
**SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**
Senator Angelique Ashby, Chair
2025 - 2026 Regular

Bill No:	SB 849	Hearing Date:	January 12, 2026
Author:	Weber Pierson		
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Urgency:	No	Fiscal:	Yes
Consultant:	Sarah Mason		

Subject: Physicians and surgeons: sexual misconduct and offenses: revocation of certificate

SUMMARY: Requires automatic revocation of a physician's license if the license was revoked for committing an act of sexual abuse, misconduct, or relations with a patient, or following conviction of a crime requiring registration as a sex offender for an offense with a patient but the license was subsequently reinstated on or after January 1, 2020. Prohibits the person from petitioning for licensure reinstatement or renewal.

Existing law:

- 1) Establishes various practice acts in the Business and Professions Code (BPC) governed by various boards within the Department of Consumer Affairs (DCA) which provide for the licensing and regulation of health care professionals. (BPC §§ 500 *et seq.*)
- 2) Establishes a number of reporting requirements outlined in the BPC designed to inform licensing boards about possible matters for investigation, including but not limited to:
 - a) Requires the chief of staff and chief executive officer, medical director, or administrator of a licensed health care facility to file a report within 15 days after the peer review body makes a final decision or recommendation to take disciplinary action which must be reported if the recommended action is taken for a variety of reasons, including sexual misconduct with one or more patients during a course of treatment or an examination. (BPC § 805.01)
 - b) Requires a health facility or clinic, the administrator or chief executive officer of a health care service plan, or other entity that makes any arrangement under which a licensed health care professional is allowed to practice in or provide care for patients (including but not limited to a private postsecondary educational institution), to file a report of any allegation of sexual abuse or sexual misconduct made against a licensed health care professional to the licensee's licensing board within 15 days of receiving the allegation of sexual abuse or sexual misconduct. Requires an employee or a licensed health care professional that works in any health facility or clinic, health care service plan, or other entity, who has knowledge of any allegation of sexual abuse or sexual misconduct by a licensed health care professional, to file a report with both the licensee's licensing board and the administration of the health facility or clinic, health care service plan, or other entity within 15 days of knowing about the allegation of sexual

abuse or sexual misconduct. Specifies that failure of an employee or licensed health care professional to file the report of alleged sexual abuse or sexual misconduct may constitute unprofessional conduct. Specifies that any failure to file the report of alleged sexual abuse or sexual misconduct is punishable by a fine of up to \$50,000 per violation. Specifies that a willful failure (a voluntary and intentional violation of a known legal duty) to file the report of alleged sexual abuse or sexual misconduct is punishable by a fine of up to \$100,000 per violation. States that a person is immune from any civil or criminal liability for reporting the alleged sexual abuse or sexual misconduct. (BPC § 805.8)

- 3) Establishes various violations that constitute unprofessional conduct. (BPC §§ 725 *et. seq*)
- 4) Requires any psychotherapist or employer of a psychotherapist who becomes aware, through a client that the client had alleged sexual intercourse, sexual behavior, or sexual contact with a previous psychotherapist during the course of a prior treatment, to provide a brochure to the client (the brochure is prepared by the DCA) that delineates the rights of, and remedies for, clients who have been involved sexually with their psychotherapists. Requires the psychotherapist or employer to discuss the brochure with the client. For purposes of the brochure, defines “sexual contact” as the touching of an intimate part of another person, and “sexual behavior” as inappropriate contact or communication of a sexual nature. “Sexual behavior” does not include the provision of appropriate therapeutic interventions relating to sexual issues. (BPC §§ 728 (a) and (c)(2))
- 5) Specifies that cases involving certain allegations by licensees of the Medical Board of California (MBC) and the Podiatric Medical Board must be handled on a priority basis, including, but not limited to sexual misconduct with one or more patients during a course of treatment or an examination. (BPC § 2220.05.)
- 6) Requires MBC to establish a Complainant Liaison Unit, operative six months following the allocation of funding, to:
 - a) Respond to communications from the public about the complaint review and enforcement process.
 - b) After a complaint has been referred to a field investigation, assist with coordinating communications between the complainant and investigators, as necessary.
 - c) Following a disciplinary decision, respond to questions from the complainant regarding any appeals process available to the disciplined licensee.
 - d) Conduct and support public outreach activities to improve the public's understanding of the board's enforcement process, including related laws and policies.
 - e) Evaluate and respond to requests from complainants to review a complaint closure that the complainant believes was made in error. (BPC § 2024.5)

- 7) Requires MBC, six months following the allocation of funding, for a complaint involving quality of care, to an interview the complainant, patient, or patient representative before closing the complaint. Specifies that, at the time that a complaint is referred for a field investigation, the relevant complainant, patient, or patient representative must be provided with the opportunity to provide a statement relative to the harm they experienced and the statement, if provided to MBC within the designated timeframe must be considered by the board, or a panel of the board, for the purposes of adjudicating the case to which the statement pertains. (BPC §§ 2220.1 and 2220.2)
- 8) Authorizes denial of an application for licensure as a physician and surgeon from any applicant who was subject to formal discipline for sexual abuse, misconduct, or relations with a patient or sexual exploitation. Allows for the automatic revocation of a physician and surgeon license if the application would have been denied for any of these causes. Requires automatic revocation of the license of any physician and surgeon who has been convicted in another state of a crime that would have required sex offender registration in California. Prohibits reinstatement of the license of a physician and surgeon if it was surrendered or revoked for committing an act of sexual abuse, misconduct, or relations with a patient, or following conviction of a crime requiring registration as a sex offender wherein the person engaged in the offense with a patient or client, with the exception of registration required following conviction of a misdemeanor for indecent exposure. (BPC §§§ 480, 2232, 2307)
- 9) Provides that convictions of a serious felony, a felony involving the unlawful sale of fentanyl, or specified sexual offenses by a licensee constitute cause for license revocation and do not require expert witness testimony to prove the relationship between the felony conviction and the practice of medicine. Requires the MBC to suspend the license of a physician who has been convicted of a felony as described above until the time for appeal has elapsed if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the MBC, and that the license shall then be automatically revoked. (BPC § 2232.5)
- 10) Authorizes an interim order suspending (ISO) a license for MBC licensees if the affidavits show that the licensee has engaged in, or is about to engage in, acts or omissions constituting a violation of the Medical Practice Act, or is unable to practice safely due to a mental or physical condition, and that permitting the licensee to continue to engage in the profession for which the license was issued will endanger the public health, safety, or welfare. ISOs shall be issued only after a hearing, unless it appears from the facts in the affidavit that serious public injury would be a result of waiting for the hearing. (Government Code § 11529)
- 11) Provides that when an ISO is issued, and an accusation or petition to revoke probation is not filed and served within 30 days, the ISO is dissolved. Provides a licensee with certain rights and privileges when the licensee is served with an accusation or petition to revoke probation, including: a hearing within 30 days of the request, unless the licensee stipulates to a later hearing and; a decision within 15 days of the date MBC receives a decision from an Administrative Law Judge (ALJ) on the matter. If MBC does not issue a decision in this timeframe, the ISO is nullified, unless MBC can show good cause for a delay. (*Id.*)

- 12) Requires certain licensed health care professionals (physicians and surgeons, osteopathic physicians and surgeons, podiatrists, acupuncturists, chiropractors, and naturopathic doctors) to notify patients of their probationary status.
- 13) Requires, for physicians and surgeons licensed by the MBC and Osteopathic Medical Board (OMBC), that probationary status be disclosed if there is a final adjudication by MBC or OMBC following an administrative hearing, or admitted findings or prima facie showing in a stipulated settlement establishing certain violations of the law, including the commission of any act of sexual abuse, misconduct or relations with a patient or client. (BPC § 2228.1)

This bill requires automatic revocation of the license of any physician and surgeon whose license was revoked for committing an act of sexual abuse, misconduct, or relations with a patient, or following conviction of a crime requiring registration as a sex offender wherein the person engaged in the offense with a patient or client but the license was subsequently reinstated on or after January 1, 2020. Prohibits the person from petitioning for licensure reinstatement or renewal but authorizes the person to request a hearing within 30 days of the revocation. States Legislative intent that the bill's provisions apply retroactively.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

1. **Purpose.** The Author is the Sponsor of this bill. According to the Author, "Patients place extraordinary trust in their physicians, and patient safety must always be the foremost priority in medical practice. This bill reinforces that principle by strengthening expectations for professional conduct and accountability.

The physician-patient relationship involves significant vulnerability and relies on ethical judgment and integrity. When serious misconduct occurs, it calls into question a physician's ability to safely care for patients. This legislation responds by clarifying physician standards to ensure that those entrusted with patient care must continuously meet the responsibility that comes with that role.

By centering patient safety, the bill helps restore confidence in the medical profession and ensures patients can rely on their physicians without hesitation. It reflects the Legislature's commitment to protecting the public and maintaining trust in California's healthcare system.

Being a physician comes with an immense amount of public trust. This bill affirms that trust by placing patient safety first and upholding the highest expectations and standards for those who practice medicine."

2. **Background.** The physician and surgeon enforcement process begins with a complaint. Complaints are received from various sources, including the public, generated internally by MBC or OMBC, or based on information MBC and OMBC receive from various entities through mandatory reports to the boards.

MBC licensee complaints are received by the Central Complaint Unit, which starts the process of determining next steps for a complaint. All complaints that pertain to treatment provided by a physician require patient medical records to be obtained. MBC reports that it is "subject to significant limitations in its authority to inspect and review medical records in the possession of a licensee. Generally, the Board must obtain patient consent prior to requesting records from a licensee. However, obtaining patient consent (for example, in cases involving inappropriate prescribing of opioids) may be difficult. If the patient refuses to give consent, then the Board must establish good cause to issue a subpoena and may have to file a motion to compel in superior court to enforce the subpoena. Without quick access to records, investigations take longer to complete. In some cases, the Board is required to close complaints because its investigation cannot proceed without relevant medical records." Complaints regarding quality of care are received and reviewed by OMBC's Complaint Unit (CU) in Sacramento by a medical consultant. The CU medical consultant determines whether the quality of care issues presented in the complaint and supporting documents warrant investigation.

Pursuant to BPC § 2220.08, before a quality of care complaint for MBC licensees is referred for further investigation, it must be reviewed by one or more medical experts with the pertinent education, training, and expertise to evaluate the specific standards of care issues raised by the complaint to determine if further field investigation is required. When a medical reviewer determines that a complaint warrants referral for further investigation, CCU transfers the complaint to the Health Quality Investigation Unit (HQUI) in the DCA's Division of Investigation (DOI) which handles investigations for a number of health related boards within DCA to be investigated by a sworn investigator, a peace officer.

Complaint priorities are outlined in BPC § 2220.05 in order to ensure that physicians representing the greatest threat of harm are identified and disciplined expeditiously. MBC must ensure that it is following this section of law when investigating complaints, including complaints alleging certain behavior, including sexual misconduct with one or more patients during a course of treatment or an examination, as being the highest priority.

For complaints about physicians and surgeons that are subsequently investigated and meet the necessary legal prerequisites, a Deputy Attorney General (DAG) in the Office of the Attorney General (OAG) drafts formal charges, known as an "Accusation". A hearing before an Administrative Law Judge (ALJ) is subsequently scheduled, at which point settlement negotiations take place between the DAG, the physician and their attorney and MBC or OMBC staff. Often times these result in a stipulated settlement, similar to a plea bargain in criminal court, where a licensee admits to having violated charges set forth in the accusation, or admits that the MBC or OMBC could establish a factual and legal basis for the charges in the Accusation at hearing, and accepts penalties for those violations. If a licensee contests charges, the case is heard before an ALJ who subsequently drafts a proposed decision. This decision is reviewed by a panel of MBC members or the OMBC Board who either adopt the decision as proposed, adopt the decision with a reduced penalty or adopt the decision with an increased penalty. If probation is ordered, a copy of the final decision is referred to MBC's Probation Unit or OMBC's

probation monitor for assignment to an inspector who monitors the licensees for compliance with the terms of probation.

3. **Related Legislation.** SB 815 (Roth, Chapter 294, Statutes of 2023) made a number of changes to the Medical Practice Act including, but not limited to establishing a Complainant Liaison Unit within MBC; requiring MBC, for a complaint involving quality of care, to interview of the complainant, patient, or patient representative; providing that convictions of a serious felony, a felony involving the unlawful sale of fentanyl, or specified sexual offenses by a physician constitute cause for license revocation and do not require expert witness testimony to prove the relationship between the felony conviction and the practice of medicine and; requiring MBC to suspend the license of a physician who has been convicted of a felony as described above until the time for appeal has elapsed if no appeal has been taken, or until the judgment of conviction has been affirmed on appeal, or has otherwise become final, and until the further order of the MBC, and that the license shall then be automatically revoked.

SB 806 (Roth, Chapter 649, Statutes of 2021) made a number of changes to the Medical Practice Act including, but not limited to, requiring the Director of DCA to appoint an independent enforcement monitor to evaluate MBC's enforcement efforts with specific concentration on the handling and processing of complaints and timely application of sanctions or discipline imposed on physician licensees and persons in order to protect the public.

AB 1636 (Weber, Chapter 453, Statutes of 2021) requires denial of an initial physician and surgeon license application, requires automatic physician and surgeon license revocation, and requires denial of a petition from a physician and surgeon to reinstate a license for individuals who have committed acts of sexual abuse, misconduct, or relations with a patient.

SB 425 (Hill, Chapter 849, Statutes of 2019) established the requirement for health facility and health practitioner reporting to licensing boards about sexual misconduct.

AB 1030 (Calderon and Petrie-Norris, 2019) would have required health professionals who are licensed, certified, registered, or otherwise subject to regulation who are authorized to perform pelvic examinations, to provide patients with a pamphlet, created by MBC in coordination with specified stakeholders, about appropriate pelvic exams prior to their first pelvic exam with that health professional. *(Status: The bill was not considered by the Senate as a whole in a Floor vote prior to deadlines.)*

SB 1448 (Hill, Chapter 570, Statutes of 2018) established the Patients Right to Know Act of 2018 which requires physicians and surgeons, podiatrists, acupuncturists, chiropractors and naturopathic doctors to notify patients of their probationary status.

SUPPORT AND OPPOSITION:

Support:

None received

Opposition:

None received

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