Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 849 (Weber Pierson) – As Amended June 15, 2026

SENATE VOTE: 39-0

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

SUMMARY: Requires the Medical Board of California (MBC) and the Osteopathic Medical Board of California (OMBC) to re-revoke any physician and surgeon's license that (1) was reinstated between January 1, 2020, and January 1, 2023, and (2) was initially revoked for specified acts of sexual misconduct with a patient or sexual exploitation, as specified.

EXISTING LAW:

1) Regulates the practice of medicine under the Medical Practice Act and the Osteopathic Act, which establish (1) the MBC to administer and enforce the act as it relates to physicians and surgeons and medicine generally and (2) the OMBC to administer and enforce the provisions of the act as they relate to osteopathic physicians and surgeons. (BPC §§ 2000-2529.8.1)

2) Specifies that protection of the public shall be the highest priority for the MBC and OMBC in exercising their licensing, regulatory, and disciplinary functions, and that whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC §§ 2001.1, 2450.1)

3) Prohibits the practice of medicine or conspiring with or aiding or abetting another to practice without a license issued under the Medical Practice Act or other appropriate practice act. (BPC § 2052)

1) Requires the MBC and OMBC to post on their respective websites the current status of their licensees; any revocations, suspensions, probations, or limitations on practice, including those made part of a probationary order or stipulated agreement; historical information regarding probation orders by the board, or the board of another state or jurisdiction, completed or terminated, including the operative accusation resulting in the discipline by the board; and other information about a licensee's status and history. (BPC § 2027)

2) Requires the MBC and OMBC to prioritize their investigative and prosecutorial resources to ensure that physicians representing the greatest threat of harm are identified and disciplined expeditiously. (BPC §2220.05)

3) Provides that a physician licensee whose matter has been heard by an administrative law judge, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the MBC or OMBC, may be subject to license revocation, suspension up to one year, probation and payment of costs for probation monitoring, public reprimand and education, or any other action taken in relation to

discipline as part of an order of probation, as the MBC, OMBC, or an administrative law judge may deem proper. (BPC § 2227)

4) Requires physicians who are on probation for certain offenses, including the commission of any act of sexual abuse, misconduct, or relations with a patient or client to provide their patients with information about their probation status prior to the patient's first visit. (BPC § 2228.1)

5) Requires the MBC and OMBC to automatically revoke the license of any person who has been required to register as a sex offender, with the exception of registrations required following convictions of a misdemeanor for indecent exposure. (Penal Code (PEN) § 290; BPC § 2232)

6) Provides that the conviction of any offense substantially related to the qualifications, functions, or duties of a physician constitutes unprofessional conduct. (BPC § 2236)

7) Automatically suspends a physician's license during any time that the physician is incarcerated after conviction of a felony, as specified. (BPC § 2236.1)

8) Automatically places a physician's license on inactive status during any time that the physician is incarcerated after conviction of a misdemeanor. (BPC § 2236.2)

9) Provides that the revocation, suspension, or other discipline, restriction, or limitation imposed by another state or the federal government upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline by the MBC or OMBC, constitutes grounds for disciplinary action for unprofessional conduct against the licensee in this state. (BPC § 2305)

10) Specifies numerous inappropriate activities or violations of the law that constitute unprofessional conduct. (BPC §§ 2237-2318)

11) Authorizes a physician whose license has been surrendered, revoked, suspended, or placed on probation to petition the MBC or OMBC for reinstatement or modification of penalty, including modification or termination of probation, which may be reviewed by a panel. (BPC § 2307)

12) Prohibits, as of January 1, 2023, the MBC and OMBC from reinstating the license of any person under any of the following circumstances:

    a) The person's certificate has been surrendered because the person committed an act of sexual abuse, misconduct, or relations with a patient or sexual exploitation, as specified. (BPC §§ 726, 729(a), 2307(i)(1)(A))

    b) The person's certificate has been revoked based on a finding by the MBC or OMBC that the person committed an act of sexual abuse, misconduct, or relations with a patient or sexual exploitation, as specified. (BPC §§ 726, 729(a), 2307(i)(1)(B))

The person was convicted in a court in or outside of this state of any offense that, if committed or attempted in this state, based on the elements of the convicted offense, would have been punishable as one or more of the offenses requiring registration as a sex offender and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense. (PEN § 290; BPC § 2307(i)(1)(C))

c) The person has been required to register as a sex offender, regardless of whether the conviction has been appealed, and the person engaged in the offense with a patient or client, or with a former patient or client if the relationship was terminated primarily for the purpose of committing the offense. (PEN § 290; BPC § 2307(i)(1)(D))

THIS BILL:

1) Requires the MBC and OMBC to automatically re-revoke all licenses that were reinstated after January 1, 2020, if the licenses were previously revoked based on a finding by the MBC that the person committed one of the specified sexual acts that would have precluded the reinstatement after January 1, 2023.

2) Prohibits a person from petitioning the MBC or OMBC for reinstatement or renewal of a license re-revoked under this bill.

3) Authorizes, a licensee subject to re-revocation of their license under this bill to request a hearing within 30 days of the revocation in accordance with the Administrative Procedure Act.

4) Declares that it is the intent of the Legislature that the revocation provisions of this bill have retroactive application.

5) Clarifies that the prohibition against reinstatement of a license for cases where the license was "surrendered because the person committed [specified sexual acts] with a patient… or sexual exploitation" applies when the surrender occurred while the MBC or OMBC accusation alleging the acts is pending.

FISCAL EFFECT: According to the Senate Appropriations Committee analysis of the prior version of this bill (version 97, amended January 5, 2026):

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).

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author:

> 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.

Background. The Medical Practice Act and Osteopathic Act require the MBC and OMBC to enforce the laws relating to the practice of medicine for each of their respective physician license populations. The purpose of enforcement is to ensure that licensees continue to adhere to licensing requirements and protect the public from those that do not.

The boards have a range of enforcement tools to match the severity of any identified practice act violations. For minor violations, the boards may utilize educational letters or issue citations, which may include fines or an order of abatement. For more significant violations, the boards may seek formal disciplinary actions against a license, including probation, suspension, or revocation. Revocation is the highest form of discipline available to a licensing board—the person no longer possesses a license under the jurisdiction of the board.

The boards can initiate formal disciplinary action by referring the matter to the Office of the Attorney General (OAG) to prepare a case for prosecution in an administrative proceeding. For violations that also involve criminal conduct, the DCA's Division of Investigation (DOI) can also refer the case to law enforcement.

Automatic Suspension and Revocation of Licenses. Certain acts and circumstances have been deemed so harmful or such a high risk of harm to patients that the MBC and OMBC are required to automatically suspend or revoke the licenses of any person who commits them. For example, the boards must automatically suspend a license after a conviction of specified felonies, including sexual abuse, misconduct, or relations with a patient. Once the conviction is final, the boards are required to automatically revoke the license.

The MBC and OMBC must also automatically revoke the license of any licensee that has been required to register as a sex offender, regardless of whether the related conviction has been appealed, except when the registration resulted from a misdemeanor for indecent exposure. Physicians subjected to automatic revocation may request a hearing within 30 days of the

revocation. If the relevant conviction is overturned on appeal, the revocation ordered automatically ceases.

License Reinstatement. Except in specified cases, a former physician whose license was revoked, or who surrendered their license while under investigation or while charges were pending, is authorized to petition the MBC and OMBC for reinstatement. Petitions for reinstatement of a license surrendered or revoked for unprofessional conduct may not be filed for at least three years following the date the license was revoked or surrendered, though the MBC and OMBC may, for good cause shown, allow a petition to be submitted after only two years. Petitions include a statement of facts as required by the MBC and must be accompanied by at least two verified recommendations from licensed physicians who have personal knowledge of the activities of the petitioner since the disciplinary penalty was imposed.

Petitions for reinstatement may be heard by a panel of the MBC or OMBC or may be assigned to an administrative law judge. The panel or the administrative law judge may consider all the petitioner's activities since the disciplinary action was taken, the offense for which the petitioner was disciplined, the petitioner's activities during the time the certificate was in good standing, and the petitioner's rehabilitative efforts, general reputation for truth, and professional ability. Once the hearing is completed, the petition for reinstatement is either denied or granted, and may be granted with the imposition of certain terms and conditions.

Automatic Denial of Reinstatements. In response to a 2021 investigative report published by the *Los Angeles Times* titled "These doctors sexually abused patients. The Medical Board gave them their licenses back"[1] and subsequent reporting, the California Medical Association (CMA) sponsored a bill, AB 1636 (Weber), Chapter 453, Statutes of 2022, to establish the current prohibition against reinstating a license revoked for specified acts of sexual misconduct with patients or sexual exploitation.

The CMA noted that AB 1636 was "intended to remove any obstacles in statute ensuring patients are protected, physicians that commit this egregious conduct are appropriately disciplined, and the integrity of the medical profession is maintained. Physicians are entrusted by their patients to provide care and do no harm." AB 1636 went into effect January 1, 2023, meaning the reinstatement of a license revoked for specified sexual misconduct with a patient or sexual exploitation before that date was not yet prohibited. This bill would retroactively apply the prohibition to licenses reinstated after January 1, 2020. According to the author's background questionnaire:

> AB 1636 went into effect in 2023. A few years prior to the implementation of that measure, the Legislature spoke out against sexual abuse of all forms and granted victims additional rights and protections, including extending the statute of limitations for sexual assault claims and prohibiting nondisclosure agreements in settlement agreements related to workplace sexual harassment.

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[1] Jack Dolan and Brittny Mejia, "These doctors sexually abused patients. The Medical Board gave them their licenses back," *Los Angeles Times*, December 15, 2021, https://www.latimes.com/california/story/2021-12-15/california-medical-board-doctor-patient-sexual-abuse-license-reinstate.

> This bill extends the victim protections implemented by AB 1636 by retroactively applying those protections to a time frame when the State and Legislature became more forceful in their discipline of sexual harassment and misconduct.

Current Related Legislation. AB 2774 (Committee on Business and Professions) is the sunset review bill for the Physical Therapy Board of California (PTBC), which adds specified sex offense registration requirements and convictions to the list of petitions for reinstatement the must deny and extends the PTBC by four years. *AB 2774 is pending in the Senate Business, Professions and Economic Development Committee*.

AB 2775 (Committee on Business and Professions) is the sunset review bill for the Board of Chiropractic Examiners (BCE), which, among other things, authorizes the BCE to automatically revoke a chiropractic license if the licensee is required to register as a sex offender or has been convicted of any offense that, if committed or attempted in this state, would have required the licensee to register as a sex offender, except as specified, and authorizes the BCE to automatically revoke a chiropractic license following a conviction of a serious felony, as defined. *AB 2775 is pending in the Senate Business, Professions and Economic Development Committee*.

Prior Related Legislation. AB 1636 (Weber), Chapter 453, Statutes of 2022, among other things, required the MBC and OMBC to automatically revoke the license of a physician and surgeon who commits specified acts of sexual abuse, misconduct, or relations with a patient and to deny a petition to reinstate a license revoked for those reasons.

AB 1975 (Bermudez), Chapter 756, Statutes of 2004, made various changes relating to the requirement that the MBC revoke the license of licensees required to register as a sex offender and declared the intent of the Legislature for the revocation provisions to apply both retrospectively and prospectively.

AB 236 (Bermudez), Chapter 348, Statutes of 2003, among other things, established the requirement that the MBC automatically revoke the license of any licensee who is required to register as a sex offender, as specified.

ARGUMENTS IN SUPPORT:

The *MBC* and *OMBC* would support this bill if it were amended to instead prospectively expand the types of sexual offenses that result in permanent revocation. In its letter, the *MBC* writes:

> The Board shares your desire to help ensure that patients are protected from physicians who engage in sexual misconduct. The Board believes that sexual misconduct by a physician, regardless of their relationship to the victim, is extremely serious. If the Board's enforcement process or a criminal proceeding proves that someone engaged in sexual misconduct as described in our proposed edits to the bill, that person should not have a medical license in California.
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> The current approach in [this bill], takes a retrospective approach and attempts to revoke the license of someone who was previously disciplined, and, thereafter, deemed to have met the legal requirements for reinstatement. [This bill] requires the Board to revoke a license of a physician who has not been accused of

committing a new violation of the Medical Practice Act since being reinstated. Consequently, the Board is concerned that, as currently drafted, the Board would be subject to costly litigation that is likely to thwart the aim of your legislation. Instead, the Board asks that you amend [this bill] so that it will do the following:

- Strengthen existing laws that prevent issuance of a license to an applicant who has committed criminal sexual offenses in or outside California, including for the commission of crimes that have been dismissed or expunged following a conviction.

- Mandate license revocation for a licensee who is found by the Board to have committed any act of sexual misconduct or sexual exploitation with a current or former patient or client.

- Prevent someone from seeking reinstatement if their license was revoked (or surrendered by the licensee while a Board accusation was pending against them) due to any act of sexual misconduct or exploitation with a current or former patient or client.

- Prevent someone from seeking reinstatement if their license was revoked because they were convicted of a crime that required them to register as a sex offender, regardless of their relationship to the victim. Establishes a similar requirement for sexual criminal offenses that occurred outside California.

The *OMBC's* letter reiterates the *MBC's* statements and amendment request.

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

IMPLEMENTATION ISSUES:

1) *Constitutionality*. While California courts have held that licensing requirements do not violate constitutional rights unless they are clearly arbitrary,[2] the Sacramento Superior Court has previously ruled that the retroactive mechanism utilized under this bill is structurally unconstitutional under the separation of state legislative, executive, and judicial powers required by article III, section 3 of the California Constitution.[3] In that petition for a writ of

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[2] As long as a licensee is afforded basic procedural due process protections, such as notice and hearing, the California Supreme Court has held that the regulation of licensed professions is inherently constitutional—the licensee has no specific right to practice that outweighs the Legislature's power to protect the public health, safety, and welfare. *Hughes v. Board of Architectural Examiners*, 17 Cal.4th 763, 790 (1998). The Legislature may impose any requirement or prohibition that has a "logical connection of licensees' conduct to their fitness or competence to practice the profession or to the qualifications, functions, or duties of the profession in question." *Clare v. State Bd. of Accountancy*, 10 Cal.App.4th 294, 302 (1992). It may even treat similarly situated licensees completely differently "if any set of facts reasonably can be conceived that would sustain [the distinction]." *Griffiths v. Superior Court*, 96 Cal.App.4th 757, 776 (2002).

[3] *John Doe, M.D. v. Division of Medical Quality of the Medical Board of California*, No. 05CS00467 (Sacramento County Superior Court, March 16, 2006).

mandate, the court found that passing a law to revoke the reinstated licenses of physicians who the MBC had determined to be rehabilitated had the effect of reversing the MBC's decisions. "Such retroactive reversal took over [MBC's] quasi-judicial exercise of discretion, an executive function outside the Legislature's essential law-making function, and violated the separation of powers clause."[4]

The bill at issue in that case, AB 1975 (Bermudez), Chapter 756, Statutes of 2004, was a direct attempt to retroactively apply AB 236 (Bermudez), Chapter 348, Statutes of 2003, to licenses previously reinstated. Among other things, AB 236 required the MBC to automatically revoke the license of any licensee required to register as a sex offender except in specified misdemeanor cases.

AB 1975 did not add any new offenses, conditions, or other justification for the revocation. It just required the MBC and OMBC to revoke the license of any physician required to register as a sex offender since January 1, 1947 (the earliest enactment date of the existing sex offender registration statutes at the time), and to declare the intent of the Legislature for the bill to "apply retrospectively [sic] as well as prospectively" (sec. 2).

The final floor analysis for AB 1975 noted:

> When AB 236 went into effect, it was challenged in federal court by one of the affected physicians. The judge in this case had concerns over its ex-post facto effect and that AB 236 was not written in the same way as other pieces of legislation that were retroactive. MBC subsequently decided not to enforce AB 236 retroactively and the lawsuits against MBC were dropped.
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> According to an analysis of AB 236, it was the author's intent to make the provisions of AB 236 retroactive. The author's office determined that if a "start date" was added to follow-up legislation (i.e., the 1947 date that California's sex offender registration requirement went into effect), the court could consider that as a basis for applying the provisions of AB 236 retroactively.

While the January 1, 1947, date provided a temporal window for the MBC to apply the AB 236 provisions retroactively, it was ultimately irrelevant to the court's analysis on the separation of powers violation.[5] Instead, the court noted that the Legislature created no exception to the revocation requirement for licensees who the MBC "had determined to be rehabilitated and not a danger to the public before the effective date of [AB 1975],"[6] and in doing so specifically disregarded the MBC's 1995 decision to reinstate the license of the licensee who filed the petition, which was "rendered squarely within the exercise of its then

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[4] *Id*. at 16.
[5] "Here, the Legislature was generally acting within its law-making powers when, in 2003 and 2004, it enacted Business and Professions Code section 2232, directing respondent to revoke the license of any physician required to register as a sex offender since January 1, 1947." *Id*. at 15.
[6] *Id*.

existing, legislatively defined discretion to determine necessary and appropriate license discipline for a physician's commission of a sex offense."[7]

Without any new, substantive justifications for revisiting the MBC's final decision, the court found that the Legislature was simply substituting its rationale after the fact, improperly taking the MBC's role in that instance. As a result, the court granted the petition, dismissing the revocation proceeding against the licensee and declaring the law unconstitutional.

This bill mirrors the structure of AB 1975: it creates a temporal window to retroactively apply the revocation requirement created under AB 1636 (Weber), Chapter 453, Statutes of 2022; declares the intent of the Legislature regarding the retroactive application of the provisions of the bill; and creates no new offenses, conditions, or other substantive justifications for revisiting the MBC's decisions.

According to the MBC's most recent analysis of this bill, "As currently drafted, [this bill] affects only one Board licensee."[8] If that licensee were to file a similar petition in the Sacramento Superior Court, there is nothing under this bill that distinguishes it from AB 1975 for purposes of the prior separation of powers analysis.

2) *Renewal of Surrendered and Revoked Licenses*. This bill prohibits any person from petitioning the MBC for reinstatement or renewal of a license revoked under the retroactive provision of this bill. While a license that is surrendered or revoked is not subject to renewal, the author notes that renewal was included because there continues to be concern regarding physicians who have committed improper sexual acts and potential lack of clarity around their ability to renew their licenses. If this bill passes this Committee, the author may wish to continue to work with the MBC and interested stakeholders to address this area of concern.

AMENDMENTS:

To address the constitutionality issue, amend the bill as follows:

On page 4 the bill, strike lines 29-39 and on page 5, strike lines 1-4.

~~(4) (A) Notwithstanding any other law, if a person's certificate was revoked based on a finding by the board that the person committed an act specified in paragraph (1), and the certificate was subsequently reinstated by the board on or after January 1, 2020, the certificate shall be automatically revoked and the person shall not petition the board for reinstatement or renewal of the certificate.~~

~~(B) Upon revocation of the physician's and surgeon's certificate pursuant to this paragraph, the holder of the certificate may request a hearing within 30 days of the revocation. The proceeding shall be conducted in accordance with the Administrative Procedure Act (Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code).~~

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[7] *Id*. at 16.
[8] Medical Board of California, "Agenda Item 8P," meeting materials, May 21, 2026, 3, https://www.mbc.ca.gov/About/Meetings/Material/31586/brd-AgendaItem8P-20260521.pdf.

~~(C) It is the intent of the Legislature that this paragraph have retroactive application.~~

REGISTERED SUPPORT:

National Women's Defense League

REGISTERED OPPOSITION:

There is no opposition on file.

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