


## MEMORANDUM

<b>DATE</b>	May 6, 2016
<b>TO</b>	Board of Psychology
<b>FROM</b>	 Jason Glasspiegel Central Services Coordinator
<b>SUBJECT</b>	Agenda Item #22 (a)(15) – Legislative Update – SB 1217 (Stone) Healing Arts: Reporting Requirements: Liability

### **Background:**

Existing law establishes within the Department of Consumer Affairs various boards that license and regulate the practice of various professions and vocations, including those relating to the healing arts. Existing law requires each healing arts licensing board to create and maintain a central file containing an individual historical record on each person who holds a license from that board. Existing law requires that the individual historical record contain any reported judgment or settlement requiring the licensee or the licensee's insurer to pay over \$3,000 in damages for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or rendering unauthorized professional service.

This bill would instead require the record to contain reported judgments or settlements with damages over \$10,000.

**Location:** Senate Business, Professions & Economic Development Committee

**Status:** In Senate Committee on Business, Professions and Economic Development:  
Failed passage. Reconsideration granted.

### **Action Requested:**

No action is requested at this time. Staff will continue to watch SB 1217 (Stone).

Attachment A is the language of SB 1217 (Stone)

Attachment B is the Senate Business, Professions and Economic Development  
Committee Analysis of SB 1715 (Stone)



*California*  
LEGISLATIVE INFORMATION

**SB-1217 Healing arts: reporting requirements: professional liability resulting in death or personal injury.** (2015-2016)

AMENDED IN SENATE APRIL 12, 2016

CALIFORNIA LEGISLATURE— 2015-2016 REGULAR SESSION

**SENATE BILL**

**No. 1217**

**Introduced by Senator Stone**

**February 18, 2016**

An act to amend Sections 800, 801, 801.1, and 802 of the Business and Professions Code, relating to healing arts.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 1217, as amended, Stone. Healing arts: reporting requirements: professional liability resulting in death or personal injury.

Existing law establishes within the Department of Consumer Affairs various boards that license and regulate the practice of various professions and vocations, including those relating to the healing arts. Existing law requires each healing arts licensing board to create and maintain a central file containing an individual historical record on each person who holds a license from that board. Existing law requires that the individual historical record contain any reported judgment or settlement requiring the licensee or the licensee's insurer to pay over \$3,000 in damages for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or rendering unauthorized professional service. *Existing law, the Pharmacy Law, provides for the licensure and regulation of pharmacists and pharmacies by the California State Board of Pharmacy, which is within the Department of Consumer Affairs.*

This bill ~~would~~ *would, notwithstanding the above provision,* instead require the record to contain reported judgments or settlements with damages over ~~\$10,000~~. *\$10,000 for persons licensed under the Pharmacy Act.*

Existing law requires an insurer providing professional liability insurance to a physician and surgeon, a governmental agency that self-insures a physician and surgeon or, if uninsured, a physician and surgeon himself or herself, to report to the respective licensing board information concerning settlements over \$30,000, arbitration awards in any amount, and judgments in any amount in malpractice actions to the practitioner's licensing board. Existing law provides that information concerning professional liability settlements, judgments, and arbitration awards of over \$10,000 in damages arising from death or personal injury must be reported to the respective licensing boards of specified healing arts practitioners including, among others, licensed professional clinical counselors, licensed dentists, and licensed veterinarians. Existing law provides that, for other specified healing arts practitioners including, among others, licensed educational psychologists, licensed nurses, and licensed pharmacists, information concerning professional liability settlements, judgments, and arbitration awards of over \$3,000 in damages arising from death or personal injury shall be reported to their respective



licensing boards.

This bill would raise the minimum dollar amount triggering those reporting requirements from \$3,000 to ~~\$10,000~~. *\$10,000 for persons licensed under the Pharmacy Law.*

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

## THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

### SECTION 1. Section 800 of the Business and Professions Code is amended to read:

**800.** (a) The Medical Board of California, the Board of Psychology, the Dental Board of California, the Dental Hygiene Committee of California, the Osteopathic Medical Board of California, the State Board of Chiropractic Examiners, the Board of Registered Nursing, the Board of Vocational Nursing and Psychiatric Technicians of the State of California, the State Board of Optometry, the Veterinary Medical Board, the Board of Behavioral Sciences, the Physical Therapy Board of California, the California State Board of Pharmacy, the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, the California Board of Occupational Therapy, the Acupuncture Board, and the Physician Assistant Board shall each separately create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority from that board. Each central file shall be created and maintained to provide an individual historical record for each licensee with respect to the following information:

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

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

*(B) Notwithstanding subparagraph (A), any judgment or settlement requiring a person licensed pursuant to Chapter 9 (commencing with Section 4000) or his or her insurer to pay any amount of damages in excess of ten thousand dollars (\$10,000) for any claim that injury or death was proximately caused by the licensee's negligence, error or omission in practice, or by rendering unauthorized professional services, pursuant to the reporting requirements of Section 801 or 802.*

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

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

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

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

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

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

(c) (1) The contents of any central file that are not public records under any other provision of law shall be confidential except that the licensee involved, or his or her counsel or representative, shall have the right to inspect and have copies made of his or her complete file except for the provision that may disclose the identity of an information source. For the purposes of this section, a board may protect an information source by providing a copy of the material with only those deletions necessary to protect the identity of the source or by providing a comprehensive summary of the substance of the material. Whichever method is used, the board



shall ensure that full disclosure is made to the subject of any personal information that could reasonably in any way reflect or convey anything detrimental, disparaging, or threatening to a licensee's reputation, rights, benefits, privileges, or qualifications, or be used by a board to make a determination that would affect a licensee's rights, benefits, privileges, or qualifications. The information required to be disclosed pursuant to Section 803.1 shall not be considered among the contents of a central file for the purposes of this subdivision.

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

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

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

**SEC. 2.** Section 801 of the Business and Professions Code is amended to read:

**801.** (a) Except as provided in Section 801.01 and ~~subdivision (b)~~ *subdivisions (b), (c), (d), and (e)* of this section, every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 shall send a complete report to that agency as to any settlement or arbitration award over ~~ten thousand dollars (\$10,000)~~ *three thousand dollars (\$3,000)* of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

*(b) Every insurer providing professional liability insurance to a person licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4991), or Chapter 16 (commencing with Section 4999.10) shall send a complete report to the Board of Behavioral Sciences as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.*

*(c) Every insurer providing professional liability insurance to a dentist licensed pursuant to Chapter 4 (commencing with Section 1600) shall send a complete report to the Dental Board of California as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.*

~~(b)~~

*(d) Every insurer providing liability insurance to a veterinarian licensed pursuant to Chapter 11 (commencing with Section 4800) shall send a complete report to the Veterinary Medical Board of any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional service. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.*

*(e) Every insurer providing liability insurance to a person licensed pursuant to Chapter 9 (commencing with Section 4000) shall send a complete report to the California State Board of Pharmacy of any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional service. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.*

~~(e)~~

*(f) The insurer shall notify the claimant, or if the claimant is represented by counsel, the insurer shall notify the claimant's attorney, that the report required by subdivision (a) has been sent to the agency. If the attorney has*



not received this notice within 45 days after the settlement was reduced to writing and signed by all of the parties, the arbitration award was served on the parties, or the date of entry of the civil judgment, the attorney shall make the report to the agency.

(d)

(g) Notwithstanding any other ~~provision of~~ law, no insurer shall enter into a settlement without the written consent of the insured, except that this prohibition shall not void any settlement entered into without that written consent. The requirement of written consent shall only be waived by both the insured and the insurer. This section shall only apply to a settlement on a policy of insurance executed or renewed on or after January 1, 1971.

**SEC. 3.** Section 801.1 of the Business and Professions Code is amended to read:

**801.1. (a)** Every state or local governmental agency that self-insures a person who holds a license, certificate, or similar authority from or under any agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) shall send a complete report to that agency as to any settlement or arbitration award over ~~ten thousand dollars (\$10,000)~~ *three thousand dollars (\$3,000)* of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.

*(b) Every state or local governmental agency that self-insures a person licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4991), or Chapter 16 (commencing with Section 4999.10) shall send a complete report to the Board of Behavioral Science Examiners as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.*

*(c) Every state or local governmental agency that self-insures a person licensed pursuant to Chapter 9 (commencing with Section 4000) shall send a complete report to the California State Board of Pharmacy as to any settlement or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by that person's negligence, error, or omission in practice, or rendering of unauthorized professional services. The report shall be sent within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto or within 30 days after service of the arbitration award on the parties.*

**SEC. 4.** Section 802 of the Business and Professions Code is amended to read:

**802. (a)** Every settlement, judgment, or arbitration award over ~~ten thousand dollars (\$10,000)~~ *three thousand dollars (\$3,000)* of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person who holds a license, certificate, or other similar authority from an agency specified in subdivision (a) of Section 800 (except a person licensed pursuant to Chapter 3 (commencing with Section 1200) or Chapter 5 (commencing with Section 2000) or the Osteopathic Initiative Act) who does not possess professional liability insurance as to that claim shall, within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties, be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if the person is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if the claimant is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make the complete report. Failure of the licensee or claimant (or, if represented by counsel, their counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) or more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section or conspiracy or collusion not to comply with this section, or to hinder or impede any other person in the compliance, is a public offense punishable by a fine of not less than five



thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).

*(b) Every settlement, judgment, or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a marriage and family therapist, a clinical social worker, or a professional clinical counselor licensed pursuant to Chapter 13 (commencing with Section 4980), Chapter 14 (commencing with Section 4991), or Chapter 16 (commencing with Section 4999.10), respectively, who does not possess professional liability insurance as to that claim shall within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties be reported to the agency that issued the license, certificate, or similar authority. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if he or she is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if he or she is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make a complete report. Failure of the marriage and family therapist, clinical social worker, or professional clinical counselor or claimant (or, if represented by counsel, his or her counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500). Knowing and intentional failure to comply with this section, or conspiracy or collusion not to comply with this section or to hinder or impede any other person in that compliance, is a public offense punishable by a fine of not less than five thousand dollars (\$5,000) nor more than fifty thousand dollars (\$50,000).*

*(c) Every settlement, judgment, or arbitration award over ten thousand dollars (\$10,000) of a claim or action for damages for death or personal injury caused by negligence, error or omission in practice, or by the unauthorized rendering of professional services, by a person licensed pursuant to Chapter 9 (commencing with Section 4000) who does not possess professional liability insurance as to that claim shall within 30 days after the written settlement agreement has been reduced to writing and signed by all the parties thereto or 30 days after service of the judgment or arbitration award on the parties be reported to the California State Board of Pharmacy. A complete report shall be made by appropriate means by the person or his or her counsel, with a copy of the communication to be sent to the claimant through his or her counsel if he or she is so represented, or directly if he or she is not. If, within 45 days of the conclusion of the written settlement agreement or service of the judgment or arbitration award on the parties, counsel for the claimant (or if he or she is not represented by counsel, the claimant himself or herself) has not received a copy of the report, he or she shall himself or herself make a complete report. Failure of the person licensed pursuant to Chapter 9 (commencing with Section 4000) (or, if represented by counsel, his or her counsel) to comply with this section is a public offense punishable by a fine of not less than fifty dollars (\$50) nor more than five hundred dollars (\$500).*

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**SENATE COMMITTEE ON  
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**

Senator Jerry Hill, Chair  
2015 - 2016 Regular

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**Bill No:** SB 1217  
**Author:** Stone  
**Version:** April 12, 2016  
**Urgency:** No  
**Consultant:** Sarah Mason

**Hearing Date:** April 18, 2016

**Fiscal:** Yes

**Subject:** Healing arts: reporting requirements: professional liability resulting in death or personal injury

**SUMMARY:** Increases the dollar amount for judgement and settlement information required to be kept in a licensee's central file by the Board of Pharmacy (Board) and increases the dollar amount for settlements that trigger mandatory reporting to the Board about Board licensees.

**Existing law:**

- 1) Requires health care licensing boards to create and maintain a central file of the names of all persons who hold a license, certificate, or similar authority. Requires the central file to be created and maintained to provide an individual historical record for each licensee and must include specified information including the following: any conviction of a crime, any judgment or settlement in excess of \$3,000, any public complaints as specified, and any disciplinary information, as specified. States that the content of the central file that is not public record under any other provision of law is confidential. Allows a licensee to submit any exculpatory or explanatory statements or other information to be included in the central file. (BPC § 800)
- 2) Establishes a number of mandatory reporting requirements to health care licensing boards intended to inform boards about possible matters for investigation according to the following:
  - a) Requires every insurer providing professional liability insurance to a person who holds a license, certificate, or similar authority from either the Board of Psychology, Dental Hygiene Committee of California, State Board of Chiropractic Examiners, Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians of the State of California, State Board of Optometry, Physical Therapy Board of California, California State Board of Pharmacy, Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board, California Board of Occupational Therapy, Acupuncture Board, and Physician Assistant Board to send a complete report to that board as to any settlement or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by a licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services but requires every insurer providing professional liability insurance to a person licensed by the Board of Behavioral Sciences (BBS), Dental Board of California or Veterinary

Medical Board of California to send a report for any award over \$10,000. Specifies that the report shall be sent within 30 days. (BPC § 801)

- b) Requires reporting of settlements over \$30,000 and arbitration awards or civil judgments of any amount to the Medical Board of California (MBC), Osteopathic Medical Board of California (OMBC), California Board of Podiatric Medicine (BPM) and Physician Assistant Board (PAB). Specifies the report must be filed within 30 days by either the insurer providing professional liability insurance to the licensee, the state or local government agency that self-insures the licensee, the employer of the licensee, or the licensee if not covered by professional liability insurance and that failure to provide the report is a public offense punishable by a fine of \$500, not to exceed \$5,000. (BPC § 801.01)
- c) Requires every state or local government agency that self-insures a licensee of a health care licensing board above (except for licensees of the MBC, OMBC, BPM and PAB) to report to that board any settlement or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by a licensee's negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services but requires a report to BBS for awards over \$10,000 for BBS licensees. Specifies the report must be filed within 30 days. (BPC § 801.1)
- d) Requires reporting to the health care licensing boards above (except for licensees of the MBC, OMBC, BPM and PAB) of any settlement, judgment or arbitration award over \$3,000 of a claim or action for damages for death or personal injury caused by a licensee's negligence, error, omission in practice or by his or her unauthorized rendering of services for licensees who do not possess professional liability insurance but requires a report to BBS for awards over \$10,000 for BBS licensees. Specifies the report must be filed within 30 days by the licensee or his or her counsel, with a copy sent to the claimant or his or her counsel and that failure to provide the report is a public offense punishable by a fine of \$500, not to exceed \$50,000. (BPC § 802)
- e) Requires the clerk of a court that renders a judgment that a licensee of a health care licensing board has committed a crime, or is liable for any death or personal injury resulting in a judgment of any amount caused by the licensee's negligence, error, or omission in practice, or his or her rendering of unauthorized professional services, to report that judgment to the board within 10 days after the judgment is entered. The court clerk is also responsible for reporting criminal convictions to a health care licensing board. (BPC §§ 803 and 803.5)

**This bill:**

- 1) Raises the threshold from \$3,000 to \$10,000 for the central file maintained by the Board for licensees to include any judgment or settlement pursuant to BPC § 800.
- 2) Raises the threshold from \$3,000 to \$10,000 for awards required to be reported by a professional liability insurer to the Board pursuant to BPC § 801 about a Board licensee.



- 3) Raises the threshold from \$3,000 to \$10,000 for awards required to be reported by a state or local government agency to the Board pursuant to BPC § 801.1 about a Board licensee.
- 4) Raises the threshold from \$3,000 to \$10,000 for awards required to be reported by a licensee or his or her counsel, if the licensee does not possess professional liability insurance, to the Board.

**FISCAL EFFECT:** Unknown. This bill has been keyed "fiscal" by Legislative Counsel.

**COMMENTS:**

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, "existing law contains an arbitrary distinction between certain healing arts practices and others with regards to their reporting requirements. Licensed professional clinical counselors, licensed dentists, and licensed veterinarians among others have a \$10,000 threshold while licensed educational psychologists, licensed nurses, and licensed pharmacists have a \$3,000 threshold."
2. **Background.** Current law requires all healing arts boards to report information on settlements or arbitration awards. The BBS, the DBC, and the VMB must report those in excess of \$10,000; and the MBC, the OMBC, the BPM, and the PAB must report information in amounts higher than \$30,000. All other boards must report those above \$3,000.

SB 158 (Peace, Chapter 5, Statutes of 1995), which increased the reporting threshold for dentists from \$3,000 to \$10,000, noted that the \$3,000 figure was originally determined in 1975. Legislative history for the original bill was not provided by the Author's office, so it is unclear whether that amount was indeed "arbitrary." However, since that time, there have been deliberate efforts to raise certain reporting thresholds and not others.

According to the Board, it received 674 reports for amounts above \$3,000 between 2011 and 2015. Information is not available for the average amount of these reports, nor what happened as a result of the information. However, the Board's Legislation and Regulation Committee considered, but failed to take a support position, on this bill at its March 24, 2016 meeting.

Reports received pursuant to the Section 800 provisions outlined above are used to launch disciplinary reviews. It is conceivable that, should this bill pass, certain offenses may not rise to the Board's attention and future consumers may be harmed. While the \$3,000 amount may appear dated and arbitrary, it is urged that a more thorough review of current practices and policies be conducted before reporting requirements themselves are changed arbitrarily to ensure consumer protection.

3. **Prior Related Legislation.** SB 146 (Wyland, Chapter 381, Statutes of 2011) added Licensed Professional Clinical Counselors to the BBS reporting requirements.

SB 1548 (Figueroa, Chapter 467, Statutes of 2004) required every insurer providing liability insurance to a licensed veterinarian to send a complete report to VMB as to any settlement or arbitration award over \$10,000 for a claim or action for damages for death or injury caused by that person's negligence, error, or omission in practice, or of rendering unauthorized professional service.

AB 103 (Figueroa, Chapter 359, Statutes of 1997) increased reporting and dissemination of information about health care providers regarding medical malpractice arbitration awards and judgments and required specified information to be posted on the Internet.

SB 158 (Peace, Chapter 5, Statutes of 1995) raised the reporting requirement from \$3,000 to \$10,000 for a malpractice insurer to report to the DBC.

**SUPPORT AND OPPOSITION:**

Support: None on file as of April 12 2016.

Opposition: None on file as of April 12, 2016.

**-- END --**