

CONSENT LAW SEMINAR

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California
Hospital
Association

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- These presentations are solely for **educational purposes** and do not represent the views of our employers.
- These presentations do not constitute legal advice, or its application to the delivery of health care services.
- Attendees should consult with their own legal counsel and/or risk management for advice and guidance.

Legislative Update

Operations



AB 960 (Garcia): Patient Visitation

- Requires GACH to allow the following patients to have a family or friend caregiver with them as needed, including outside standard visiting hours:
 - Patient with physical, intellectual, or developmental disabilities;
 - Patient with cognitive impairment, including dementia; or
 - Another disability as necessary to allow the patient to fully and equally benefit from goods/services/facilities offered by the hospital
- Exceptions:
 - If presence of a particular visitor would endanger health/safety of the visitor, a patient, member of the facility's staff, or other visitor
 - Visitor's presence would significantly disrupt facility's operation
- If hospital must restrict visitor access due to health or safety concerns, alternative visitation protocols must allow the patient visitation to the greatest extent possible
- Does not prohibit reasonable restrictions upon visitation/visitors



Health and Human Services Agency
California Department of Public Health



Gavin Newsom
Governor

AFL 25-35

Erica Pan, MD, MPH
State Public Health Officer & Director

December 19, 2025

TO: General Acute Care Hospitals (GACHs)

SUBJECT: Assembly Bill (AB) 960 - Patient Visitation

AUTHORITY: Health and Safety Code (HSC) section 1261.1

All Facilities Letter (AFL) Summary

This AFL notifies GACHs of the passage of [AB 960 \(Chapter 172, Statutes of 2025\)](#) about visitation for patients with disabilities or cognitive impairments, including dementia.

Effective January 1, 2026, GACHs must allow a patient with physical, intellectual, or developmental disabilities, a patient with cognitive impairment, including dementia, and a patient with another disability, as necessary to allow the patient to fully and equally benefit from any goods, services, or facilities offered by the hospital to have a family or friend caregiver visit, as needed, including outside of visiting hours, unless the caregiver would endanger health and safety or otherwise disrupt the delivery of medical care.

If circumstances require the GACH to restrict visitor access, the GACH must allow visitation, such that the patient receives goods and services equally, while the GACH still maintains patient, visitor, and staff health and safety.

GACHs may impose legitimate health and safety requirements on visitors, including, masking, excluding sick visitors, limiting access to certain areas of the facility, and prohibiting the visitor from bringing in prohibited items.

AB 894 (Carrillo): General Acute Care Hospitals: Patient Directories

Implementation required by July 1, 2026

- Requires GACH to inform patient or patient’s representative that the patient may restrict or prohibit the use or disclosure of protected health information (PHI) in the hospital’s patient directory
 - “Patient’s representative”: one with legal authority to make decisions regarding medical care on patient’s behalf
- Give notification at the time of admission or as soon thereafter as reasonable in cases of patient incapacity or emergency treatment
- Notification must be by **both**:
 - Separate paper or digital document that only includes acknowledgement of receipt of hospital’s notice of privacy practices and information regarding hospital’s directory and the included PHI **and**
 - Verbally informing patient/representative of the right to restrict/prohibit use or disclosure of PHI
 - Must be in the top 5 (non-English) languages in hospital’s service area

AB 447 (Gonzalez): Emergency Room Patient Prescriptions

- Authorizes a prescriber to dispense unused medication acquired by a hospital pharmacy to an ED patient upon the patient's discharge if:
 - The medication was ordered for and administered to the ED patient;
 - It was administered from a single patient use multidose packaging and can be self-administered by the patient (inhaler, eye drop, nose drop or spray, topical product); and
 - Dispensing the unused portion of the medication is required to continue the patient's treatment
- Medication cannot be a controlled substance
- Prescriber must ensure that the drug's label contains all information Pharmacy Law requires to be on labels
- Exempts from licensure requirement an automated unit dose system (AUDS) operated by licensed hospital pharmacy used to provide doses dispensed to ED patient from ADDS (automated drug delivery system) if the hospital pharmacy owns the AUDS and the medication and devices in it

SB 660 (Menjivar): Health and Human Services Data Exchange Framework

- Data Exchange Framework stakeholder advisory group (SAG) members have been appointed and started meetings
 - Requires SAG to identify ways to incorporate data on developmental disabilities; develop P&P on meaningful and informed consent, privacy, confidentiality, security (Deletes references to consistency with federal rules and programs)
 - Adds to SAG: SNFs, physician organizations and medical groups, and MSO
- As of 7/1/2026, executing DSA is required as a condition of continuing, amending, or entering into a new or existing contract for health care services with DHCS, CalPERS, Covered California
- Upon appropriation, HCAI to develop enforcement actions, to be approved by the board and subject to the APA
- By 7/1/2027, HCAI, collaborating with SAG, to submit report addressing specified topics

SB 862 (Committee on Health): Health Omnibus

- Requires a health facility to submit a patient safety plan to CDPH **biennially**, instead of biannually
- Nurse Assistants:
 - Requires that a specified number of hours of their training address the special needs of persons with Alzheimer's and related dementias; persons with developmental disorders
- Permits hospitals, except for ED patients, to provide written notice containing info about the availability of its discount payment and charity care policies by electronic means if patient has previously consented to receive electronic communications about their health care services
- Clarifies that specified types of insurance policies are exempt from covering certain infertility and fertility treatments
- Clarifies that only health insurers are required to provide insured with annual electronic notice regarding the benefits of behavioral health and wellness screening for minors 8-18 years of age

AB 849: Health providers: medical chaperones

Effective January 1, 2027

- Applies to clinics, hospitals, physician organizations, imaging facilities and other “providers” as defined under Health and Safety Code § 127500.2
- A provider must give written notice to patients receiving an ultrasound “sensitive examination” by a sonographer that a medical chaperone will be provided upon request
 - “Sensitive examination” means an ultrasound of the genitalia, breast, rectum and the pubic or groin region
- Required education for sonographers and staff who may serve as a medical chaperone
- Provider may work with a patient to find an acceptable alternative if a chaperone is unavailable at the time of the sensitive examination (absent undue delay)

SB 81: Health and care facilities: information sharing (immigration status, immigration enforcement)

- Amends CMIA and includes in the definition of “medical information” known or collected individually identifying information regarding immigration status of a patient
- Reaffirms existing state and federal law prohibiting hospitals from disclosing private information or granting access to nonpublic areas absent a judicial warrant
- Requires hospitals do the following, “to the extent possible”:
 - Establish or amend visitor policies and procedures to include responding to immigration enforcement activity, including notifying a person in management, administration, or legal counsel about enforcement inquiries
 - Designate areas where patients receive treatment or care as “nonpublic” through mapping, signage, key entry, policy or a combination of both

SB 294: The Workplace Know Your Rights Act

- New annual workplace notice outlining specified employee rights
- Must provide to all employees and authorized representatives by February 1, 2026, upon hire, and annually thereafter
- May transmit the notice in a manner normally used to communicate employer-related information
- Included is the right to be notified of immigration-agency inspection and protections against “unfair immigration-related practices”
- Must maintain records of compliance for three years, including the date that each notice was provided/sent
- *Labor Commissioner Templates available (English and Spanish)*



The poster features a top banner with the Labor Commissioner's Office logo and the Department of Industrial Relations (DIR) logo, established in 1927. Below the banner is a photograph of agricultural workers in a field. A yellow banner across the middle contains the title "California Workplace - Know Your Rights". Below this, a blue box contains text stating that workers are entitled to know and exercise their workplace and constitutional rights, and that labor laws apply to all workers regardless of immigration status. A yellow box below that lists illegal retaliation practices. To the right of this list is a photograph of a worker at a sewing machine. At the bottom, a blue box provides examples of illegal retaliation.

California Workplace - Know Your Rights

As a worker in California, you are entitled to know and exercise your workplace and constitutional rights. Labor laws, including but not limited to standards for wages, hours, and health and safety, apply to all workers in the state regardless of immigration status.

It is against the law for your employer to retaliate against you for exercising your rights, including:

- Filing a complaint with the Labor Commissioner, Cal/OSHA, the Civil Rights Department, or another government agency.
- Asking about your employer's compliance with federal, state, or local law.
- Talking with others about their rights or helping them exercise their rights under federal, state, or local law.

Examples of illegal retaliation include firing you, reducing your work hours, or threatening to report you or a relative to immigration authorities because you

SB 294: The Workplace Know Your Rights Act

- Employee may elect to have their employer notify the employee's designated emergency contact if the employee is arrested or detained *at the worksite*
- However, an employer may not notify the employee's designated emergency contact if the arrest or detention did not occur at the worksite, although during work hours or in the performance of the job, unless the employer has *actual knowledge* of the arrest or detention
- Employers must provide employees the opportunity to designate an emergency contact no later than March 30, 2026, and at time of hire thereafter

SB 733 (Wahab): Sexual Assault Forensic Evidence, Testing

- Authorizes a sexual assault victim who is 18 years of age or older to request that all medical evidence collected from them not be tested
 - Victim may later request that their kit be tested, regardless of whether they also make a report to law enforcement
- Establishes procedures for possession, transfer, and handling of kit by the medical facility, the investigating agency, and the crime laboratory

AB 1312 (Community Benefit: Hospital Pricing)

Effective July 1, 2027

- Hospitals must screen for patients who are experiencing homelessness, enrolled in means-based government assistance programs (e.g., CalFresh, CalWORKs), or who were eligible for financial assistance in the previous six months and presume financial assistance eligibility upon verification for these individuals.
- Hospitals must also screen patients for financial assistance if they are uninsured, enrolled in or eligible for Medi-Cal, or enrolled in a Covered California health plan.
- Hospitals must develop and submit a written screening process and disclose any third-party screening tools to the Department of Health Care Access and Information.
- Hospitals will also need to update charity care and discount payment policies and procedures.

AB 82 (Ward): Legally Protected Health Care Activity

- Expands a range of existing protections for reproductive health care services to include gender-affirming health care and gender-affirming mental health care services
 - Also expands the availability of these protections—currently covering providers and patients—to include volunteers and employees
- Prohibits reporting a prescription for/dispensing of testosterone or mifepristone to DOJ, CURES, or a contracted prescription data processing vendor
 - DOJ must remove existing records of these prescriptions by 1/1/2027
- Expands address confidentiality (“Safe at Home”) program to providers, employees, volunteers, and patients of gender-affirming health care services
- Expands internet/social media protections available for reproductive health care patients, providers, etc. to also apply to the same categories of people with regards to gender-affirming health/mental health care

AB 82: Legally Protected Health Care Activity (cont.)

- Expands various restrictions on law enforcement actions/cooperation/information sharing relating to abortion to apply to “legally protected health care activity”
 - “Legally protected health care activity” includes “[t]he exercise and enjoyment, or attempted exercise and enjoyment, by a person of right to reproductive health care services, gender-affirming health care services, or gender-affirming mental health care services secured by the Constitution or laws of California”
- Sets bail at \$0 for individual arrested in connection with another state’s proceeding regarding that individual performing/supporting/aiding in performing legally protected health care activity
- Authorizes AG to commence a civil action against a person or entity that submits a false affidavit in violation of Penal Code §13778.3 (d)
 - Out-of-state subpoena, warrant, request, etc. from law enforcement agent or entity is required to include affidavit/declaration under penalty of perjury that the discovery is not in connection with out-of-state proceeding relating to legally protected health care activity, subject to exceptions

SB 497 (Wiener): Legally Protected Health Care Activity

- Expands types of laws—and the persons whose information may be sought as a result of them—that trigger prohibitions against disclosure of sensitive health care information
 - Extends to laws in other states that interfere with ***individual's right to seek or obtain their own gender-affirming health/mental health care***
 - Extends to laws that authorize a ***criminal action*** against a person or entity (not only civil action)
- Prohibits provider, health care service plan, or contractor or employer from cooperating with inquiry or investigation by, or providing medical information to any individual, agency, or department from another state that would identify an individual and that is related to an individual seeking/obtaining gender-affirming health/mental health care that is lawful in CA
 - Does not prohibit compliance with the investigation of an activity that is illegal in CA so long as no medical info related to gender-affirming health/mental health care is shared with out-of-state agency/individual

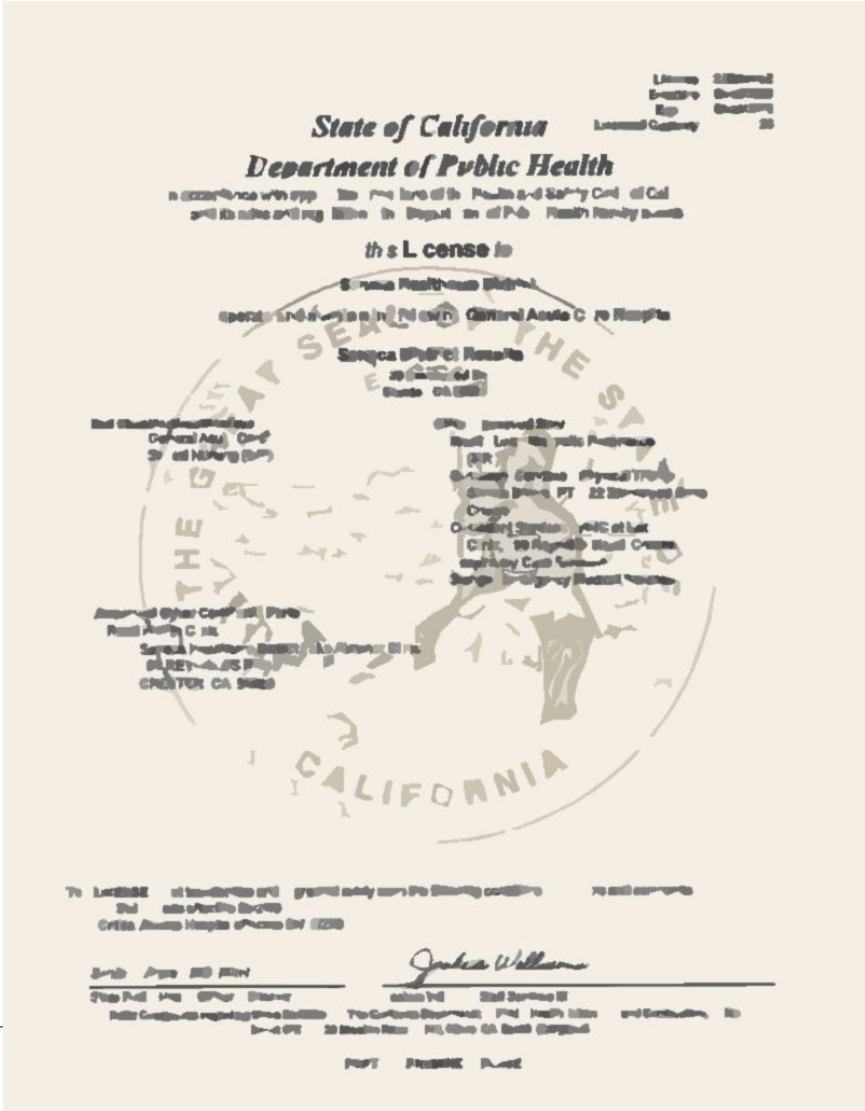
SB 497: Legally Protected Health Care Activity (cont.)

- Clarifies that existing prohibitions against disclosure of information by P/HP/C in response to a civil action in another state also apply to a ***subpoena or request for information*** in that civil action
- Prohibits issuing a subpoena in CA based upon another state's law which interferes with a person's right to seek/obtain gender-affirming health/mental health care
- CURES database
 - Makes it a misdemeanor to unlawfully access CURES or knowingly furnish info from CURES to someone not authorized to receive it
 - Prohibits P/HP/C from cooperating with any inquiry/investigation by, or providing medical info to, a federal law enforcement agency regarding an individual seeking/obtaining gender-affirming health/mental health care that is lawful in CA

SB 19 (Rubio): Crimes, Threats

- Creates a new crime of threatening to commit a crime that will result in death or great bodily injury at specified locations, including a medical facility
- Perpetrator must:
 - **Willfully threaten, by any means** (including an image or threat posted or published on an internet web page)
 - To commit a crime that will result in **death or great bodily injury to another** person(s)
 - **At a daycare, school, university, workplace, house of worship, or medical facility**
 - With **specific intent that the statement is to be taken as a threat** (even without the intent of carrying it out)
 - Threat must be so unequivocal, unconditional, immediate, and specific as to **convey to person threatened a gravity of purpose and immediate prospect of execution of the threat**
 - Threat must **cause the person to reasonably be in sustained fear for their own safety or that of others** at these locations
- New crime is alternate felony-misdemeanor, but for person under 18, it's a misdemeanor

Licensing and Scope of Practice



SB 596 (Menjivar): Health Facilities: Nurse-to-Patient Ratios

- Defines “on-call list” for purposes of exemption from a violation of ratios:
 - “[N]urses who are **scheduled to be on call for the shift and unit** where an alleged violation occurred **or** nurses who are **assigned to a regularly scheduled float pool shift** to cover any shortages across one or more specified units.”
 - Contacting, or attempting to contact, nurses not scheduled to be on call and not assigned to a float pool for the unit and shift where an alleged violation occurred **≠** exhausting an on-call list
- Violations on separate days = separate violations

SB 582 (Stern): Health and Care Facilities, Licensing During Emergencies or Disasters

- Provides various licensing and payment flexibilities for specified facilities licensed by CDSS, DCPH, and DHC that have been affected by federal- or state-declared emergencies or disasters
- When it is nonoperational due to destruction, significant damage, or prolonged closure, the following facilities can obtain a disaster suspension of their active license subject to specified requirements:
 - Community care facility serving either children or adults
 - RCFE/RCFE for persons with chronic, life-threatening illness
 - Medical foster home for veterans
 - Child day care facility
 - Home care organization
 - Alcohol or other drug recovery or treatment facility
- Also creates provisions for licensing during emergencies or disasters that apply to these facilities plus day care centers, family day care homes, employer-sponsored childcare center, alcohol or other drug recovery or treatment facilities or other drug programs, as defined

AB 876 (Flora): Nurse anesthetists, scope of practice

- Expressly authorizes certified registered nurse anesthetists (CRNAs) to perform anesthesia services
- Defines “anesthesia services”:
 - Preoperative, intraoperative, and postoperative care and pain management provided by a nurse anesthetist for patients receiving anesthesia pursuant to an order by a physician, dentist, or podiatrist for anesthesia services
 - Selecting and administering medication pursuant to an order for anesthesia services by a physician, dentist, or podiatrist
 - Providing emergency, critical care, and resuscitation services
- Deems an order by a physician/dentist/podiatrist for anesthesia services for a specific patient as an authorization for nurse anesthetist to select and implement the modality of anesthesia for the patient and to abort or modify the modality of anesthesia during the course of care
- Selection and administration of medication by a nurse anesthetist for anesthesia services as defined shall not constitute a prescription

AB 1501 (Berman): Physician assistants and podiatrists

- Extends sunset of Podiatric Medical Board and Physician Assistant Board to 2030.
- Increases number of PAs a physician may supervise at any one time to 8 (from 4); Removes pre-existing exception for in-home health evaluations.
- Adds “podiatric surgeon” to list of terms that can’t be used by a licensed podiatrist. Establishes state policy that DPMs shall not be classified or treated as ancillary providers or allied health professionals in any health care setting or insurance reimbursement structure.
- Various other changes to licensing criteria, fees, and processes for each board’s licensees

AB 460 (Chen): Radiologic technologists, venipuncture, direct supervision

- Authorizes remote supervision of radiologic technologists (RTs)
- Revises definition of direct supervision of RTs to require a licensed physician to either be physically present within the facility and immediately available to intervene, or available immediately via audio and video communication with access to patient's medical imaging records and ability to intervene by directing other onsite personnel.
- Requires facilities to have safety protocols and, unless the facility has a licensed physician who is physically present, to have personnel onsite who have the appropriate license to respond to adverse events at physician's direction.

22 CCR § 1399.365: Respiratory Care Board Regulation Update

- Defines the basic respiratory tasks and services that may be performed by non-respiratory care personnel and which tasks are considered intermediate or advanced and should only be performed by a licensed Respiratory Care Practitioner (“RCP”)
 - LVNs may perform respiratory tasks classified as basic respiratory tasks, which are tasks that do not require a respiratory assessment.
- LVNs with sufficient training can perform certain respiratory care services in exempt settings such as home health agencies, congregate living health and intermediate care facilities with less than 6 beds, adult day health care center and residential homes

Note: pending legislation may have significant impacts on LVN respiratory care (SB 1304 and AB 2096)

22 CCR § 1399.365: Respiratory Care Board Regulation Update (cont).

- The following basic respiratory tasks do not require a respiratory assessment:
 - Patient data collection.
 - Application and monitoring of a pulse oximeter.
 - Medication administration by aerosol that does not require manipulation of an invasive or non-invasive mechanical ventilator.
 - Heat moisture exchanger (HME) and oxygen tank replacement for patients who are using non-invasive mechanical ventilation.
 - Hygiene care including replacement of tracheostomy ties and gauze and cleaning of the stoma sites.
 - Use of a manual resuscitation device and other cardiopulmonary resuscitation technical skills (basic life support level) in the event of an emergency.
 - Documentation of care provided, including data retrieved from performing a breath count or transcribing data from an invasive or non-invasive ventilator interface.
 - Observing and gathering data from chest auscultation, palpation, and percussion.

22 CCR § 1399.365: Respiratory Care Board Regulation Update (cont).

- Basic respiratory tasks do *not* include the following:
 - Manipulation of an invasive or non-invasive ventilator.
 - Assessment or evaluation of observed and gathered data from chest auscultation, palpation, and percussion.
 - Pre-treatment or post-treatment assessment.
 - Use of medical gas mixtures other than oxygen.
 - Preoxygenation, or endotracheal or nasal suctioning.
 - Initial setup, change out, or replacement of a breathing circuit or adjustment of oxygen liter flow or oxygen concentration.
 - Tracheal suctioning, cuff inflation or deflation, use or removal of an external speaking valve, or removal and replacement of the tracheostomy tube or inner cannula.

AB 50 (Bonta): Pharmacists, Furnishing Contraceptives

- Authorizes a pharmacist to furnish OTCs without the standardized procedures or protocols required for prescription-only self-administered hormonal contraceptives.
- Limits application of existing law requiring pharmacists to comply with standardized procedures or protocols to self-administered hormonal contraceptives that are prescription-only.
- Authorizes pharmacists to furnish up to a 12-month supply at one time of OTC contraceptives at the patient's request.

AB 260 (Aguiar-Curry): Sexual and reproductive health care

- Authorizes pharmacists to dispense mifepristone and other medication abortion drugs without patient or prescriber name, or pharmacy name/address.
- Prohibits civil, criminal, disciplinary, or other administrative action for certain acts relating to mifepristone etc. against:
 - Pharmacists
 - Other healing arts board licensees who are authorized to prescribe, furnish, order, or administer dangerous drugs
 - Licensed clinics or health facilities
- Prohibits Pharmacy Board or CDPH from denying an application for licensure or taking disciplinary action against an applicant or licensee for engaging in certain acts relating to mifepristone etc.
- Requires plans that cover prescription drugs to cover brand name or generic mifepristone, even if it has not been approved by the FDA, and prohibits limiting or excluding coverage for mifepristone solely on the basis that the drug is prescribed for off-label use, except if the state deems it necessary to address an imminent health or safety concern.