
THIRD READING

Bill No: SB 849

Author: Weber Pierson (D)

Amended: 1/5/26

Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 1/12/26

AYES: Ashby, Choi, Archuleta, Arreguín, Grayson, Niello, Smallwood-Cuevas, Umberg, Weber Pierson

NO VOTE RECORDED: Menjivar, Strickland

SENATE APPROPRIATIONS COMMITTEE: 7-0, 1/22/26

AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

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

SOURCE: Author

DIGEST: This bill requires automatic revocation of a physician's license if the license was revoked for committing an act of sexual abuse, misconduct, or relations with a patient, or following conviction of a crime requiring registration as a sex offender for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. The bill prohibits the person from petitioning for licensure reinstatement or renewal.

ANALYSIS:

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 and establishes a number of reporting requirements outlined in the BPC designed to inform health professional licensing boards about possible matters for investigation. (BPC §§ 500 *et seq.* and §§ 800 *et seq.*)

- 2) 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)
- 3) 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)

This bill:

- 1) 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.
- 2) Prohibits the person from petitioning for licensure reinstatement or renewal but authorizes the person to request a hearing within 30 days of the revocation.
- 3) States Legislative intent that the bill's provisions apply retroactively.

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 the Osteopathic Medical Board of California (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. 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 Section 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 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 Section 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.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Committee on Appropriations, MBC and OMBC note the process of revoking licenses would add minor and absorbable administrative workload. The MBC and OMBC note there is a strong likelihood of litigation that may result in significant, unabsorbable costs.

SUPPORT: (Verified 1/22/26)

National Women's Defense League

OPPOSITION: (Verified 1/22/26)

None received

ARGUMENTS IN SUPPORT: According to the National Women's Defense League, "Allowing physicians with substantiated findings of sexual misconduct to regain licensure sends a dangerous message: that professional status can outweigh patient safety. SB 849 corrects this by establishing a clear, survivor-centered standard that prioritizes prevention and protection over second chances for those who have already abused their position of power... This bill sends a clear message to survivors: their safety matters, their experiences are taken seriously, and the state will not permit known offenders to cycle back into positions where harm can recur. It also affirms to the public that California's medical licensing system exists to protect patients—not to rehabilitate those who have already violated fundamental ethical obligations."

Prepared by: Sarah Mason / B., P. & E.D. /
1/23/26 15:39:18

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