



2024
Report on
State
Legislation



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President & CEO Message



Carmela Coyle

Carmela Coyle
President & CEO

CHA worked tirelessly on behalf of hospitals at the state Capitol in 2024, where significant legislation was passed that will shape the way you deliver care to your communities. In all, CHA engaged the Legislature on more than 100 bills, advocating for policies that support hospitals' mission to provide high quality, accessible health care to all Californians.

This report provides a comprehensive overview of new laws taking effect, highlighting those with the most impact on hospitals. It is a resource to support understanding and implementation of these new laws.

If you have any questions about this report, please contact Lois Richardson, vice president, legal counsel, at lrichardson@calhospital.org.

New Laws with High Impact

Among the many health care-related laws enacted this year are several that impact overall hospital operations or require hospitals to take steps to implement them. The following are summaries of those laws, which hospital leaders may want to share with key members of their teams.



Health

Assembly Bill (AB) 177 (Assembly Committee on Budget) *Legal/Regulatory Compliance, Hospital Operations*
 AB 177 requires development of a solution to display the availability of beds in acute psychiatric hospitals, psychiatric units within general acute care hospitals, psychiatric health facilities, crisis stabilization providers, and psychiatric residential treatment facilities. This solution will build upon an existing California Department of Public Health (CDPH) project currently underway and is required under the terms of California's Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-Connect) Section 1115 Medicaid demonstration waiver.

Hospitals: seismic safety compliance

AB 869 (Wood, D-Santa Rosa) *Legal/Regulatory Compliance*
 AB 869 allows certain rural and district hospitals to apply for an up to five-year extension to the 2030 seismic requirements.

Emergency Services: psychiatric emergency medical conditions

AB 1316 (Irwin, D-Thousand Oaks) *Legal/Regulatory Compliance, Hospital Operations*
 AB 1316 is a CHA-sponsored bill that requires Medi-Cal managed care plans to cover hospital and physician emergency department (ED) services provided to Medi-Cal patients with psychiatric emergencies, whether the patient is voluntarily seen or involuntarily detained. This bill empowers hospitals to promptly transfer patients to inpatient psychiatric care without delays by counties and health plans.

Controlled substances: clinics

AB 2115 (Haney, D-San Francisco) *Clinical/Pharmacy/Laboratory*
 AB 2115 allows clinics and hospital pharmacies to dispense 72 hours of methadone during the process of referring an individual to a methadone clinic for ongoing treatment.

Mental health: involuntary treatment

AB 2154 (Berman, D-Menlo Park) *Legal/Regulatory Compliance, Hospital Operations*
 AB 2154 requires hospitals to provide a copy of the state-published handbook *Rights for Individuals in Mental Health Facilities* to certain family members with the consent of individuals on involuntary psychiatric holds. CHA worked with the author to ensure hospitals can comply by providing the handbook via electronic means.

New Laws with High Impact

Labor Code Private Attorneys General Act of 2004

AB 2288 (Kalra, D-San Jose) Legal/Regulatory Compliance

AB 2288 is one of two bills (SB 92) that reform provisions of California’s Private Attorneys General Act (PAGA). AB 2288 makes significant reductions to PAGA penalties, caps penalties at a set amount for employers who take reasonable steps to prevent Labor Code violations, establishes a right to “cure” alleged violations, and sets individual standing requirements. AB 2288 was signed into law on July 1, 2024, and took effect immediately.

Chemical dependency recovery hospitals

AB 2376 (Bains, D-Bakersfield) Clinical/Pharmacy/Laboratory

AB 2376 expands the definition of “chemical dependency recovery services” to include providing medications for addiction treatment and medically managed voluntary inpatient detoxification. The bill permits hospitals to provide chemical dependency recovery services as a supplemental service in treatment areas that are licensed to provide other types of services (such as med/surg units) without having a distinct chemical dependency recovery unit.

Occupational safety and health standards: workplace violence prevention plan: hospitals

AB 2975 (Gipson, D-Gardena) Legal/Regulatory Compliance, Hospital Operations

AB 2975 requires all general acute hospitals to implement a weapons detection policy that includes metal detection screening at the main public entrance, emergency room entrance, and labor and delivery entrance (if separate from the main public entrance) by spring of 2027. The bill directs the California Division of Occupational Safety and Health (Cal/OSHA) Standards Board to adopt implementing regulations by March 1, 2027. Hospitals must comply within 90 days from the date the regulations are finalized.

Community Assistance, Recovery, and Empowerment (CARE) Court Program: process and proceedings

Senate Bill (SB) 42 (Umberg, D-Santa Ana) Legal/Regulatory Compliance, Hospital Operations

SB 42 permits facilities, including hospitals, designated by a county to provide involuntary mental health evaluation or treatment to simply refer a person on an involuntary hold to the county behavioral health agency if they believe the person may meet criteria for the CARE process. This simplifies the CARE initiation process by eliminating a requirement that facilities must file a petition with the court to have individuals considered for the CARE process. Individuals who are referred must be assessed by the county within 14 business days. The state Department of Health Care Services (DHCS) will develop a CARE referral form.

Labor Code Private Attorneys General Act of 2004

SB 92 (Umberg, D-Santa Ana) Legal/Regulatory Compliance

SB 92 is one of two bills (AB 2288) that reform California’s PAGA. SB 92 establishes a right to cure process for employers to utilize when defending a PAGA claim. The process includes the ability to pause a PAGA lawsuit and participate in an early neutral evaluation conference within the court. SB 92 also grants greater judicial discretion to reduce penalties and manage PAGA cases in terms of scope and evidence presented at trial. SB 92 was signed into law on July 1, 2024, and took effect immediately.

Employer communications: intimidation

SB 399 (Wahab, D-Fremont) Legal/Regulatory Compliance, Medical Staff, Hospital Operations

SB 399, also known as a ban on “captive audience meetings,” prohibits an employer from taking adverse action against an employee who declines to attend an employer-sponsored meeting or participate in, receive, or listen to communication regarding the employer’s opinion about religious or political matters — including pending legislation and union organizations.

New Laws with High Impact

Minimum wages: health care workers: delay

SB 828 (Durazo, D-Los Angeles) Legal/Regulatory Compliance, Medical Staff

SB 828, signed into law in late May, delayed the minimum wage increases by one month from June 1 to July 1, to align with the state fiscal year. However, the final budget agreement in **SB 159** further delayed the effective date to Oct. 16, 2024, for the first minimum wage increase. Future increases are scheduled to take effect on July 1.

Mental health: involuntary treatment: antipsychotic medication

SB 1184 (Eggman, D-Stockton) Clinical/Pharmacy/Laboratory

SB 1184 allows hospitals to continue to administer antipsychotic medications beyond the initial 14-day treatment period to persons who are involuntarily detained for mental health evaluation, and treatment and have been determined by a court to lack capacity to refuse antipsychotic medications.

Health facilities

SB 1238 (Eggman, D-Stockton) Hospital Operations

SB 1238 expands the types of facilities that may be designated by counties to evaluate and treat individuals on an involuntary hold who are gravely disabled due to a serious substance use disorder. In addition to facilities that provide psychiatric inpatient and crisis stabilization services, designated facilities can include licensed psychiatric residential treatment facilities, mental health rehabilitation centers, chemical dependency recovery hospitals, and Veterans Affairs (VA) hospitals. CHA worked with the author to refine the facilities included in the bill.

Health facility closure: public notice: inpatient psychiatric and perinatal services

SB 1300 (Cortese, D-Campbell) Legal/Regulatory Compliance

SB 1300 expands existing public notice requirements from 90 days to 120 days when a hospital plans to close either its inpatient psychiatric or its maternity services. Hospitals must hold at least one public hearing within 60 days of providing this public notice and invite the county board of supervisors to provide testimony. CHA worked with the author to remove language that would have required hospitals to report on the service closure's impact on counties' costs and services.

CHA-Supported Passage of Proposition (Prop) 1

Starting in 2026, counties will be required to refocus approximately \$4 billion of their annual tax revenues on housing and a full-service model of treatment and support for people with a serious mental health or substance use disorder. Every county will be provided an opportunity to re-examine its behavioral health care spending to determine how best to sustain the most effective programs while also meeting the new requirements. Hospitals are required to be consulted as part of local stakeholder process that will begin in 2025. Prop 1 includes a \$6 billion bond to finance investments in housing and treatment facilities — a substantial portion through competitive grants for which hospitals are eligible to apply.

Budget Details

2024-25 State Budget

In June, the Legislature and governor approved a \$297.9 billion budget for the 2024-25 state fiscal year. Trailer bills were enacted later, including AB 177, referenced on page 4. Here is an overview of some of the major health care-related provisions.



Managed Care Organization (MCO) Fee

In light of sizable fiscal challenges, the final budget agreement marked a retreat from the previous year's spending plan for proceeds from the reauthorized MCO fee. Rather than providing \$2.6 billion in reimbursement increases starting in 2025 (accounting for state funds, but not matching federal Medicaid funds), the approved budget dedicates \$133 million for this purpose in 2024-25, \$728 million in 2025-26, and \$1.2 billion in 2026-27. The remainder of MCO fee revenue received in these years would be allocated to support existing Medi-Cal costs (\$6.9 billion in 2024-25 and a total of \$23.1 billion from 2023-24 to 2026-27).

For hospitals specifically, this results in a loss of approximately \$1.4 billion in new annual Medi-Cal funding (inclusive of matching federal Medicaid funds) that would have been available for increased reimbursements starting in 2025.

To ensure funds from the MCO fee are appropriated to the Medi-Cal program, CHA and a coalition of providers and health plans are pursuing a ballot initiative (Prop 35) that will restore this funding, alongside permanently authorizing the MCO tax in state law. For more information on this effort, please see [Vote Yes on Prop 35 | Protect Access to Health Care \(voteeyes35.com\)](https://www.voteeyes35.com).

New Directed Payment Program for Children's Hospitals Effective July 1, 2024: The budget provides a \$115 million General Fund (\$230 million total funds including federal match) annually on an ongoing basis to implement a new directed payment program increasing Medi-Cal managed care reimbursement for children's hospitals. Statutory language in [SB 159](#) requires this funding to be reduced by the amount children's hospitals receive under Prop 35 (if approved by voters), but not by more than \$75 million total funds.

Budget Details

Increased Payment Pools and New Fee Requirement in Public Hospital Directed Payment Programs:

The budget provides for increased directed payments to public hospitals under both the Enhanced Payment Program and Quality Incentive Pool starting Jan. 1, 2025. In connection with those increases, the budget authorizes DHCS to assess an administrative fee on intergovernmental transfers made by participating public hospitals and their affiliated governmental entities to fund the nonfederal share of these directed payments, not to exceed 5% of the total amount transferred. This new fee revenue will fund the department's associated administrative costs and otherwise support the Medi-Cal program, and is expected to reduce General Fund spending in Medi-Cal by \$37 million in 2024-25 and \$74 million annually thereafter.

Passage of Prop 1: The budget eliminates more than \$1 billion in funding previously committed to the Children and Youth Behavioral Health Initiative and the Behavioral Health Bridge Housing Program. The budget additionally reverts funding for the Behavioral Health Continuum Infrastructure Program, but this is expected to be restored with funding from Prop 1, also known as Behavioral Health Transformation, approved by voters in March of this year (see summary on page 6). Prop 1 authorized approximately \$4.4 billion in bond funding to support new behavioral health treatment beds and outpatient capacity, and approximately \$2 billion in bond funding for permanent supportive housing for residents with behavioral health needs, including veterans. The final budget allocates \$127 million to the DHCS and \$85 million to county behavioral health departments to support initial implementation of Prop 1.

Increased Corporation Taxes Through Suspension of Major Deduction and Credit: The budget suspends the net operating loss deduction and limits business tax credits to \$5 million for the tax years 2024, 2025, and 2026, which is expected to increase state revenues between \$10 billion and \$20 billion over the next few years. This will affect many different types of businesses, including investor-owned hospitals. Implementation of these changes will begin and end one year earlier than the governor had previously proposed.

Reduced Health Care Workforce Funding but Protected Existing Awards: The budget eliminates \$746 million previously dedicated to health care workforce development programs at the Department of Health Care Access and Information (HCAI). However, in contrast with the governor's May budget proposal, the final budget includes \$109 million to protect existing awards in the Song-Brown Program, the Health Professionals Career Opportunity Program, and the California Medicine Scholars Program.

Eliminated Equity and Practice Transformation Payments: The budget eliminates remaining funding for the program, saving the state \$111 million.

Legislative Summary

Following are descriptions of bills enacted during the second year of the 2023-24 legislative session that directly impact hospitals. This report categorizes each issue alphabetically by subject and provides information about which hospital team members should take steps to come into compliance (see the legend on each page). In addition, the laws are indexed by author, bill number, and staff role. All measures take effect on Jan. 1, 2025, unless otherwise noted.



■ ARTIFICIAL INTELLIGENCE

Health care services: artificial intelligence

AB 3030 (Calderon, D-City of Industry) Legal/Regulatory Compliance, Clinical/Pharmacy/Laboratory

AB 3030 requires hospitals, other health facilities, and health practitioners that use generative artificial intelligence (GAI) for creating patient communications related to clinical information to include a disclaimer informing the patient that the communication was generated by GAI. These communications must also tell patients how to contact a human. These requirements apply to both written and verbal communications, but not to communications about administrative matters, such as scheduling, billing, or other clerical or business matters. CHA secured amendments that narrowed the scope of the bill and exempted communications reviewed by a human health care provider from the disclaimer requirement.

■ CIVIL ACTIONS/LEGAL

Civil disputes

SB 940 (Umberg, D-Santa Ana) Legal/Regulatory Compliance

SB 940 makes various changes to the Consumer Contract Awareness Act of 1999, including prohibiting a seller from requiring a consumer, with respect to a claim or controversy arising in California, to agree to a provision requiring arbitration outside of California or under the substantive law of a state other than California. The bill also makes various changes to the California Arbitration Act with respect to:

- Disclosures and solicitation by private arbitration companies
- Incorporation of deposition and discovery provisions into agreements to arbitrate

Legislative Summary

Greenhouse gases: climate corporate accountability: climate-related financial risk

■ CLIMATE CHANGE

SB 219 (Wiener, D-San Francisco) *Legal/Regulatory Compliance*

SB 219 provides cleanup language for [SB 253](#), the climate disclosure bill that was signed into law in 2023. This bill delays the requirement that the California Air Resources Board develop and adopt regulations to implement SB 253 by six months, extending the date to July 1, 2025. Additionally, the updated language allows for the annual disclosure reports required by SB 253 to be made at the parent-company level.

■ COMMUNITY BENEFIT

Hospital and emergency physician fair pricing policies

AB 2297 (Friedman, D-Burbank) *Legal/Regulatory Compliance, Hospital Operations, Finance*

AB 2297 prohibits hospitals from considering patients' monetary assets when determining eligibility for financial assistance, imposing a time limit for patients to apply, or placing liens on a patient's real property. CHA secured amendments allowing hospitals to consider specified monetary assets of Medicare patients to the extent required to be reimbursed by Medicare for Medicare bad debt without seeking to collect cost-sharing amounts from the patient as required by federal law. CHA also secured amendments allowing hospitals to require that patients pay the hospital any amount the patient received from an insurer or defendant as compensation for hospital expenses. Hospitals must update their financial assistance policies, billing/collections policies, and financial assistance application; submit them to HCAI; train staff on the updated policies; and take other steps to come into compliance with the new law by Jan. 1, 2025.

Consumer debt: Medical debt

SB 1061 (Limón, D-Santa Barbara) *Legal/Regulatory Compliance, Hospital Operations, Finance*

SB 1061 prohibits hospitals and other health care providers from furnishing information about a medical debt to a consumer credit reporting agency. The bill requires that any contract that creates a medical debt must include specified language; hospitals are advised to revise their Conditions of Admission form and Conditions of Outpatient Registration form (and any other relevant documents) to include this language. SB 1061 also requires contracts between hospitals and debt collectors to include specified provisions, and requires hospitals to maintain all documents related to an individual's medical debt and other documents for five years. Hospitals will have to make other changes to their billing and collections policies. CHA secured amendments to the bill to delete onerous administrative requirements on hospitals. Hospitals must update these policies and take other steps to come into compliance with most provisions of the new law by Jan. 1, 2025. However, the requirement to include specified language in a contract that creates a medical debt does not take effect until July 1, 2025.

Legislative Summary

■ CONSENT

Juveniles: care and treatment

AB 866 (B. Rubio, D-West Covina) *Clinical/Pharmacy/Laboratory*

AB 866 allows a dependent child of the juvenile court who is 16 years of age or older to:

- Consent to receive medications for opioid use disorder from a licensed narcotic treatment program without parental or social worker consent or a court order to the extent expressly permitted by federal law
- Consent to opioid use disorder treatment that uses buprenorphine at a physician's office, clinic, or health facility (including a hospital) by a physician or other health care provider without parental or social worker consent or a court order.

■ EMPLOYMENT

Emergency ambulance employees

AB 1843 (Rodriguez, D-Chino) *Legal/Regulatory Compliance, Medical Staff*

AB 1843 expands existing law by requiring an emergency ambulance provider, as defined, to offer peer support services to its emergency ambulance employees upon an employee's request. An emergency ambulance provider is defined to mean an employer that provides ambulance services and directly employs emergency medical technicians, dispatchers, paramedics, or other licensed or certified ambulance transport persons who contribute to the delivery of ambulance services.

Notice to employees: legal services

AB 1870 (Ortega, D-Hayward) *Legal/Regulatory Compliance, Medical Staff*

AB 1870 requires employers to add to their workers' compensation coverage and benefits notice posted for employees the name of the employer's workers' compensation carrier and the right for employees to seek legal counsel in the event of a workplace injury. AB 1870 directs the Division of Workers' Compensation to prepare a compliant notice for employers' use.

Disability compensation: paid family leave

AB 2123 (Papan, D-San Mateo) *Legal/Regulatory Compliance, Medical Staff*

AB 2123 removes the ability under existing law for an employer to require that an employee take two weeks of vacation leave before receiving benefits under California's Paid Family Leave program.

Labor Code Private Attorneys General Act of 2004

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Legislative Summary

Labor Commissioner: whistleblower protections: model list of rights and responsibilities

AB 2299 (Flora, R-Ripon) Legal/Regulatory Compliance, Medical Staff

AB 2299 requires the California Labor Commissioner to develop a model list of employee rights and responsibilities under existing whistleblower laws. Employers must post this notice in a conspicuous location beginning on Jan. 1, 2025.

Employment: unlawful discrimination and paid sick days: victims of violence

AB 2499 (Schiavo, D-Santa Clarita) Legal/Regulatory Compliance, Medical Staff

AB 2499 moves several employment antidiscrimination statutes from the California Labor Code to the Government Code, bringing those protections under the enforcement jurisdiction of the California Civil Rights Department. In addition, AB 2499 requires employers with 25 or more employees to offer job-protected leave to an employee who is a victim of a crime, or has a family member who is a victim of a crime, to attend to their own or their family member's needs. Additionally, the bill allows both an employee victim and an employee who has a family member who is a victim to use sick leave for time off to obtain victim services. The employer may cap the total amount of leave taken at 12 weeks.

Occupational safety and health standards: workplace violence prevention plan: hospitals

AB 2975 (Gipson, D-Gardena) Legal/Regulatory Compliance, Hospital Operations

AB 2975 requires all general acute hospitals to implement a weapons detection policy that includes metal detection screening at the main public entrance, emergency room entrance, and labor and delivery entrance (if separate from the main public entrance) by spring of 2027. The bill directs the Cal/OSHA Standards Board to adopt implementing regulations by March 1, 2027. Hospitals must comply within 90 days from the date the regulations are finalized.

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Minimum wages: health care workers: delay

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Legislative Summary

Discrimination: driver's license

SB 1100 (Portantino, D-Glendale) Legal/Regulatory Compliance, Medical Staff

SB 1100 prohibits employers from including a statement in a job posting, application, or other material that an applicant must have a valid driver's license unless there is a reasonable expectation that driving is a job function for the position. The employer must reasonably believe that satisfying the job function using an alternative form of transportation would not be comparable in travel time or cost to the employer.

Discrimination

SB 1340 (Smallwood-Cuevas, D-Los Angeles) Legal/Regulatory Compliance, Medical Staff

SB 1340 authorizes cities, counties, or other political subdivisions of the state to enforce local employment discrimination laws that are at least as effective as state law. In addition, SB 1340 directs the Civil Rights Department to promulgate the implementation of regulations.

■ EMERGENCY SERVICES

Hospitals: self- identification procedure: human trafficking or domestic violence

SB 963 (Ashby, D-Sacramento) Legal/Regulatory Compliance, Hospital Operations

SB 963 requires general acute care hospitals with an ED to create policies and procedures addressing human trafficking that incorporate the principles of trauma-informed care. Hospitals must have a safe and discreet means available in the ED allowing patients to self-identify as a victim of human trafficking or domestic violence to hospital personnel, with assurance of patient confidentiality. Additionally, hospitals are required to facilitate a reasonably prompt and private interview of the patient by medical personnel for purposes of providing information about local services and resources for victims of human trafficking or domestic violence, if any. CHA was successful in securing amendments that limit hospital and staff liability for complying in good faith with these provisions.

Emergency departments: assault and battery

AB 977 (Rodriguez, D-Chino) Legal/Regulatory Compliance, Hospital Operations

AB 977 makes assault or battery committed against a physician, nurse, or other health care worker in a hospital engaged in providing services within the ED punishable by imprisonment in a county jail not exceeding one year, by a fine not exceeding \$2,000, or both. The bill defines "health care worker" as all staff and employees who provide services and treatment in the ED. AB 977 also allows EDs to post a notice stating *"WE WILL NOT TOLERATE any form of threatening or aggressive behavior toward our staff. Assaults and batteries against our staff are crimes and may result in a criminal conviction."*

Health care coverage: emergency medical services

SB 1180 (Ashby, D-Sacramento) Legal/Regulatory Compliance, Finance

SB 1180 requires a health care service plan contract issued, amended, or renewed on or after July 1, 2025, to establish a process to reimburse for services provided by a community paramedicine program, triage to alternate destination program, or mobile integrated health program. The bill also requires coverage of these programs under Medi-Cal, upon appropriation and receipt of any necessary federal approvals and the availability of federal financial participation.

Legislative Summary

■ HEALTH FACILITIES

In-home supportive services: terminal illness diagnosis

AB 1005 (Alvarez, D-Chula Vista) Legal/Regulatory Compliance, Hospital Operations

AB 1005 requires a hospital discharge planner or case manager to provide specified information about the state's in-home supportive services (IHSS) program to terminally ill Medi-Cal beneficiaries prior to discharge. If the patient seeks to apply for services under the IHSS program, the bill requires the hospital case manager or discharge planner to communicate that request to the patient's primary care physician.

Health care services: tuberculosis

AB 2132 (Low, D-Campbell) Legal/Regulatory Compliance, Hospital Operations

AB 2132 requires that adult patients who receive health care services in a facility, clinic, center, office, or other setting where primary care services are provided must be offered an assessment for tuberculosis risk and appropriate follow-up to the extent these services are covered under the patient's health coverage. The screening must be based on screening recommendations developed by the CDPH, the federal Centers for Disease Control and Prevention, the American Thoracic Society, or the United States Preventive Services Task Force. This screening requirement does not apply to emergency patients.

Medical devices: Di-(2-ethylhexyl) phthalate (DEHP)

AB 2300 (Wilson, D-Suisun City) Legal/Regulatory Compliance, Hospital Operations

AB 2300 phases out the manufacture, sale, and distribution of IV bags and IV tubing made with intentionally added DEHP. Beginning Jan. 1, 2030, the manufacture, sale, or distribution of IV bags with intentionally added DEHP will be prohibited. Manufacturers can extend the deadline to 2032 if they meet public disclosure criteria — this provision addresses the concerns related to disrupting the IV bag supply chain. Beginning Jan. 1, 2035, this prohibition will extend to all IV tubing. Certain blood kits, bags, and tubing are exempted from this prohibition.

Health facilities: patient safety and antidiscrimination

AB 3161 (Bonta, D-Oakland) Legal/Regulatory Compliance, Hospital Operations

AB 3161 requires hospitals to:

- Include in their patient safety plan a way for practitioners, employees, patients, and visitors to make anonymous reports of patient safety events
- Analyze specified sociodemographic factors when analyzing patient safety events to identify disparities
- Include in their patient safety plan a process for addressing racism and discrimination and their impacts on patient health and safety
- Encourage staff to report suspected instances of racism and discrimination
- Starting Jan. 1, 2026, and biannually thereafter, submit their patient safety plan to CDPH

CDPH will post hospital patient safety plans on its website and may assess a fine of up to \$5,000 for a hospital's failure to adopt, update, or submit its plan. CHA secured amendments to greatly narrow the new requirements on hospitals.

Legislative Summary

Health facilities: cardiac catheterization laboratory services

SB 1464 (Ashby, D-Sacramento) Legal/Regulatory Compliance, Hospital Operations

SB 1464 authorizes general acute care hospitals to provide cardiac catheterization services even if they do not offer cardiac surgery services.

■ HEALTH PLAN AND INSURER REGULATION

Health care coverage: medication-assisted treatment

AB 1842 (Reyes, D-San Bernardino) Legal/Regulatory Compliance, Clinical/Pharmacy/Laboratory

AB 1842 requires a group or individual health care service plan, or health insurer offering an outpatient prescription drug benefit, to provide coverage for at least one medication approved by the United States Food and Drug Administration in each of four designated categories, including medication for the reversal of opioid overdose — such as a naloxone product or another opioid antagonist — without prior authorization, step therapy, or utilization review.

Maternal mental health screenings

AB 1936 (Cervantes, D-Corona) Legal/Regulatory Compliance, Hospital Operations

Current law requires a health care service plan or health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes, as specified. AB 1936 requires the program to consist of at least one maternal mental health screening during pregnancy, at least one additional screening during the first six weeks of the postpartum period, and additional postpartum screenings if determined medically necessary and clinically appropriate in the judgment of the treating provider.

Human milk

AB 3059 (Weber, D-La Mesa) Hospital Operations, Clinical/Pharmacy/Laboratory

AB 3059 clarifies that donor milk is covered as part of essential health benefits for babies who have a medical necessity. The bill exempts hospitals from having a tissue bank license in order to distribute donor milk to babies in the neonatal intensive care unit.

Health care coverage: claim reimbursement

AB 3275 (Soria, D-Merced) Legal/Regulatory Compliance

AB 3275 makes incremental changes to timely payment requirements by mandating a health care service plan, including a Medi-Cal managed care plan or a health insurer, to reimburse a complete claim, or a portion thereof, within 30 calendar days after receipt of the claim. If the claim is contested based on the need for additional information, the plan/insurer must notify the claimant of the need for additional information as soon as practicable, but no later than 30 calendar days. The bill authorizes the Department of Managed Health Care and the Department of Insurance to issue guidance and regulations related to these provisions. Additionally, the bill requires a complaint about a delay or denial of claim payment made by a health care service plan enrollee to be treated as a grievance.

Health care coverage: treatment for infertility and fertility services

SB 729 (Menjivar, D-Burbank) Legal/Regulatory Compliance

SB 729 requires large group health plans to cover infertility and fertility services, including three completed oocyte retrievals with unlimited embryo transfers. Cost-sharing cannot be higher than that imposed on benefits for services not related to infertility. Coverage for these services must be provided without discrimination on the basis of sexual orientation or gender identity, and cannot require any conditions that don't apply to services not related to infertility. This new coverage requirement does not apply to Medi-Cal managed care plans or religious employers.

Legislative Summary

Health care coverage: utilization review

SB 1120 (Becker, D-Menlo Park) Legal/Regulatory Compliance

SB 1120 requires a health care service plan or disability insurer, including a specialized health care service plan or specialized health insurer, that uses an artificial intelligence, algorithm, or other software tool for utilization review or utilization management functions, to ensure compliance with specified requirements, including that the tool bases its determination on specified information and is applied fairly and equitably. The bill also requires that no individual, other than a licensed physician or a qualified health care professional, may deny or modify requests for authorization of health care services for an enrollee for reasons of medical necessity.

Mental health and substance use disorder treatment

SB 1320 (Wahab, D-Fremont) Legal/Regulatory Compliance

SB 1320 requires a health plan or insurer to establish a process to reimburse providers for mental health and substance use disorder treatment services that are integrated with primary care services and provided under a contract or policy issued, amended, or renewed on or after July 1, 2025.

■ MEDICAL STAFF

Healing arts: continuing education: maternal mental health

AB 2581 (Maienschein, D-San Diego) Legal/Regulatory Compliance, Medical Staff

AB 2581 requires the Board of Registered Nursing, the Board of Psychology, the Physician Assistant Board, and the Board of Behavioral Sciences, in determining their continuing education requirements, to consider including a course in maternal mental health.

Discovery: prehospital emergency medical care person or personnel review committees

AB 2225 (Rodriguez, D-Chino) Medical Staff

AB 2225 extends the discovery protections of Evidence Code section 1157 to the proceedings and records of organized committees of prehospital emergency medical care personnel responsible for evaluating and improving quality of care.

California Dignity in Pregnancy and Childbirth Act

AB 2319 (Wilson, D-Suisun City) Legal/Regulatory Compliance, Medical Staff

AB 2319 expands provisions of the California Dignity in Pregnancy and Childbirth Act (Chapter 533, Statutes of 2019). It requires hospitals to provide implicit bias training to all employees regularly assigned to positions that interact with perinatal patients. Hospitals are required to annually submit proof of compliance to the attorney general (AG). If a hospital's proof of compliance shows a "systemic failure" of employees to complete the training, a facility is liable for a fine of \$5,000 for the first violation and \$15,000 for each subsequent violation. Systemic failure means the lesser of the following:

- 10% or more of providers failing to complete the training, provided that if only one or two providers did not receive the training, the facility was provided a reasonable opportunity to cure
- 25 providers failing to complete the training

Failure by a physician who is not directly employed by the facility is not counted toward the percentage of providers failing to complete the required training, provided that the facility offered the training to the physician. The AG can post hospitals' compliance records on its website.

Legislative Summary

Licensed Physicians and Dentists from Mexico programs

AB 2860 (Garcia, D-Coachella) Medical Staff

AB 2860 bifurcates the current Licensed Physicians and Dentists from Mexico Pilot Program into separate programs for physicians and dentists. It also revises and recasts certain requirements for these programs and eliminates its status as a pilot program.

Licensed Physicians and Dentists from Mexico Pilot Program: extension of licenses

AB 2864 (Garcia, D-Coachella) Medical Staff

AB 2864 is urgency legislation authorizing a three-year extension of the license of a physician in the Licensed Physicians and Dentists from Mexico Pilot Program under specified circumstances. The ability to seek this extension is repealed on Jan. 1, 2025.

Practice of medicine: Arizona physicians: abortions and abortion-related care for Arizona patients

SB 233 (Skinner, D-Oakland) Legal/Regulatory Compliance, Medical Staff

SB 233 authorizes a physician licensed to practice medicine in Arizona who meets certain requirements to practice medicine in California for the purpose of providing abortions and abortion-related care to patients who are Arizona residents traveling from Arizona. This authorization is subject to specified registration requirements with the Medical Board/Osteopathic Medical Board and specified limitations on practice.

Steven M. Thompson Physician Corps Loan Repayment Program

SB 909 (Umberg, D-Santa Ana) Legal/Regulatory Compliance, Medical Staff

SB 909 removes the requirement for HCAI to establish an advisory committee and updates the definition of the practice setting in which a physician and surgeon may practice qualifying for loan repayment. The bill decreases the service obligation time period to two years in a medically underserved area to receive loan repayment. The bill also specifies that the department is authorized to award up to 20% of the positions established with funds from the Medically Underserved Account for Physicians to applicants from specialties outside of the primary specialties.

■ MENTAL/BEHAVIORAL HEALTH

Health

AB 177 (Assembly Committee on Budget) Legal/Regulatory Compliance, Hospital Operations

Among other provisions of this budget trailer bill, AB 177 requires development of a capacity data solution to display the availability of beds in acute psychiatric hospitals, psychiatric units within general acute care hospitals, psychiatric health facilities, crisis stabilization providers, and psychiatric residential treatment facilities. This solution will build upon an existing CDPH project and is required under the terms of California's BH-CONNECT Section 1115 Medicaid demonstration waiver.

Emergency services: psychiatric emergency medical conditions

AB 1316 (Irwin, D-Thousand Oaks) Legal/Regulatory Compliance, Hospital Operations

AB 1316 is a CHA-sponsored bill that requires Medi-Cal managed care plans to cover hospital and physician ED services provided to Medi-Cal patients with psychiatric emergencies, whether the patient is voluntarily seen or involuntarily detained. This bill empowers hospitals to promptly transfer patients to inpatient psychiatric care without delays by counties and health plans.

Legislative Summary

Controlled substances: clinics

AB 2115 (Haney, D-San Francisco) Clinical/Pharmacy/Laboratory

AB 2115 allows clinic and hospital pharmacies to dispense 72 hours of methadone during the process of referring an individual to a methadone clinic for ongoing treatment.

Mental health: involuntary treatment

AB 2154 (Berman, D-Palo Alto) Legal/Regulatory Compliance, Hospital Operations

AB 2154 requires hospitals to provide a copy of the state-published handbook *Rights for Individuals in Mental Health Facilities* to certain family members with the consent of individuals on involuntary psychiatric holds. CHA worked with the author to ensure hospitals can comply by providing the handbook via electronic means.

Chemical dependency recovery hospitals

AB 2376 (Bains, D-Bakersfield) Clinical/Pharmacy/Laboratory

AB 2376 expands the definition of “chemical dependency recovery services” to include providing medications for addiction treatment and medically managed voluntary inpatient detoxification. The bill permits hospitals to provide chemical dependency recovery services as a supplemental service in treatment areas that are licensed to provide other types of services (such as med/surg units) without having a distinct chemical dependency recovery unit.

Community Assistance, Recovery, and Empowerment (CARE) Court Program: process and proceedings

SB 42 (Umberg, D-Santa Ana) Legal/Regulatory Compliance, Hospital Operations

SB 42 permits facilities, including hospitals, designated by a county to provide involuntary mental health evaluation or treatment to refer a person on an involuntary hold to the county behavioral health agency if they believe the person may meet criteria for the CARE process. This simplifies the CARE initiation process by eliminating a requirement that facilities must file a petition with the court to have individuals considered for the CARE process. Individuals who are referred must be assessed by the county within 14 business days. DHCS will develop a CARE referral form.

Mental health: involuntary treatment: antipsychotic medication

SB 1184 (Eggman, D-Stockton) Clinical/Pharmacy/Laboratory

SB 1184 allows hospitals to continue administering antipsychotic medications beyond the initial 14-day treatment period to persons who are involuntarily detained for mental health evaluation and treatment, and have been determined by a court to lack capacity to refuse antipsychotic medications.

Health facilities

SB 1238 (Eggman, D-Stockton) Hospital Operations

SB 1238 expands the types of facilities that may be designated by counties to evaluate and treat individuals on an involuntary hold who are gravely disabled due to a serious substance use disorder. In addition to facilities that provide psychiatric inpatient and crisis stabilization services, designated facilities can include licensed psychiatric residential treatment facilities, mental health rehabilitation centers, chemical dependency recovery hospitals, and VA hospitals. CHA worked with the author to refine the facilities included in the bill.

Legislative Summary

Health facility closure: public notice: inpatient psychiatric and perinatal services

SB 1300 (Cortese, D-Campbell) Legal/Regulatory Compliance

SB 1300 expands existing public notice requirements from 90 days to 120 days when a hospital plans to close either its inpatient psychiatric or its maternity services. Hospitals must hold at least one public hearing within 60 days of providing this public notice and invite the county board of supervisors to provide testimony.

CHA worked with the author to remove language that would have required hospitals to report on the service closure's impact on counties' costs and services.

■ NURSING

Health facilities and clinics: clinical placements: nursing

AB 1577 (Low, D-Cupertino) Medical Staff

AB 1577 requires health facilities and clinics, upon the written request of a California community college (CCC) or California state university (CSU), to meet with and work in good faith to meet the clinical placement needs of their nursing program. This includes adding clinical placement slots to accommodate the nursing program, to the extent the health facility or clinic has the capacity and capability to provide additional clinical placements. If, after meeting with the CCC or CSU, a health facility or clinic is not able to meet the clinical placement needs of the school, it is required annually on Jan. 30 to submit a form prescribed by HCAI, with the capacity and capability reasons it is unable to meet the school's clinical placement needs. This information will be posted on HCAI's website for five years. The bill gives HCAI the authority to assess an administrative penalty in an amount not to exceed \$1,000 for failure to provide the informational notice by the Jan. 30 due date. These requirements will be repealed on Jan. 1, 2032.

Professions and vocations

SB 1451 (Ashby, D-Sacramento) Medical Staff

SB 1451 is the Senate Business and Professions Committee omnibus bill. The bill includes clarifying guidance on provisions of AB 890 (Wood, 2019), which established a regulatory framework for nurse practitioners (NPs) to practice independently. Among the changes, SB 1451 clarifies experience requirements for transition to practice and the disclosures that NPs must provide to patients.

■ PHARMACY

Prescription drug labels: accessibility

AB 1902 (Alanis, R-Modesto) Clinical/Pharmacy/Laboratory

AB 1902 requires that, if a patient informs a pharmacy that he is blind, has low vision, or is otherwise print disabled, the dispenser must provide an accessible prescription label affixed to the container at no additional cost. The label must be made available to the patient in a timely manner comparable to other patient wait times, be appropriate to the patient's disability and language, and be compatible with the prescription reader if a reader is provided. If the accessible prescription label does not fit on the container, a supplemental document may be provided. This requirement applies only to medications that patients take after release from the hospital.

Legislative Summary

HIV preexposure prophylaxis and postexposure prophylaxis

SB 339 (Wiener, D-San Francisco) *Clinical/Pharmacy/Laboratory*

SB 339 authorizes pharmacists to furnish HIV pre-exposure prophylaxis. The Board of Pharmacy is required to adopt regulations to implement this law by Oct. 31, 2024; see its [website](#) for the proposed regulations. SB 339 also requires health plans and health insurers to cover HIV pre-exposure and post-exposure prophylaxis services furnished by a pharmacist, including the pharmacist's services and related testing ordered by the pharmacist. This urgency legislation took effect on Feb. 6, 2024.

■ **SEISMIC**

Hospitals: seismic safety compliance

AB 869 (Wood, D-Santa Rosa) *Legal/Regulatory Compliance*

AB 869 allows certain rural and district hospitals to apply for an up to five-year extension to the 2030 seismic requirements.

Hospitals: seismic compliance: Children's Hospital Los Angeles

SB 1447 (Durazo, D-Los Angeles) *Legal/Regulatory Compliance*

SB 1447 allows the Children's Hospital of Los Angeles to apply for an up to three-year extension to the 2030 seismic requirements.

■ **WORKERS' COMPENSATION**

Workers' compensation: disability payments

AB 1239 (Calderon, D-City of Industry) *Medical Staff*

AB 1239 extends by two years, to Jan. 1, 2027, the ability for employers to pay workers' compensation disability benefit payments through a prepaid card rather than by paper check or electronic deposit.

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