

CHA 2025 STATE LEGISLATIVE HIGHLIGHTS

Results on
important
state advocacy
for California
hospitals

CHA engaged state policymakers on hundreds of pieces of health care legislation this year, stopping many problematic bills and securing significant amendments to those that had the momentum to pass. We also advanced multiple bills that will help hospitals deliver care more efficiently. Below are noteworthy outcomes. In the coming weeks, CHA will issue a report on all new state laws affecting hospitals.

	LEGISLATURE	GOVERNOR
<u>Insurer Accountability</u> A package of bills that curbs harmful insurance company practices will help patients access the care they need with fewer hassles and red tape. The package reduces prior authorization and improves transparency.	↑ PASSED	↑ SIGNED
<u>State Budget</u> A \$12 billion state deficit led to a budget that swiped \$1.6 billion from funding dedicated dedicated to Medicaid increases for health care organizations through last year’s Proposition 35.	↓ PASSED	↓ SIGNED
<u>Office of Health Care Affordability</u> Mitigated a bill that would have expanded the authority of OHCA to allow it to impose health care spending limits on “systems.” Authority over systems was removed from the final bill. The bill expands OHCA’s review for transactions.	— IMPROVED	— SIGNED
<u>Workers’ Compensation Presumption</u> Halted a bill that would have created a rebuttable presumption that an infectious disease, respiratory disease, cancer, PTSD, or musculoskeletal injury arose out of work for any hospital direct patient care worker.	↑ AVERTED	N/A
<u>Labor and Delivery</u> Supported a bill that allows certain rural hospitals to provide standby perinatal medical services. Also, stopped a bill that would have required every general acute care hospital to have an L and D unit as part of its license and stopped a bill that would have instituted a \$1 million penalty per violation for failing to provide emergency maternal care, including abortion services.	↑ ADVANCED & STOPPED	↑ SIGNED
<u>Charity Care</u> Secured critical amendments to a bill that would have otherwise required hospitals to presume, without income verification, that nearly all patients are eligible for financial assistance. The new version requires that hospitals screen specified patients for financial assistance and determine eligibility once income or financial need is verified, consistent with current practices.	— IMPROVED	— SIGNED
<u>Electronic Health Records</u> Secured a one-year extension for California health care providers to develop enhanced patient privacy protections within electronic health records.	↑ PASSED	↑ SIGNED
<u>Nursing On-Call Requirements</u> Despite significant amendments, this bill still imposes new requirements for hospitals’ staffing protocols. Even with amendments, an on-call list will now be narrowly defined as nurses who were either scheduled to be on call for the shift or assigned to regularly scheduled float pool shifts.	↓ PASSED	↓ SIGNED
<u>Behavioral Health</u> Secured passage of a bill that makes emergency department physicians eligible to be county-designated to place and clear involuntary behavioral health holds for patients.	↑ PASSED	↑ SIGNED
<u>Medical Chaperones</u> Advanced meaningful change to a bill that would have required hospitals to provide 24-7 medical chaperone staffing for sensitive ultrasound exams. The new version allows hospitals to offer a medical chaperone to patients receiving a sensitive ultrasound upon request — similar to many hospitals’ existing procedures. If a chaperone is unavailable, the hospital and patient may work together to identify an alternative.	— IMPROVED	— SIGNED
<u>Artificial Intelligence</u> Stopped legislation that imposed broad restrictions on the use of automated decision tools — including those that have already been in practice for years — that supports employment and health care decision-making.	↑ STOPPED	N/A