

AMENDED IN ASSEMBLY MARCH 28, 2017

CALIFORNIA LEGISLATURE—2017—18 REGULAR SESSION

ASSEMBLY BILL

No. 1538

Introduced by Assembly Member Bonta

February 17, 2017

An act to amend Section ~~120582~~ *101850* of the Health and Safety Code, relating to ~~disease control and prevention~~: *hospital authorities*.

LEGISLATIVE COUNSEL'S DIGEST

AB 1538, as amended, Bonta. ~~Sexually transmitted diseases: control and prevention~~. *Alameda Health System Hospital Authority: physician services*.

Existing law authorizes the Board of Supervisors of Alameda County to establish the Alameda Health System Hospital Authority for the management, administration, and control of the medical center in that county. Existing law prohibits the hospital authority, before January 1, 2024, from entering into a contract with any other person or entity, including, but not limited to, a subsidiary or other entity established by the authority, to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit as of March 31, 2013, with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity.

This bill would prohibit the hospital authority, before January 1, 2024, from entering into a contract with any other person or entity to replace services being provided by physicians and surgeons who are employed by the hospital authority and in a recognized collective bargaining unit, irrespective of when they joined that bargaining unit,

with services provided by that other person or entity without clear and convincing evidence that the needed medical care can only be delivered cost effectively by that other person or entity.

~~Existing law authorizes a physician and surgeon to prescribe, dispense, furnish, or otherwise provide, or a nurse practitioner, a certified nurse-midwife, or a physician assistant to dispense, furnish, or otherwise provide, prescription antibiotic drugs to a patient’s sexual partner or partners without examination when the patient is diagnosed with a sexually transmitted chlamydia, gonorrhea, or other sexually transmitted infection.~~

~~This bill would make technical, nonsubstantive changes to those provisions.~~

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 101850 of the Health and Safety Code is
- 2 amended to read:
- 3 101850. The Legislature finds and declares the following:
- 4 (a) (1) Due to the challenges facing the Alameda Health System
- 5 arising from changes in the public and private health industries,
- 6 the Alameda County Board of Supervisors has determined that a
- 7 transfer of governance of the Alameda Health System to an
- 8 independent governing body, a hospital authority, is needed to
- 9 improve the efficiency, effectiveness, and economy of the
- 10 community health services provided at the medical center. The
- 11 board of supervisors has further determined that the creation of an
- 12 independent hospital authority strictly and exclusively dedicated
- 13 to the management, administration, and control of the medical
- 14 center, in a manner consistent with the county’s obligations under
- 15 Section 17000 of the Welfare and Institutions Code, is the best
- 16 way to fulfill its commitment to the medically indigent, special
- 17 needs, and general populations of Alameda County. To accomplish
- 18 this, it is necessary that the board of supervisors be given authority
- 19 to create a hospital authority. Because there is no general law under
- 20 which this authority could be formed, the adoption of a special act
- 21 and the formation of a special authority is required.
- 22 (2) The following definitions apply for purposes of this section:
- 23 (A) “The county” means the County of Alameda.

1 (B) “Governing board” means the governing body of the hospital
2 authority.

3 (C) “Hospital authority” means the separate public agency
4 established by the Board of Supervisors of Alameda County to
5 manage, administer, and control the Alameda Health System.

6 (D) “Medical center” means the Alameda Health System, which
7 was formerly known as the Alameda County Medical Center.

8 (b) The board of supervisors of the county may, by ordinance,
9 establish a hospital authority separate and apart from the county
10 for the purpose of effecting a transfer of the management,
11 administration, and control of the medical center in accordance
12 with Section 14000.2 of the Welfare and Institutions Code. A
13 hospital authority established pursuant to this chapter shall be
14 strictly and exclusively dedicated to the management,
15 administration, and control of the medical center within parameters
16 set forth in this chapter, and in the ordinance, bylaws, and contracts
17 adopted by the board of supervisors that shall not be in conflict
18 with this chapter, Section 1442.5 of this code, or Section 17000
19 of the Welfare and Institutions Code.

20 (c) A hospital authority established pursuant to this chapter shall
21 be governed by a board that is appointed, both initially and
22 continually, by the Board of Supervisors of the County of Alameda.
23 This hospital authority governing board shall reflect both the
24 expertise necessary to maximize the quality and scope of care at
25 the medical center in a fiscally responsible manner and the diverse
26 interest that the medical center serves. The enabling ordinance
27 shall specify the membership of the hospital authority governing
28 board, the qualifications for individual members, the manner of
29 appointment, selection, or removal of governing board members,
30 their terms of office, and all other matters that the board of
31 supervisors deems necessary or convenient for the conduct of the
32 hospital authority’s activities.

33 (d) The mission of the hospital authority shall be the
34 management, administration, and other control, as determined by
35 the board of supervisors, of the group of public hospitals, clinics,
36 and programs that comprise the medical center, in a manner that
37 ensures appropriate, quality, and cost-effective medical care as
38 required of counties by Section 17000 of the Welfare and
39 Institutions Code, and, to the extent feasible, other populations,
40 including special populations in the County of Alameda.

1 (e) The board of supervisors shall adopt bylaws for the medical
 2 center that set forth those matters related to the operation of the
 3 medical center by the hospital authority that the board of
 4 supervisors deems necessary and appropriate. The bylaws shall
 5 become operative upon approval by a majority vote of the board
 6 of supervisors. ~~Any changes~~ *Changes* or amendments to the bylaws
 7 shall be by majority vote of the board of supervisors.

8 (f) The hospital authority created and appointed pursuant to this
 9 section is a duly constituted governing body within the meaning
 10 of Section 1250 of this code and Section 70035 of Title 22 of the
 11 California Code of Regulations as currently written or subsequently
 12 amended.

13 (g) Unless otherwise provided by the board of supervisors by
 14 way of resolution, the hospital authority ~~is empowered,~~ *may*, or
 15 the board of supervisors ~~is empowered~~ *may* on behalf of the
 16 hospital authority, ~~to~~ apply as a public agency for one or more
 17 licenses for the provision of health care pursuant to statutes and
 18 regulations governing licensing as currently written or subsequently
 19 amended.

20 (h) In the event of a change of license ownership, the governing
 21 body of the hospital authority shall comply with the obligations
 22 of governing bodies of general acute care hospitals ~~generally~~
 23 *generally*, as set forth in Section 70701 of Title 22 of the California
 24 Code of Regulations, as currently written or subsequently amended,
 25 as well as the terms and conditions of the license. The hospital
 26 authority is the responsible party with respect to compliance with
 27 these obligations, terms, and conditions.

28 (i) (1) A transfer by the county to the hospital authority of the
 29 administration, management, and control of the medical center,
 30 whether or not the transfer includes the surrendering by the county
 31 of the existing general acute care hospital license and corresponding
 32 application for a change of ownership of the license, does not affect
 33 the eligibility of the county, or in the case of a change of license
 34 ownership, the hospital authority, to do any of the following:

35 (A) Participate in, and receive allocations pursuant to, the
 36 California Healthcare for the Indigents Program (CHIP).

37 ~~(B) Receive supplemental reimbursements from the Emergency~~
 38 ~~Services and Supplemental Payments Fund created pursuant to~~
 39 ~~Section 14085.6 of the Welfare and Institutions Code.~~

40 (C)

1 (B) Receive appropriations from the Medi-Cal Inpatient Payment
2 Adjustment Fund without relieving the county of its obligation to
3 make intergovernmental transfer payments related to the Medi-Cal
4 Inpatient Payment Adjustment Fund pursuant to Section 14163 of
5 the Welfare and Institutions Code.

6 ~~(D)~~

7 (C) Receive Medi-Cal capital supplements pursuant to Section
8 14085.5 of the Welfare and Institutions Code.

9 ~~(E)~~

10 (D) Receive any other funds that would otherwise be available
11 to a county hospital.

12 (2) A transfer described in paragraph (1) does not otherwise
13 disqualify the county, or in the case of a change in license
14 ownership, the hospital authority, from participating in any of the
15 following:

16 (A) Other funding sources either specific to county hospitals or
17 county ambulatory care clinics or for which there are special
18 provisions specific to county hospitals or to county ambulatory
19 care clinics.

20 (B) Funding programs in which the county, on behalf of the
21 medical center and the Alameda County Health Care Services
22 Agency, had participated prior to the creation of the hospital
23 authority, or would otherwise be qualified to participate in had the
24 hospital authority not been created, and administration,
25 management, and control not been transferred by the county to the
26 hospital authority, pursuant to this chapter.

27 (j) A hospital authority created pursuant to this chapter shall be
28 a legal entity separate and apart from the county and shall file the
29 statement required by Section 53051 of the Government Code.
30 The hospital authority shall be a government entity separate and
31 apart from the county, and shall not be considered to be an agency,
32 division, or department of the county. The hospital authority shall
33 not be governed by, nor be subject to, the charter of the county
34 and shall not be subject to policies or operational rules of the
35 county, including, but not limited to, those relating to personnel
36 and procurement.

37 (k) (1) A contract executed by and between the county and the
38 hospital authority shall provide that liabilities or obligations of the
39 hospital authority with respect to its activities pursuant to the
40 contract shall be the liabilities or obligations of the hospital

1 authority, and shall not become the liabilities or obligations of the
2 county.

3 (2) Liabilities or obligations of the hospital authority with
4 respect to the liquidation or disposition of the hospital authority's
5 assets upon termination of the hospital authority shall not become
6 the liabilities or obligations of the county.

7 (3) An obligation of the hospital authority, statutory, contractual,
8 or otherwise, shall be the obligation solely of the hospital authority
9 and shall not be the obligation of the county or the state.

10 (l) (1) Notwithstanding any other provision of this section, a
11 transfer of the administration, management, or assets of the medical
12 center, whether or not accompanied by a change in licensing, does
13 not relieve the county of the ultimate responsibility for indigent
14 care pursuant to Section 17000 of the Welfare and Institutions
15 Code or any obligation pursuant to Section 1442.5 of this code.

16 (2) A contract executed by and between the county and the
17 hospital authority shall provide for the indemnification of the
18 county by the hospital authority for liabilities as specifically set
19 forth in the contract, except that the contract shall include a
20 provision that the county shall remain liable for its own negligent
21 acts.

22 (3) Indemnification by the hospital authority shall not be
23 construed as divesting the county from its ultimate responsibility
24 for compliance with Section 17000 of the Welfare and Institutions
25 Code.

26 (m) Notwithstanding the provisions of this section relating to
27 the obligations and liabilities of the hospital authority, a transfer
28 of control or ownership of the medical center shall confer onto the
29 hospital authority all the rights and duties set forth in state law
30 with respect to hospitals owned or operated by a county.

31 (n) (1) A transfer of the maintenance, operation, and
32 management or ownership of the medical center to the hospital
33 authority shall comply with the provisions of Section 14000.2 of
34 the Welfare and Institutions Code.

35 (2) A transfer of maintenance, operation, and management or
36 ownership to the hospital authority may be made with or without
37 the payment of a purchase price by the hospital authority and
38 otherwise upon the terms and conditions ~~that~~ *on which* the parties
39 may mutually agree, which ~~terms and conditions~~ shall include
40 those found necessary by the board of supervisors to ensure that

1 the transfer will constitute an ongoing material benefit to the county
2 and its residents.

3 (3) A transfer of the maintenance, operation, and management
4 to the hospital authority shall not be construed as empowering the
5 hospital authority to transfer any ownership interest of the county
6 in the medical center except as otherwise approved by the board
7 of supervisors.

8 (o) The board of supervisors shall retain control over the use of
9 the medical center physical plant and facilities except as otherwise
10 specifically provided for in lawful agreements entered into by the
11 board of supervisors. ~~Any~~ A lease agreement or other agreement
12 between the county and the hospital authority shall provide that
13 county premises shall not be sublet without the approval of the
14 board of supervisors.

15 (p) The statutory authority of a board of supervisors to prescribe
16 rules that authorize a county hospital to integrate its services with
17 those of other hospitals into a system of community service that
18 offers free choice of hospitals to those requiring hospital care, as
19 set forth in Section 14000.2 of the Welfare and Institutions Code,
20 shall apply to the hospital authority upon a transfer of maintenance,
21 operation, and management or ownership of the medical center by
22 the county to the hospital authority.

23 (q) The hospital authority may acquire and possess real or
24 personal property and may dispose of real or personal property
25 other than that owned by the county, as may be necessary for the
26 performance of its functions. The hospital authority may sue or be
27 sued, to employ personnel, and to contract for services required
28 to meet its obligations. Before January 1, 2024, the hospital
29 authority shall not enter into a contract with any other person or
30 entity, including, but not limited to, a subsidiary or other entity
31 established by the authority, to replace services being provided by
32 physicians and surgeons who are employed by the hospital
33 authority and in a recognized collective bargaining ~~unit as of March~~
34 ~~31, 2013; unit~~, with services provided by that other person or entity
35 without clear and convincing evidence that the needed medical
36 care can only be delivered cost effectively by that other person or
37 entity. Prior to entering into a contract for any of those services,
38 the authority shall negotiate with the representative of the
39 recognized collective bargaining unit of its physician and surgeon
40 employees over the decision to privatize and, if unable to resolve

1 any dispute through negotiations, shall submit the matter to final
2 binding arbitration.

3 (r) ~~Any~~ An agreement between the county and the hospital
4 authority shall provide that all existing services provided by the
5 medical center shall continue to be provided to the county through
6 the medical center subject to the policy of the county and consistent
7 with the county's obligations under Section 17000 of the Welfare
8 and Institutions Code.

9 (s) A hospital authority to which the maintenance, operation,
10 and management or ownership of the medical center is transferred
11 shall be a "district" within the meaning set forth in the County
12 Employees Retirement Law of 1937 (Chapter 3 (commencing with
13 Section 31450) of Part 3 of Division 4 of Title 3 of the Government
14 Code). Employees of a hospital authority are eligible to participate
15 in the County Employees Retirement System to the extent
16 permitted by law, except as described in Section 101851.

17 (t) Members of the governing board of the hospital authority
18 shall not be vicariously liable for injuries caused by the act or
19 omission of the hospital authority to the extent that protection
20 applies to members of governing boards of local public entities
21 generally under Section 820.9 of the Government Code.

22 (u) The hospital authority shall be a public agency subject to
23 the Meyers-Miliias-Brown Act (Chapter 10 (commencing with
24 Section 3500) of Division 4 of Title 1 of the Government Code).

25 (v) Any transfer of functions from county employee
26 classifications to a hospital authority established pursuant to this
27 section shall result in the recognition by the hospital authority of
28 the employee organization that represented the classifications
29 performing those functions at the time of the transfer.

30 (w) (1) In exercising its powers to employ personnel, as set
31 forth in subdivision (p), the hospital authority shall implement,
32 and the board of supervisors shall adopt, a personnel transition
33 plan. The personnel transition plan shall require all of the
34 following:

35 (A) Ongoing communications to employees and recognized
36 employee organizations regarding the impact of the transition on
37 existing medical center employees and employee classifications.

38 (B) Meeting and conferring on all of the following issues:

39 (i) The timeframe for which the transfer of personnel shall occur.
40 The timeframe shall be subject to modification by the board of

1 supervisors as appropriate, but in no event shall it exceed one year
2 from the effective date of transfer of governance from the board
3 of supervisors to the hospital authority.

4 (ii) A specified period of time during which employees of the
5 county impacted by the transfer of governance may elect to be
6 appointed to vacant positions with the Alameda County Health
7 Care Services Agency for which they have tenure.

8 (iii) A specified period of time during which employees of the
9 county impacted by the transfer of governance may elect to be
10 considered for reinstatement into positions with the county for
11 which they are qualified and eligible.

12 (iv) Compensation for vacation leave and compensatory leave
13 accrued while employed with the county in a manner that grants
14 affected employees the option of either transferring balances or
15 receiving compensation to the degree permitted employees laid
16 off from service with the county.

17 (v) A transfer of sick leave accrued while employed with the
18 county to hospital authority employment.

19 (vi) The recognition by the hospital authority of service with
20 the county in determining the rate at which vacation accrues.

21 (vii) The possible preservation of seniority, pensions, health
22 benefits, and other applicable accrued benefits of employees of
23 the county impacted by the transfer of governance.

24 (2) This subdivision shall not be construed as prohibiting the
25 hospital authority from determining the number of employees, the
26 number of full-time equivalent positions, the job descriptions, and
27 the nature and extent of classified employment positions.

28 (3) Employees of the hospital authority are public employees
29 for purposes of Division 3.6 (commencing with Section 810) of
30 Title 1 of the Government Code relating to claims and actions
31 against public entities and public employees.

32 (x) ~~Any~~The hospital authority created pursuant to this section
33 shall be bound by the terms of the memorandum of understanding
34 executed by and between the county and health care and
35 management employee organizations that is in effect as of the date
36 this legislation becomes operative in the county. Upon the
37 expiration of the memorandum of understanding, the hospital
38 authority has sole authority to negotiate subsequent memorandums
39 of understanding with appropriate employee organizations.

1 Subsequent memorandums of understanding shall be approved by
2 the hospital authority.

3 (y) The hospital authority created pursuant to this section may
4 borrow from the county and the county may lend the hospital
5 authority funds or issue revenue anticipation notes to obtain those
6 funds necessary to operate the medical center and otherwise provide
7 medical services.

8 (z) The hospital authority is subject to state and federal taxation
9 laws that are applicable to counties generally.

10 (aa) The hospital authority, the county, or both, may engage in
11 marketing, advertising, and promotion of the medical and health
12 care services made available to the community at the medical
13 center.

14 (ab) The hospital authority is not a “person” subject to suit under
15 the Cartwright Act (Chapter 2 (commencing with Section 16700)
16 of Part 2 of Division 7 of the Business and Professions Code).

17 (ac) Notwithstanding Article 4.7 (commencing with Section
18 1125) of Chapter 1 of Division 4 of Title 1 of the Government
19 Code related to incompatible activities, a member of the hospital
20 authority administrative staff shall not be considered to be engaged
21 in activities inconsistent and incompatible with his or her duties
22 as a result of employment or affiliation with the county.

23 (ad) (1) The hospital authority may use a computerized
24 management information system in connection with the
25 administration of the medical center.

26 (2) Information maintained in the management information
27 system or in other filing and records maintenance systems that is
28 confidential and protected by law shall not be disclosed except as
29 provided by law.

30 (3) The records of the hospital authority, whether paper records,
31 records maintained in the management information system, or
32 records in any other form, that relate to trade secrets or to payment
33 rates or the determination thereof, or ~~which~~ *that* relate to contract
34 negotiations with providers of health care, shall not be subject to
35 disclosure pursuant to the California Public Records Act (Chapter
36 5 (commencing with Section 6250) of Division 7 of Title 1 of the
37 Government Code). The transmission of the records, or the
38 information contained therein in an alternative form, to the board
39 of supervisors does not constitute a waiver of exemption from
40 disclosure, and the records and ~~information~~ *information*, once

1 ~~transmitted~~ *transmitted*, shall be subject to this same exemption.
2 The information, if compelled pursuant to an order of a court of
3 competent jurisdiction or administrative body in a manner
4 permitted by law, shall be limited to in-camera review, which, at
5 the discretion of the court, may include the parties to the
6 proceeding, and shall not be made a part of the court file unless
7 sealed.

8 (ae) (1) Notwithstanding any other law, the governing board
9 may order that a meeting held solely for the purpose of discussion
10 or taking action on hospital authority trade secrets, as defined in
11 subdivision (d) of Section 3426.1 of the Civil Code, shall be held
12 in closed session. The requirements of making a public report of
13 actions taken in closed session and the vote or abstention of every
14 member present may be limited to a brief general description
15 devoid of the information constituting the trade secret.

16 (2) The governing board may delete the portion or portions
17 containing trade secrets from any documents that were finally
18 approved in the closed session that are provided to persons who
19 have made the timely or standing request.

20 (3) This section shall not be construed as preventing the
21 governing board from meeting in closed session as otherwise
22 provided by law.

23 (af) Open sessions of the hospital authority constitute official
24 proceedings authorized by law within the meaning of Section 47
25 of the Civil Code. The privileges set forth in that section with
26 respect to official proceedings apply to open sessions of the hospital
27 authority.

28 (ag) The hospital authority is a public agency for purposes of
29 eligibility with respect to grants and other funding and loan
30 guarantee programs. Contributions to the hospital authority are
31 tax deductible to the extent permitted by state and federal law.
32 Nonproprietary income of the hospital authority is exempt from
33 state income taxation.

34 (ah) Contracts by and between the hospital authority and the
35 state and contracts by and between the hospital authority and
36 providers of health care, goods, or services may be let on a nonbid
37 basis and shall be exempt from Chapter 2 (commencing with
38 Section 10290) of Part 2 of Division 2 of the Public Contract Code.

39 (ai) (1) Provisions of the Evidence Code, the Government Code,
40 including the California Public Records Act (Chapter 5

1 (commencing with Section 6250) of Division 7 of Title 1 of the
2 Government Code), the Civil Code, the Business and Professions
3 Code, and other applicable law pertaining to the confidentiality of
4 peer review activities of peer review bodies apply to the peer
5 review activities of the hospital authority. Peer review proceedings
6 constitute an official proceeding authorized by law within the
7 meaning of Section 47 of the Civil Code and those privileges set
8 forth in that section with respect to official proceedings shall apply
9 to peer review proceedings of the hospital authority. If the hospital
10 authority is required by law or contractual obligation to submit to
11 the state or federal government peer review information or
12 information relevant to the credentialing of a participating provider,
13 that submission does not constitute a waiver of confidentiality.
14 The laws pertaining to the confidentiality of peer review activities
15 shall be together construed as extending, to the extent permitted
16 by law, the maximum degree of protection of confidentiality.

17 (2) Notwithstanding any other law, Section 1461 applies to
18 hearings on the reports of hospital medical audit or quality
19 assurance committees.

20 (aj) The hospital authority shall carry general liability insurance
21 to the extent sufficient to cover its activities.

22 (ak) In the event the board of supervisors determines that the
23 hospital authority should no longer function for the purposes as
24 set forth in this chapter, the board of supervisors may, by ordinance,
25 terminate the activities of the hospital authority and expire the
26 hospital authority as an entity.

27 (al) A hospital authority that is created pursuant to this section,
28 but does not obtain the administration, management, and control
29 of the medical center or has those duties and responsibilities
30 revoked by the board of supervisors, shall not be empowered with
31 the powers enumerated in this section.

32 (am) (1) The county shall establish baseline data reporting
33 requirements for the medical center consistent with the Medically
34 Indigent—Health Care Reporting System (MICRS) program
35 established pursuant to Section 16910 of the Welfare and
36 Institutions Code and shall collect that data for at least one year
37 prior to the final transfer of the medical center to the hospital
38 authority established pursuant to this chapter. The baseline data
39 shall include, but not be limited to, all of the following:

40 (A) Inpatient days by facility by quarter.

- 1 (B) Outpatient visits by facility by quarter.
- 2 (C) Emergency room visits by facility by quarter.
- 3 (D) Number of unduplicated users receiving services within the
- 4 medical center.

5 (2) Upon transfer of the medical center, the county shall
6 establish baseline data reporting requirements for each of the
7 medical center inpatient facilities consistent with data reporting
8 requirements of the Office of Statewide Health Planning and
9 Development, including, but not limited to, monthly average daily
10 census by facility for all of the following:

- 11 (A) Acute care, excluding newborns.
- 12 (B) Newborns.
- 13 (C) Skilled nursing facility, in a distinct part.

14 (3) From the date of transfer of the medical center to the hospital
15 authority, the hospital authority shall provide the county with
16 quarterly reports specified in paragraphs (1) and (2) and any other
17 data required by the county. The county, in consultation with health
18 care consumer groups, shall develop other data requirements that
19 shall include, at a minimum, reasonable measurements of the
20 changes in medical care for the indigent population of Alameda
21 County that result from the transfer of the administration,
22 management, and control of the medical center from the county
23 to the hospital authority.

24 (an) A hospital authority established pursuant to this section
25 shall comply with the requirements of Sections 53260 and 53261
26 of the Government Code.

27 ~~(ao) This section shall become operative January 1, 2015.~~

28 ~~SECTION 1. Section 120582 of the Health and Safety Code~~
29 ~~is amended to read:~~

30 ~~120582. (a) Notwithstanding any other law, a physician and~~
31 ~~surgeon who diagnoses a sexually transmitted chlamydia,~~
32 ~~gonorrhea, or other sexually transmitted infection, as determined~~
33 ~~by the department, in an individual patient may prescribe, dispense,~~
34 ~~furnish, or otherwise provide prescription antibiotic drugs to that~~
35 ~~patient's sexual partner or partners without examination of that~~
36 ~~patient's partner or partners. The department may adopt regulations~~
37 ~~to implement this section.~~

38 ~~(b) Notwithstanding any other law, a nurse practitioner pursuant~~
39 ~~to Section 2836.1 of the Business and Professions Code, a certified~~
40 ~~nurse-midwife pursuant to Section 2746.51 of the Business and~~

1 ~~Professions Code, and a physician assistant pursuant to Section~~
2 ~~3502.1 of the Business and Professions Code may dispense, furnish,~~
3 ~~or otherwise provide prescription antibiotic drugs to the sexual~~
4 ~~partner or partners of a patient with a diagnosed sexually~~
5 ~~transmitted chlamydia, gonorrhea, or other sexually transmitted~~
6 ~~infection, as determined by the department, without examination~~
7 ~~of the patient's sexual partner or partners.~~

O