DEPARTMENT OF CONSUMER AFFAIRS
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.
CALIFORNIA STATE ATHLETIC COMMISSION
2005 Evergreen Street, Suite 2010 | Sacramento, CA 95815
Phone: (916) 263-2195 | Fax: (916) 263-2197
Website: www.dca.ca.gov/csac| Email:csac@dca.ca.gov

Members of the Advisory Committee on Medical & Safety Standards
Dr. Paul Wallace
Dr. Rudolph-Bear Gamboa
Dr. Brian Estwick
Dr. Jerome Lisk
Dr. Rhonda Rand
Dr. Jonathan Schleimer

Members of the Commission
John Carvelli, Chair
Mary Lehman, Vice Chair
John Frierson
Martha Shen-Urquidez
Van Gordon Sauter
Vernon Williams
Luis Ayala

ADVISORY COMMITTEE ON MEDICAL AND SAFETY STANDARDS MEETING AGENDA

Sunday, April 10, 2016

4:00p.m.- Conclusion of Business

Location:
Omni Los Angeles Hotel at California Plaza
Hershey/Crocker Room
251 S Olive Street
Los Angeles, CA 90012

OPEN SESSION

1. Call to Order/ Pledge of Allegiance/ Roll Call
2. Opening Remarks by Chairperson
3. Approval of November 7, 2015, MAC Meeting Minutes
4. Committee Reports-Pregnancy Testing; Neurological Testing; Ophthalmology Requirements
5. Development and Discussion to update the Pre and Post Fight Physical forms including dehydration testing
6. C3 Logix Concussion Management System
7. Update and Discussion on Education Video for licensees
8. Ringside Physician Recruitment and Training
9. Review and Update on Para-medic's, Ambulance requirements: Burbank and Los Angeles; Hospital Trauma levels
10. Development and Discussion of protocol addressing Dehydration

11. AG report on indemnification of Ringside Physicians

12. Review and revision of licensee Medical Records Consent Form

13. Public comment on items not on the agenda
    (The Commission may not discuss or take action on any matter raised during this public comment section, except to decide whether to place the matter on the agenda of a future meeting pursuant to Government Code §§ 11125, 11125.7(a)).

14. ADJOURNMENT

NOTICE: The meeting is accessible to the physically disabled. A person who needs disability-related accommodation or modification in order to participate in the meeting may make a request by contacting Heather Jackson at (916) 263-2195 or email heather.jackson@dca.ca.gov or sending a written request to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, CA 95815. Providing your request at least five (5) days before the meeting will help ensure availability of the requested accommodation. Requests for further information should be directed to Heather Jackson at the same address and telephone number.

Meetings of the California State Athletic Commission are open to the public except when specifically noticed otherwise in accordance with the Open Meetings Act. The audience will be given appropriate opportunities to comment on any issue presented.

AGENDA ITEM

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Dr. Jonathan Schleimer

Agenda items may be taken out of order the agenda except public comment. Action may be taken on any item listed on

ADVISORY COMIMITTEE ON MEDICAL AND SAFETY STANDARDS MEETING

Saturday, November 7, 2015
11:00 A.M. to Close of Business

LOCATION
The Westin Bonaventure Hotel & Suites -Beaudry A
404 S. Figueroa Street
Los Angeles, CA 90071

OPEN SESSION

Agenda Item 1 – Call the meeting to Order / Roll Call / Pledge of Allegiance
All Present - Dr. Rand is participating from a remote location and will not be able to vote. We have a quorum.

Agenda Item 2 – Welcome - Chairman's Opening Remarks
Discussing the purpose of the advisory committee. The MAC will bring ideas/suggestions to the commission.

What makes California special? Two (2) deaths in the last 30 years. Wallace believes it is due to mechanics and individuals involved (referees and judges).

Agenda Item 3 – Discussion and possible action on Training of Ringside Physicians *(how & when to stop a fight, when appropriately trained, etc.)*
This item was discussed. No action taken.

Agenda Item 4 – Discussion and possible action regarding the creation of a Ringside Physician Committee
This item was discussed. No action taken.

Agenda Item 5 – Discussion and possible action on Neurological testing of athletes for licensure and competition

Priorities: Pregnancy testing; Neurological testing, dehydration/hydration at weigh ins. Neurological Testing: Why do we need to change? Risks of changing/staying the same? Threats? Develop best practices (publications from others);

(Commissioner Williams) Key point - how do you objectively set a standard for Neurological testing? Must be cognitive, motor, etc. Testing needs to be instrumental and even, documentable assessment that can be studied over time. C3 Logix - cognitive function, check and document reaction time, static and visual. Needing these test done after the ko/tko/hard bout fights. Possible pre licensing assessment. 25minutes to conduct.

C3 Logix Testing (ipad approach): Cognitive (verbal memory, visual memory, reaction times, speed of mental processing, balance error scoring system, symptom questionnaire like a standard SAP. Possible donation of software of C3 Testing software.

Dr. Wallace: Learning Curve, $$, and discussion on the length of time it takes. Get CAMO on board with this software was well. New licensee physicians go through this training automatically
Andy: Educating the trainers and the promoters for dehydration with the physicians. Communicating to reduce risk - effective knowledge transfer.

Motion by Dr. Wallace, Second by commissioner, to add the C3 logix study as a pilot program in conjunction with the initial Neurological exam, to be implemented as soon as possible: Unanimous 5-0
Neurological Subcommittee: Develop a full proposal for the population/sample size/contact media by December 31st

Motion on the floor (Dr. Wallace), Second by Lisk: Develop and implement a medical database. 5-0 unanimous

Agenda Item 6 – Review and approval of Examination of Boxer Applicants proposed regulations (California Code of Regulations Section 280)

Motion on the floor (Dr. Wallace), Second by Estwick: Change language in section 280 Examination of Boxer Applicants #5 to state "Eye examination must be performed by a licensed ophthalmologist and must meet the requirements set forth in the examination is valid for 12 months". Unanimous 5-0

Motion on the floor (Dr. Wallace), Second by Estwick: Change language in section 280 Examination of Boxer Applicants, #2 to state "Magnetic Resonance Imaging (MRI) using standard brain protocol to include Gradient Echo Imaging (GRE) or Susceptibility weighted imaging (SWI), shall be interpreted by a licensed neurologist, neurosurgeon, or neuroradiologist, every 36 months." unanimous 5-0

Motion on the floor (Dr. Wallace), Second by Lisk: Change language in section 280 Examination of Boxer Applicants, "(e) The examining physician may recommend or require any additional tests or evaluations he or she deems necessary, as specified in Business and Professions Code section 18711, if additional tests or evaluations are required the athlete has the ability to appeal to the medical advisory committee." Unanimous 5-0

Motion on the floor (Dr. Wallace), Second by Estwick: Change language in section 280 Examination of Boxer Applicants, #6 add "(d) Tuberculosis: Purified protein derivative test (PPD) or Quantifreon TB test." unanimous 5-0

Motion on the floor (Dr. Wallace), Second by Lisk: Change language in section 280 Examination of Boxer Applicants, (h) "....$250 per event...." unanimous 5-0

Have the staff send any athletes with any extenuating eye circumstances - send the eye exams to Dr. Estwick for further evaluation to determine if additional testing/information is necessary for the athlete to compete.

Agenda Item 7 – Discussion and possible action on weight cutting and dehydration of athletes

Motion on the floor (Dr. Wallace), Second by Estwick: Implement a second day WI with a max of 7% weight gain. The athlete will be fined if he or she is over the 7% weight gain. If the athlete weighs in over 10%, he or she will be disqualified from competition. A specific gravity test will be administered at the second day WI to ensure an athlete is not dehydrated before competition.
5-0 unanimous

Agenda Item 8 – Discussion and possible action on promoters engaging medical personnel other than CSAC assigned physicians.

This item was discussed. No action taken.

Agenda Item 9 – Discussion and possible action on surveying fighters for evidence of pituitary dysfunction and that dysfunction's contribution to symptoms/disability

This item was discussed. No action taken.

Agenda Item 10 – Discussion and possible action on pregnancy testing of female athletes

This item was discussed. No action taken.

Agenda Item 11 – Discussion and possible action on medical suspension requirements an whether a 45/30 mandatory medical suspension is appropriate for all fighters

This item was discussed. No action taken.

Agenda Item 12 – Discussion and possible action on physicians making recommendations regarding hospitals and/or specialists
This item was discussed. No action taken.

Agenda Item 13 – Discussion and possible action on physicians following fighter to and from hospital
This item was discussed. No action taken.

Agenda Item 14 – Discussion and possible action on collection of data results of post-bout emergency room visit(s) (HIPAA waiver)
This item was discussed. No action taken.

Agenda Item 15 – Discussion and possible action on status of contractual relationship of physicians and the State of California regarding indemnification
Receive indemnification in writing from DCA.

Agenda Item 16 – Public comment on items not on the agenda
No public comment.

Agenda Item 17 – ADJOURNMENT

AGENDA ITEM

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MEMORANDUM

DATE	April 6, 2016
TO	John Carvelli, Chair California State Athletic Commission
FROM	Andy Foster Andy Foster, Executive Officer California State Athletic Commission
SUBJECT	**Policy Recommendation for Optional Pregnancy Testing**

BACKGROUND

There has been a dramatic increase in the number of female combat athletes due in large part to the significant growth and popularity of MMA. Consequently, the CSAC has growing concerns regarding the health and safety of female athletes that may be aware or even unaware of training and competing while pregnant.

In 2001,an effort was made by the California State Athletic Commission to create awareness of the dangers associated with competing while pregnant. An advisory notice was produced and circulated to all female boxers. This notice outlined the possible health effects of fighting while pregnant and recommends pre-fight testing.

In 2005, the Commission sponsored AB 972 (Runner, 2005) which would mandate pregnancy testing for female fighters. The Commission believed this "will improve the existing health and safety standard regarding female boxers fighting while pregnant."

RECOMMENDATION

After reviewing the efforts that this Commission has made in the past, it is my proposal that this Commission consider providing, at no cost to the athletes, pregnancy testing kits in the restrooms at all weigh-ins. These tests would be totally voluntary and no request to take the test would be required or asked for by the Commission. I further recommend that Commissioner Dr. Williams and the MAC review and comment on my recommendation and that their comments be reported to the full Commission at its earliest convenience.

CALIFORNIA STATE ATHLETIC COMMISSION

PROPOSED LANGUAGE

Amend Section 280 of Article 6, Division 2, Title 4 of the California Code of Regulations to read as follows:

§ 280. Examination Of Boxer Applicants.

(a) Any boxer applying for a license or renewal thereof shall be examined by a physician currently licensed by this state to establish both physical and mental fitness for competition. Such examination shall be taken at such time as directed by the commission. Any boxer licensed by the commission who participates in a boxing match or contest outside the State of California may be required, upon his return to California, to again take this examination before being allowed to box in California. The results of such contests shall be reported to the nearest commission office by the licensee within 72 hours of his return to California.

(b) An examination of an applicant or licensee may be accepted by the commission if it is performed by a physician authorized to perform such examinations by the state or nation in which the examination is conducted and if it is conducted in accordance with commission instructions, including the use of applicable forms prescribed by the commission.

(c) Any boxer applying for a license or renewal shall be required to submit to and complete a medical examination process, which shall include the following:

1. Neurological Examination must be performed by a licensed physician that specializes in neurology or neurosurgery. This examination is valid for 12 months.

2. Magnetic Resonance Imaging (MRI) using standard brain protocol to include Gradient Echo Imaging (GRE) or Susceptibility Weighted Imaging (SWI), shall be interpreted by a licensed neurologist, neurosurgeon, or neuroradiologist, every 36 months.

3. Electrocardiogram (EKG) must be performed by a licensed physician.This medical test is only required once, or at the discretion of the licensed examining physician.

4. Physical Examination must be performed by a licensed physician and is valid for 12 months.

5. Eye Examination must be performed by a licensed ophthalmologist and must meet the requirements set forth in Section 282, Article 6 of the California Code of Regulations. This examination is valid for 12 months.

6. The following required blood tests shall be taken within 30 days of the date of application and are valid for 6 months:

(A) Human Immunodeficiency Virus (HIV) Antibody

(B) Hepatitis B Surface Antigen (HBsAg):

(C) Hepatitis C Virus (HCV)

(D) Tuberculosis: Purified protein derivative test (PPD) or Quantifreon TB test.

(d) The laboratory that administered the required blood tests shall be certified in accordance with the Federal Clinical Laboratory Improvement Act. The results of each blood test shall be submitted to the commission on the letterhead of the laboratory that administered them.

(e) The examining physician may recommend or require any additional tests or evaluations he or she deems necessary, as specified in Business and Professions Code section 18711. If additional tests or evaluations are required the athlete has the ability to appeal to the medical advisory committee.

(f) The commission may waive the requirement for a brain imaging scan or an EKG if a brain imaging scan or EKG was completed as part of the licensing requirements in another state, as specified in Business and Professions Code section 18711.

(g) The commission may, in its discretion, accept tests or evaluations that are equivalent to those described in subdivision (c) and that have been completed within one year of licensure.

(h) In accordance with section 18711 of the Business and Professions Code, the commission shall collect from each promoter of professional matches licensed under the State Athletic Commission Act two hundred and fifty dollars ($250) per event sanctioned by the commission until the State Athletic Commission Neurological Examination Account balance falls below one hundred thousand dollars ($100,000). At that point, the amount of the assessment shall be re-examined by the commission. The manner in which the assessment is collected shall be at the discretion of the commission and shall be deposited in and credited to the State Athletic Commission Neurological Examination Account and shall be used to pay for the costs of neurological examinations required by section 18711.

NOTE: Authority cited: Section 18611, Business and Professions Code. Reference:Sections 18640, 18642, 18661 and 18711, Business and Professions Code.

AGENDA ITEM

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STATE OF CALIFORNIA
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DEPARTMENT OF CONSUMER AFFAIRS

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PRE-BOUT MEDICAL QUESTIONNAIRE

This questionnaire needs to be completed in full. Only the licensed Commission Physician evaluating the contestant may assist the contestant in completing this questionnaire.

Attention Physician:

All available licensing medical examinations and competition history are in the Event Packet. At a minimum the medical examinations available to you are the Physical Examination, Ophthalmologic Examination, Neurological Examination, MRI Diagnostic Report and MRI Summary, EKG Report and Cardiovascular History, and lab work. Please consult with the Event Supervisor if you need any additional information or if there is information missing.

If any condition is disclosed in this questionnaire, you shall immediately inform the Commission Representative and unless a clearance is received from the contestant's attending physician in consultation with you or a Commission approved physician, the contestant will not be allowed to compete.

You must be able to determine that the specific condition and or matter in question does not affect the contestant's ability to perform or present a potential threat to the contestant's health as a result of competing in the contest or match.

Contestant's Name: _____

Personal physician contact information:

Name: _____ Telephone number: _____

When was your last bout, and what was the result of the bout? _____

How much did you weigh when you began training for this bout? _____ Two weeks ago? _____

Have you ever suffered any knockouts (KO's), technical knockout's (TKO's), or any kind of loss of consciousness in the last twelve (12) months during a bout, sparring or in any other activity? ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

Have you ever had any broken bones or arthritis? ☐ **YES** ☐ **NO** If yes, please give date and the details:

_____

Have you ever suffered any eye injury or had any eye problems? ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

Have you ever had any hearing problems? ☐ **YES** ☐ **NO** If yes, please give date and the details:

_____

Have you ever had a neuromuscular condition, including peripheral nerves, muscle or brain problems? ☐ **YES** ☐ **NO** If yes, please give date and details: _____

Have you ever had any heart or cardiovascular condition? ☐ **YES** ☐ **NO** If yes, please give date and details:

_____

Have you ever had any pulmonary or respiratory condition including asthma? ☐ **YES** ☐ **NO** If yes, please give details:

_____

Are you pregnant? ☐ **YES** ☐ **NO** If yes, please give date the pregnancy was confirmed and refer to the Pregnancy Advisory Notice: _____

Have you ever had any renal or urological condition? ☐ **YES** ☐ **NO** If yes, please list and give date and details:

_____

PRE-BOUT MEDICAL QUESTIONNAIRE

Participant Name: _____

Have you ever had a hematological condition or any unusual bleeding or bruising problems? ☐ **YES** ☐ **NO** If yes, please list and give date and details: _____

Do you have any conditions of which you are aware such as:

Any surgical procedure? ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

Any serious illness, disease or allergy from either food or medicine? ☐ **YES** ☐ **NO** If yes, please list and give date and details:

_____

Any lacerations (cuts) requiring sutures in the last 90 days? ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

To your knowledge have you taken any of the following?

Any medication or drug either over the counter or prescribed ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

Any medication, drug or vitamin supplement to help you lose weight for this bout ☐ **YES** ☐ **NO** If yes, please list and give dates and details: _____

Any vitamin or nutritional supplement ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

Have you undergone any of the following medical examinations?

MRI or CT scan of the brain (brain imaging scan)? ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

EEG (test that measures electrical activity in the brain)? ☐ **YES** ☐ **NO** If yes, please list and give dates and details:

_____

EKG (test that measures electrical activity of the heart)? ☐ **YES** ☐ **NO** If yes, please list and give date and details:

_____

I, _____,
PRINT NAME **SIGNATURE**
the CONTESTANT, declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

I, _____,
PRINT NAME **SIGNATURE**
assisted the Contestant in completing this form and declare under penalty of perjury under the laws of the State of California, that the foregoing information is true and correct; further I realize that any intentional misrepresentation may result in disciplinary action against my license.

COMMISSION PHYSICIAN CONDUCTING THIS EVALUATION:

_____ _____
NAME (print) **SIGNATURE**

DATE: _____ **TIME:** _____

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PHYSICIAN REPORT

Please indicate the exam results by recording a result, ABN, WNL, or a comment.

EVENT DATE: **PROMOTER:** **LOCATION:**

Contestant's Name	Weight	Pulse	Blood Pressure	Neuro	Eyes	Heart	Lungs	Hernia/ Abd.	Hands	Injury Code*	After Contest Recommendation*
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS

PHYSICIAN REPORT

Please indicate the exam results by recording a result, ABN, WNL, or a comment.

EVENT DATE: **PROMOTER:** **LOCATION:**

Contestant's Name	Weight	Pulse	Blood Pressure	Neuro	Eyes	Heart	Lungs	Hernia/ Abd.	Hands	Injury Code*	After Contest Recommendation*
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS
RED											SUSPEND DAYS NO CONTACT TRAINING DAYS
BLUE											SUSPEND DAYS NO CONTACT TRAINING DAYS

***PLEASE COMPLETE INJURY CODE COLUMN IF A CONTESTANT IS KNOCKED OUT OR INJURED. INJURY CODES AND REMARK SECTION ARE BELOW.**

I have examined these contestants in the above areas and have explained any abnormalities in the "Remarks Section" below. Contestants with significant abnormalities have been disqualified. A report of the medical examinations shall be filed with the commission not later than 24 hours after the termination of the contest

Physician's Name _____ ***Physician's Signature*** _____

PHYSICIAN REPORT

Physician's Name _____ ***Physician's Signature*** _____

INJURY CODES:

A. HEAD INJURY
   1. Knock Out
      a. Classic concussion = loss of consciousness
      b. Mild concussion = amnesia, but no loss of consciousness
      c. Mild head injury = no amnesia
   2. Severe Head Injury = Emergency Room Evaluation
   3. Multiple Head Blows (injury not classified above)

B. EYE INJURY
   1. Ocular Injury = Explain in remark section
   2. Retinal Injury = Ophthalmological Evaluation
   3. Minor Injury = Explain in Remarks Section

C. THORACO-ABDOMINAL INJURY (e.g., rib fractures, multiple body blows)
   1. Thoraco-Abdominal Injury = Explain in Remarks Section

D. EXTREMITY INJURY (e.g., hand fractures)
   1. Extremity Injury = Explain in Remarks Section

E. FACIAL LACERATIONS AND FRACTURES (including mandibular fractures)
   1. Facial Lacerations and Fractures = Explain in Remarks Section

F. OTHER
   1. Explain other injuries in Remarks Section

CONTESTANT'S NAME	REMARKS

AGENDA ITEM

8

18705. Every promoter shall have at its own expense in attendance at every contest, a licensed physician approved by the commission who has had not less than three years experience in the practice of medicine since licensure, who shall perform the physical examination of the contestants and observe the physical condition of the contestants during the contest or match.

The services of the physician shall be paid according to a schedule of fees adopted by the commission. The fees shall be paid by the club to the commission, and it shall remit the payment to the physician.

18705.5. The commission shall adopt regulations detailing the criteria for approval of a licensed physician pursuant to Section 18705.

§ 287. Physicians; Certification Of Physicians.

The commission shall certify each year a list of commission-approved physicians who will be appointed by the commission as ringside physicians at each boxing match. The list of certified physicians shall be available in the headquarters and district offices of the commission.

NOTE: *Authority cited: Section 18611, Business and Professions Code. Reference: Sections 18640, 18705 and 18706, Business and Professions Code.*

HISTORY:

1. Change without regulatory effect of NOTE (Register 87, No. 5).

2. Amendment filed 10-30-95; operative 10-30-95 pursuant to Government Code section 11343.4(d) (Register 95, No. 44).

§ 288. Ringside Physicians.

Ringside physicians shall meet all of the following criteria:

(a) The physician shall possess a current and unrestricted license issued by the Medical Board of California or the Board of Osteopathic Examiners.

(b) A physician who has not previously been a ringside physician shall hold staff privileges in medicine, surgery, or emergency medicine in a general acute care facility accredited by the Joint Commission on Accreditation of Health Organizations.

(c) A physician who has not previously been approved as a ringside physician shall attend at least two ringside physician training clinics which are sponsored by the commission.

(d) A physician who has not previously been approved as a ringside physician shall be precepted at six (6) contests by a ringside physician, and receive a satisfactory evaluation on at least five (5) of the precepted contests. The preceptee may act as the second physician in attendance at a contest.

(e) "Ringside physician," as used in this section, means a physician who is approved by the commission to attend boxing and martial arts contests as required by Section 18705 of the code.

NOTE: *Authority cited: Sections 18611 and 18705.5, Business and Professions Code. Reference: Sections 18705 and 18705.5, Business and Professions Code.*

HISTORY:

1. New section filed 10-28-91; operative 11-27-91 (Register 93, No. 4).

2. Amendment filed 6-15-2011; operative 7-15-2011 (Register 2011, No. 24).

AGENDA ITEM

11

Jackson, Heather@DCA

From: Foster, Andy@DCA
Sent: Tuesday, April 05, 2016 9:32 AM
To: Jackson, Heather@DCA
Subject: MAC Agenda Item 11

From: Walker, Spencer@DCA
Sent: Tuesday, January 13, 2015 7:48 AM
To: Cornejo, Sophia@DCA
Cc: Foster, Andy@DCA
Subject: RE: Requesting Your Assistance: Research Regarding Ringside Physicians

Hi Sophia,

Although ringside physicians are not employees of the CSAC, they are entitled to the same rights and immunities granted to public employees pursuant to Business and Professions Code section 18735.

Business and Professions Code
18735.
Referees and other boxing officials appointed by the commission while performing duties required under this chapter by the commission shall be entitled to the same rights and immunities granted to public employees by the provisions of Article 3 (commencing with Section 820), Chapter 1, Part 2, Division 3.6, Title 1 of the Government Code. The provisions of this section shall not be construed to affect, create, or destroy any rights or obligations of any public or private employer of a referee or other boxing official.

Government Code
820.
(a) Except as otherwise provided by statute (including Section 820.2), a public employee is liable for injury caused by his act or omission to the same extent as a private person.
(b) The liability of a public employee established by this part (commencing with Section 814) is subject to any defenses that would be available to the public employee if he were a private person.
(Added by Stats. 1963, Ch. 1681.)

820.2.
Except as otherwise provided by statute, a public employee is not liable for an injury resulting from his act or omission where the act or omission was the result of the exercise of the discretion vested in him, whether or not such discretion be abused.
(Added by Stats. 1963, Ch. 1681.)

820.4.
A public employee is not liable for his act or omission, exercising due care, in the execution or enforcement of any law. Nothing in this section exonerates a public employee from liability for false arrest or false imprisonment.
(Added by Stats. 1963, Ch. 1681.)

820.6.
If a public employee acts in good faith, without malice, and under the apparent authority of an enactment that is unconstitutional, invalid or inapplicable, he is not liable for an injury caused thereby except to the extent that he would have been liable had the enactment been constitutional, valid and applicable.
(Added by Stats. 1963, Ch. 1681.)

820.8.

Except as otherwise provided by statute, a public employee is not liable for an injury caused by the act or omission of another person. Nothing in this section exonerates a public employee from liability for injury proximately caused by his own negligent or wrongful act or omission.
(Added by Stats. 1963, Ch. 1681.)
Regards,

Spencer L. Walker
Attorney III – Legal Affairs Division
Department of Consumer Affairs
1625 N. Market Blvd., Suite S-309
Sacramento, CA 95834
Office: (916) 574-8245
Fax: (916) 574-8623

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Andy Foster
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AGENDA ITEM

12

APPLICATION FOR PROFESSIONAL ATHLETE

APPLICANT NAME: _____

Authorization to Use and Disclose Protected Health Information

The California State Athletic Commission is a public health authority, as defined in 45 CFR 164.501, exempt from HIPAA, and is authorized by California Business and Professions Code Sections 18600 et seq. to collection information about the applicant's mental and physical health.

I hereby authorize my personal physicians and other healthcare providers and all hospitals or similar institutions or organizations to furnish to the California State Athletic Commission or its successors copies of all my medical records, hospital records, records of treatment for drug and/or alcohol abuse or dependency, or other information requested by that Commission in connection with this application or any further or future investigation by that Commission necessary to determine my fitness for licensure.

I further authorize the Commission or its successors to release any medical or other personal information with respect to my application or licensure to the organizations, individuals or groups listed above as well as additional parties with a vested interest in my current license status with the Commission, including but not limited to my current Manager, a Commission licensed Promoter of an event that I am participating in and to other regulatory bodies. The Commission will release this information only to those individuals, athletic commissions, or similar regulatory bodies that have a need to know, as determined by the Commission. This disclosure of records is required for official use, including investigation of my fitness for licensure by the Commission. I understand that the recipient of my information is not a health plan or health care provider and the released information may no longer be protected by federal privacy regulations.

I understand that I have a right to receive a copy of this authorization if I request it. I may inspect or obtain a copy of the protected health information that I am being asked to disclose.

I understand that I have a right to revoke this authorization by sending written notification to the California State Athletic Commission, 2005 Evergreen Street, Suite 2010, Sacramento, California 95815. I understand that if I revoke this authorization, I may not be allowed to continue in the licensure process, or, if I am licensed, my license may be adversely affected.

This authorization shall remain valid for one year from the date a license is issued to me. A copy of this authorization shall be as valid as the original.

_____
Name of Applicant

_____ _____
Signature of Applicant **Date**