



**California State Board of Pharmacy**

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BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

To: Board Members

Subject: Agenda Item IV – Discussion and Consideration of Senate Bill 1109 (Bates)  
Controlled Substances: Schedule II Drugs Opioids

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**Version:** Amended May 8, 2018

**Status:** Assembly Floor

**Current Board Position:** Oppose Unless Amended

**Staff Recommendation:** Support if Amended.

**Summary:**

The California Uniform Controlled Substances Act classifies opioids as Schedule II controlled substances and places restrictions on the prescription of those drugs, including prohibiting refills and specifying the requirements of a prescription for these drugs. Additionally, the Business and Professions Code requires the Board of Pharmacy to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California.

Existing Business and Professions Code requires physicians and surgeons to complete a continuing education course on pain management. Although nurse practitioners, certified nurse midwives and physician assistants have limitations as to their authority to prescribe Schedule II drugs, those that do are subject to continuing education requirements on Schedule II drugs.

Current Health and Safety Code statutes requires a school district, charter school, or private school as well as youth sports organizations that elect to offer an athletic program to take specified actions if an athlete is suspected to have sustained a concussion and to obtain a signed concussion and head injury information sheet from the athlete and the parent or guardian before the athlete initiates practice or competition.

**This bill would:**

1. Require existing continuing education courses for all prescribers to include the risks of addiction and overdose associated with the use of Schedule II controlled substances.
2. Require a warning label on all Schedule II controlled substances prescription bottles on the associated addiction and overdose risks.
3. Require a minor's and a parent's or guardian's signature after a required consultation with a prescriber for any minor receiving an initial opioid prescription.
4. Require an information sheet on the risks of opioids to be signed by a minor athlete and the minor athlete's parent or guardian before participation in organized team sports.

A copy of SB 1109 is provided immediately following this memo.

**Staff comments:**

At its May 3, 2018 meeting, the board voted to take an Oppose Unless Amended position on this measure and directed staff to explore other labeling options while preserving the education and consultation provisions of the measure. Since that meeting staff has worked with the author's office to draft the following amendments that would require a pharmacist consultation anytime a controlled substance is dispensed. In the last amended version of this measure the labeling provision remains unchanged.

**Proposed Amendment:**

***Add as section 4076.1.***

(a) All controlled substances medications dispensed must be accompanied by consultation by a pharmacist licensed by the board consistent with the duty to consult regulations promulgated by the board. A pharmacist, before dispensing any controlled substances medication to a patient or the patient's agent for the first time, shall provide oral consultation before dispensing the medication. The consultation provided pursuant to this section must include:

- (1) Appropriate, prescribed use of the medication.
- (2) The importance of following prescribed directions.
- (3) Adverse effects, common side effects and contraindications, and what action is required if such effects or contraindications occur.
- (4) Dangers of misuse or addiction.
- (5) Dangers of pilfering from the household medicine cabinet.
- (6) Appropriate disposal following completion of therapy.
- (7) Possible use of opioid reversal agents to prevent overdose.

(b) The pharmacist is required to initiate the consultation before dispensing the medication to the patient. Any declination of consultation must be made by the patient or patient's agent directly to the pharmacist. When consultation by the pharmacist is declined, the pharmacist shall then advise the patient that he or she is being dispensed a serious drug that can cause adverse effects or addiction if not taken appropriately.

**At this Meeting:**

The board will have the opportunity to review and discuss the proposed amendment. Should the board agree with the staff recommendation, the following motion could be used.

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**Motion:** Approve the proposed amendment and change the board's position to Support if the amendment is accepted by the author.

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AMENDED IN SENATE MAY 8, 2018  
AMENDED IN SENATE MAY 2, 2018  
AMENDED IN SENATE APRIL 18, 2018  
AMENDED IN SENATE APRIL 4, 2018

**SENATE BILL**

**No. 1109**

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**Introduced by Senator Bates**  
**(Coauthors: Senators Nguyen and Stone)**  
(Coauthors: Assembly Members Brough and Mathis)

February 13, 2018

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An act to amend Sections 1645, 2190.5, 2191, 2196.2, 2454.5, 2746.51, 2836.1, 3059, and 3502.1 of, and to add Section 4076.7 to, the Business and Professions Code, to add Section 49476 to the Education Code, and to add Sections 11158.1 and 124236 to the Health and Safety Code, relating to controlled substances.

LEGISLATIVE COUNSEL'S DIGEST

SB 1109, as amended, Bates. Controlled substances: Schedule II drugs: opioids.

(1) The Medical Practice Act provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under that act, the board is required to adopt and administer standards for the continuing education of physicians and surgeons. Existing law requires a physician and surgeon to complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. That act requires the board to give its highest priority to considering a course in pain management among its continuing education requirements for licensees, and requires the board to periodically develop and disseminate information and educational

material on pain management techniques and procedures to licensees and general acute care hospitals.

This bill would require, for physicians and surgeons licensed on or after January 1, 2019, the mandatory continuing education course to also include the subject of the risks of addiction associated with the use of Schedule II drugs. The bill would require the board to give its highest priority to considering a course in the risks of addiction associated with the use of Schedule II drugs among its continuing education requirements for physicians and surgeons and would require the board to periodically develop and disseminate information and educational material on the risks of addiction associated with the use of Schedule II drugs to physicians and surgeons and general acute care hospitals.

(2) The Nursing Practice Act provides for the licensure and regulation of the practice of nursing by the Board of Registered Nursing and makes a violation of its provisions a crime. Existing law authorizes a certified nurse-midwife to furnish or order drugs or devices under specified circumstances, including board certification that the certified nurse-midwife has completed a course in pharmacology, as specified.

This bill would require the pharmacology course to include the risks of addiction and neonatal abstinence syndrome associated with the use of opioids.

Existing law also authorizes a nurse practitioner to furnish or order drugs or devices under specified circumstances, including board certification that the nurse practitioner has completed a course in pharmacology, as specified. Existing law requires nurse practitioners who are authorized to furnish Schedule II controlled substances to complete a mandatory continuing education course in Schedule II controlled substances.

This bill would require the mandatory continuing education course to include the risks of addiction associated with their use.

By expanding the scope of a crime under the Nursing Practice Act, the bill would impose a state-mandated local program.

(3) The Physician Assistant Practice Act provides for licensure and regulation of physician assistants by the Physician Assistant Board and authorizes a physician assistant to perform medical services as set forth by regulations when those services are rendered under the supervision of a licensed physician and surgeon, as specified. The act prohibits a physician assistant from administering, providing, or issuing a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and

surgeon for that particular patient unless the physician assistant has completed an education course that meets specific standards.

This bill would require that course to include the risks of addiction associated with the use of Schedule II controlled substances.

(4) The Pharmacy Law provides for the licensure and regulation of pharmacists, pharmacy technicians, and pharmacies by the California State Board of Pharmacy. Existing law requires the board to promulgate regulations that require a standardized, patient-centered, prescription drug label on all prescription medicine dispensed to patients in California. The act makes a violation of its provisions a crime.

This bill would require a pharmacy or practitioner dispensing an opioid to a patient for outpatient use to prominently display on the label or container a notice that warns of the risk of overdose and addiction, as specified. Because a violation of that requirement would be a crime, the bill would impose a state-mandated local program.

(5) The Dental Practice Act provides for the licensure and regulation of persons engaged in the practice of dentistry by the Dental Board of California, which is within the Department of Consumer Affairs. The act authorizes the board, as a condition of license renewal, to require licentiates to successfully complete a portion of required continuing education hours in specific areas, including patient care, health and safety, and law and ethics.

This bill would include the risks of addiction associated with the use of Schedule II drugs in those specific areas of continuing education.

(6) Existing law, the Osteopathic Act, establishes the Osteopathic Medical Board of California, which issues certificates to, and regulates, osteopathic physicians and surgeons. Existing law requires the board to require each licensed osteopathic physician and surgeon to complete a minimum of 100 hours of American Osteopathic Association continuing education hours during each 2-year cycle, of which 40 hours must be completed in American Osteopathic Association Category 1 continuing education hours as a condition for renewal of an active license.

This bill would additionally require licensed osteopathic physician and surgeons to complete a course on the risks of addiction associated with the use of Schedule II drugs.

(7) The Optometry Practice Act provides for the licensure and regulation of the practice of optometry by the State Board of Optometry. The act requires an optometrist certified to use therapeutic pharmaceutical agents to complete a total of 50 hours of continuing

education every 2 years in order to renew his or her certificate. Existing law requires 35 of the 50 hours of continuing education to be on the diagnosis, treatment, and management of ocular disease in any combination of specified areas, including pain medication.

This bill would expand the areas of continuing education to include risks of addiction associated with the use of Schedule II drugs.

(8) The California Uniform Controlled Substances Act classifies opioids as Schedule II controlled substances and places restrictions on the prescription of those drugs, including prohibiting refills and specifying the requirements of a prescription for these drugs. The act makes a violation of its provisions a crime.

This bill would require a prescriber to discuss specified information with the minor, the minor's parent or guardian, or other adult authorized to consent to the minor's medical treatment before directly dispensing or issuing for a minor the first prescription in a single course of treatment for a controlled substance containing an opioid. This bill would provide that a violation of these requirements is not a criminal offense, but ~~would subject the prescriber to disciplinary action for unprofessional conduct under the prescriber's respective licensing act.~~ *offense.*

(9) Existing law requires a school district, charter school, or private school that elects to offer an athletic program to take specified actions if an athlete is suspected to have sustained a concussion and to obtain a signed concussion and head injury information sheet from the athlete and athlete's parent or guardian before the athlete initiates practice or competition.

This bill would require a school district, charter school, or private school that elects to offer an athletic program to annually give a specified Opioid Factsheet for Patients to each athlete, and would require each athlete and his or her parent to sign a document verifying receipt of that factsheet, as specified.

(10) Existing law requires a youth sports organization, as defined, that elects to offer an athletic program to, among other things, annually give a concussion and head injury information sheet to each athlete and requires that the sheet be signed, as specified.

This bill would also require a youth sports organization that elects to offer an athletic program to annually give a specified Opioid Factsheet for Patients to each athlete, and would require that each athlete and his or her parent to sign a document verifying receipt of that factsheet, as specified.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

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

State-mandated local program: yes.

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

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) Addiction, misuse, and overdose of prescription opioids is  
4 a public health crisis affecting both adults and children.

5 (b) Urgent measures are needed to better inform the public of  
6 the risks associated with both the long-term and short-term use of  
7 opioids in an effort to address this problem.

8 (c) Both short-term and long-term prescriptions of opioids to  
9 minors fall within situations that require counseling ~~and written~~  
10 ~~consent under the Guidelines for Prescribing Controlled Substances~~  
11 ~~for Pain issued by the Medical Board of California.~~ *of patients and*  
12 *their parents or guardians by their prescribers.*

13 (d) It is the intent of the Legislature to ~~codify the Medical Board~~  
14 ~~of California's Guidelines for Prescribing Controlled Substances~~  
15 ~~for Pain, as it relates to patient counseling, consent, and pain~~  
16 ~~management agreements, and to ensure that health care providers~~  
17 ~~and young athletes receive necessary education on this topic.~~

18 SEC. 2. Section 1645 of the Business and Professions Code is  
19 amended to read:

20 1645. (a) Effective with the 1974 license renewal period, if  
21 the board determines that the public health and safety would be  
22 served by requiring all holders of licenses under this chapter to  
23 continue their education after receiving a license, it may require,  
24 as a condition to the renewal thereof, that they submit assurances  
25 satisfactory to the board that they will, during the succeeding  
26 two-year period, inform themselves of the developments in the  
27 practice of dentistry occurring since the original issuance of their  
28 licenses by pursuing one or more courses of study satisfactory to  
29 the board or by other means deemed equivalent by the board.

1 The board shall adopt regulations providing for the suspension  
2 of the licenses at the end of the two-year period until compliance  
3 with the assurances provided for in this section is accomplished.

4 (b) The board may also, as a condition of license renewal,  
5 require licentiates to successfully complete a portion of the required  
6 continuing education hours in specific areas adopted in regulations  
7 by the board. The board may prescribe this mandatory coursework  
8 within the general areas of patient care, health and safety, law and  
9 ethics, and the risks of addiction associated with the use of  
10 Schedule II drugs. The mandatory coursework prescribed by the  
11 board shall not exceed fifteen hours per renewal period for dentists,  
12 and seven and one-half hours per renewal period for dental  
13 auxiliaries. Any mandatory coursework required by the board shall  
14 be credited toward the continuing education requirements  
15 established by the board pursuant to subdivision (a).

16 (c) For a retired dentist who provides only uncompensated care,  
17 the board shall not require more than 60 percent of the hours of  
18 continuing education that are required of other licensed dentists.  
19 Notwithstanding subdivision (b), all of the hours of continuing  
20 education as described in this subdivision shall be gained through  
21 courses related to the actual delivery of dental services to the  
22 patient or the community, as determined by the board. Nothing in  
23 this subdivision shall be construed to reduce any requirements  
24 imposed by the board pursuant to subdivision (b).

25 (d) The board shall report on the outcome of subdivision (c)  
26 pursuant to, and at the time of, its regular sunset review process,  
27 as provided in Section 1601.1.

28 SEC. 3. Section 2190.5 of the Business and Professions Code  
29 is amended to read:

30 2190.5. (a) (1) All physicians and surgeons shall complete a  
31 mandatory continuing education course in the subjects of pain  
32 management and the treatment of terminally ill and dying patients.  
33 For the purposes of this section, this course shall be a one-time  
34 requirement of 12 credit hours within the required minimum  
35 established by regulation, to be completed by December 31, 2006.  
36 All physicians and surgeons licensed on and after January 1, 2002,  
37 shall complete this requirement within four years of their initial  
38 license or by their second renewal date, whichever occurs first.  
39 The board may verify completion of this requirement on the  
40 renewal application form.



1 (2) For physicians and surgeons licensed on or after January 1,  
2 2019, the course described in paragraph (1) shall also include the  
3 subject of the risks of addiction associated with the use of Schedule  
4 II drugs.

5 (b) By regulatory action, the board may exempt physicians and  
6 surgeons by practice status category from the requirement in  
7 subdivision (a) if the physician and surgeon does not engage in  
8 direct patient care, does not provide patient consultations, or does  
9 not reside in the State of California.

10 (c) This section shall not apply to physicians and surgeons  
11 practicing in pathology or radiology specialty areas.

12 SEC. 4. Section 2191 of the Business and Professions Code is  
13 amended to read:

14 2191. (a) In determining its continuing education requirements,  
15 the board shall consider including a course in human sexuality,  
16 defined as the study of a human being as a sexual being and how  
17 he or she functions with respect thereto, and nutrition to be taken  
18 by those licensees whose practices may require knowledge in those  
19 areas.

20 (b) The board shall consider including a course in child abuse  
21 detection and treatment to be taken by those licensees whose  
22 practices are of a nature that there is a likelihood of contact with  
23 abused or neglected children.

24 (c) The board shall consider including a course in acupuncture  
25 to be taken by those licensees whose practices may require  
26 knowledge in the area of acupuncture and whose education has  
27 not included instruction in acupuncture.

28 (d) The board shall encourage every physician and surgeon to  
29 take nutrition as part of his or her continuing education, particularly  
30 a physician and surgeon involved in primary care.

31 (e) The board shall consider including a course in elder abuse  
32 detection and treatment to be taken by those licensees whose  
33 practices are of a nature that there is a likelihood of contact with  
34 abused or neglected persons 65 years of age and older.

35 (f) In determining its continuing education requirements, the  
36 board shall consider including a course in the early detection and  
37 treatment of substance abusing pregnant women to be taken by  
38 those licensees whose practices are of a nature that there is a  
39 likelihood of contact with these women.

1 (g) In determining its continuing education requirements, the  
2 board shall consider including a course in the special care needs  
3 of drug addicted infants to be taken by those licensees whose  
4 practices are of a nature that there is a likelihood of contact with  
5 these infants.

6 (h) In determining its continuing education requirements, the  
7 board shall consider including a course providing training and  
8 guidelines on how to routinely screen for signs exhibited by abused  
9 women, particularly for physicians and surgeons in emergency,  
10 surgical, primary care, pediatric, prenatal, and mental health  
11 settings. In the event the board establishes a requirement for  
12 continuing education coursework in spousal or partner abuse  
13 detection or treatment, that requirement shall be met by each  
14 licensee within no more than four years from the date the  
15 requirement is imposed.

16 (i) In determining its continuing education requirements, the  
17 board shall consider including a course in the special care needs  
18 of individuals and their families facing end-of-life issues, including,  
19 but not limited to, all of the following:

- 20 (1) Pain and symptom management.
- 21 (2) The psycho-social dynamics of death.
- 22 (3) Dying and bereavement.
- 23 (4) Hospice care.

24 (j) In determining its continuing education requirements, the  
25 board shall give its highest priority to considering a course on pain  
26 management and the risks of addiction associated with the use of  
27 Schedule II drugs.

28 (k) In determining its continuing education requirements, the  
29 board shall consider including a course in geriatric care for  
30 emergency room physicians and surgeons.

31 SEC. 5. Section 2196.2 of the Business and Professions Code  
32 is amended to read:

33 2196.2. The board shall periodically develop and disseminate  
34 information and educational material regarding pain management  
35 techniques and procedures, including the risks of addiction  
36 associated with the use of Schedule II drugs, to each licensed  
37 physician and surgeon and to each general acute care hospital in  
38 this state. The board shall consult with the State Department of  
39 Public Health in developing the materials to be distributed pursuant  
40 to this section.

1 SEC. 6. Section 2454.5 of the Business and Professions Code  
2 is amended to read:

3 2454.5. In order to ensure the continuing competence of  
4 licensed osteopathic physicians and surgeons, the board shall adopt  
5 and administer standards for the continuing education of those  
6 licensees. The board shall require each licensed osteopathic  
7 physician and surgeon to demonstrate satisfaction of the continuing  
8 education requirements as a condition for the renewal of a license  
9 at intervals of not less than one year nor more than two years.  
10 Commencing January 1, 2018, the board shall require each licensed  
11 osteopathic physician and surgeon to complete a minimum of 100  
12 hours of American Osteopathic Association continuing education  
13 hours during each two-year cycle, of which 40 hours shall be  
14 completed in American Osteopathic Association Category 1  
15 continuing education hours and the remaining 60 hours shall be  
16 either American Osteopathic Association or American Medical  
17 Association accredited as a condition for renewal of an active  
18 license. Licensed osteopathic physicians and surgeons shall  
19 complete a course on the risks of addiction associated with the use  
20 of Schedule II drugs.

21 For purposes of this section, “American Osteopathic Association  
22 Category 1” means continuing education activities and programs  
23 approved for Category 1 credit by the Committee on Continuing  
24 Medical Education of the American Osteopathic Association.

25 SEC. 7. Section 2746.51 of the Business and Professions Code  
26 is amended to read:

27 2746.51. (a) Neither this chapter nor any other provision of  
28 law shall be construed to prohibit a certified nurse-midwife from  
29 furnishing or ordering drugs or devices, including controlled  
30 substances classified in Schedule II, III, IV, or V under the  
31 California Uniform Controlled Substances Act (Division 10  
32 (commencing with Section 11000) of the Health and Safety Code),  
33 when all of the following apply:

34 (1) The drugs or devices are furnished or ordered incidentally  
35 to the provision of any of the following:

36 (A) Family planning services, as defined in Section 14503 of  
37 the Welfare and Institutions Code.

38 (B) Routine health care or perinatal care, as defined in  
39 subdivision (d) of Section 123485 of the Health and Safety Code.

1 (C) Care rendered, consistent with the certified nurse-midwife’s  
2 educational preparation or for which clinical competency has been  
3 established and maintained, to persons within a facility specified  
4 in subdivision (a), (b), (c), (d), (i), or (j) of Section 1206 of the  
5 Health and Safety Code, a clinic as specified in Section 1204 of  
6 the Health and Safety Code, a general acute care hospital as defined  
7 in subdivision (a) of Section 1250 of the Health and Safety Code,  
8 a licensed birth center as defined in Section 1204.3 of the Health  
9 and Safety Code, or a special hospital specified as a maternity  
10 hospital in subdivision (f) of Section 1250 of the Health and Safety  
11 Code.

12 (2) The drugs or devices are furnished or ordered by a certified  
13 nurse-midwife in accordance with standardized procedures or  
14 protocols. For purposes of this section, standardized procedure  
15 means a document, including protocols, developed and approved  
16 by the supervising physician and surgeon, the certified  
17 nurse-midwife, and the facility administrator or his or her designee.  
18 The standardized procedure covering the furnishing or ordering  
19 of drugs or devices shall specify all of the following:

20 (A) Which certified nurse-midwife may furnish or order drugs  
21 or devices.

22 (B) Which drugs or devices may be furnished or ordered and  
23 under what circumstances.

24 (C) The extent of physician and surgeon supervision.

25 (D) The method of periodic review of the certified  
26 nurse-midwife’s competence, including peer review, and review  
27 of the provisions of the standardized procedure.

28 (3) If Schedule II or III controlled substances, as defined in  
29 Sections 11055 and 11056 of the Health and Safety Code, are  
30 furnished or ordered by a certified nurse-midwife, the controlled  
31 substances shall be furnished or ordered in accordance with a  
32 patient-specific protocol approved by the treating or supervising  
33 physician and surgeon. For Schedule II controlled substance  
34 protocols, the provision for furnishing the Schedule II controlled  
35 substance shall address the diagnosis of the illness, injury, or  
36 condition for which the Schedule II controlled substance is to be  
37 furnished.

38 (4) The furnishing or ordering of drugs or devices by a certified  
39 nurse-midwife occurs under physician and surgeon supervision.  
40 For purposes of this section, no physician and surgeon shall

1 supervise more than four certified nurse-midwives at one time.  
2 Physician and surgeon supervision shall not be construed to require  
3 the physical presence of the physician, but does include all of the  
4 following:

5 (A) Collaboration on the development of the standardized  
6 procedure or protocol.

7 (B) Approval of the standardized procedure or protocol.

8 (C) Availability by telephonic contact at the time of patient  
9 examination by the certified nurse-midwife.

10 (b) (1) The furnishing or ordering of drugs or devices by a  
11 certified nurse-midwife is conditional on the issuance by the board  
12 of a number to the applicant who has successfully completed the  
13 requirements of paragraph (2). The number shall be included on  
14 all transmittals of orders for drugs or devices by the certified  
15 nurse-midwife. The board shall maintain a list of the certified  
16 nurse-midwives that it has certified pursuant to this paragraph and  
17 the number it has issued to each one. The board shall make the list  
18 available to the California State Board of Pharmacy upon its  
19 request. Every certified nurse-midwife who is authorized pursuant  
20 to this section to furnish or issue a drug order for a controlled  
21 substance shall register with the United States Drug Enforcement  
22 Administration.

23 (2) The board has certified in accordance with paragraph (1)  
24 that the certified nurse-midwife has satisfactorily completed a  
25 course in pharmacology covering the drugs or devices to be  
26 furnished or ordered under this section, including the risks of  
27 addiction and neonatal abstinence syndrome associated with the  
28 use of opioids. The board shall establish the requirements for  
29 satisfactory completion of this paragraph.

30 (3) A physician and surgeon may determine the extent of  
31 supervision necessary pursuant to this section in the furnishing or  
32 ordering of drugs and devices.

33 (4) A copy of the standardized procedure or protocol relating  
34 to the furnishing or ordering of controlled substances by a certified  
35 nurse-midwife shall be provided upon request to any licensed  
36 pharmacist who is uncertain of the authority of the certified  
37 nurse-midwife to perform these functions.

38 (5) Certified nurse-midwives who are certified by the board and  
39 hold an active furnishing number, who are currently authorized  
40 through standardized procedures or protocols to furnish Schedule

1 II controlled substances, and who are registered with the United  
2 States Drug Enforcement Administration shall provide  
3 documentation of continuing education specific to the use of  
4 Schedule II controlled substances in settings other than a hospital  
5 based on standards developed by the board.

6 (c) Drugs or devices furnished or ordered by a certified  
7 nurse-midwife may include Schedule II controlled substances  
8 under the California Uniform Controlled Substances Act (Division  
9 10 (commencing with Section 11000) of the Health and Safety  
10 Code) under the following conditions:

11 (1) The drugs and devices are furnished or ordered in accordance  
12 with requirements referenced in paragraphs (2) to (4), inclusive,  
13 of subdivision (a) and in paragraphs (1) to (3), inclusive, of  
14 subdivision (b).

15 (2) When Schedule II controlled substances, as defined in  
16 Section 11055 of the Health and Safety Code, are furnished or  
17 ordered by a certified nurse-midwife, the controlled substances  
18 shall be furnished or ordered in accordance with a patient-specific  
19 protocol approved by the treating or supervising physician and  
20 surgeon.

21 (d) Furnishing of drugs or devices by a certified nurse-midwife  
22 means the act of making a pharmaceutical agent or agents available  
23 to the patient in strict accordance with a standardized procedure  
24 or protocol. Use of the term “furnishing” in this section shall  
25 include the following:

26 (1) The ordering of a drug or device in accordance with the  
27 standardized procedure or protocol.

28 (2) Transmitting an order of a supervising physician and  
29 surgeon.

30 (e) “Drug order” or “order” for purposes of this section means  
31 an order for medication or for a drug or device that is dispensed  
32 to or for an ultimate user, issued by a certified nurse-midwife as  
33 an individual practitioner, within the meaning of Section 1306.03  
34 of Title 21 of the Code of Federal Regulations. Notwithstanding  
35 any other provision of law, (1) a drug order issued pursuant to this  
36 section shall be treated in the same manner as a prescription of the  
37 supervising physician; (2) all references to “prescription” in this  
38 code and the Health and Safety Code shall include drug orders  
39 issued by certified nurse-midwives; and (3) the signature of a  
40 certified nurse-midwife on a drug order issued in accordance with

1 this section shall be deemed to be the signature of a prescriber for  
2 purposes of this code and the Health and Safety Code.

3 SEC. 8. Section 2836.1 of the Business and Professions Code  
4 is amended to read:

5 2836.1. Neither this chapter nor any other provision of law  
6 shall be construed to prohibit a nurse practitioner from furnishing  
7 or ordering drugs or devices when all of the following apply:

8 (a) The drugs or devices are furnished or ordered by a nurse  
9 practitioner in accordance with standardized procedures or  
10 protocols developed by the nurse practitioner and the supervising  
11 physician and surgeon when the drugs or devices furnished or  
12 ordered are consistent with the practitioner's educational  
13 preparation or for which clinical competency has been established  
14 and maintained.

15 (b) The nurse practitioner is functioning pursuant to standardized  
16 procedure, as defined by Section 2725, or protocol. The  
17 standardized procedure or protocol shall be developed and  
18 approved by the supervising physician and surgeon, the nurse  
19 practitioner, and the facility administrator or the designee.

20 (c) (1) The standardized procedure or protocol covering the  
21 furnishing of drugs or devices shall specify which nurse  
22 practitioners may furnish or order drugs or devices, which drugs  
23 or devices may be furnished or ordered, under what circumstances,  
24 the extent of physician and surgeon supervision, the method of  
25 periodic review of the nurse practitioner's competence, including  
26 peer review, and review of the provisions of the standardized  
27 procedure.

28 (2) In addition to the requirements in paragraph (1), for Schedule  
29 II controlled substance protocols, the provision for furnishing  
30 Schedule II controlled substances shall address the diagnosis of  
31 the illness, injury, or condition for which the Schedule II controlled  
32 substance is to be furnished.

33 (d) The furnishing or ordering of drugs or devices by a nurse  
34 practitioner occurs under physician and surgeon supervision.  
35 Physician and surgeon supervision shall not be construed to require  
36 the physical presence of the physician, but does include (1)  
37 collaboration on the development of the standardized procedure,  
38 (2) approval of the standardized procedure, and (3) availability by  
39 telephonic contact at the time of patient examination by the nurse  
40 practitioner.

1 (e) For purposes of this section, no physician and surgeon shall  
2 supervise more than four nurse practitioners at one time.

3 (f) (1) Drugs or devices furnished or ordered by a nurse  
4 practitioner may include Schedule II through Schedule V controlled  
5 substances under the California Uniform Controlled Substances  
6 Act (Division 10 (commencing with Section 11000) of the Health  
7 and Safety Code) and shall be further limited to those drugs agreed  
8 upon by the nurse practitioner and physician and surgeon and  
9 specified in the standardized procedure.

10 (2) When Schedule II or III controlled substances, as defined  
11 in Sections 11055 and 11056, respectively, of the Health and Safety  
12 Code, are furnished or ordered by a nurse practitioner, the  
13 controlled substances shall be furnished or ordered in accordance  
14 with a patient-specific protocol approved by the treating or  
15 supervising physician. A copy of the section of the nurse  
16 practitioner's standardized procedure relating to controlled  
17 substances shall be provided, upon request, to any licensed  
18 pharmacist who dispenses drugs or devices, when there is  
19 uncertainty about the nurse practitioner furnishing the order.

20 (g) (1) The board has certified in accordance with Section  
21 2836.3 that the nurse practitioner has satisfactorily completed a  
22 course in pharmacology covering the drugs or devices to be  
23 furnished or ordered under this section.

24 (2) A physician and surgeon may determine the extent of  
25 supervision necessary pursuant to this section in the furnishing or  
26 ordering of drugs and devices.

27 (3) Nurse practitioners who are certified by the board and hold  
28 an active furnishing number, who are authorized through  
29 standardized procedures or protocols to furnish Schedule II  
30 controlled substances, and who are registered with the United  
31 States Drug Enforcement Administration, shall complete, as part  
32 of their continuing education requirements, a course including  
33 Schedule II controlled substances, and the risks of addiction  
34 associated with their use, based on the standards developed by the  
35 board. The board shall establish the requirements for satisfactory  
36 completion of this subdivision.

37 (h) Use of the term "furnishing" in this section, in health  
38 facilities defined in Section 1250 of the Health and Safety Code,  
39 shall include (1) the ordering of a drug or device in accordance



1 with the standardized procedure and (2) transmitting an order of  
2 a supervising physician and surgeon.

3 (i) “Drug order” or “order” for purposes of this section means  
4 an order for medication which is dispensed to or for an ultimate  
5 user, issued by a nurse practitioner as an individual practitioner,  
6 within the meaning of Section 1306.02 of Title 21 of the Code of  
7 Federal Regulations. Notwithstanding any other provision of law,  
8 (1) a drug order issued pursuant to this section shall be treated in  
9 the same manner as a prescription of the supervising physician;  
10 (2) all references to “prescription” in this code and the Health and  
11 Safety Code shall include drug orders issued by nurse practitioners;  
12 and (3) the signature of a nurse practitioner on a drug order issued  
13 in accordance with this section shall be deemed to be the signature  
14 of a prescriber for purposes of this code and the Health and Safety  
15 Code.

16 SEC. 9. Section 3059 of the Business and Professions Code is  
17 amended to read:

18 3059. (a) It is the intent of the Legislature that the public health  
19 and safety would be served by requiring all holders of licenses to  
20 practice optometry granted under this chapter to continue their  
21 education after receiving their licenses. The board shall adopt  
22 regulations that require, as a condition to the renewal thereof, that  
23 all holders of licenses submit proof satisfactory to the board that  
24 they have informed themselves of the developments in the practice  
25 of optometry occurring since the original issuance of their licenses  
26 by pursuing one or more courses of study satisfactory to the board  
27 or by other means deemed equivalent by the board.

28 (b) The board may, in accordance with the intent of this section,  
29 make exceptions from continuing education requirements for  
30 reasons of health, military service, or other good cause.

31 (c) If for good cause compliance cannot be met for the current  
32 year, the board may grant exemption of compliance for that year,  
33 provided that a plan of future compliance that includes current  
34 requirements as well as makeup of previous requirements is  
35 approved by the board.

36 (d) The board may require that proof of compliance with this  
37 section be submitted on an annual or biennial basis as determined  
38 by the board.

39 (e) An optometrist certified to use therapeutic pharmaceutical  
40 agents pursuant to Section 3041.3 shall complete a total of 50 hours

1 of continuing education every two years in order to renew his or  
2 her certificate. Thirty-five of the required 50 hours of continuing  
3 education shall be on the diagnosis, treatment, and management  
4 of ocular disease in any combination of the following areas:

- 5 (1) Glaucoma.
- 6 (2) Ocular infection.
- 7 (3) Ocular inflammation.
- 8 (4) Topical steroids.
- 9 (5) Systemic medication.
- 10 (6) Pain medication, including the risks of addiction associated
- 11 with the use of Schedule II drugs.

12 (f) The board shall encourage every optometrist to take a course  
13 or courses in pharmacology and pharmaceuticals as part of his or  
14 her continuing education.

15 (g) The board shall consider requiring courses in child abuse  
16 detection to be taken by those licensees whose practices are such  
17 that there is a likelihood of contact with abused or neglected  
18 children.

19 (h) The board shall consider requiring courses in elder abuse  
20 detection to be taken by those licensees whose practices are such  
21 that there is a likelihood of contact with abused or neglected elder  
22 persons.

23 SEC. 10. Section 3502.1 of the Business and Professions Code  
24 is amended to read:

25 3502.1. (a) In addition to the services authorized in the  
26 regulations adopted by the Medical Board of California, and except  
27 as prohibited by Section 3502, while under the supervision of a  
28 licensed physician and surgeon or physicians and surgeons  
29 authorized by law to supervise a physician assistant, a physician  
30 assistant may administer or provide medication to a patient, or  
31 transmit orally, or in writing on a patient’s record or in a drug  
32 order, an order to a person who may lawfully furnish the  
33 medication or medical device pursuant to subdivisions (c) and (d).

34 (1) A supervising physician and surgeon who delegates authority  
35 to issue a drug order to a physician assistant may limit this authority  
36 by specifying the manner in which the physician assistant may  
37 issue delegated prescriptions.

38 (2) Each supervising physician and surgeon who delegates the  
39 authority to issue a drug order to a physician assistant shall first  
40 prepare and adopt, or adopt, a written, practice specific, formulary

1 and protocols that specify all criteria for the use of a particular  
2 drug or device, and any contraindications for the selection.  
3 Protocols for Schedule II controlled substances shall address the  
4 diagnosis of illness, injury, or condition for which the Schedule II  
5 controlled substance is being administered, provided, or issued.  
6 The drugs listed in the protocols shall constitute the formulary and  
7 shall include only drugs that are appropriate for use in the type of  
8 practice engaged in by the supervising physician and surgeon.  
9 When issuing a drug order, the physician assistant is acting on  
10 behalf of and as an agent for a supervising physician and surgeon.

11 (b) “Drug order,” for purposes of this section, means an order  
12 for medication that is dispensed to or for a patient, issued and  
13 signed by a physician assistant acting as an individual practitioner  
14 within the meaning of Section 1306.02 of Title 21 of the Code of  
15 Federal Regulations. Notwithstanding any other provision of law,  
16 (1) a drug order issued pursuant to this section shall be treated in  
17 the same manner as a prescription or order of the supervising  
18 physician, (2) all references to “prescription” in this code and the  
19 Health and Safety Code shall include drug orders issued by  
20 physician assistants pursuant to authority granted by their  
21 supervising physicians and surgeons, and (3) the signature of a  
22 physician assistant on a drug order shall be deemed to be the  
23 signature of a prescriber for purposes of this code and the Health  
24 and Safety Code.

25 (c) A drug order for any patient cared for by the physician  
26 assistant that is issued by the physician assistant shall either be  
27 based on the protocols described in subdivision (a) or shall be  
28 approved by the supervising physician and surgeon before it is  
29 filled or carried out.

30 (1) A physician assistant shall not administer or provide a drug  
31 or issue a drug order for a drug other than for a drug listed in the  
32 formulary without advance approval from a supervising physician  
33 and surgeon for the particular patient. At the direction and under  
34 the supervision of a physician and surgeon, a physician assistant  
35 may hand to a patient of the supervising physician and surgeon a  
36 properly labeled prescription drug prepackaged by a physician and  
37 surgeon, manufacturer as defined in the Pharmacy Law, or a  
38 pharmacist.

39 (2) A physician assistant shall not administer, provide, or issue  
40 a drug order to a patient for Schedule II through Schedule V

1 controlled substances without advance approval by a supervising  
2 physician and surgeon for that particular patient unless the  
3 physician assistant has completed an education course that covers  
4 controlled substances and that meets standards, including  
5 pharmacological content, approved by the board. The education  
6 course shall be provided either by an accredited continuing  
7 education provider or by an approved physician assistant training  
8 program. If the physician assistant will administer, provide, or  
9 issue a drug order for Schedule II controlled substances, the course  
10 shall contain a minimum of three hours exclusively on Schedule  
11 II controlled substances, including the risks of addiction associated  
12 with their use. Completion of the requirements set forth in this  
13 paragraph shall be verified and documented in the manner  
14 established by the board prior to the physician assistant's use of a  
15 registration number issued by the United States Drug Enforcement  
16 Administration to the physician assistant to administer, provide,  
17 or issue a drug order to a patient for a controlled substance without  
18 advance approval by a supervising physician and surgeon for that  
19 particular patient.

20 (3) Any drug order issued by a physician assistant shall be  
21 subject to a reasonable quantitative limitation consistent with  
22 customary medical practice in the supervising physician and  
23 surgeon's practice.

24 (d) A written drug order issued pursuant to subdivision (a),  
25 except a written drug order in a patient's medical record in a health  
26 facility or medical practice, shall contain the printed name, address,  
27 and telephone number of the supervising physician and surgeon,  
28 the printed or stamped name and license number of the physician  
29 assistant, and the signature of the physician assistant. Further, a  
30 written drug order for a controlled substance, except a written drug  
31 order in a patient's medical record in a health facility or a medical  
32 practice, shall include the federal controlled substances registration  
33 number of the physician assistant and shall otherwise comply with  
34 Section 11162.1 of the Health and Safety Code. Except as  
35 otherwise required for written drug orders for controlled substances  
36 under Section 11162.1 of the Health and Safety Code, the  
37 requirements of this subdivision may be met through stamping or  
38 otherwise imprinting on the supervising physician and surgeon's  
39 prescription blank to show the name, license number, and if  
40 applicable, the federal controlled substances registration number

1 of the physician assistant, and shall be signed by the physician  
2 assistant. When using a drug order, the physician assistant is acting  
3 on behalf of and as the agent of a supervising physician and  
4 surgeon.

5 (e) The supervising physician and surgeon shall use either of  
6 the following mechanisms to ensure adequate supervision of the  
7 administration, provision, or issuance by a physician assistant of  
8 a drug order to a patient for Schedule II controlled substances:

9 (1) The medical record of any patient cared for by a physician  
10 assistant for whom the physician assistant's Schedule II drug order  
11 has been issued or carried out shall be reviewed, countersigned,  
12 and dated by a supervising physician and surgeon within seven  
13 days.

14 (2) If the physician assistant has documentation evidencing the  
15 successful completion of an education course that covers controlled  
16 substances, and that controlled substance education course (A)  
17 meets the standards, including pharmacological content, established  
18 in Sections 1399.610 and 1399.612 of Title 16 of the California  
19 Code of Regulations, and (B) is provided either by an accredited  
20 continuing education provider or by an approved physician assistant  
21 training program, the supervising physician and surgeon shall  
22 review, countersign, and date, within seven days, a sample  
23 consisting of the medical records of at least 20 percent of the  
24 patients cared for by the physician assistant for whom the physician  
25 assistant's Schedule II drug order has been issued or carried out.  
26 Completion of the requirements set forth in this paragraph shall  
27 be verified and documented in the manner established in Section  
28 1399.612 of Title 16 of the California Code of Regulations.  
29 Physician assistants who have a certificate of completion of the  
30 course described in paragraph (2) of subdivision (c) shall be  
31 deemed to have met the education course requirement of this  
32 subdivision.

33 (f) All physician assistants who are authorized by their  
34 supervising physicians to issue drug orders for controlled  
35 substances shall register with the United States Drug Enforcement  
36 Administration (DEA).

37 (g) The board shall consult with the Medical Board of California  
38 and report during its sunset review required by Article 7.5  
39 (commencing with Section 9147.7) of Chapter 1.5 of Part 1 of  
40 Division 2 of Title 2 of the Government Code the impacts of

1 exempting Schedule III and Schedule IV drug orders from the  
2 requirement for a physician and surgeon to review and countersign  
3 the affected medical record of a patient.

4 SEC. 11. Section 4076.7 is added to the Business and  
5 Professions Code, to read:

6 4076.7. In addition to the requirements of Sections 4076 and  
7 4076.5, whenever a prescription drug containing an opioid is  
8 dispensed to a patient for outpatient use, the pharmacy or  
9 practitioner dispensing the drug shall prominently display on the  
10 label or container a notice that states “Caution: Opioid. Risk of  
11 overdose and addiction.”

12 SEC. 12. Section 49476 is added to the Education Code, to  
13 read:

14 49476. (a) If a school district, charter school, or private school  
15 elects to offer an athletic program, the school district, charter  
16 school, or private school shall annually give the Opioid Factsheet  
17 for Patients published by the Centers for Disease Control and  
18 Prevention to each athlete. The athlete and, if the athlete is 17 years  
19 of age or younger, the athlete’s parent or guardian shall sign a  
20 document acknowledging receipt of the Opioid Factsheet for  
21 Patients and return that document to the school district, charter  
22 school, or private school before the athlete initiates practice or  
23 competition. The Opioid Factsheet for Patients may be sent and  
24 returned through an electronic medium, including, but not limited  
25 to, fax or email.

26 (b) This section does not apply to an athlete engaging in an  
27 athletic activity during the regular schoolday or as part of a physical  
28 education course required pursuant to subdivision (d) of Section  
29 51220.

30 SEC. 13. Section 11158.1 is added to the Health and Safety  
31 Code, to read:

32 11158.1. (a) Except when a patient is being treated as set forth  
33 in Sections 11159, 11159.2, and 11167.5, and Article 2  
34 (commencing with Section 11215) of Chapter 5, pertaining to the  
35 treatment of addicts, or for a diagnosis of chronic intractable pain  
36 as used in Section 124960 of this code and Section 2241.5 of the  
37 Business and Professions Code, a prescriber shall discuss all of  
38 the following with the minor, the minor’s parent or guardian, or  
39 another adult authorized to consent to the minor’s medical  
40 treatment before directly dispensing or issuing for a minor the first

1 prescription in a single course of treatment for a controlled  
2 substance containing an opioid:

3 (1) The risks of addiction and overdose associated with the use  
4 of opioids.

5 (2) The increased risk of addiction to an opioid to an individual  
6 who is suffering from both mental and substance abuse disorders.

7 (3) The danger of taking an opioid with a benzodiazepine,  
8 alcohol, or another central nervous system depressant.

9 (4) Any other information required by law.

10 (b) Subdivision (a) does not apply in any of the following  
11 circumstances:

12 (1) If the minor's treatment is associated with or incident to a  
13 medical emergency.

14 (2) If the minor's treatment is associated with or incident to an  
15 emergency surgery, regardless of whether the surgery is performed  
16 on an inpatient or outpatient basis.

17 (3) If, in the prescriber's professional judgment, fulfilling the  
18 requirements of subdivision (a) would be detrimental to the minor's  
19 health or safety.

20 (c) Notwithstanding any other law, including Section 11374,  
21 failure to comply with this section shall not constitute a criminal  
22 offense, but may subject the prescriber to disciplinary action for  
23 unprofessional conduct under the prescriber's respective licensing  
24 act under Division 2 (commencing with Section 500) of the  
25 Business and Professions Code. *offense.*

26 SEC. 14. Section 124236 is added to the Health and Safety  
27 Code, to read:

28 124236. (a) A youth sports organization, as defined in  
29 paragraph (3) of subdivision (b) of Section 124235, that elects to  
30 offer an athletic program shall annually give the Opioid Factsheet  
31 for Patients published by the Centers for Disease Control and  
32 Prevention to each athlete. The athlete and, if the athlete is 17 years  
33 of age or younger, the athlete's parent or guardian shall sign a  
34 document acknowledging receipt of the Opioid Factsheet for  
35 Patients and return that document to the school district, charter  
36 school, or private school before the athlete initiates practice or  
37 competition. The Opioid Factsheet for Patients may be sent and  
38 returned through an electronic medium, including, but not limited  
39 to, fax or email.

1 (b) This section shall apply to all athletes participating in the  
2 activities of a youth sports organization, irrespective of their ages.  
3 This section shall not be construed to prohibit a youth sports  
4 organization, or any other appropriate entity, from adopting and  
5 enforcing rules intended to provide a higher standard of safety for  
6 athletes than the standard established under this section.

7 SEC. 15. No reimbursement is required by this act pursuant to  
8 Section 6 of Article XIII B of the California Constitution because  
9 the only costs that may be incurred by a local agency or school  
10 district will be incurred because this act creates a new crime or  
11 infraction, eliminates a crime or infraction, or changes the penalty  
12 for a crime or infraction, within the meaning of Section 17556 of  
13 the Government Code, or changes the definition of a crime within  
14 the meaning of Section 6 of Article XIII B of the California  
15 Constitution.