2021

Report on State Legislation

California Hospital Association

Hospital Council Northern & Central California

HOSPITAL ASSOCIATION OF SOUTHERN CALIFORNIA

HOSPITAL ASSOCIATION of San Diego & Imperial Counties

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President & CEO Message

CHA's 2021 *Report on State Legislation* summarizes the year's most significant health care bills and serves as a handy reference to help hospitals comply with new laws. This report is designed to be shared with your leadership team so they are apprised of new legislation and can take any steps needed to implement the requirements. As you continue to care for Californians during the pandemic, CHA worked with the Legislature to secure the most favorable outcome possible on dozens of bills that affect hospitals.

For example, CHA was able to pause a bill that would have restricted access to care by giving unprecedented decision-making authority to the state attorney general, ultimately limiting hospitals' ability to participate in managed care arrangements or affiliate with another health care organization.

Two other bills could have been financially devastating for hospitals. CHA was able to halt a bill that would have cost California hospitals at least $6 billion — on top of the hundreds of millions of dollars that your hospitals have spent and continue to spend to protect workers — by mandating extra pay for hundreds of thousands of health care workers.

We were also able to pause a bill that would have created a rebuttable presumption in the workers' compensation system, essentially requiring hospitals to accept more claims with little to no evidence that they are work-related.

Among 2021's other key achievements:

- Pausing a bill that would have required hospitals to report all layoffs, furloughs, and repeated canceled shifts to the California Department of Public Health (CDPH) for public posting, with no apparent utility to CDPH and no clear benefit to patients and communities
- Defeating a bill that would have prevented hospitals from aligning infection control policies with guidance from the Centers for Disease Control and Prevention by mandating they supply PPE to employees regardless of vaccination status, implement weekly COVID-19 screening, and test all admitted patients
- Pausing a bill that would have empowered individual physicians to dictate the treatments and services a hospital offers, thereby jeopardizing the balancing of hospital and medical staff responsibility for ensuring patient safety, quality care, and access to care
- Securing $40 million in the state budget to continue a Behavioral Health Pilot Project that grants hospitals up to $100,000 to hire emergency department staff for patients who need substance use and other behavioral health counseling

Despite these and other wins, there are challenges ahead. CHA's co-sponsored bill with the National Alliance on Mental Illness (NAMI) California, which would have created a full-time, statewide director of crisis services for behavioral health and establish a comprehensive crisis care system to ensure Californians receive the care they deserve in the most expedient way possible, was vetoed by the governor. In his veto message, the governor asked for the position to be established through the state budget. CHA will work on a strategy with Assembly Member Jacqui Irwin (D-Thousand Oaks) and NAMI for 2022.

Two other issues of great importance for hospitals — the Office of Health Care Affordability and disaster readiness modernization (seismic mandate reform) — have been delayed, but debate is expected to begin early next year. We know that seismic mandate relief is urgently needed, especially in the wake of the pandemic, and we will persist in our efforts to secure the reform you need. At the same time, we will continue to impress upon legislators that any office created to address health care affordability must ensure access to care, quality, and hospitals' financial stability to care for their communities.

A lot has been asked of hospitals in the past year in responding to the pandemic. CHA as well asked for your help — to make your voices heard before policy makers — and you've stepped up to make calls, send letters, meet with your legislators, and more. Your engagement is crucial as we continue to navigate the pandemic and shape future health policy in California.

Thank you for your partnership, your continued resilience, and your unrelenting dedication to your communities.

Carla Coyle

Carmela Coyle, President & CEO

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. Following are summaries of those laws, which hospital leaders may want to share with key members of their teams.

Allowing cannabis for terminally ill patients

- **SB 311 (Hueso, D-San Diego)** ■ ● ■

Requires hospitals and other specified health care facilities to allow a terminally ill patient to use medicinal cannabis in the facility subject to certain restrictions; document the use of medicinal cannabis in the patient's medical record; restrict how a patient stores and uses medicinal cannabis in the facility, including requiring that it be stored in a locked container; and develop and disseminate written guidelines for cannabis use within the facility. Although medicinal cannabis is classified as a Schedule I drug, SB 311 requires health facilities to comply with drug and medication requirements that apply to Schedule II, III, and IV drugs and be subject to enforcement actions by the California Department of Public Health (CDPH). If a federal regulatory agency, the U.S. Department of Justice, or the Centers for Medicare & Medicaid Services takes a specified enforcement or adverse action, the law permits the facility to suspend compliance with the bill until it receives notification that it may resume permitting the use of medicinal cannabis.

Hospital reporting and planning

- **AB 1204 (Wicks, D-Oakland)** ● ■

Requires all hospitals to annually submit an equity report that includes health status and disparities in access to care for patients on the basis of race, ethnicity, and payer, as well as plans for addressing those disparities. Adds new categories to the definition of vulnerable communities for community benefits reporting purposes.

Civil actions

- **AB 849 (Reyes, D-Grand Terrace)** ● ●

Increases liability in a civil action brought against a skilled-nursing facility (SNF) licensee from $500 per action to $500 per violation and specifies factors to be considered in awarding these statutory damages. Authorizes the legal representative, personal representative, or successor in interest of a current or former resident of a SNF or intermediate care facility to bring that civil action.

Critical care unit nurse staffing flexibility

- **AB 1422 (Gabriel, D-Woodland Hills)** ■ ■

Establishes a procedure for a hospital to request, and CDPH to approve, a critical care unit program flex request, which would allow a hospital to designate a bed or multiple beds in a critical care unit as requiring a lower nurse-to-patient staffing ratio. Requires CDPH to hold a 30-day public comment period before it approves or denies such a request, except in an emergency. CHA worked with the author and sponsor (Service Employees International Union) to minimize the burden on hospitals and ensure the process remains expeditious.

Workplace safety violations

- **SB 606 (Gonzalez, D-Long Beach)** ●

Creates a rebuttable presumption that a Cal/OSHA violation is an enterprise-wide violation (occurs at multiple work sites) if the violation is found in the employer's written policies and procedures or is part of a larger pattern and practice. Also codifies an existing federal OSHA regulation that permits additional citations if a violation is willful and egregious.

Data exchange framework

- **AB 133 (Committee on Budget)** ● ■

Establishes the California Health and Human Services Data Exchange Framework, which will include a data sharing agreement and common set of policies for health information exchange in California. Establishes a stakeholder advisory group to advise on developing and implementing the data exchange framework. Requires hospitals and other entities to sign the state's data sharing agreement by Jan. 31, 2023, and exchange health information in real time by Jan. 31, 2024.

Reimbursement for COVID-19 testing

- **SB 510 (Pan, D-Sacramento)** ■

Requires health plans and insurers to pay for COVID-19 testing and related health care services (such as hospital or provider office visits, test administration, and supplies) without cost sharing, for in-network and out-of-network providers. Requires coverage for both diagnostic and screening testing, including testing of workers in workplace settings. This provision is retroactive to March 4, 2020, and ends when the federal public health emergency expires. Hospitals should consider billing payers for previous COVID-19 testing performed on their employees if the testing has not yet been reimbursed. In his signing message, the governor directed the Department of Managed Health Care to issue guidance on how to determine the reimbursement rate for out-of-network providers. Providers may not balance bill.

Legislative Summary

Following are brief descriptions of bills enacted during the first year of the 2021-2022 legislative session that directly impact hospitals. The full text of each new law is available on the Legislature's website. Each measure is categorized by subject, alphabetically, and indicates which hospital team members should take necessary steps to come into compliance (see legend at bottom of each page). In addition, the laws are indexed by author, bill number, and staff role. All measures take effect Jan. 1, 2022, unless otherwise noted.

This year's budget

STATE BUDGET

On July 27, the governor signed Assembly Bill 133, the omnibus health budget trailer bill that implements the 2021-22 state budget. Unlike a year ago when the state faced a $54 billion budget deficit, the 2021-22 budget includes a record-breaking state budget surplus of $76 billion and $27 billion in federal aid. The budget:

- **Invests in Medi-Cal**
  - Expands full-scope Medi-Cal coverage for income-eligible older adults aged 50 and over, regardless of immigration status, beginning May 1, 2022
  - Extends Medi-Cal eligibility for individuals in pregnancy-only programs from 60 days to 12 months after the end of the pregnancy
  - Phases out the assets test to determine Medi-Cal eligibility for seniors and persons with disabilities
  - Implements key CalAIM provisions such as enhanced care management and in-lieu-of-services, which together allow plans to cover certain new services or provide certain existing services in alternative settings for targeted populations, in lieu of Medi-Cal benefits covered under California's Medicaid State Plan
  - Extends — until Dec. 31, 2022 — flexibilities in reimbursement for care provided to Medi-Cal beneficiaries via telehealth, including audio-only modalities, implemented during the public health emergency
- **Invests in Behavioral Health**
  - Includes CHA's sponsored request of $40 million to support the CalBridge Behavioral Health Pilot Program. This program provides grants to acute care hospitals to support hiring trained behavioral health navigators in emergency departments to screen patients and, if appropriate, offer intervention and referral to mental health or substance use disorder programs
  - Establishes the Behavioral Health Continuum Infrastructure Program, which will issue competitive grants aimed at expanding capacity for short-term crisis stabilization, acute and subacute care, crisis residential, and other treatment and rehabilitation options for behavioral health disorders
  - Establishes the Children and Youth Behavioral Health Initiative, which focuses on prevention-based behavioral health services for children and youth

- Authorizes the California Department of Public Health (CDPH) to establish the Office of Suicide Prevention, pursuant to the provisions of AB 2112 (Ramos, Chapter 142, Statutes of 2020), without requiring utilization of existing staff and resources

- **In addition, the budget:**
  - Includes a $50 million augmentation to the Song-Brown program to fund new primary care residency programs. Also includes a $10 million augmentation to the Song-Brown program to fund pre-licensure RN programs.
  - Includes $11.2 million to hire 58 positions for the Office of Health Care Affordability (OHCA) in 2020-21, which is expected to grow to $27.3 million in 2023-24 to support the cost of 123 positions. No authorizing trailer bill language has been enacted for the OHCA.
  - Changes the name of the Office of Statewide Health Planning and Development to the Department of Health Care Access and Information, and expands the role of this department. Its new acronym is HCAI and is pronounced "H-Kai."

BIOETHICAL ISSUES

Misuse of sperm, ova, or embryos

- **AB 556 (Maienschein, D-San Diego)** ●

Authorizes a private cause of action against a person who misuses sperm, ova, or embryos in violation of Penal Code section 347g. Allows the prevailing plaintiff in such a lawsuit to be awarded statutory damages of not less than $50,000, or their actual damages, whichever is greater.

End of Life Option Act

- **SB 380 (Eggman, D-Stockton)** ■ ●

Revises the End of Life Option Act to include substantial amendments proposed by CHA for clarity and to protect hospitals and other providers. Allows individuals seeking a prescription for an aid-in-dying drug to submit their oral requests 48 hours (rather than 15 days) apart. Eliminates the requirement for a final attestation. Requires the dates of all requests to be documented in the medical record. Clarifies that an oral request that is documented in the medical record cannot be disregarded by another physician. Requires a health care provider who does not participate under the Act to so inform the patient and document the date of request and this notification. Extends the operation of the End of Life Option Act until Jan. 1, 2031.

CHARITY CARE

Required information for patients

- **AB 532 (Wood, D-Santa Rosa)** ■ ■

Requires hospitals to automatically provide uninsured, non-emergency patients with an estimate of the amount the hospital will require them to pay and an application form for financial assistance or charity care, even if the patient does not request the estimate or form. Also requires hospitals to update their financial assistance notices to include specified information.

Eligibility; transfer of regulatory authority

- **AB 1020 (Friedman, D-Glendale)** ■ ■

Revises eligibility requirements for charity care or discounted payment from a hospital, requires a hospital to post its financial assistance policies on its website, and prohibits a hospital from selling patient debt to a debt buyer. Transfers regulatory and enforcement authority from CDPH to the Department of Health Care Access and Information.

CIVIL ACTIONS

Non-economic damages

- **SB 447 (Laird, D-Santa Cruz)** ●

Would allow a decedent's personal representative/successor, under specified circumstances, to recover non-economic damages (damages for pain and suffering) the decedent would have been entitled to recover had they survived.

COVID-19

Free tuition for certain California college students

- **AB 1113 (Medina, D-Riverside)** ■

Requires California community colleges, the California State University, and potentially the Regents of the University of California to provide free tuition to a qualifying surviving spouse or child of a deceased California physician or nurse employed by or under contract with a hospital or other health facility or a first responder, who died of COVID-19 during the state of emergency. Income and asset tests apply to the student.

Notice of government orders and guidance

- **SB 336 (Ochoa Bogh, R-Yucaipa)** ■ ■

Requires CDPH and local health departments to publish — on their websites — orders or mandatory guidance they issue related to preventing the spread of COVID-19. Also requires them to create a way for people to sign up for email notifications about changes to these orders or guidance documents.

Reimbursement for COVID-19 testing

- **SB 510 (Pan, D-Sacramento)** ■

Requires health plans and insurers to pay for COVID-19 testing and related health care services (such as hospital or provider office visits, test administration, and supplies) without cost sharing, for in-network and out-of-network providers. Requires coverage for both diagnostic and screening testing, including testing of workers in workplace settings. This provision is retroactive to March 4, 2020 and ends when the federal public health emergency expires. Hospitals should consider billing payers for previous COVID testing performed on their employees if the testing has not yet been reimbursed. In his signing message, the governor directed the Department of Managed Health Care to issue guidance on how to determine the reimbursement rate for out-of-network providers. Providers may not balance bill.

EMPLOYMENT AND HUMAN RESOURCES

Private investigators, security services, alarm companies

- **AB 229 (Holden, D-Pasadena)** ●

Prohibits a person required to be registered as a security guard from carrying or using a firearm or baton unless the security guard is an employee of a private patrol operator, the state, or a political subdivision of the state.

Public employers: health insurance for striking employees

- **AB 237 (Gray, D-Merced)** ●

Requires public employers to continue to provide health care or other medical coverage for an enrolled employee and their enrolled dependents while the employee participates in an authorized strike.

COVID-19 exposure, notification

- **AB 654 (Reyes, D-San Bernardino)** ●

Clarifies existing requirements to notify employees potentially exposed to COVID-19 in the workplace. Also deletes a duplicative requirement for health facilities to report COVID-19 outbreaks to local public health agencies.

Settlement and non-disparagement agreements

- **SB 331 (Leyva, D-Chino)** ●

Prohibits, on or after Jan. 1, 2022, settlement and non-disparagement agreements from including a provision that restricts the disclosure of factual information about unlawful acts in the workplace. Requires an agreement that restricts an employee's ability to disclose information related to workplace conditions to include specified language about the employee's right to disclose information about unlawful acts in the workplace.

Workplace safety violations

- **SB 606 (Gonzalez, D-Long Beach)** ●

Creates a rebuttable presumption that a Cal/OSHA violation is an enterprise-wide violation (occurs at multiple work sites) if the violation is found in the employer's written policies and procedures or is part of a larger pattern and practice. Also codifies an existing federal OSHA regulation that permits additional citations if a violation is willful and egregious.

Labor Code Private Attorneys General Act of 2004: certain janitorial employees

- **SB 646 (Hertzberg, D-Van Nuys)** ●

Exempts certain janitorial employees covered by a valid collective bargaining agreement from the provisions of the Private Attorneys General Act if the collective bargaining agreement contains certain provisions. This includes, among others, a grievance and binding arbitration procedure that authorizes the arbitrator to award otherwise available remedies.

ENERGY

Grants and loans for energy storage systems and electric vehicle charging infrastructure

- **AB 33 (Ting, D–San Francisco)** ■ ■

Requires the California Energy Commission to expand the State Energy and Conservation Assistance Account grant and loan program to include the installation of energy storage systems and expand the availability of electric vehicle charging infrastructure for local governments and public institutions. Allows eligible institutions, including hospitals, to propose to bundle qualified energy projects for grants or loans through this program.

HEALTH CARE DISPARITIES

Hospital reporting and planning

- **AB 1204 (Wicks, D-Oakland)** ● ■

Requires all hospitals to annually submit an equity report that includes health status and disparities in access to care for patients on the basis of race, ethnicity, and payer, as well as plans for addressing those disparities. Adds new categories to the definition of vulnerable communities for community benefits reporting purposes.

HEALTH INFORMATION EXCHANGE

Data exchange framework

- **AB 133 (Committee on Budget)** ● ■

Establishes the California Health and Human Services Data Exchange Framework, which will include a data sharing agreement and common set of policies for health information exchange in California. Establishes a stakeholder advisory group to advise on developing and implementing the data exchange framework. Requires hospitals and other entities to sign the state's data sharing agreement by Jan. 31, 2023, and exchange health information in real time by Jan. 31, 2024.

HOSPICE

Moratorium on hospice licenses

- **SB 664 (Allen, D-Santa Monica)** ●

Imposes a moratorium on new hospice licenses, beginning on Jan. 1, 2022, unless an applicant for a new license, or with a license application pending on Jan. 1, 2022, has demonstrated a need for hospice services in the area where the applicant proposes to operate. The moratorium will end one year after the California State Auditor publishes a report on hospice licensure or on Jan. 1, 2027, whichever is sooner.

MEDICINAL CANNABIS

Allowing cannabis for terminally ill patients

- **SB 311 (Hueso, D-San Diego)** ■ ● ■

Requires hospitals and other specified health care facilities to allow a terminally ill patient to use medicinal cannabis in the facility subject to certain restrictions; document the use of medicinal cannabis in the patient's medical record; restrict how a patient stores and uses medicinal cannabis in the facility, including requiring that it be stored in a locked container; and develop and disseminate written guidelines for cannabis use within the facility. Although medicinal cannabis is classified as a Schedule I drug, SB 311 requires health facilities to comply with drug and medication requirements that apply to Schedule II, III, and IV drugs and be subject to enforcement actions by CDPH. If a federal regulatory agency, the U.S. Department of Justice, or CMS takes a specified enforcement or adverse action, the law permits the facility to suspend compliance with the bill until it receives notification that it may resume permitting the use of medicinal cannabis.

MENTAL/BEHAVIORAL HEALTH

Accepting transfers of emergency psychiatric patients

- **AB 451 (Arambula, D-Fresno)** ■ ■

Requires psychiatric units in general acute care hospitals and acute psychiatric hospitals to accept the transfer of a patient with a psychiatric emergency medical condition from a facility that operates an emergency department if (1) the treating physician has determined and documented that the patient is medically stable and appropriate for treatment in a psychiatric setting and (2) the receiving facility has appropriate facilities and qualified personnel to meet the patient's needs. Psychiatric health facilities with more than 16 beds that are not county-operated must also comply with this law.

NURSING

Critical care unit nurse staffing flexibility

- **AB 1422 (Gabriel, D-Woodland Hills)** ■ ■

Establishes a procedure for a hospital to request, and CDPH to approve, a critical care unit program flex request, which would allow a hospital to designate a bed or multiple beds in a critical care unit as requiring a lower nurse-to-patient staffing ratio. Requires CDPH to hold a 30-day public comment period before it approves or denies such a request, except in an emergency. CHA worked with the author and sponsor (Service Employees International Union) to minimize the burden on hospitals and ensure the process remains expeditious.

PRIVACY AND PERSONAL INFORMATION

Reproductive health care services

- **AB 1356 (Bauer-Kahan, D-Orinda)** ●

Makes it a crime to knowingly disclose the personal information or image of a provider, employee, volunteer, or patient of a reproductive health care services facility, or a cohabitant, without that person's consent and with the intent to incite a third party to harm or threaten that person. A reproductive health care services facility includes a hospital, clinic, physician's office, or other facility that provides reproductive health care services. Also makes it a crime — within 100 feet of the entrance or within a reproductive health care services facility — to intentionally photograph or record a reproductive health care services patient, provider, or assistant with the intent to intimidate that person from becoming or remaining a patient, provider, or assistant. Exempts news reporters and other specified individuals.

Domestic violence protective orders: information pertaining to a child

- **SB 24 (Caballero, D-Salinas)** ●

Authorizes a court, starting Jan. 1, 2023, to issue an order prohibiting a person from accessing his or her child's records and information pertaining to health care, education, employment, or other activities. The other parent or guardian may give a copy of the order to a health care facility, dental facility, school, or other entity. Requires health care facilities, dental facilities, schools, and other specified entities to develop protocols to comply with this law by Feb. 1, 2023. These protocols must include designating the appropriate personnel responsible for receiving the order, establishing a means of ensuring that the restrained party is not able to access the records or information of his or her child, and implementing a procedure for a person to submit a copy of an order and obtain a receipt indicating when, and to whom, the order was submitted.

PROFESSIONAL LICENSURE

Nurse practitioners: full practice authority

- **AB 852 (Wood, D-Santa Rosa)** ■ ●

This is a follow-up to last year's AB 890, which created a pathway for qualified nurse practitioners (NPs) to practice independently (without standardized procedures). AB 852 updates various provisions of law to refer to independent NPs; corrects a drafting error related to conditions under which a nurse practitioner must refer a patient to a physician; and adds other technical, clarifying or conforming amendments.

Implicit bias training

- **AB 1407 (Burke, D-Inglewood)** ■ ● ■

Requires hospitals to implement an evidence-based implicit bias program as part of any new graduate training program. Requires RNs, within their first two years of being licensed, to complete one hour of direct participation in an implicit bias program. Also requires approved nursing schools to include one hour of implicit bias training as a requirement for graduation.

Board of Registered Nursing sunset date

- **AB 1532 (Committee on Business and Professions)** ● ■

Extends the Board of Registered Nursing (BRN) sunset date until Jan. 1, 2023. Requires that members of the board be residents of the state and requires the BRN to prominently display on its website the availability of temporary licenses for endorsement applicants. Hospitals should closely report concerns and complaints about the BRN to the Committee on Business and Professions.

PUBLIC HEALTH

Death certificates: gender identity

- **AB 439 (Bauer-Kahan, D-Orinda)** ● ■

Amends existing law regarding completion of death certificates, requiring the person completing a death certificate to record the decedent's sex as female, male, or nonbinary, to reflect their gender identity. The exceptions in current law continue to apply.

Hepatitis B and Hepatitis C screening tests

- **AB 789 (Low, D-Campbell)** ■ ●

Requires a health care facility, clinic, office, or other setting where primary care services are provided to offer hepatitis B and hepatitis C screening tests to adult patients receiving primary care services, to the extent these services are covered under the patient's health insurance, based on recommendations of the U.S. Preventive Services Task Force. Offering these tests is not required if the patient has been previously offered a test, lacks capacity to consent to a test, or is being treated in an emergency department.

Protection of vaccination sites

- **SB 742 (Pan, D-Sacramento)** ●

Protects vaccination sites by making activities related to obstructing, injuring, harassing, intimidating, or interfering with people at a vaccination site subject to a fine not exceeding $1,000, imprisonment in a county jail not exceeding six months, or by both that fine and imprisonment for a violation.

PUBLIC REPORTING AND MEETINGS

Teleconferencing: public meetings during state of emergency

- **AB 361 (Rivas, D-Hollister)** ●

Permits legislative bodies of state and local agencies, such as a health care district, to use teleconferencing without complying with the teleconferencing requirements imposed by the Ralph M. Brown Act during a declared state of emergency when social distancing is recommended. Makes technical changes to other public meeting requirements.

Local agencies: email agenda packets

- **SB 274 (Wieckowski, D-Fremont)** ●

Amends the Ralph M. Brown Act to allow constituents of local agencies to receive agenda packets and corresponding documents by email instead of mail.

SKILLED-NURSING AND LONG-TERM CARE FACILITIES

Criteria and penalties for violations

- **AB 323 (Kalra, D-San Jose)** ●

Revises the criteria for a class "AA" violation by a SNF or intermediate care facility and increases the civil penalties for class "A," "AA," and "B" violations.

Internet access devices

- **AB 665 (Garcia Eduardo, D-Coachella)** ●

Requires residential care facilities for the elderly with existing internet service to provide at least one internet access device that can support real-time interactive applications, is equipped with videoconferencing technology, and is dedicated for client use. Clients must be able to use it with a reasonable level of privacy. In addition, the device must be available to clients in a manner that permits shared access among all clients in the facility during reasonable hours.

Medical directors

- **AB 749 (Nazarian, D-North Hollywood)** ● ●

Requires SNFs that are operated as a distinct part of an acute care hospital to identify a medical director who is either certified or pursuing certification by the American Board of Post-Acute and Long-Term Care Medicine, or is board certified in a medical specialty consistent with the type of care provided in the SNF and whose role as the SNF medical director has been approved by the hospital's leadership.

Civil actions

- **AB 849 (Reyes, D-Grand Terrace)** ● ●

Increases liability in a civil action brought against a SNF licensee from $500 per action to $500 per violation and specifies factors to be considered in awarding these statutory damages. Authorizes the legal representative, personal representative, or successor in interest of a current or former resident of a SNF or intermediate care facility to bring that civil action.

Infection preventionists

- **AB 1585 (Committee on Health)** ● ●

Revises the minimum qualifications for a SNF's full-time infection preventionist to require the infection preventionist to have primary professional training as a licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or in another health care-related field. Previously, a SNF infection preventionist was required to be a nurse. Also requires the infection preventionist to be qualified by education, training, clinical or health care experience, or certification, and to have completed specialized training in infection prevention and control.

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MEDICAL STAFF


California
Hospital
Association


Hospital Council
Northern & Central California


HOSPITAL
ASSOCIATION
OF SOUTHERN CALIFORNIA


HOSPITAL ASSOCIATION
of San Diego & Imperial Counties