

**State of California  
Office of Administrative Law**

**In re:**  
Department of Public Health

**Regulatory Action:**

**Title 22, California Code of Regulations**

**Adopt sections:**

**Amend sections:** 20100.5

**Repeal sections:**

**NOTICE OF FILING AND PRINTING ONLY**

**Government Code Section 11343.8**

**OAL Matter Number: 2018-1108-03**

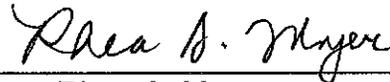
**OAL Matter Type: File and Print Only (FP)**

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This is a Conflict of Interest code that has been approved by the Fair Political Commission and is being submitted for filing with the Secretary of State and printing only.

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

**Date:** December 4, 2018



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Rhea A. Moyer  
Legal Analyst

**For:** Debra M. Cornez  
Director

**Original:** Dr. Karen Smith, Director

**Copy:** Veronica Rollin

# FILE PRINT

STATE OF CALIFORNIA—OFFICE OF ADMINISTRATIVE LAW

## NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER <b>Z-2018-0810-01</b>	REGULATORY ACTION NUMBER <b>2018-1108-03FP</b>	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	
AGENCY WITH RULEMAKING AUTHORITY California Department of Public Health		AGENCY FILE NUMBER (if any) DPH-18-005	

**ENDORSED - FILED**  
In the office of the Secretary of State  
of the State of California

**DEC 04 2018**  
1:46 PM

2018 NOV -8 P 3:32  
OFFICE OF  
ADMINISTRATIVE LAW

### A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE	TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b>	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER <b>2018 34-2</b>	PUBLICATION DATE <b>8/24/2018</b>

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Conflict of Interest Code	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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<b>SECTION(S) AFFECTED</b> (List all section number(s) individually. Attach additional sheet if needed.)	ADOPT
	AMEND 20100.5
TITLE(S) 22	REPEAL

3. TYPE OF FILING

<input type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input checked="" type="checkbox"/> File & Print <i>per agency request</i>	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) <i>conflict of interest code</i>	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)

*per agency request*

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> §100 Changes Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) <b>30 days from filing with Sec. of State</b> <i>per 2 ccr</i>
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6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY

<input type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input checked="" type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)		

*per 18750*

7. CONTACT PERSON Veronica Rollin	TELEPHONE NUMBER (916) 445-2529	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional)
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 11/7/18
TYPED NAME AND TITLE OF SIGNATORY Keith Van Wagner, Assistant Chief Counsel	

For use by Office of Administrative Law (OAL) only

**AUTHORIZED FOR FILING AND PRINTING**

**DEC 04 2018**

Office of Administrative Law