

LEGISLATIVE UPDATE



Week of September 1, 2025

State Issues	
End of Legislative Session Nears	<p>The Legislature is in the final days of the 2025 legislative session. Next Friday, September 12, marks the session's end. Members have been on their respective Floors all week, voting on mostly noncontroversial bills, taking their class photo and saying goodbye to Fellows who worked in their offices this year. We expect livelier debates next week. We also anticipate a few more Budget Bill Juniors and Budget Trailer Bills to come into print very soon, including one authorizing the state's application for the HR 1 Rural Health Transformation Funding.</p> <p>Vaccines. We have already seen proposed trailer bill language related to vaccines. The Administration is looking to change the state statutes that outline which organizations the state will follow when setting various immunization standards. The draft trailer bill language severs California's policies from the federal Advisory Committee on Immunization Practices (ACIP) and replaces it with the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians as the state's guideposts. The federal ACIP is a committee within the Centers for Disease Control and Prevention that provides advice and guidance meant to control vaccine-preventable diseases in the U.S. Health Secretary Robert F. Kennedy Jr. is poised to make substantive changes to the panel. The State is seeking to sever connection with the Advisory Committee, in favor of medical organizations who support vaccinations. <i>You can find the proposed trailer bill attached.</i></p>
California Joins Other States to Support Science-Based Vaccine Policy	<p>Governor Newsom announced the creation of the West Coast Health Alliance, which includes California, Oregon, Washington, and Hawaii. The goal of the Health Alliance is to "safeguard scientific expertise by ensuring that public health policies ... are informed by trusted scientists, clinicians, and other public health leaders." The Health Alliance members will start coordinating health guidelines by aligning immunization recommendations informed by respected national medical organizations.</p> <p>In the coming weeks, the Health Alliance will finalize shared principles to strengthen public confidence in vaccines and in public health. Each state, however, will independently pursue specific vaccination policies that are shaped by their unique laws, geographies, histories, and peoples. In a statement about the new Health Alliance, the Governors noted, "President Trump's mass firing of CDC doctors and scientists — and his blatant politicization of the agency — is a direct assault on the health and safety of the American people. The CDC has become a political tool that increasingly peddles ideology instead of science, ideology that will lead to severe health consequences. California, Oregon, and Washington will not allow the people of our states to be put at risk."</p>

(more)

<p>State Releases Report on Health Plan Oversight</p>	<p>The Department of Managed Health Care (DMHC) released its 2024 Annual Report, touting the Department's efforts to regulate California's health plans. You can find the one paged infographic here.</p> <p>The Department regulates the majority of health care coverage in the state, overseeing 140 licensed health plans, including 97% of state-regulated commercial and public enrollment, covering more than 30 million people in California. The Department is responsible for managing a customer Help Center, which is tasked with taking and addressing the complaints from health plan policy holders. Last year, the Department fielded more than 3 million calls or approximately 10% of those covered by the plans they are responsible for regulating. Their Help Center is focused on resolving complaints against health plans and helping health plan members navigate and understand their coverage and benefits. One of the statistics touted by the Department is that approximately 73% of health plan member appeals they managed resulted in the health plan member receiving the requested service or treatment from their health plan.</p> <p>The report features different stories of assistance provided to health plan members by the DMHC Help Center in 2024 and includes "highlights of the Department's work to hold health plans accountable to the strong consumer protections in the law."</p>
<p>State Changes Cal Rx Coverage for Long Term Care Patients</p>	<p>This week, the Department of Health Care Services announced that effective October 3, 2025, Medi-Cal Rx will implement some key changes to the program for Medi-Cal and Medicare beneficiaries who reside in long term care facilities, specifically around billing for the coordination of benefits of dual-eligible beneficiaries (those eligible for both Medi-Cal and Medicare). These changes will be put in place next month:</p> <ul style="list-style-type: none"> ▪ Medi-Cal Rx will not cover Medicare Part D deductibles, coinsurance, or copayments. ▪ Standard third-party liability (TPL) edits will now apply to all LTC pharmacy claims submitted for dual-eligible beneficiaries, including Medicare Part B covered diabetic test strips and lancets. ▪ Medicare Part B must be billed as the primary payer for applicable services. Medi-Cal Rx will only consider COB claims after Medicare adjudication. <p>You can access more information here.</p>

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Health and Safety Code - HSC

DIVISION 2. LICENSING PROVISIONS [1200 - 1796.70] (*Division 2 enacted by Stats. 1939, Ch. 60.*)

CHAPTER 2.2. Health Care Service Plans [1340 - 1399.874] (*Chapter 2.2 added by Stats. 1975, Ch. 941.*)

ARTICLE 1. General [1340 - 1345.5] (*Article 1 added by Stats. 1975, Ch. 941.*)

Amend Section 1342.2 of the Health and Safety Code

(b) (1) A health care service plan contract that covers medical, surgical, and hospital benefits shall cover without cost sharing any item, service, or immunization that is intended to prevent or mitigate COVID-19 and that is either of the following with respect to the individual enrollee:

(A) An evidence-based item or service that ~~has had~~ in effect on January 1, 2025, a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force.

(B) An immunization that has in effect a recommendation from the ~~Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians, regardless of whether the immunization is recommended for routine use.

(i) The immunizations subject to subparagraph (B) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(2) The item, service, or immunization covered pursuant to paragraph (1) shall be covered no later than 15 business days after the date on which the United States Preventive Services Task Force, ~~or the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~ the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians, or the California Department of Public Health makes a recommendation relating to the item, service, or immunization. ~~A recommendation from the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention is considered in effect after it has been adopted, or granted emergency use authorization, by the Director of the Centers for Disease Control and Prevention.~~

Health and Safety Code – HSC 1342.3.

(a) A health care service plan contract that covers medical, surgical, and hospital benefits, excluding a specialized health care service plan contract, shall cover, without cost sharing and without prior authorization or other utilization management, the costs of the following health care services to prevent or mitigate a disease when the Governor of the State of California has declared a public health emergency due to that disease:

(1) An evidence-based item, service, or immunization that is intended to prevent or mitigate a disease and had in effect on January 1, 2025, as recommended by from the United States Preventive Services Task Force that has in effect a rating of “A” or “B” or a recommendation from the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians.

(A) The immunizations subject to paragraph (1) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(2) A health care service or product related to diagnostic and screening testing for the disease that is approved or granted emergency use authorization by the federal Food and Drug Administration, or is recommended by the State Department of Public Health or the federal Centers for Disease Control and Prevention.

(3) Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for the disease.

(b) The item, service, or immunization covered pursuant to paragraph (1) of subdivision (a) shall be covered no later than 15 business days after the date on which the United States Preventive Services Task Force, or the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians, or the California Department of Public Health makes a recommendation relating to the item, service, or immunization.

(c) For purposes of this section, “health care service plan” includes a Medi-Cal managed care plan that contracts with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code. The State Department of Health Care Services shall seek any federal approvals it deems necessary to implement this section. This section applies to a Medi-Cal managed care plan contract only to the extent that the State Department of Health Care Services obtains any necessary federal

approvals, and federal financial participation under the Medi-Cal program is available and not otherwise jeopardized.

(Amended by Stats. 2022, Ch. 545, Sec. 2. (SB 1473) Effective September 25, 2022.)

Health and Safety Code - HSC

DIVISION 2. LICENSING PROVISIONS [1200 - 1796.70]

CHAPTER 2.2. Health Care Service Plans [1340 - 1399.874]

ARTICLE 5. Standards [1367 - 1374.197] (*Article 5 added by Stats. 1975, Ch. 941.*)

HSC 1367.002.

(a) A group or individual nongrandfathered health care service plan contract shall, at a minimum, provide coverage for and shall not impose any cost-sharing requirements for any of the following:

(1) Evidence-based items or services that ~~have had in effect on January 1, 2025, a rating of "A" or "B" in the recommendations of the United States Preventive Services Task Force, as periodically updated.~~

(2) Immunizations that have in effect a recommendation from ~~the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians~~ with respect to the individual involved.

(A) The immunizations subject to paragraph (2) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations..

(3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided in the comprehensive guidelines, ~~as periodically updated,~~ supported by the United States Health Resources and Services Administration as of January 1, 2025.

(4) With respect to women, those additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration ~~for purposes of this paragraph as of~~ January 1, 2025.

~~(5) For the purposes of this section:~~

~~(A) The current recommendations of the United States Preventive Services Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.~~

~~(B) A health care service plan contract issued, amended, or renewed on or after January 1, 2025, shall not impose any cost-sharing requirements for any items or services that are integral to the provision of an item or service that is required by this section, regardless of~~

~~whether or not the integral item or service is billed separately from an item or service that is required by this section.~~

(6) (5) For purposes of this section, ~~Aa~~ a health care service plan contract shall not impose cost sharing for office visits associated with the preventive care services described in this section if the preventive care service is not billed separately, or is not tracked as an individual encounter separately, from the office visit and the primary purpose of the office visit is the delivery of the preventive care service.

(b) This section does not prohibit a health care service plan contract from doing either of the following:

(1) Providing coverage for preventive items or services in addition to those required by subdivision (a).

~~(2) Denying coverage for services that are not recommended by the United States Preventive Services Task Force, except as provided in subdivision (d).~~

(c) A health care service plan shall provide coverage pursuant to subdivision (a) for plan years that begin on or after the date that is one year after the date the recommendation or guideline is issued.

(1) A health care service plan that is required to provide coverage for any items and services specified in a recommendation or guideline described in subdivision (a) on the first day of a plan year shall provide coverage through the last day of the plan year, even if the recommendation or guideline changes or is no longer described in subdivision (a) during the plan year.

(2) Notwithstanding paragraph (1), if a recommendation or guideline described in paragraph (1) of subdivision (a) that was in effect on the first day of a plan year is downgraded to a “D” rating, or if any item or service associated with any recommendation or guideline specified in subdivision (a) is subject to a safety recall or is otherwise determined to pose a significant safety concern by a federal agency authorized to regulate the item or service during a plan year, a health care service plan is not required to cover the item or service through the last day of the plan year.

(d) A health care service plan contract issued, amended, or renewed on or after January 1, 2025, shall cover items and services pursuant to this section in accordance with any applicable requirement of this chapter, including, but not limited to, Section 1342.74 on prophylaxis of HIV infection, Section 1367.34 as added by Section 3 of Chapter 486 of the Statutes of 2021 on home test kits for sexually transmitted diseases, Section 1367.66 on cervical cancer screening, and Section 1367.668 on colorectal cancer screening.

(e) This section does not apply to a specialized health care service plan that does not cover an essential health benefit, as defined in Section 1367.005. This section shall only apply to a health savings account-eligible health care service plan to the extent it does not fail to be treated as a high deductible health plan under Section 223 of Title 26 of the US Code.

(f) The department shall coordinate with the Department of Insurance if it adopts regulations to implement this section. *(Amended by Stats. 2024, Ch. 708, Sec. 1. (AB 2258) Effective January 1, 2025.)*

Insurance Code - INS

DIVISION 2. CLASSES OF INSURANCE [1880 - 12880.8] *(Division 2 enacted by Stats. 1935, Ch. 145.)*

PART 2. LIFE AND DISABILITY INSURANCE [10110 - 11549]

CHAPTER 1. The Contract [10110 - 10198.10]

ARTICLE 1. General Provisions [10110 - 10127.20] *(enacted by Stats. 1935, Ch. 145.)*
10112.2.

(a) A group or individual nongrandfathered health insurance policy shall, at a minimum, provide coverage for and shall not impose any cost-sharing requirements for any of the following:

(1) Evidence-based items or services that ~~have had~~ had in effect on January 1, 2025, a rating of “A” or “B” in the recommendations of the United States Preventive Services Task Force, ~~as periodically updated.~~

(2) Immunizations that have in effect a recommendation, as periodically updated, from the ~~Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~ the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians with respect to the individual involved.

(A) ~~The immunizations subject to paragraph (2) may be modified or supplemented at any time by the department of public health~~ California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided in the comprehensive guidelines, ~~as periodically updated,~~ supported by the United States Health Resources and Services Administration as of January 1, 2025.

(4) With respect to women, those additional preventive care and screenings not described in paragraph (1) as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration ~~for purposes of this paragraph as of~~ January 1, 2025.

(5) ~~For the purposes of this section:~~

~~(A) The current recommendations of the United States Preventive Services Task Force regarding breast cancer screening, mammography, and prevention shall be considered the most current other than those issued in or around November 2009.~~

~~(B) A health insurance policy issued, amended, or renewed on or after January 1, 2025, shall not impose any cost-sharing requirements for any items or services that are integral to the provision of an item or service that is required by this section, regardless of whether or not the integral item or service is billed separately from an item or service that is required by this section.~~

~~(6)~~ (5) For purposes of this section, A a health insurance policy shall not impose cost sharing for office visits associated with the preventive care services described in this section if the preventive care service is not billed separately, or is not tracked as an individual encounter separately, from the office visit and the primary purpose of the office visit is the delivery of the preventive care service.

(b) This section does not prohibit a health insurance policy from doing either of the following:

(1) Providing coverage for preventive items or services in addition to those required by subdivision (a).

(2) Denying coverage for services that are not recommended by the United States Preventive Services Task Force, except as provided in subdivision (d).

(c) A health insurer shall provide coverage pursuant to subdivision (a) for policy years that begin on or after the date that is one year after the date the recommendation or guideline is issued.

(1) A health insurer that is required to provide coverage for any items and services specified in a recommendation or guideline described in subdivision (a) on the first day of a policy year shall provide coverage through the last day of the policy year, even if the recommendation or guideline changes or is no longer described in subdivision (a) during the policy year.

(2) Notwithstanding paragraph (1), if a recommendation or guideline described in paragraph (1) of subdivision (a) that was in effect on the first day of a policy year is downgraded to a "D" rating, or if any item or service associated with any recommendation or guideline specified in subdivision (a) is subject to a safety recall or is otherwise determined to pose a significant safety concern by a federal agency authorized to regulate the item or service during a policy year, a health insurer is not required to cover the item or service through the last day of the policy year.

(d) A health insurance policy issued, amended, or renewed on or after January 1, 2025, shall cover items and services pursuant to this section in accordance with any applicable requirement of this part, including, but not limited to, Section 10123.18 on cervical cancer screening, Section 10123.1933 on prophylaxis of HIV infection, Section 10123.207 on

colorectal cancer screening, and Section 10123.208 on home test kits for sexually transmitted diseases.

(e) This section does not apply to a specialized health insurance policy that does not cover an essential health benefit, as defined in Section 10112.27. This section shall only apply to a health savings account-eligible health insurance policy to the extent it does not fail to be treated as a high deductible health insurance policy under Section 223 of Title 26 of the United States Code.

(f) The department shall coordinate with the Department of Managed Health Care if it adopts regulations to implement this section.

(g) The commissioner may exercise the authority provided by this code and the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4.5 (commencing with Section 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code) to implement and enforce this section and all sections related to preventive services, including those referenced herein. If the commissioner assesses a civil penalty for a violation, any hearing that is requested by the insurer may be conducted by an administrative law judge of the Administrative Hearing Bureau of the department under the formal procedure of Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. A civil penalty shall not exceed five thousand dollars (\$5,000) for each violation, or, if a violation was willful, shall not exceed ten thousand dollars (\$10,000) for each violation. This subdivision does not impair or restrict the commissioner's authority pursuant to another provision of this code or the Administrative Procedure Act.

(Amended by Stats. 2024, Ch. 708, Sec. 2. (AB 2258) Effective January 1, 2025.)

Business and Professions Code - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129]

(Division 2 enacted by Stats. 1937, Ch. 399.)

CHAPTER 9. Pharmacy [4000 - 4427.8]

(Chapter 9 repealed and added by Stats. 1996, Ch. 890, Sec. 3.)

ARTICLE 3. Scope of Practice and Exemptions [4050 - 4069]

(Article 3 added by Stats. 1996, Ch. 890, Sec. 3.)

4052.

(a) Notwithstanding any other law, a pharmacist may do all of the following:

- (1) Furnish a reasonable quantity of compounded drug product to a prescriber for office use by the prescriber.
- (2) Transmit a valid prescription to another pharmacist.
- (3) Administer drugs and biological products that have been ordered by a prescriber.
- (4) Perform procedures or functions in a licensed health care facility as authorized by Section 4052.1.
- (5) Perform procedures or functions as part of the care provided by a health care facility, a licensed home health agency, a licensed clinic in which there is physician oversight, a provider who contracts with a licensed health care service plan with regard to the care or services provided to the enrollees of that health care service plan, or a physician, as authorized by Section 4052.2.
- (6) Perform procedures or functions as authorized by Section 4052.6.
- (7) Manufacture, measure, fit to the patient, or sell and repair dangerous devices, or furnish instructions to the patient or the patient's representative concerning the use of those devices.
- (8) Provide consultation, training, and education to patients about drug therapy, disease management, and disease prevention.
- (9) Provide professional information, including clinical or pharmacological information, advice, or consultation to other health care professionals, and participate in multidisciplinary review of patient progress, including appropriate access to medical records.
- (10) Furnish the medications described in subparagraph (A) in accordance with subparagraph (B):
 - (A) (i) Emergency contraception drug therapy and self-administered hormonal contraceptives, as authorized by Section 4052.3.
 - (ii) Nicotine replacement products, as authorized by Section 4052.9.
 - (iii) Prescription medications not requiring a diagnosis that are recommended by the federal Centers for Disease Control and Prevention for individuals traveling outside of the United States.

(iv) HIV preexposure prophylaxis, as authorized by Section 4052.02.

(v) HIV postexposure prophylaxis, as authorized by Section 4052.03.

(B) The pharmacist shall notify the patient's primary care provider of any drugs or devices furnished to the patient, or enter the appropriate information in a patient record system shared with the primary care provider, as permitted by that primary care provider. If the patient does not have a primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult a physician of the patient's choice.

(11) Administer immunizations pursuant to a protocol with a prescriber.

(12) Order and interpret tests for the purpose of monitoring and managing the efficacy and toxicity of drug therapies. A pharmacist who orders and interprets tests pursuant to this paragraph shall ensure that the ordering of those tests is done in coordination with the patient's primary care provider or diagnosing prescriber, as appropriate, including promptly transmitting written notification to the patient's diagnosing prescriber or entering the appropriate information in a patient record system shared with the prescriber, when available and as permitted by that prescriber.

(13) Initiate, adjust, or discontinue drug therapy for a patient under a collaborative practice agreement with any health care provider with prescriptive authority. The collaborative practice agreement may be between a single or multiple pharmacists and a single or multiple health care providers with prescriptive authority.

(14) Provide medication-assisted treatment pursuant to a state protocol, to the extent authorized by federal law.

(b) A pharmacist who is authorized to issue an order to initiate or adjust a controlled substance therapy pursuant to this section shall personally register with the federal Drug Enforcement Administration.

(c) This section does not affect the applicable requirements of law relating to either of the following:

(1) Maintaining the confidentiality of medical records.

(2) The licensing of a health care facility.

(Amended by Stats. 2021, Ch. 629, Sec. 11. (AB 1533) Effective January 1, 2022.)

BPC 4052.8.

(a) In addition to the authority provided in paragraph (11) of subdivision (a) of Section 4052, a pharmacist may independently initiate and administer any vaccine that has been ~~approved or authorized by the federal Food and Drug Administration and received a federal Advisory Committee on Immunization~~

~~Practices individual vaccine recommendation published by the federal Centers for Disease Control and Prevention (CDC) for persons three years of age and older recommended by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians.~~

(b) ~~The immunizations subject to subdivision (a) may be modified or supplemented at any time by the department of public health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.~~

(~~bc~~) In order to initiate and administer an immunization described in subdivision (a), a pharmacist shall do all of the following:

(1) Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and shall maintain that training.

(2) Be certified in basic life support.

(3) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

(~~cd~~) A pharmacist administering immunizations pursuant to this section, or paragraph (11) of subdivision (a) of Section 4052, may also initiate and administer epinephrine or diphenhydramine by injection for the treatment of a severe allergic reaction.

(Amended by Stats. 2021, Ch. 655, Sec. 1. (AB 1064) Effective January 1, 2022.)

Health and Safety Code - HSC

DIVISION 2. LICENSING PROVISIONS [1200 - 1796.70]

(Division 2 enacted by Stats. 1939, Ch. 60.)

CHAPTER 2.2. Health Care Service Plans [1340 - 1399.874] (Chapter 2.2 added by Stats. 1975, Ch. 941.)

ARTICLE 5. Standards [1367 - 1374.197] (Article 5 added by Stats. 1975, Ch. 941.)

1367.3.

(a) Every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall offer benefits for the comprehensive preventive care of children. This section shall apply to children 17 and 18 years of age, except as provided in subparagraph (D) of paragraph (2) of subdivision (b). Every plan shall communicate the availability of these benefits to all group contractholders and to all prospective group contractholders with whom they are negotiating. This section shall apply to a plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as that section and the rules thereunder relate to the provision of the preventive health care services described herein.

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:

(1) Be consistent with both of the following:

(A) The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.

(B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians, ~~unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.~~

(C) The immunizations subject to subparagraph (B) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(2) Provide for the following:

(A) Periodic health evaluations.

(B) Immunizations.

(C) Laboratory services in connection with periodic health evaluations.

(D) Screening for blood lead levels in children of any age who are at risk for lead poisoning, as determined by a physician and surgeon affiliated with the plan, if the screening is prescribed by a health care provider affiliated with the plan.

(c) For purposes of this section, a health care provider is any of the following:

(1) A person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code.

(2) A nurse practitioner licensed to practice pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code.

(3) A physician assistant licensed to practice pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.

(Amended by Stats. 2017, Ch. 507, Sec. 1. (AB 1316) Effective January 1, 2018.)

Health and Safety Code - HSC

DIVISION 2. LICENSING PROVISIONS [1200 - 1796.70] *(enacted by Stats. 1939, Ch. 60.)*

CHAPTER 2.2. Health Care Service Plans [1340 - 1399.874]

ARTICLE 5. Standards [1367 - 1374.197] *(Article 5 added by Stats. 1975, Ch. 941.)*

1367.35.

(a) On and after January 1, 1993, every health care service plan that covers hospital, medical, or surgical expenses on a group basis shall provide benefits for the comprehensive preventive care of children 16 years of age or younger under terms and conditions agreed upon between the group subscriber and the plan. Every plan shall communicate the availability of these benefits to all group contractholders and to all prospective group contractholders with whom they are negotiating. This section shall apply to each plan that, by rule or order of the director, has been exempted from subdivision (i) of Section 1367, insofar as that section and the rules thereunder relate to the provision of the preventive health care services described in this section.

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:

(1) Be consistent with both of the following:

(A) The Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics in September of 1987.

(B) The most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the ~~Advisory Committee on Immunization Practices, and , the American College of Obstetricians and Gynecologists, or, the American Academy of Family Physicians, unless the State Department of Health Services determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.~~

(C) The immunizations subject to subparagraph (B) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations..

(2) Provide for all of the following:

(A) Periodic health evaluations.

(B) Immunizations.

(C) Laboratory services in connection with periodic health evaluations.

(Amended by Stats. 1999, Ch. 525, Sec. 97. Effective January 1, 2000. Operative July 1, 2000, or sooner, by Sec. 214 of Ch. 525.)

INSURANCE CODE – INS

DIVISION 2. CLASSES OF INSURANCE [1880 - 12880.8]

(Division 2 enacted by Stats. 1935, Ch. 145.)

PART 2. LIFE AND DISABILITY INSURANCE [10110 - 11549]

(Part 2 enacted by Stats. 1935, Ch. 145.)

CHAPTER 1. The Contract [10110 - 10198.10] *(Chapter 1 enacted by Stats. 1935, Ch. 145.)*

ARTICLE 1. General Provisions [10110 - 10127.20] *(Article 1 enacted by Stats. 1935, Ch. 145.)*

10123.5.

(a) On or after January 1, 1993, every insurer issuing group disability insurance that covers hospital, medical, or surgical expenses shall provide benefits for the comprehensive preventive care of children 16 years of age or younger under those terms and conditions as may be agreed upon between the group policyholder and the insurer. Every insurer shall communicate the availability of these benefits to all group policyholders and to all prospective group policyholders with whom they are negotiating.

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:

(1) Be consistent with both of the following:

(A) The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.

(B) ~~The most current version of the Recommended Childhood Immunization Schedule/United States jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians, unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.~~

(C) The immunizations subject to subparagraphs (A) and (B) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations..

(2) Provide for the following:

(A) Periodic health evaluations.

(B) Immunizations.

(C) Laboratory services in connection with periodic health evaluations.

(D) Screening for blood lead levels in children who are at risk for lead poisoning, as determined by a health care provider in accordance with the applicable California regulations.

(c) For purposes of this section, a health care provider is any of the following:

- (1) A person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code.
- (2) A nurse practitioner licensed to practice pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code.
- (3) A physician assistant licensed to practice pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code.

(Amended by Stats. 2017, Ch. 507, Sec. 10. (AB 1316) Effective January 1, 2018.)

INS 10123.55.

(a) On or after January 1, 1993, every insurer issuing group disability insurance that covers hospital, medical, or surgical expenses shall offer benefits for the comprehensive preventive care of children 17 and 18 years of age under those terms and conditions as may be agreed upon between the group policyholder and the insurer. Every insurer shall communicate the availability of these benefits to all group policyholders and to all prospective group policyholders with whom they are negotiating.

(b) For purposes of this section, benefits for the comprehensive preventive care of children shall comply with both of the following:

(1) Be consistent with both of the following:

(A) The most recent Recommendations for Preventive Pediatric Health Care, as adopted by the American Academy of Pediatrics.

(B) The most current version of the Recommended Childhood Immunization Schedule/United States, ~~jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians, unless the State Department of Public Health determines, within 45 days of the published date of the schedule, that the schedule is not consistent with the purposes of this section.~~

(i) The immunizations subject to subparagraph (B) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(2) Provide for the following:

(A) Periodic health evaluations.

(B) Immunizations.

(C) Laboratory services in connection with periodic health evaluations.

(D) Screening for blood lead levels in children who are at risk for lead poisoning, as determined by a health care provider in accordance with the applicable California regulations.

(c) For purposes of this section, a health care provider is any of the following:

(1) A person licensed to practice medicine pursuant to Article 3 (commencing with Section 2050) of Chapter 5 of Division 2 of the Business and Professions Code.

(2) A nurse practitioner licensed to practice pursuant to Article 8 (commencing with Section 2834) of Chapter 6 of Division 2 of the Business and Professions Code.

(3) A physician assistant licensed to practice pursuant to Article 3 (commencing with Section 3513) of Chapter 7.7 of Division 2 of the Business and Professions Code. *(Amended by Stats. 2017, Ch. 507, Sec. 11. (AB 1316) Effective January 1, 2018.)*

INS 10110.7.

(a) This section, except for subdivision (i), applies to a disability insurance policy that provides coverage for hospital, medical, or surgical benefits, excluding a specialized health insurance policy and a policy that provides excepted benefits as described in Sections 2722 (42 U.S.C. Sec. 300gg-21) and 2791 (42 U.S.C. Sec. 300gg-91) of the federal Public Health Service Act, subject to Section 10198.61.

(b) Notwithstanding any other law, a disability insurance policy shall cover the costs for COVID-19 diagnostic and screening testing and health care services related to the diagnostic and screening testing approved or granted emergency use authorization by the federal Food and Drug Administration for COVID-19, regardless of whether the services are provided by an in-network or out-of-network provider. Coverage required by this section shall not be subject to copayment, coinsurance, deductible, or any other form of cost sharing. Services related to COVID-19 diagnostic and screening testing include, but are not limited to, hospital or health care provider office visits for the purposes of receiving testing, products related to testing, the administration of testing, and items and services furnished to an insured as part of testing. Services related to COVID-19 diagnostic and screening testing do not include bonus payments for the use of specialized equipment or expedited processing...

(c) (1) A disability insurance policy shall cover without cost sharing any item, service, or immunization that is intended to prevent or mitigate COVID-19 and that is either of the following with respect to the individual insured:

(A) An evidence-based item or service that has in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force.

(B) An immunization that has in effect a recommendation from the ~~Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~ the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians regardless of whether the immunization is recommended for routine use.

(i) The immunizations subject to subparagraph (B) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(2) To the extent a health care provider would have been entitled to receive cost sharing but for this section, the insurer shall reimburse the health care provider the amount of that lost cost sharing.

(3) The item, service, or immunization covered pursuant to paragraph (1) shall be covered no later than 15 business days after the date on which the United States Preventive Services Task Force, ~~or the Advisory Committee on Immunization Practices of the federal~~

Centers for Disease Control and Prevention the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians, or the department of public health makes a recommendation relating to the item, service, or immunization. A recommendation from the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention is considered in effect after it has been adopted, or granted emergency use authorization, by the Director of the Centers for Disease Control and Prevention.

INS 10110.75.

(a) This section applies to a disability insurance policy that provides coverage for hospital, medical, surgical, or prescription drug benefits, excluding a specialized health insurance policy that provides coverage only for dental or vision benefits.

(b) (1) A disability insurance policy shall cover, without cost sharing and without prior authorization or other utilization management requirements, the costs of the following health care services to prevent or mitigate a disease when the Governor of the State of California has declared a public health emergency due to that disease:

(A) An evidence-based item, service, or immunization that is intended to prevent or mitigate a disease as recommended by the United States Preventive Services Task Force that has in effect a rating of “A” or “B” or ~~Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~ the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians.

(i) The immunizations subject to subparagraph (A) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations.

(B) A health care service or product related to diagnostic and screening testing for the disease that is approved or granted emergency use authorization by the federal Food and Drug Administration, or is recommended by the State Department of Public Health or the federal Centers for Disease Control and Prevention.

(C) Therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for the disease.

(2) The item, service, or immunization covered pursuant to subparagraph (A) of paragraph (1) shall be covered no later than 15 business days after the date on which the United States Preventive Services Task Force, ~~or the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~ the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American Academy of Family Physicians or the department of public health makes a recommendation relating to the item, service, or immunization.

(Amended by Stats. 2022, Ch. 545, Sec. 5. (SB 1473) Effective September 25, 2022.)

Welfare and Institutions Code - WIC

DIVISION 9. PUBLIC SOCIAL SERVICES [10000 - 18999.98]

(Division 9 added by Stats. 1965, Ch. 1784.)

PART 3. AID AND MEDICAL ASSISTANCE [11000 - 15771]

(Part 3 added by Stats. 1965, Ch. 1784.)

CHAPTER 2. California Work Opportunity and Responsibility to Kids Act [11200 - 11526.5] *(Heading of Chapter 2 amended by Stats. 1997, Ch. 270, Sec. 49.)*

ARTICLE 2. Eligibility for Aid [11250 - 11270] *(Article 2 added by Stats. 1965, Ch. 1784.)*

WIC 11265.8.

(a) All applicants for aid under this chapter, within 30 days of the determination of eligibility for Medi-Cal benefits under Chapter 7 (commencing with Section 14000), and 45 days for applicants already eligible for benefits under Chapter 7 (commencing with Section 14000), and all recipients of aid under this chapter within 45 days of a full or financial redetermination of eligibility for aid under this chapter, shall provide documentation that all children in the assistance unit not required to be enrolled in school have received all age appropriate immunizations, unless it has been medically determined that an immunization for a child is not appropriate or the applicant or recipient has filed with the county welfare department an affidavit that the immunizations are contrary to the applicant's or recipient's beliefs. If the county determines that good cause exists for not providing the required documentation due to lack of reasonable access to immunization services, the period shall be extended by an additional 30 days. A circumstance that shall constitute good cause includes, but is not limited to, the applicant or recipient does not have reasonable access to immunization services due to a situation of domestic violence. If the documentation is not provided within the required time period, the needs of all parents or caretaker relatives in the assistance unit shall not be considered in determining the grant to the assistance unit under Section 11450 until the required documentation is provided. The department shall track and maintain information concerning the number of sanctions imposed under this section.

(b) At the time of application and at the next redetermination of eligibility for aid under this chapter, all applicants and recipients shall be given notice advising them of their obligation to secure the immunizations required in subdivision (a). The notice shall also contain all of the following:

(1) The Recommended Childhood Immunization Schedule, United States, and the Recommended Immunization Schedule for Children Not Immunized on Schedule in the First Year of Life, as appropriate, approved by the ~~Advisory Committee on Immunization Practices~~, the American Academy of Pediatrics, and the American Academy of Family Physicians, and any modification or supplement thereto by the Department of Public Health. Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement any policy changes required pursuant to this paragraph by means of all-county letters or similar instructions from the department

until regulations are adopted. These all-county letters or similar written instructions shall have the same force and effect as regulations until the adoption of regulations.

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(A) The immunizations subject to paragraph (1) may be modified or supplemented at any time by the California Department of Public Health, taking into consideration guidance from additional medical and scientific organizations. Modification shall be exempt from the administrative regulation and rulemaking requirements of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. Such modifications or supplements shall be filed with the Secretary of State and printed in the California Code of Regulations. (2) A description of how to obtain the immunizations through a fee-for-service provider that accepts Medi-Cal, a Medi-Cal managed care plan, a county public health clinic, or any other source that may be available in the county as appropriate.

(3) A statement that the applicant or recipient may file an affidavit claiming that the immunizations are contrary to the applicant's or recipient's beliefs.

(c) This section shall become operative on July 1, 2018.

(Repealed (in Sec. 3) and added by Stats. 2017, Ch. 691, Sec. 4. (AB 557) Effective January 1, 2018. Section operative July 1, 2018, by its own provisions.)

Health and Safety Code - HSC

DIVISION 2. LICENSING PROVISIONS [1200 - 1796.70]

(Division 2 enacted by Stats. 1939, Ch. 60.)

CHAPTER 2. Health Facilities [1250 - 1339.59]

(Chapter 2 repealed and added by Stats. 1973, Ch. 1202.)

ARTICLE 1. General [1250 - 1264] (Article 1 added by Stats. 1973, Ch. 1202.)

HSC 1261.3.

(a) Notwithstanding any other provision of law, for a patient aged 50 years or older, a registered nurse or licensed pharmacist may administer in a skilled nursing facility, as defined in subdivision (c) of Section 1250, influenza and pneumococcal immunizations pursuant to standing orders and without patient-specific orders if all of the following criteria are met:

(1) The skilled nursing facility medical director, as defined in Section 72305 of Title 22 of the California Code of Regulations, has approved the immunization standing orders established by the facility.

(2) The standing orders meet the recommendations of the ~~Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention.~~ American Academy of Family Physicians or the American College of Obstetricians and Gynecologists

(b) Nothing in this section amends, alters, or restricts the scope of registered nurse practice including, but not limited to, the scope of practice set forth in Article 2 (commencing with Section 2725) of Chapter 6 of Division 2 of the Business and Professions Code, the implementing regulations, and interpretative bulletins or practice advisories issued by the Board of Registered Nursing.

(Added by Stats. 2005, Ch. 58, Sec. 1. Effective January 1, 2006.)

Health and Safety Code - HSC

DIVISION 105. COMMUNICABLE DISEASE PREVENTION AND CONTROL [120100 - 122476]

(Division 105 added by Stats. 1995, Ch. 415, Sec. 7.)

PART 2. IMMUNIZATIONS [120325 - 120480]

(Part 2 added by Stats. 1995, Ch. 415, Sec. 7.)

CHAPTER 1. Educational and Child Care Facility Immunization Requirements [120325 - 120380]

(Chapter 1 added by Stats. 1995, Ch. 415, Sec. 7.)

120325.

In enacting this chapter, but excluding Section 120380, and in enacting Sections 120400, 120405, 120410, and 120415, it is the intent of the Legislature to provide:

(a) A means for the eventual achievement of total immunization of appropriate age groups against the following childhood diseases:

- (1) Diphtheria.
- (2) Hepatitis B.
- (3) Haemophilus influenzae type b.
- (4) Measles.
- (5) Mumps.
- (6) Pertussis (whooping cough).
- (7) Poliomyelitis.
- (8) Rubella.
- (9) Tetanus.
- (10) Varicella (chickenpox).

(11) Any other disease deemed appropriate by the department, taking into consideration the recommendations of ~~the Advisory Committee on Immunization Practices of the United States Department of Health and Human Services, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists (ACOG), or the American Academy of Family Physicians.~~

120335.

(a) As used in this chapter, “governing authority” means the governing board of each school district or the authority of each other private or public institution responsible for the operation and control of the institution or the principal or administrator of each school or institution.

(b) The governing authority shall not unconditionally admit any person as a pupil of any private or public elementary or secondary school, child care center, day nursery, nursery school, family day care home, or development center, unless, prior to his or her first admission to that institution, he or she has been fully immunized. The following are the diseases for which immunizations shall be documented:

(1) Diphtheria.

(2) Haemophilus influenzae type b.

(3) Measles.

(4) Mumps.

(5) Pertussis (whooping cough).

(6) Poliomyelitis.

(7) Rubella.

(8) Tetanus.

(9) Hepatitis B.

(10) Varicella (chickenpox).

(11) Any other disease deemed appropriate by the department, taking into consideration the recommendations of the ~~Advisory Committee on Immunization Practices of the United States Department of Health and Human Services~~, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), and or the American Academy of Family Physicians.

120336.

(a) Pupils in the state are advised, as described in subdivision (b), to adhere to current immunization guidelines, as recommended by ~~the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention (CDC); the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and or the American Academy of Family Physicians,~~ regarding full human papillomavirus (HPV) immunization before admission or advancement to the eighth grade level of any private or public elementary or secondary school.

(b) Upon a pupil's admission or advancement to the sixth grade level, the governing authority of any private or public elementary or secondary school shall submit to the pupil and their parent or guardian a notification containing a statement about the state's public policy described in subdivision (a) and advising that the pupil adhere to current HPV immunization guidelines, as described in subdivision (a), before admission or advancement to the eighth grade level, in compliance with the notification requirements of Article 4 (commencing with Section 48980) of Chapter 6 of Part 27 of Division 4 of Title 2 of the e.

(c) The notification sent pursuant to subdivision (b) shall also include a statement, as determined by the department, summarizing the recommended ages for the HPV vaccine and scientific rationale for vaccination at those ages, based on guidance issued by ~~ACIP of the CDC, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and or the American Academy of Family Physicians.~~ The notification shall further state the following:

"HPV vaccination can prevent over 90 percent of cancers caused by HPV. HPV vaccines are very safe, and scientific research shows that the benefits of HPV vaccination far outweigh the potential risks."

(d) This section does not apply to a pupil in a home-based private school.

(Added by Stats. 2023, Ch. 809, Sec. 4. (AB 659) Effective January 1, 2024.)

120390.6. It is the public policy of the state that students who are 26 years of age or younger are advised to adhere to current immunization guidelines, as recommended by the Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and or the American Academy of Family Physicians, regarding full human papillomavirus (HPV) immunization before first-time enrollment at an institution of the California State University, the University of California, or the California Community Colleges.

EDC - 48980.4. - ARTICLE 4. Notification of Parent or Guardian [48980. - 48986.]

(a) The notification required pursuant to Section 48980 for pupils admitted to, or advancing to, the sixth grade shall include a notification to the pupil's parent or guardian containing a statement about the state's public policy described in subdivision (a) of Section 120336 of the Health and Safety Code, advising that the pupil adhere to current immunization guidelines, as recommended by ~~the Advisory Committee on Immunization Practices of the~~

~~federal Centers for Disease Control and Prevention, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, and or the American Academy of Family Physicians, regarding full human papillomavirus (HPV) immunization before admission or advancement to the eighth grade level.~~

HSC 120372

(a)(1) By January 1, 2021, the department shall develop and make available for use by licensed physicians and surgeons an electronic, standardized, statewide medical exemption certification form that shall be transmitted directly to the department's California Immunization Registry (CAIR) established pursuant to Section 120440. Pursuant to Section 120375, the form shall be printed, signed, and submitted directly to the school or institution at which the child will attend, submitted directly to the governing authority of the school or institution, or submitted to that governing authority through the CAIR where applicable. Notwithstanding Section 120370, commencing January 1, 2021, the standardized form shall be the only documentation of a medical exemption that the governing authority may accept.

(2) At a minimum, the form shall require all of the following information:

(A) The name, California medical license number, business address, and telephone number of the physician and surgeon who issued the medical exemption, and of the primary care physician of the child, if different from the physician and surgeon who issued the medical exemption.

(B) The name of the child for whom the exemption is sought, the name and address of the child's parent or guardian, and the name and address of the child's school or other institution.

(C) A statement certifying that the physician and surgeon has conducted a physical examination and evaluation of the child consistent with the relevant standard of care and complied with all applicable requirements of this section.

(D) Whether the physician and surgeon who issued the medical exemption is the child's primary care physician. If the issuing physician and surgeon is not the child's primary care physician, the issuing physician and surgeon shall also provide an explanation as to why the issuing physician and not the primary care physician is filling out the medical exemption form.

(E) How long the physician and surgeon has been treating the child.

(F) A description of the medical basis for which the exemption for each individual immunization is sought. Each specific immunization shall be listed separately and space on the form shall be provided to allow for the inclusion of descriptive information for each immunization for which the exemption is sought.

(G) Whether the medical exemption is permanent or temporary, including the date upon which a temporary medical exemption will expire. A temporary exemption shall not exceed one year. All medical exemptions shall not extend beyond the grade span, as defined in Section 120370.

(H) An authorization for the department to contact the issuing physician and surgeon for purposes of this section and for the release of records related to the medical exemption to the department, the Medical Board of California, and the Osteopathic Medical Board of California.

(I) A certification by the issuing physician and surgeon that the statements and information contained in the form are true, accurate, and complete.

(3) An issuing physician and surgeon shall not charge for either of the following:

(A) Filling out a medical exemption form pursuant to this section.

(B) A physical examination related to the renewal of a temporary medical exemption.

(b) Commencing January 1, 2021, if a parent or guardian requests a licensed physician and surgeon to submit a medical exemption for the parent's or guardian's child, the physician and surgeon shall inform the parent or guardian of the requirements of this section. If the parent or guardian consents, the physician and surgeon shall examine the child and submit a completed medical exemption certification form to the department. A medical exemption certification form may be submitted to the department at any time.

(c) By January 1, 2021, the department shall create a standardized system to monitor immunization levels in schools and institutions as specified in Sections 120375 and 120440, and to monitor patterns of unusually high exemption form submissions by a particular physician and surgeon.

(d)(1) The department, at a minimum, shall annually review immunization reports from all schools and institutions in order to identify medical exemption forms submitted to the department and under this section that will be subject to paragraph (2).

(2) A clinically trained immunization department staff member, who is either a physician and surgeon or a registered nurse, shall review all medical exemptions from any of the following:

(A) Schools or institutions subject to Section 120375 with an overall immunization rate of less than 95 percent.

(B) Physicians and surgeons who have submitted five or more medical exemptions in a calendar year beginning January 1, 2020.

(C) Schools or institutions subject to Section 120375 that do not provide reports of vaccination rates to the department.

(3)(A) The department shall identify those medical exemption forms that do not meet applicable ~~CDC, ACIP, or AAP~~ criteria for appropriate medical exemptions. The department may contact the primary care physician and surgeon or issuing physician and surgeon to request additional information to support the medical exemption.

(B) Notwithstanding subparagraph (A), the department, based on the medical discretion of the clinically trained immunization staff member, may accept a medical exemption that is based on other contraindications or precautions, including consideration of family medical history, if the issuing physician and surgeon provides written documentation to support the medical exemption that is consistent with the relevant standard of care.

(C) A medical exemption that the reviewing immunization department staff member determines to be inappropriate or otherwise invalid under subparagraphs (A) and (B) shall also be reviewed by the State Public Health Officer or a physician and surgeon from the department's immunization program designated by the State Public Health Officer. Pursuant to this review, the State Public Health Officer or physician and surgeon designee may revoke the medical exemption.

(4) Medical exemptions issued prior to January 1, 2020, shall not be revoked unless the exemption was issued by a physician or surgeon that has been subject to disciplinary action by the Medical Board of California or the Osteopathic Medical Board of California.

(5) The department shall notify the parent or guardian, issuing physician and surgeon, the school or institution, and the local public health officer with jurisdiction over the school or institution of a denial or revocation under this subdivision.

(6) If a medical exemption is revoked pursuant to this subdivision, the child shall continue in attendance. However, within 30 calendar days of the revocation, the child shall commence the immunization schedule required for conditional admittance under Chapter 4 (commencing with Section 6000) of Division 1 of Title 17 of the California Code of Regulations in order to remain in attendance, unless an appeal is filed pursuant to Section 120372.05 within that 30-day time period, in which case the child shall continue in attendance and shall not be required to otherwise comply with immunization requirements unless and until the revocation is upheld on appeal.

(7)(A) If the department determines that a physician's and surgeon's practice is contributing to a public health risk in one or more communities, the department shall report the physician and surgeon to the Medical Board of California or the Osteopathic

Medical Board of California, as appropriate. The department shall not accept a medical exemption form from the physician and surgeon until the physician and surgeon demonstrates to the department that the public health risk no longer exists, but in no event shall the physician and surgeon be barred from submitting these forms for less than two years.

(B) If there is a pending accusation against a physician and surgeon with the Medical Board of California or the Osteopathic Medical Board of California relating to immunization standards of care, the department shall not accept a medical exemption form from the physician and surgeon unless and until the accusation is resolved in favor of the physician and surgeon.

(C) If a physician and surgeon licensed with the Medical Board of California or the Osteopathic Medical Board of California is on probation for action relating to immunization standards of care, the department and governing authority shall not accept a medical exemption form from the physician and surgeon unless and until the probation has been terminated.

(8) The department shall notify the Medical Board of California or the Osteopathic Medical Board of California, as appropriate, of any physician and surgeon who has five or more medical exemption forms in a calendar year that are revoked pursuant to this subdivision.

(9) Notwithstanding any other provision of this section, a clinically trained immunization program staff member who is a physician and surgeon or a registered nurse may review any exemption in the CAIR or other state database as necessary to protect public health.

(e) The department, the Medical Board of California, and the Osteopathic Medical Board of California shall enter into a memorandum of understanding or similar agreement to ensure compliance with the requirements of this section.

(f) In administering this section, the department and the independent expert review panel created pursuant to Section 120372.05 shall comply with all applicable state and federal privacy and confidentiality laws. The department may disclose information submitted in the medical exemption form in accordance with Section 120440, and may disclose information submitted pursuant to this chapter to the independent expert review panel for the purpose of evaluating appeals.

(g) The department shall establish the process and guidelines for review of medical exemptions pursuant to this section. The department shall communicate the process to providers and post this information on the department's website.

(h) If the department or the California Health and Human Services Agency determines that contracts are required to implement or administer this section, the department may award these contracts on a single-source or sole-source basis. The contracts are not subject to

Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, Article 4 (commencing with Section 19130) of Chapter 5 of Part 2 of Division 5 of Title 2 of the Government Code, or Sections 4800 to 5180, inclusive, of the State Administrative Manual as they relate to approval of information technology projects or approval of increases in the duration or costs of information technology projects.

(i) Notwithstanding the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code), the department may implement and administer this section through provider bulletins, or similar instructions, without taking regulatory action.

(j) For purposes of administering this section, the department and the California Health and Human Services Agency appeals process shall be exempt from the rulemaking and administrative adjudication provisions in the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

120372.05.

(a) A medical exemption revoked pursuant to Section 120372 may be appealed by a parent or guardian to the Secretary of California Health and Human Services. Parents, guardians, or the physician who issued the medical exemption may provide necessary information for purposes of the appeal.

(b) The secretary shall establish an independent expert review panel, consisting of three licensed physicians and surgeons who have relevant knowledge, training, and experience relating to primary care or immunization to review appeals. The agency shall establish the process and guidelines for the appeals process pursuant to this section, including the process for the panel to contact the issuing physician and surgeon, parent, or guardian. The agency shall post this information on the agency's internet website. The agency shall also establish requirements, including conflict-of-interest standards, consistent with the purposes of this chapter, that a physician and surgeon shall meet in order to qualify to serve on the panel.

(c) The independent expert review panel shall evaluate appeals consistent with the ~~federal Centers for Disease Control and Prevention, federal Advisory Committee on Immunization Practices, or~~ American Academy of Pediatrics guidelines or the relevant standard of care, as applicable.

(d) The independent expert review panel shall submit its determination to the secretary. The secretary shall adopt the determination of the independent expert review panel and shall promptly issue a written decision to the child's parent or guardian. The decision shall not be subject to further administrative review.

(e) A child whose medical exemption revocation pursuant to subdivision (d) of Section 120372 is appealed under this section shall continue in attendance and shall not be required to commence the immunization required for conditional admittance under Chapter 4 (commencing with Section 6000) of Division 1 of Title 17 of the California Code of Regulations, provided that the appeal is filed within 30 calendar days of revocation of the medical exemption.

(f) For purposes for administering this section, the department and the California Health and Human Services Agency appeals process shall be exempt from the rulemaking and administrative adjudication provisions in the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340), Chapter 4 (commencing with Section 11370), Chapter 4.5 (commencing with 11400), and Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).

(Amended by Stats. 2020, Ch. 370, Sec. 213. (SB 1371) Effective January 1, 2021.)

CHAPTER 1.6. Influenza and Pneumococcal Immunizations [120392 - 120393] (Chapter 1.6 added by Stats. 2004, Ch. 36, Sec. 1.)

120392. For purposes of this chapter, the following definitions apply:

(a) "Health care facility" means a skilled nursing facility as defined in subdivision (c) of Section 1250, an intermediate care facility as defined in subdivision (d) of Section 1250, or a nursing facility as defined in subdivision (k) of Section 1250. This chapter shall not apply to hospital-based skilled nursing facilities.

(b) "Medically contraindicated" means that the administration of the influenza or pneumococcal vaccines to a person, because of a medical condition of that person, would be detrimental to the person's health if the person receives either or both of the vaccines.

(Added by Stats. 2004, Ch. 36, Sec. 1. Effective January 1, 2005.)

120392.2. (a) Each year, commencing October 1 to the following April 1, inclusive, every health care facility, as defined in subdivision (a) of Section 120392, shall offer, pursuant to Section 120392.4, immunizations for influenza and pneumococcal disease to residents, aged 65 years or older, receiving services at the facility, based upon the latest recommendations of the ~~Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention~~ American Academy of Family Physicians (AAFP) or the American College of Obstetricians and Gynecologists (ACOG), and the latest recommendations of appropriate entities for the prevention, detection, and control of influenza outbreaks in California long-term care facilities.

(b) Each health care facility, as defined in subdivision (a) of Section 120392, shall offer, pursuant to Section 120392.4, pneumococcal vaccine to all new admittees to the health care facility, based on the latest recommendations of the ~~ACIP~~ AAFP or the ACOG.

(c) The facility shall be reimbursed the standard Medi-Cal rate for an immunization provided to a Medi-Cal recipient, unless he or she is also a Medicare recipient whose coverage includes reimbursement for the immunization.

(Added by Stats. 2004, Ch. 36, Sec. 1. Effective January 1, 2005.)

120392.3. (a) The department shall provide appropriate flu vaccine to local governmental or private, nonprofit agencies at no charge in order that the agencies may provide the vaccine, at a minimal cost, at accessible locations. The department and the California Department of Aging shall prepare, publish, and disseminate information regarding the availability of the vaccine and the effectiveness of the vaccine in protecting the health of older persons.

(b) In administering this section, the department may provide guidance to local agencies as to whether one or more population groups shall have priority for the flu vaccine offered through this program. In developing this guidance, the department shall consider the influenza recommendations of the ~~federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP)~~ American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), or other criteria in order to ensure that the vaccination program is efficient and effective in meeting public health goals. Any guidance

issued pursuant to this subdivision shall be exempt from the rulemaking provisions of the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). In the absence of guidance from the department, local agencies shall be guided by the influenza recommendations of the ~~ACIP~~ AAP, ACOG, or AAFP.

(c) The department may provide appropriate vaccine that prevents other respiratory infections to local governmental or private, nonprofit agencies at no charge in order that the agencies may provide the vaccine, at a minimal cost, at accessible locations for groups identified as high risk by the ~~ACIP~~ AAP, ACOG, or AAFP.

(d) The program shall be designed to use voluntary assistance from public or private sectors in administering the vaccines. However, local governmental or private, nonprofit agencies may charge and retain a fee not exceeding two dollars (\$2) per person to offset administrative operating costs.

(e) Except when the department determines that it is not feasible to use federal funds due to excessive administrative costs, the department shall seek and use available federal funds to the maximum extent possible for the cost of the vaccine, the cost of administering the vaccine, and the minimal fee charged under this section, including reimbursement under the Medi-Cal program for persons eligible therefor to the extent permitted by federal law.

(f) A private, nonprofit volunteer agency whose involvement with an immunization program governed by this section is limited to the provision of a clinic site or promotional and logistical support pursuant to subdivision (c), or any employee or member thereof, shall not be liable for any injury caused by an act or omission in the administration of the vaccine or other immunizing agent, if the immunization is performed pursuant to this section in conformity with applicable federal, state, or local governmental standards and the act or omission does not constitute willful misconduct or gross negligence. As used in this subdivision, "injury" includes the residual effects of the vaccine or other immunizing agent. It is the intent of the Legislature in adding this subdivision to affect only the liability of private, nonprofit volunteer agencies and their members that are not health facilities, as defined in Section 1250.

(g) This section shall not be construed to require the physical presence of a directing or supervising physician, or the examination by a physician of persons to be tested or immunized.

(Added by Stats. 2012, Ch. 443, Sec. 3. (AB 2009) Effective January 1, 2013.)

120392.4. (a) A resident who receives services at a health care facility during the period of October 1 to April 1 shall have his or her status for influenza and pneumococcal immunization determined by his or her physician or facility medical director, and, if appropriate, the facility shall offer to make the immunizations available, unless the facility, through written policies and procedures and using standardized nursing procedures, offers to make the immunizations available without limitation as to the period when the residents receive services at the facility.

(b) A health care facility shall obtain from a resident who requests immunization services, or, if the person lacks the capacity to make medical decisions, from the person legally

authorized to make medical decisions on the resident's behalf, informed consent for the resident to be immunized by vaccination against influenza or pneumococcal disease, or both, to be conducted by the facility while the resident is receiving services at the facility.

(c) A health care facility shall comply with Section 1418.8 with respect to a resident who lacks the capacity to make health care decisions, and there is no person with legal authority to make these decisions on behalf of the resident.

(d) The health care facility shall document in a resident's medical record whether the resident has been offered the influenza vaccine or the pneumococcal vaccine.

(Added by Stats. 2004, Ch. 36, Sec. 1. Effective January 1, 2005.)

120392.6. No person who has been offered the vaccine as required under this chapter may receive either an influenza vaccine or pneumococcal vaccine pursuant to this chapter if any of the following conditions exists:

(a) The vaccine is medically contraindicated, as described in the product labeling approved by the federal Food and Drug Administration or by the recommendations established by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or American Academy of Family Physicians that are in effect at the time of vaccination.

(b) Receipt of the vaccine is against the resident's personal beliefs.

(c) Receipt of the vaccine is against the resident's wishes, or, if the person lacks the capacity to make medical decisions, is against the wishes of the person legally authorized to make medical decisions on the resident's behalf.

(Added by Stats. 2004, Ch. 36, Sec. 1. Effective January 1, 2005.)

120392.8. (a) Notwithstanding any other provision of this chapter, a health care facility shall not be required to offer immunizations for influenza and pneumococcal disease under either of the following circumstances:

(1) The facility is unable to obtain the vaccine due to a shortage of the supply of vaccine.

(2) The resident refuses to pay for the vaccine and there is no other funding source available to pay for the cost of the vaccine.

(b) If a health care facility, as defined in subdivision (a) of Section 120392, fails to offer an immunization pursuant to this chapter due to lack of availability of vaccine, a physician's refusal to assess the resident or cooperate with the recommendations of the provisions of this chapter, or lack of resident cooperation, the failure shall not be the basis for issuing a deficiency or citation against the facility's license.

(c) This chapter is intended to encourage immunizations for residents in health care facilities, and the department shall consider a facility's efforts to prevent a violation of this chapter prior to issuing a deficiency or citation. The department may issue a deficiency or citation for failure to comply with Section 120392.4.

(Added by Stats. 2004, Ch. 36, Sec. 1. Effective January 1, 2005.)

120392.9. Pursuant to its standardized procedures and if it has the vaccine in its possession, each year, commencing October 1 to the following April 1, inclusive, a general acute care hospital, as defined in subdivision (a) of Section 1250, shall offer, prior to discharge, immunizations for influenza and pneumococcal disease to inpatients, aged 65 years or older, based upon the adult immunization recommendations of the ~~Advisory Committee on Immunization Practices of the federal Centers for Disease Control and Prevention~~ American Academy of Family Physicians, or the recommendations of appropriate entities for the prevention, detection, and control of influenza outbreaks in California general acute care hospitals.

(Added by Stats. 2007, Ch. 378, Sec. 1. Effective January 1, 2008.)

120393. (a) The State Department of Public Health shall post educational information, in accordance with the latest recommendations of the ~~federal Centers for Disease Control and Prevention~~ American Academy of Family Physicians or other appropriate entities, regarding influenza disease and the availability of influenza vaccinations on the department's Internet Web site. It is the intent of the Legislature to increase the average number of Californians who receive an influenza vaccination.

(b) The educational information posted on the department's Internet Web site pursuant to subdivision (a) shall include, but not be limited to, all of the following:

(1) The health benefits of an influenza vaccination.

(2) That the influenza vaccination may be a covered benefit for those with health insurance coverage.

(3) That influenza vaccinations may be available for a minimal fee to those individuals who do not have health insurance coverage.

(4) The locations where free or low-cost vaccinations are available.

(c) The department may use additional available resources to educate the public about the information described in subdivision (b), including public service announcements, media events, public outreach to individuals and groups who are susceptible to influenza, and any other preventive and wellness education efforts recommended by public health officials.

Business and Professions Code - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129] (*Division 2 enacted by Stats. 1937, Ch. 399.*)

CHAPTER 4. Dentistry [1600 - 1976] (*Chapter 4 added by Stats. 1937, Ch. 415.*)

ARTICLE 2. Admission and Practice [1625 - 1636.6] (*Article 2 added by Stats. 1937, Ch. 415.*)

1625.6.

(a) In addition to the actions authorized under Section 1625, a dentist may independently prescribe and administer influenza and COVID-19 vaccines ~~approved or authorized by the United States Food and Drug Administration in compliance with the individual federal Advisory Committee on Immunization Practices (ACIP) influenza and COVID-19 vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) recommended by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists (ACOG), or the American Academy of Family Physicians~~ to persons 3 years of age or older.

(b) In order to prescribe and administer a vaccine described in subdivision (a), a dentist shall do all of the following:

(1) Complete an immunization training program biennially that is either offered by the CDC or taken through a registered provider approved by the board that, at a minimum, includes vaccine administration, prevention and management of adverse reactions, and maintenance of vaccine records.

(2) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider, if applicable, and entering in the information in the appropriate immunization registry designated by the Immunization Branch of the State Department of Public Health.

(c) The board may adopt regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the board is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 180-day period, as applicable to the effective period of an emergency regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 240 days.

Business and Professions Code - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129] (*Division 2 enacted by Stats. 1937, Ch. 399.*)

CHAPTER 5. Medicine [2000 - 2529.8.1]

(*Chapter 5 repealed and added by Stats. 1980, Ch. 1313, Sec. 2.*)

ARTICLE 22. Podiatric Medicine [2460 - 2499.8]

(*Article 22 added by Stats. 1980, Ch. 1313, Sec. 2.*)

2473.

(a) A doctor of podiatric medicine may independently prescribe and administer influenza and COVID-19 vaccines approved or authorized by the United States Food and Drug Administration in compliance with the individual federal Advisory Committee on Immunization Practices (ACIP) influenza and COVID-19 vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC) recommended by the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, or the American Academy of Family Physicians to persons three years of age or older.

(b) In order to prescribe and administer a vaccine described in subdivision (a), a doctor of podiatric medicine shall do all of the following:

(1) Complete an immunization training program biennially that is either offered by the CDC or taken through a registered provider approved by the board that, at a minimum, includes vaccine administration, prevention and management of adverse reactions, and maintenance of vaccine records.

(2) Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider, if applicable, and entering in the information in the appropriate immunization registry designated by the Immunization Branch of the State Department of Public Health.

(c) The board may adopt regulations to implement this section. The adoption, amendment, repeal, or readoption of a regulation authorized by this section is deemed to address an emergency, for purposes of Sections 11346.1 and 11349.6 of the Government Code, and the board is hereby exempted for this purpose from the requirements of subdivision (b) of Section 11346.1 of the Government Code. For purposes of subdivision (e) of Section 11346.1 of the Government Code, the 180-day period, as applicable to the effective period of an emergency regulatory action and submission of specified materials to the Office of Administrative Law, is hereby extended to 240 days.

(*Added by Stats. 2021, Ch. 653, Sec. 4. (AB 526) Effective October 8, 2021.*)

Business and Professions Code - BPC

DIVISION 2. HEALING ARTS [500 - 4999.129] (*Division 2 enacted by Stats. 1937, Ch. 399.*)

CHAPTER 7. Optometry [3000 - 3167] (*Chapter 7 added by Stats. 1937, Ch. 423.*)

ARTICLE 3. Admission to Practice [3040 - 3060] (*Article 3 added by Stats. 1937, Ch. 423.*)

3041.

(a) The practice of optometry includes the diagnosis, prevention, treatment, and management of disorders and dysfunctions of the visual system, as authorized by this chapter, as well as the provision of habilitative or rehabilitative optometric services, and is the doing of any or all of the following:

(1) The examination of the human eyes and their adnexa, including through the use of all topical and oral diagnostic pharmaceutical agents that are not controlled substances, and the analysis of the human vision system, either subjectively or objectively.

(2) The determination of the powers or range of human vision and the accommodative and refractive states of the human eyes, including the scope of their functions and general condition.

(3) The prescribing, using, or directing the use of any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.

(4) The prescribing, fitting, or adaptation of contact and spectacle lenses to, the human eyes, including lenses that may be classified as drugs or devices by any law of the United States or of this state, and diagnostic or therapeutic contact lenses that incorporate a medication or therapy the optometrist is certified to prescribe or provide.

(5) For an optometrist certified pursuant to Section 3041.3, diagnosing and preventing conditions and diseases of the human eyes and their adnexa, and treating nonmalignant conditions and diseases of the anterior segment of the human eyes and their adnexa, including ametropia and presbyopia:

(A) Using or prescribing, including for rational off-label purposes, topical and oral prescription and nonprescription therapeutic pharmaceutical agents that are not controlled substances and are not antiglaucoma agents or limited or excluded by subdivision (b). For purposes of this section, "controlled substance" has the same meaning as used in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and the United States Uniform Controlled Substances Act (21 U.S.C. Sec. 801 et seq.).

(B) Prescribing the oral analgesic controlled substance codeine with compounds, hydrocodone with compounds, and tramadol as listed in the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and the United States Uniform Controlled Substances Act (21 U.S.C. Sec. 801 et seq.), limited to three days, with referral to an ophthalmologist if the pain persists.

(C) If also certified under subdivision (c), using or prescribing topical and oral antiglaucoma agents for the medical treatment of all primary open-angle, exfoliation, pigmentary, and steroid-induced glaucomas in persons 18 years of age or over. In the case of steroid-

induced glaucoma, the prescriber of the steroid medication shall be promptly notified if the prescriber did not refer the patient to the optometrist for treatment.

(D) If also certified under subdivision (d), independent initiation and administration of immunizations for influenza, herpes zoster virus, pneumococcus, and SARS-CoV-2 in compliance with ~~individual Advisory Committee on Immunization Practices (ACIP) vaccine recommendations published by the federal Centers for Disease Control and Prevention (CDC)~~ of the American Academy of Family Physicians in persons 18 years of age or over.

(E) Utilizing the following techniques and instrumentation necessary for the diagnosis of conditions and diseases of the eye and adnexa:

- (i) Laboratory tests or examinations ordered from an outside facility.
 - (ii) Laboratory tests or examinations performed in a laboratory with a certificate of waiver under the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 U.S.C. Sec. 263a; Public Law 100-578), which shall also be allowed for:
 - (I) Detecting indicators of possible systemic disease that manifests in the eye for the purpose of facilitating appropriate referral to or consultation with a physician and surgeon.
 - (II) Detecting the presence of SARS-CoV-2 virus.
 - (iii) Skin testing performed in an office to diagnose ocular allergies, limited to the superficial layer of the skin.
 - (iv) X-rays ordered from an outside facility.
 - (v) Other imaging studies ordered from an outside facility subject to prior consultation with an appropriate physician and surgeon.
 - (vi) Other imaging studies performed in an office, including those that utilize laser or ultrasound technology, but excluding those that utilize radiation.
- (F) Performing the following procedures, which are excluded from restrictions imposed on the performance of surgery by paragraph (6) of subdivision (b), unless explicitly indicated:
- (i) Corneal scraping with cultures.
 - (ii) Debridement of corneal epithelium not associated with band keratopathy.
 - (iii) Mechanical epilation.
 - (iv) Collection of blood by skin puncture or venipuncture for laboratory testing authorized by this subdivision.
 - (v) Suture removal subject to comanagement requirements in paragraph (7) of subdivision (b).
 - (vi) Treatment or removal of sebaceous cysts by expression.
 - (vii) Lacrimal punctal occlusion using plugs, or placement of a stent or similar device in a lacrimal canaliculus intended to deliver a medication the optometrist is certified to prescribe or provide.
 - (viii) Foreign body and staining removal from the cornea, eyelid, and conjunctiva with any appropriate instrument. Removal of corneal foreign bodies and any related stain shall, as relevant, be limited to that which is nonperforating, no deeper than the midstroma, and not reasonably anticipated to require surgical repair.

(ix) Lacrimal irrigation and dilation in patients 12 years of age or over, excluding probing of the nasolacrimal tract. The board shall certify any optometrist who graduated from an accredited school of optometry before May 1, 2000, to perform this procedure after submitting proof of satisfactory completion of 10 procedures under the supervision of an ophthalmologist as confirmed by the ophthalmologist. Any optometrist who graduated from an accredited school of optometry on or after May 1, 2000, shall be exempt from the certification requirement contained in this paragraph.

(x) Administration of oral fluorescein for the purpose of ocular angiography.

(xi) Intravenous injection for the purpose of performing ocular angiography at the direction of an ophthalmologist as part of an active treatment plan in a setting where a physician and surgeon is immediately available.

(xii) Use of noninvasive devices delivering intense pulsed light therapy or low-level light therapy that do not rely on laser technology, limited to treatment of conditions and diseases of the adnexa.

(xiii) Use of an intranasal stimulator in conjunction with treatment of dry eye syndrome.

(G) Using additional noninvasive medical devices or technology that:

(i) Have received a United States Food and Drug Administration approved indication for the diagnosis or treatment of a condition or disease authorized by this chapter. A licensee shall successfully complete any clinical training imposed by a related manufacturer prior to using any of those noninvasive medical devices or technologies.

(ii) Have been approved by the board through regulation for the rational treatment of a condition or disease authorized by this chapter. Any regulation under this paragraph shall require a licensee to successfully complete an appropriate amount of clinical training to qualify to use each noninvasive medical device or technology approved by the board pursuant to this paragraph.

(b) Exceptions or limitations to the provisions of subdivision (a) are as follows:

(1) Treatment of the following is excluded from the practice of optometry in a patient under 18 years of age, unless explicitly allowed otherwise:

(A) Anterior segment inflammation, which shall not exclude treatment of:

(i) The conjunctiva.

(ii) Nonmalignant ocular surface disease, including dry eye syndrome.

(iii) Contact lens-related inflammation of the cornea.

(iv) An infection of the cornea.

(B) Conditions or diseases of the sclera.

(2) Use of any oral prescription steroid anti-inflammatory medication for a patient under 18 years of age shall be done pursuant to a documented, timely consultation with an appropriate physician and surgeon.

(3) Use of any nonantibiotic oral prescription medication for a patient under five years of age shall be done pursuant to a documented, prior consultation with an appropriate physician and surgeon.

(4) The following classes of agents are excluded from the practice of optometry unless they have an explicit United States Food and Drug Administration-approved indication for treatment of a condition or disease authorized under this section:

- (A) Antiamoebics.
- (B) Antineoplastics.
- (C) Coagulation modulators.
- (D) Hormone modulators.
- (E) Immunomodulators.

(5) The following are excluded from authorization under subparagraph (G) of paragraph (5) of subdivision (a):

- (A) A laboratory test or imaging study.
- (B) Any noninvasive device or technology that constitutes surgery under paragraph (6).
- (6) Performing surgery is excluded from the practice of optometry. "Surgery" means any act in which human tissue is cut, altered, or otherwise infiltrated by any means. It does not mean an act that solely involves the administration or prescribing of a topical or oral therapeutic pharmaceutical.

(7) (A) Treatment with topical and oral medications authorized in subdivision (a) related to an ocular surgery shall be comanaged with the ophthalmologist that performed the surgery, or another ophthalmologist designated by that surgeon, during the customary preoperative and postoperative period for the procedure. For purposes of this subparagraph, this may involve treatment of ocular inflammation in a patient under 18 years of age.

(B) Where published, the postoperative period shall be the "global" period established by the federal Centers for Medicare and Medicaid Services, or, if not published, a reasonable period not to exceed 90 days.

(C) Such comanaged treatment may include addressing agreed-upon complications of the surgical procedure occurring in any ocular or adnexal structure with topical and oral medications authorized in subdivision (a). For patients under 18 years of age, this subparagraph shall not apply unless the patient's primary care provider agrees to allowing comanagement of complications.

(c) An optometrist certified pursuant to Section 3041.3 shall be certified to medically treat authorized glaucomas under this chapter after meeting the following requirements:

- (1) For licensees who graduated from an accredited school of optometry on or after May 1, 2008, submission of proof of graduation from that institution.
- (2) For licensees who were certified to treat glaucoma under this section before January 1, 2009, submission of proof of completion of that certification program.
- (3) For licensees who completed a didactic course of not less than 24 hours in the diagnosis, pharmacological, and other treatment and management of glaucoma, submission of proof of satisfactory completion of the case management requirements for certification established by the board.

(4) For licensees who graduated from an accredited school of optometry on or before May 1, 2008, and who are not described in paragraph (2) or (3), submission of proof of satisfactory completion of the requirements for certification established by the board under Chapter 352 of the Statutes of 2008.

(d) An optometrist certified pursuant to Section 3041.3 shall be certified to administer authorized immunizations, as described in subparagraph (D) of paragraph (5) of subdivision (a), after the optometrist meets all of the following requirements:

(1) Completes an immunization training program endorsed by the federal Centers for Disease Control and Prevention (CDC) or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and maintains that training.

(2) Is certified in basic life support.

(3) Complies with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient's primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the State Department of Public Health.

(4) Applies for an immunization certificate in accordance with Section 3041.5.

(e) Other than for prescription ophthalmic devices described in subdivision (b) of Section 2541, any dispensing of a therapeutic pharmaceutical agent by an optometrist shall be without charge.

(f) An optometrist licensed under this chapter is subject to the provisions of Section 2290.5 for purposes of practicing telehealth.

(g) For the purposes of this chapter, all of the following definitions shall apply:

(1) "Adnexa" means the eyelids and muscles within the eyelids, the lacrimal system, and the skin extending from the eyebrows inferiorly, bounded by the medial, lateral, and inferior orbital rims, excluding the intraorbital extraocular muscles and orbital contents.

(2) "Anterior segment" means the portion of the eye anterior to the vitreous humor, including its overlying soft tissue coats.

(3) "Ophthalmologist" means a physician and surgeon, licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code, specializing in treating eye disease.

(4) "Physician and surgeon" means a physician and surgeon licensed under Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.

(5) "Prevention" means use or prescription of an agent or noninvasive device or technology for the purpose of inhibiting the development of an authorized condition or disease.

(6) "Treatment" means use of or prescription of an agent or noninvasive device or technology to alter the course of an authorized condition or disease once it is present.

(h) In an emergency, an optometrist shall stabilize, if possible, and immediately refer any patient who has an acute attack of angle closure to an ophthalmologist.

(Amended by Stats. 2022, Ch. 596, Sec. 3. (AB 2574) Effective January 1, 2023.)

ARTICLE 3. Admission to Practice [3040 - 3060] (*Article 3 added by Stats. 1937, Ch. 423.*)

3041.5.

(a) A person requesting to be certified to administer immunizations pursuant to Section 3041 shall apply for a certificate from the board pursuant to an application that shall be in substantially the following form:

“Application for Optometrists to Administer Immunizations

Per California Business and Professions Code §3041(g), you must have a current California Optometrist License and have a Therapeutic Pharmaceutical Agents (TPA) license type to be eligible for a certificate to administer immunizations. “Immunization” means the administration of immunizations for influenza, herpes zoster virus, pneumococcus, and SARS-CoV-2 ~~in compliance with individual Advisory Committee on Immunization Practices (ACIP) vaccine recommendations published by the federal Centers for Disease Control and Prevention (CDC) as recommended by the American Academy of Family Physicians~~ for persons 18 years of age or older.

If eligible, you must also meet and maintain the following requirements for an immunization certificate:

1. Complete an immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education that, at a minimum, includes hands-on injection technique, clinical evaluation of indications and contraindications of vaccines, and the recognition and treatment of emergency reactions to vaccines, and maintain that training.
2. Be certified in basic life support.
3. Comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient’s primary care provider and entering information in the appropriate immunization registry designated by the immunization branch of the California State Department of Public Health.

To apply for an immunization certificate, provide documentation for items #1 and #2 above with your application. All documentation must be provided, or the application will be rejected.

First, Middle, and Last Name: _____

Email address: _____

License No.: _____

1. I declare under penalty of perjury under the laws of the State of California that the information provided on this form and the attached documents or other requested proof of completion is true and accurate. I understand and agree that any misstatements of material facts may be cause for denial of the Application for Optometrists to Administer Immunizations and disciplinary action by the California State Board of Optometry.

AND

2. I declare under penalty of perjury under the laws of the State of California that I will comply with all state and federal recordkeeping and reporting requirements, including providing documentation to the patient’s primary care provider and entering information in

the appropriate immunization registry designated by the immunization branch of the California State Department of Public Health.

Optometrist Signature: _____

Date: _____”

(b) The application for an immunization certificate set forth in subdivision (a) shall be accompanied by an application fee of fifty dollars (\$50), or a fee in an amount as determined by the board, not to exceed the reasonable cost of administering this section.

(c) After the effective date of this section, the board may modify the Application for Optometrists to Administer Immunizations set forth in subdivision (a) by regulation in accordance with Section 3025.

(Added by Stats. 2021, Ch. 654, Sec. 2. (AB 691) Effective October 8, 2021.)

Health and Safety Code - HSC

DIVISION 106. PERSONAL HEALTH CARE (INCLUDING MATERNAL, CHILD, AND ADOLESCENT) [123100 - 125850] (*Division 106 added by Stats. 1995, Ch. 415, Sec. 8.*)

PART 2. MATERNAL, CHILD, AND ADOLESCENT HEALTH [123225 - 124250]

(*Part 2 added by Stats. 1995, Ch. 415, Sec. 8.*)

CHAPTER 3. Child Health [123650 - 124174.6]

(*Chapter 3 added by Stats. 1995, Ch. 415, Sec. 8.*)

ARTICLE 6. Child Health And Disability Prevention Program [124024 - 124110.5]

(*Article 6 added by Stats. 1995, Ch. 415, Sec. 8.*)

124040.

(a) The governing body of each county or counties shall establish a community child health and disability prevention program for the purpose of providing early and periodic assessments of the health status of children in the county or counties by July 1, 1974. However, this shall be the responsibility of the department for all counties that contract with the state for health services. Contract counties, at the option of the board of supervisors, may provide services pursuant to this article in the same manner as other county programs, if the option is exercised prior to the beginning of each fiscal year. Each plan shall include, but is not limited to, the following requirements:

(1) Outreach and educational services.

(2) Agreements with public and private facilities and practitioners to carry out the programs.

(3) Health screening and evaluation services for all children, including a physical examination, immunizations appropriate for the child's age and health history, and laboratory procedures appropriate for the child's age and population group performed by, or under the supervision or responsibility of, a physician licensed to practice medicine in California or by a certified family nurse practitioner or a certified pediatric nurse practitioner.

(4) Referral for diagnosis or treatment when needed, including, for all children eligible for Medi-Cal, referral for treatment by a provider participating in the Medi-Cal program of the conditions detected, and methods for assuring referral is carried out.

(5) Recordkeeping and program evaluations.

(6) The health screening and evaluation part of each community child health and disability prevention program plan shall include, but is not limited to, the following for each child:

(A) A health and development history.

(B) An assessment of physical growth.

(C) An examination for obvious physical defects.

(D) Ear, nose, mouth, and throat inspection, including inspection of teeth and gums, and for all children one year of age and older who are eligible for Medi-Cal, referral to a dentist participating in the Medi-Cal program.

(E) Screening tests for vision, hearing, anemia, tuberculosis, diabetes, and urinary tract conditions.

(7) An assessment of nutritional status.

(8) An assessment of immunization status.

(9) If appropriate, testing for sickle-cell trait, lead poisoning, and other tests that may be necessary to the identification of children with potential disabilities requiring diagnosis and possibly treatment.

(10) For all children eligible for Medi-Cal, necessary assistance with scheduling appointments for services and with transportation.

(b) Dentists receiving referrals of children eligible for Medi-Cal under this section shall employ procedures to advise the child's parent or parents of the need for and scheduling of annual appointments.

(c) Standards for procedures to carry out health screening and evaluation services and to establish the age at which particular tests should be carried out shall be established by the director. At the discretion of the department, these health screening and evaluation services may be provided at the frequency provided under the Healthy Families Program and permitted in managed care plans providing services under the Medi-Cal program, and shall be contingent upon appropriation in the annual Budget Act. Immunizations may be provided at the frequency recommended by the Committee on Infectious Disease of the American Academy of Pediatrics and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

(d) Each community child health and disability prevention program shall, pursuant to standards set by the director, establish a record system that contains a health case history for each child so that costly and unnecessary repetition of screening, immunization and referral will not occur and appropriate health treatment will be facilitated as specified in Section 124085.

(Amended by Stats. 2015, Ch. 18, Sec. 22. (SB 75) Effective June 24, 2015. Conditionally inoperative on or after July 1, 2024, pursuant to Section 124110.5. Repealed January 1 following the inoperative date.)