WOEMA Positions on California Legislation

BILL	SUBJECT	WOEMA
AB 69 (Perea)	Establish groundwater nitrate Fund. Analysis.	Support
AB 332 (Hall)	Requires OSHSB to develop to develop standards for the adult film industry	Support, offer friendly amendments
SB 193 (Monning)	Requires manufacturers and distributors of toxic workplace materials to report customer lists and shipments	Support
SB 352 (Pavley)	Allows MAs to work under PA, NP, or nurse-wife supervision in medical offices (current law limits setting to few community clinics)	Support
SB 718 (Yee)	Requires a hospital to develop a violence prevention plan as part of its injury prevention program	Support if amended
SB 809 (DeSaulnier)	Funds CURES program by imposing a $9 physician-license-renewal fee and unspecified tax on insurers and manufacturers.	Support if amended

SB 352: SUPPORT
This bill addresses the ability of Medical Assistants to perform simple tasks under supervision. Currently, a supervising physician must be physically present in the building for an MA to do any patient care activity whatsoever including height and weight, vitals, vaccines, etc. This bill would allow the physician to delegate that supervisory function to an NP, PA or midwife under protocols jointly agreed by the physician, midlevel, and clinic administrator.

This is important to many front-line occ med practitioners, who without this bill are in violation of the law if the MA takes a patient's pulse while the doctor is at lunch outside the building. There is no reason why an NP or PA cannot be delegated this responsibility.

As for SB 352 (allowing midlevels to supervise MA's), it is instructive to review what is currently allowed for NP and PA practice: essentially NP's and PA's can do legally do almost anything a physician can do if appropriately authorized (including supervision via chart review, in-person or telephonic consult, etc.), by the affiliated physician. This includes all diagnosis, minor surgery, deliveries, prescribing Schedule II narcotics, and issuing orders to hospital nursing staffs. No opinion is needed from us as to whether this should be or not; it's a fact, and primary care OEM clinical practice has for decades sometimes included clinical activities with no physician on premises, but with general and specific practice protocols in place from

the physician.

What SB 352 would do is to also allow midlevels to supervise MA's doing what MA's normally do, without a physician being in the building. It's hard to see how there would be any substantive increased risk from this. For giving vaccines, for instance, the supervising physician currently assures that the PA or NP knows how to appropriately determine need, order the vaccine, and be trained to respond to adverse reactions whether the physician is on-site or not. This bill would merely allow the actual injection to be done by the MA, which they already can do if the physician is on-site, to be done when the midlevel is supervising.

SB 718 (Yee) Workplace Violence Prevention Plan: SUPPORT IF AMENDED
This bill would require a hospital, as part of its injury prevention program, to adopt a workplace violence prevention plan. As written, the program would cover health care workers, other facility personnel, patients and visitors from aggressive or violent behavior. This would also require the hospital to report to any incident of assault. We think that this bill should be supported as hospital workers are potentially exposed to violence particularly in psychiatric facilities. The Legislative Committee suggests supporting this bill with amendments. Our particular concern is that not all physicians practicing in a hospital are employees of the hospital and the bill should be amended to make it clear that physicians are covered by this bill also.

SB 809 (DeSaulnier) Controlled Substance Utilization Review and Evaluation System (CURES): SUPPORT IF AMENDED
This bill establishes funding for the CURES system, allowing physicians access to electronic monitoring of the prescribing and dispensing of Schedule II, Schedule III, and Schedule IV controlled substances by all practitioners authorized to prescribe or dispense these controlled substances, qualified manufacturers, and specified insurers. The Legislative Committee recognizes the importance of this tool in prescribing opioids appropriately and the need for ongoing funding for it. We suggest supporting this bill with amendments. We are not suggesting a specific amendment at this time but want to attempt to reduce the proposed fee on physicians ($9.00), with more contribution from other stakeholders.A