to provide a more comprehensive protection to the public.

The Board has enjoyed its status within the Medical Board since 1957. It has not been included in the multiple statutory "clean-ups" throughout the years, most specifically during the 1990s when many of the allied health boards were removed. DPMs are not allied health licensees, and

it is the Board's position that sections of SB 1039, referencing the Board of Podiatric Medicine's removal from the Medical Board, should be deleted.

The Board sincerely hopes that the Senate and Assembly will do the right thing so that we can maintain the proper tools and mechanisms to responsibly protect the consumers of the State of California, while they receive the best, comprehensive podiatric healthcare, in the future and in the nation.

Sincerely,

Dr. John Cha, President
California Board of Podiatric Medicine
2005 Evergreen St, Suite 1300
Sacramento, CA 95815
916-263-2647

Attachments:
Attachment A: Current Doctor of Podiatric Medicine – License Issued by the Medical Board
Attachment B: Hospital Medical Center's Qualifications – Licensure by Medical Board
Attachment C: Letter from Jim Rathlesberger, MPA, Retired - Board of Podiatric Medicine, Executive Officer
Attachment D: California Legislative Information – Podiatr! – 5052 hits on 06 15 16
Attachment E: Study - Estimated Costs to the Board for Internalizing Current Medical Board Complaint and Discipline Model -
Attachment F: Fund Condition - Estimated Costs for Internalizing Current Medical Board Complaint and Discipline Mode

The Medical Board of California

COPY

certifies that

[redacted]

a graduate of

DES MOINES UNIVERSITY COLLEGE OF PODIATRIC MEDICINE AND SURGERY

possesses the qualifications, education and training prescribed by law and is hereby granted a license as a

Doctor of Podiatric Medicine

entitled to practice the profession of podiatric medicine in the State of California. Given under our hands and the seal of the Medical Board of California this 18th day of February, 2016.

STATE OF CALIFORNIA — DEPARTMENT OF CONSUMER AFFAIRS — MEDICAL BOARD OF CALIFORNIA

David Serrano Sewell
President

Denise Pines
Secretary

No. [redacted]

ATTACHMENT A

[redacted] HOSPITAL MEDICAL CENTER

ALLIED HEALTH PROFESSIONAL RULES/REGULATIONS

1. QUALIFICATIONS

1.1 Supervising Physician

An applicant for an approved category of Dependent Allied Health Professional (AHP) shall be eligible when a request is made by a physician member of the Medical Staff. The Medical Staff member will be eligible only if the physician he/she meets the following qualifications. In the event that there are questions about eligibility, the requesting physician may request a meeting with the Interdisciplinary Practice Committee for clarification and possible remediation.

a. Has current unrestricted licensure by the Medical Board of California or Osteopathic Medical Board of California.
b. Is a member in good standing with Associate or Senior staff.
c. Does not have issues of concern or non-compliance with the Medical Staff Bylaws, Rules & Regulations and/or Hospital policies.

1.2 Allied Health Professionals

An applicant for an approved category of Allied Health Professionals (AHP) shall be eligible for clinical privileges or patient care duties only if he/she:

a. Documents his/her current licensure by the State of California or required certification in a category of AHP that has been approved for practice in the Hospital.

b. Documents his/her experience, education, background, training, demonstrated ability, judgment, and physical and mental health status with sufficient adequacy to demonstrate that any patient he/she treats will receive care of the generally recognized professional level of quality and efficiency as established by the Medical Staff, and that he/she is qualified to exercise clinical privileges within the Hospital.

c. Is determined, on the basis of documented references, to adhere strictly to the lawful ethics of his/her profession, to work cooperatively with others in the Hospital setting so as not to adversely affect patient care, to be willing to participate in and properly discharge responsibilities as determined by the Medical Staff; and

-----Original Message-----
From: James H. Rathlesberger <jhr-sacto@comcast.net>
To: Campbell, Jason@DCA <Jason.Campbell@dca.ca.gov>; jhultmaned <jhultmaned@calpma.org>; johnycha <johnycha@aol.com>
Sent: Mon, Jun 6, 2016 11:03 am
Subject: Fw: SB 1039--Board of Podiatric Medicine

----- Original Message -----
From: James H. Rathlesberger
To: Bill Gage
Sent: Monday, June 06, 2016 11:00 AM
Subject: SB 1039--Board of Podiatric Medicine

Dear Bill,

Though retired, I have heard about SB 1039 and watched the webcast of BPM's June 3 meeting. I hope you will not mind my writing you.

In my opinion, it is not in the public interest to remove BPM from the Medical Board or the Medical Practice Act.

DPMs have been licensed by MBC from their emergence in the 1920s, even before the special examining committee that evolved into the current BPM was created within MBC in 1957.

Podiatric Medicine is not allied health, and that is why it was not separated out with the allied health committees in the early 1990s. As you articulated during the 1997-98 Sunset Review, DPMs are independent practitioners practicing allopathic medicine.

These amendments are far from technical, and too controversial to be handled in an omnibus bill. They would be viewed as a bitter event as the profession began to see the consequences.

MBC is not a physicians' organization, but a public agency that licenses MDs, DPMs and still midwives. Separating BPM out would be harmful to the podiatric profession and California's millions of podiatric consumers.

It would indeed adversely impact DPM licensees in credentialling and privileging in many California healthcare facilities, regardless of any uncodified or ameliorating statement of intent. This would harm California patients, for whom DPMs provide invaluable services, often limb-saving, sometimes life-saving.

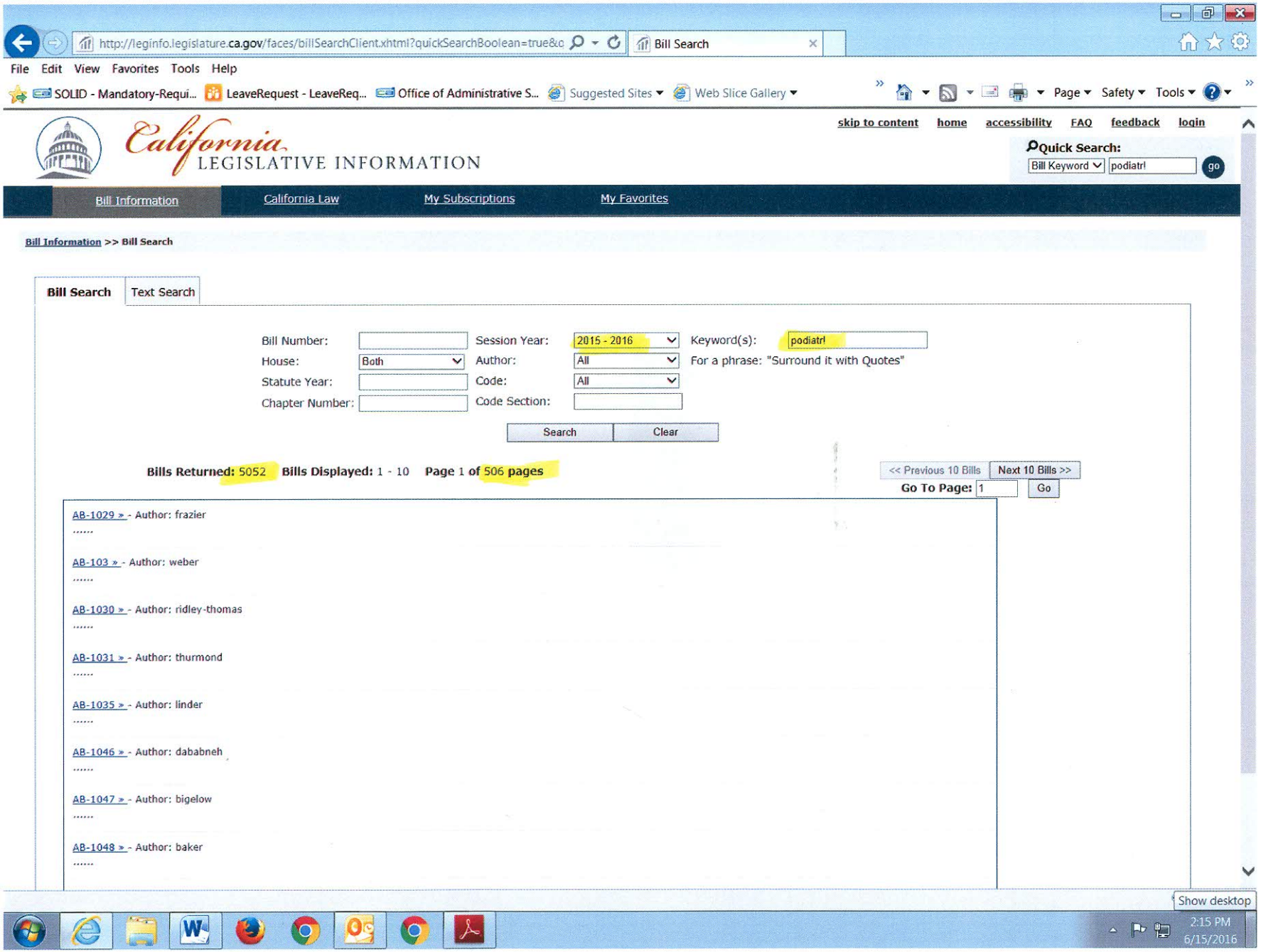
I respectfully urge that these amendments receive careful consideration as a separate bill, so that those so much affected can have more chance for learning about them and have more input.

Please share this with the Committee and your colleagues as you may feel appropriate.

Your courtesy & consideration are deeply appreciated,

Thank you, with best wishes,

Jim Rathlesberger, MPA
Retired--BPM Ex Officer 1989-2014
916-347-6030
JHR-Sacto@Comcast.net



ATTACHMENT D

Estimated Costs to BPM for Internalizing the Current MBC Complaint and Discipline Model

	Categories and Duties (Costs are based on annual expenditures)	BPM's Expenses	Calculations are good faith estimates based on available information				Total Estimated Costs
		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	Actual	69,096					
	Middle of Salary Range		62,148	62,148	71,454	37,272	
	Estimated Benefits (48% of Salary)	33,136	29,831	29,831	34,297	17,890	
	Sub-Totals	102,232	91,979	91,979	105,751	55,162	
	Percentage of Position Needed	100%	65%	20%	50%	50%	
	Current Personnel Costs	102,232					
	Estimated Costs for Additional Internal Personnel		59,786	18,395	52,875	27,581	158,637
	MBC's current charges to BPM	44,640					-44,640
	BPM's Current Costs for Enforcement Personnel Services	**146,872**					**146,872**
	Additional Space Alloc ($3742 monthly rent for 5 - add 2 stations)						18,000
	OE&E at $7058 per position)						14,116
	Additional Transitional Costs ($8050 per position w 2 positions)						16,100
	Total Costs for Internalized Enforcement Program	**309,085**					**309,085**
	Additional Costs to BPM	**162,213**					
	BPM's Total Costs for Internalizing Enforcement Program						
	Comment 1: Estimates indicate that there will be a $162,213 increase in BPM expenses. The equivalent of 1.85 (or 2) positions will be needed. This results in an additional $162 per renewal cycle for each licensee in renewal fees. Comment 2: It is the opinion of this analyst that a differential perhaps as high as 20% may need to be added to these estimates as the available economies of scale do not exist at BPM as they do with MBC. Due to BPM's size, it is unlikely to accomplish the same reduced cost per activity as that of MBC. Comment 3: It is the opinion of this analyst that BPM cannot compare in size or scope with MBC and that the expertise readily available at MBC cannot be reproduced in an efficient manner. BPM, working independently of MBC in its enforcement efforts, may be unable to achieve the same level of expertise needed to regulate surgeons due to its comparatively small size and budget.						

ATTACHMENT E

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	Itemized Duties and Tasks Currently Performed by MBC and BPM						
	*Some duties have been relegated to OT from other positions for costs savings						
BPM's Current AGPA	Disciplinary Case Review						
	Independently reviews investigative and licensee disciplinary case activity reports and complaint referrals from MBC CCU to ensure that appropriate determinations are reached after investigative findings have been thoroughly reviewed. Advises the MBC Complaint Intake Analyst on legal issues and Board policy to assist in complaint referral processing	X					
	In consultation with the EO, provides guidance to MBC investigators on Expert Consultant selection and case management procedures to ensure that all podiatric medical cases are handled efficiently and in accordance with applicable laws, regulations and policies of the Board	X					
	Reviews reports from and consults with subject matter experts to develop disciplinary recommendations based on the degree to which a doctor of podiatric medicine has deviated from the professional standard of care	X					
	Makes recommendations to the Board and EO to assist in the resolution of disciplinary case matters, including negotiation of stipulated agreements and formulation of alternative discipline measures such as citations and fines, public letters of reprimand, and educational requirements	X					
	Maintains office files and tracking system of all enforcement cases being actively reviewed by the Office of the Attorney General (OAG)	X					
	Enforcement Consultation and Coordination						
	Independently coordinates investigative and licensee disciplinary case activities between the Board, DCA and OAG by developing a plan of action, building a case approach, and ensuring that all legal factors are considered. Coordinates and advises OAG legal staff on the development of various disciplinary documents and decisions such as petitions for termination of probation and reinstatement, public letters of reprimand, probationary orders, interim suspension orders, license surrenders, and revocation procedures.	X					

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	Tracks cases at OAG and advises OAG staff on investigative history when necessary to facilitate efficient case resolution. Reviews final investigative reports and makes independent determinations of whether violations exist that warrant reporting to the OAG. Coordinates and assists MBC investigators in the gathering of court documents and case exhibits (e.g. medical records, x-rays, lab reports, consulting physician statements and records, workers' compensation reports) for the expert review	X					
	Advises and provides recommendations to MBC investigators and Expert Consultants on the development of case reports. Works directly with the OAG to initiate the filing of accusations when warranted following the review of case reports by the OAG.	X					
	Consults with and advises MBC investigative and OAG legal staff on podiatric medical enforcement issues to provide interpretation and application of board laws, regulations, and policies.	X					
	Independently develops, coordinates and conducts Expert Consultant training workshops to ensure that all contracted Expert Consultants are competent in their duties as defined in the BPM Consultant Training Manual. Maintains and revises BPM Consultant Training Manual as necessary. Coordinates and conducts annual Expert Consultant meetings.	X					
	<u>Probation Program</u>						
	Manages daily operations of the Board's probation program and assigns case files to the Board's Probation Program. Reviews and assists with the development of annual invoices to probationers for probations cost recovery. Provides case data to the Board's field Probation Monitors to ensure that cases are monitored according to existing violations.	X					
	Assists the EO in the appointment of Expert Consultants by conducting interviews, evaluating experience and expertise, and providing recommendations to the Board's EO and Enforcement Committee. Monitors probation monitoring terms in accordance with the law and advises Probation Monitors on the review of cases, as needed. Advises the Board and DAGs on appropriate terms and conditions of probation to ensure that they are consistent with case findings	X					

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	Advises OAG staff on all probation cases to provide direction and ensure that all podiatric medical cases are handled according to applicable laws, regulations, and policies of the Board. Serves as the subject matter expert to the Board's Probation Monitors on probation investigations and makes final recommendations on whether probation violations warrant subsequent discipline or non-disciplinary citations and fines or advisory letters	X					
	Initiates new probation case files by reviewing the disciplinary decision, entering consultant information into BreEZe, and prepares case file packages for delivery to the assigned field Probation Monitor. Monitors case status and reviews quarterly reports to ensure that cases are handled efficiently and effectively	X					
	Enforcement Research, Correspondence and System Development						
	Summarizes administrative actions and prepares quarterly reports on enforcement data	X					
	Reports disciplinary actions directly to various national computer data banks and independently prepares enforcement reports for the DCA and various agencies.	X					
	Summarizes administrative actions and prepares quarterly reports on enforcement data. Reports disciplinary actions directly to various national computer data banks and independently prepares enforcement reports for the DCA and various agencies. Oversees implementation of BreEZe enhancements and analyzes the impact of system changes to ensure that critical enforcement data is effectively captured.	X					
	Formulates and recommends new policies, procedures and amendments to statutory and regulatory language to maintain a high level of program effectiveness	X					
	Meetings and Hearings						
	Attends Board and Committee meetings to obtain policy decisions and provide information to the Board and Committee Members on issues related to the Board's enforcement program	X					
	Attends and represents the Board and testifies at administrative hearings and enforcement user group meetings	X					
	Citation and Fine Program						

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	Receives and analyzes complaints warranting a citation and fine, processes and issues citation packages, conducts citation interviews, ensures recipient compliance with deadlines, oversees appeal process, and prepares recommendation reports	X					
	FROM MBC						
	Charges are prorated based on the actual number of complaints cases received during the prior fiscal year in relation to the cost of maintaining staff for the purposes of performing the following duties:						
	Receives ant Reviews						
Enforcement (CCU)	Original complaint documentation					X	
A	Updates and Corrects						
	BreEZe tracking system information (initiated by MST)					X	
B	Reviews						
	Prior case information		X				
C	Determines						
	Alleged violation(s) and violation codes		X				
D	Completes Initial Information on Comment/Action Log:						
	1) Violation Codes		X				
E	2) Prior case information		X				
	3) Synopsis of complaint		X				
	Obtains pertinent information for further review of case						
	Authorization release					X	
F	Reports					X	
	Records					X	
	Develops Recommendation to EO						
	Forwards case to EO		X				
G	Reviews and Follows EO's Recommendation/Direction						
	1) Contacts complainants and subjects to mediate issues		X				
H	Requests explanations		X				
	Obtains additional information, etc..		X				
	2) Transmits case to experts in the field:		X				

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	a) Prepares transmittal memos and notification letters (to complainant)		X				
	b) Copies pertinent case file information					X	
	c) Forwards package to expert and suspends case for approximately 4 weeks pending expert's response		X				
	3) Transmits case to investigation		X				
	a) Prepares transmittal memos and notification letters (to complainant)					X	
	b) Copies case file information and transmits original case file information to appropriate District Office		X				
	c) Maintains CCU master investigation file						
	4) Closes cases as ordered by EO		X				
	a) Sends appropriate closing letter to complainant		X				
	b) Closes case on BreEZe and files accordingly						
	Maintains and Updates BreEZe tracking system at all times					X	
	Assists MSTs, Clerical Staff, and the Public						
I.	Consumer complaint information		X			X	
J.	Education regarding laws		X			X	
	Education regarding regulations		X			X	
	Receives all:						
Enforcement (DCU)	Accusations			X			
Task 1	Statement of Issues			X			
	Petitions to Revoke			X			
	Petitions to Compel			X			
	Proposed and Final Decisions			X			
	Legal Documents Relating to the Board			X			
	Affiliated Healing Arts Disciplinary Actions			X			
	Reviews Documents for						
	Completeness			X			
	Content			X			
	Accuracy			X			
	Where errors/omissions are found						

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
	Flag for the attention of the affiliated healing art's EO			X			
	BreEZe						
	Queries BreEZe for licensing information			X			
Task 2	Updates BreEZe to reflect events and actions			X			
	Scrutinizes BreEZe records to assure accuracy of data			X			
	Prepares						
	Transmittal memoranda			X			
Task 3	Letters			X			
	Standard forms			X			
	Form letters			X			
	Other documents as needed to notify parties and transmit docs			X			
	Photocopies or arranges for central reproduction services to photocopy documents for distribution			X			
	Serves						
	Documents on respondents			X			
Task 4	Attorneys						
	Deputy Attorneys General by certified mail			X			
	Notifies appropriate Distric Office and Central Complaint Unit of status of documents			X			
	Responds Orally or in Writing To						
	Public Inquiries Concerning the Status of Cases and the Content of Documents			X			
Task 5	(Clerical Staff in DCU receive/fill orders for copies)						
	Maintains						
	System for tracking disciplinary cases in compliance with statutory deadlines for action pursuant to BPC and APA			X			
Task 6	Mails						
	Proposed decisions			X			
Task 7	Stipulations			X			
	Supporting charging documents to Board/Cmte members for vote			X			
	Monitors vote results, assuring compliance w statutory deadlines			X			
	Notifies EO of vote to non-adopt, hold, or discuss			X			
	Communicates with Clerical Staff						
	Each Month Provides Information to Clerical Staff On			X			

Estimated Costs to BPM for Internalizing the Current MBC Complaint and Discipline Model

		BPM AGPA	AGPA #1	AGPA #2	SSM1	OT	
Task 8	Disciplinary Actions for Publication in Action Report			X			
	Reports						
	Nature of Disciplinary actions to the National Practitioner Data Bank and Federation of State Medical Boards			X			
Task 9							
	Trains, organizes and supervises the work of the affiliated healing arts consumer services office (BPM's new internal Enforcement Program)				X		
SSM1	Conducts annual staff performance evaluations.				X		
Administration	Selects the appropriate budget augmentations to meet staff and equipment needs				X		
	Develops and maintains a procedures manual				X		
	Prepares accurate and complete reports in a timely manner				X		
	Develops annual enforcement goals and objectives in coordination with committee/board staff				X		
	Attends and contributes to conferences, seminars and committee/board meetings as requested				X		
	Independently recognizes enforcement related problems, formulates solutions, and makes recommendations to each EO toi ensure that all complaints and Investigations proceed and conclude in a timely manner.				X		
	Meets with each EO as needed or as requested to update them on the status of their enforcement workload				X		
Enforcement Activity Supervision and Coordination	Integrates committee/board policies into procedures and objectives specific to investigation.				X		
	Acts as a liaison with the Attorney General's Office and other local, state, and federal agencies.				X		
	Tracks enforcement cases maintaining acute awareness of multiple complaints filings, complaints against probationers, and complaints involving serious threat to the public				X		

BOARD OF PODIATRIC MEDICINE - Estimated Costs for Internalizing the Current MBC Complaint and Discipline Model

DCA Fund Condition Analysis (in 1,000s) w Est Costs for Internalizing the Current MBC Complaint and Discipline Model	PRIOR YEAR ACTUAL	BUDGET YEAR	BUDGET YEAR +1	BUDGET YEAR +1	BUDGET YEAR +2	BUDGET YEAR +3	BUDGET YEAR +4	BUDGET YEAR +5
	2014-15	2015-16	2016-17	2016-17 w Est Costs	2017-18 w Est Costs	2018-19 w Est Costs	2019-20 w Est Costs	2020-21 w Est Costs
Beginning Balance	946	994	567	8	(713)	(1,418)	(2,123)	(2,828)
Revenue	909	954	953	953	953	953	953	953
Total Resources	1,855	1,948	1,520	961	240	(465)	(1,170)	(1,875)
Expenditures	861	1,381	1,512	1,674	1,658	1,658	1,658	1,658
Reserve	994	567	8	(713)	(1,418)	(2,123)	(2,828)	(3,533)
Months in Reserve	8.6	4.5	0.1	(2.7)	(10.2)	(15.4)	(20.4)	(25.5)

BPM Fund Condition Analysis (in 1,000s) w Est Costs for Internalizing the Current MBC Complaint and Discipline Model	PRIOR YEAR ACTUAL	BUDGET YEAR	BUDGET YEAR +1	BUDGET YEAR +1	BUDGET YEAR +2	BUDGET YEAR +3	BUDGET YEAR +4	BUDGET YEAR +5
	2014-15	2015-16	2016-17	2016-17 w Est Costs	2017-18 w Est Costs	2018-19 w Est Costs	2019-20 w Est Costs	2020-21 w Est Costs
Beginning Balance	946	994	1,008	1,018	866	730	594	458
Revenue	909	954	960	960	960	960	960	960
Total Resources	1,855	1,948	1,968	1,978	1,826	1,690	1,554	1,418
Expenditures	861	940	950	1,112	1,096	1,096	1,096	1,096
Reserve	994	1,008	1,018	866	730	594	458	322
Months in Reserve	12.6	12.6	10.9	9.4	7.9	6.5	5.0	3.5

Comment 1: DCA Fund Condition Analysis assumes full budget expenditures for each FY. BPM Fund Condition Analysis calculates expenditures based on actual past amounts spent.
Comment 2. Transitional Costs were removed from ongoing expendutres after the intial year of start up.
Comment 3: Months in Reserve are calcuated as follows:
Reserve/Expenditures BY+1 x 12) = Months in Reserve

ATTACHMENT F