
SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair
2025 - 2026 Regular Session

SB 849 (Weber Pierson) - Physicians and surgeons: sexual misconduct and offenses: revocation of certificate

Version: January 5, 2026

Urgency: No

Hearing Date: January 20, 2026

Policy Vote: B., P. & E.D. 9 - 0

Mandate: No

Consultant: Janelle Miyashiro

Bill Summary: SB 849 requires automatic revocation of a physician's license if the license was revoked for committing an act of sexual abuse, misconduct, or relations with a patient, or following conviction of a crime requiring registration as a sex offender for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. SB 849 also prohibits the person from petitioning for licensure reinstatement or renewal, and states legislative intent that the bill's provisions apply retroactively.

Fiscal Impact: The Medical Board of California (MBC) and Osteopathic Medical Board of California (OMBC) note the process of revoking licenses would add minor and absorbable administrative workload. However, the MBC and OMBC note there is a strong likelihood of litigation that may result in the following significant, unabsorbable costs:

- Total estimated one-time cost to the MBC ranging between \$640,000 to \$1.66 million (Contingent Fund of the MBC). MBC notes there are four licensees that would be subject to revocation under this bill. Litigation costs average approximately \$160,000 per case, with an additional plaintiff cost of \$21,000 if the case outcome is unfavorable to MBC. Costs to the MBC may be higher, exceeding \$1 million, depending on the appeals process.
- Total Attorney General (AG) costs of up to \$1 million to the OMBC, to the extent that OMBC is enjoined in a lawsuit against the MBC challenging the provisions of this bill (OMBC Contingent Fund).

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 (CCU), 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 MBC 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 MBC 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 MBC 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 Business and Professions Code (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 (HQIU) in the Department of Consumer Affairs' (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 AG (DAG) in the Office of the AG (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.

Proposed Law:

- 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.

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