BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA
1300 National Drive, Suite 150, Sacramento, CA 95834
P (916) 928-8390 | F (916) 928-8392 | www.ombc.ca.gov

Osteopathic Medical Board of California
New Laws Take Effect January 1, 2026

The following bills were signed into law in 2025 and unless otherwise noted will become effective January 1, 2026

AB 82 (Ward, Chapter 679, Statutes of 2025)

Summary: Among other things, this bill prohibits prescribers from reporting to CURES prescriptions for testosterone or mifepristone, the California Department of Justice, or a contracted prescription data processing vendor. After January 1, 2026, licensees that prescribe will not have to report to CURES prescriptions for mifepristone or testosterone. Department of Justice will delete past CURES entries retroactively in another year or two. DCA promises information kit in the next two weeks to be posted on website and sent to licensees. The violation of this law would be anyone who **does** input prescriptions for mifepristone and testosterone into CURES.

Analysis: The purpose of this bill was to further protect providers of reproductive health care services and gender affirming care and their patients from hostile actions or legal actions. In requiring prescribers **not** to enter either testosterone or mifepristone into CUREs, it prevents hostile parties or agencies from misusing the CURES data to support hostile investigations and litigation related to gender-affirming care and medical abortions. The law in specifically prohibiting prescribers from adding testosterone or mifepristone into CUREs, exempts those drugs from being required to be entered into CURES and it makes it a violation of the law to enter them into CURES.

Effective Date: January 1, 2026.

Statutory References: Health and Safety Code section 11165.

AB 144 (Committee on Budget, Chapter 105, Statutes of 2525) Health

Bill Summary*:* Among other things, this bill exempts certain health care practitioners licensed in another state, territory, or country from specified licensure requirements while providing professional services at the 2028 Olympic and Paralympic Games. This bill also allows specified healing arts practitioners to prescribe and administer COVID-19 vaccinations consistent with recommendations adopted by the California Department of Public Health, as opposed to following federal guidelines.

The Department will establish a process and notification form for the Los Angeles Organizing Committee to notify it of health care practitioners entering the state to assist with the Olympic and Paralympic Games. This information will be posted on a webpage on the Department's website that will also be developed. The Department, once notification is received, will notify applicable boards of health practitioners that meet the requirements in this bill to provide professional services related to the Olympic and Paralympic Games.

Analysis: This bill answers the question how foreign physicians who are unlicensed in California going to be authorized as their respective team physicians to practice medicine for the Olympics in Los Angeles. This bill streamlines the process for international team physicians to provide care to their team without California licensure with minimal paperwork and no fees.

The bill exempts health care practitioners licensed in another state, territory, or country from certain healing arts licensure, certification, or registration requirements, as described above, while providing professional services at Olympic and Paralympic activities, as defined, if the health care practitioner has been invited by the Los Angeles Organizing Committee for the 2028 Olympic and Paralympic Games to provide those services and the committee provides specified information to the Director of Consumer Affairs. The bill would specify that the exemption applies while the health care practitioner is providing professional services at the invitation of the committee and only during the time sanctioned by the committee.

The bill authorizes the official team representative who is responsible for any member participating in Olympic and Paralympic activities to give consent to the furnishing of professional services to a team member who, due to age, disability, or injury, is not able to personally consent in the event the consent of a parent, guardian, or legal representative of a team member cannot be obtained. The bill would specify that in the case of emergency, the consent of the parent, guardian, or legal representative of the team member would not be necessary in order to authorize the performance of professional services.

Unrelated to the Olympics, the bill replaces reference to the federal Advisory Committee on Immunization Practices (ACIP) as the authority for vaccine recommendations with the California Department of Public Health. The bill requires that the list of immunizations, items, and services that were recommended by the United States Preventive Services Task Force (USPSTF), the federal Advisory Committee on Immunization Practices (ACIP), and the federal Health Resources and Services Administration (HRSA) that were in effect on January 1, 2025, serve as a baseline of recommendations and would authorize the State Department of Public Health, notwithstanding the rulemaking provisions of the Administrative Procedure Act, to modify or supplement those baseline recommendations, as specified. The bill would require the department to publish recommendations and any updates, modifications, or supplements.

Existing law authorizes various healing arts licensees, including dentists, doctors of podiatric medicine, optometrists, and pharmacists, to independently prescribe, initiate, or administer specified immunizations approved or authorized by the United States Food and Drug Administration in compliance with specified recommendations, including those by the ACIP. This bill would instead authorize those licensees to prescribe, initiate, or administer specified immunizations in a manner consistent with a recommendation made by the State Department of Public Health, as specified.

Effective Date: September 17, 2025.

Statutory Reference: Business and Professions Code sections 901, 1625.6, 2473, 3041, 3041.5, and 4052.05.

AB 260 (Aguiar-Curry, Chapter 136, Statutes of 2025) Sexual and reproductive health care.

Summary: This urgency bill prohibits healing arts practitioners from being subject to civil, criminal, or disciplinary action solely on the basis that the practitioner prescribed a drug used for medication abortion. It allows pharmacists to dispense medication abortion drugs without the name of the patient, prescriber, or the name and address of the pharmacy on the prescription label. This bill also contains provisions that protect the use of medication abortion that affect the Department of Public Health and the Department of Health Care Services.

The California Constitution provides for the fundamental rights of privacy and to choose to have an abortion. Existing law, the Reproductive Privacy Act, prohibits the state from denying or interfering with a pregnant person's right to choose or obtain an abortion before the viability of the fetus, or when the abortion is necessary to protect the life or health of the pregnant person. Existing law prohibits conditions or restrictions from being imposed on abortion access for incarcerated persons and committed juveniles. Existing laws requiring parental consent for abortion and making assisting in or advertising abortion a crime has been held to be unconstitutional.

This bill would repeal those unconstitutional provisions and delete obsolete references to criminal abortion penalties. The bill would make technical changes to provisions authorizing abortion for incarcerated and committed persons.

Existing law, the Sherman Food, Drug, and Cosmetic Law, provides for labeling requirements of drugs and devices. The Pharmacy Law requires a pharmacist to dispense a prescription in a container that is correctly labeled with specified information, including the name of the prescriber and the name address of the pharmacy. A violation of the Pharmacy Law is a misdemeanor.

This bill would authorize the State Department of Public Health to adopt regulations to include or exclude mifepristone and other medication abortion drugs from the requirements of the Sherman Food, Drug, and Cosmetic Law, but would exclude the drugs from those requirements if the drugs are no longer approved by the United States Food and Drug Administration (FDA).

The bill would authorize a pharmacist to dispense mifepristone or other drug used for medication abortion without the name of the prescriber or the name and address of the pharmacy, subject to specified requirements. The bill would require the pharmacist to maintain a log, as specified, that is not open to inspection by law enforcement without a subpoena and would prohibit the disclosure of the information to an individual or entity from another state.

The bill would prohibit criminal, civil, professional discipline, or licensing action against a pharmacist for manufacturing, transporting, or engaging in specified other acts relating to mifepristone or other medication abortion drugs, and would prohibit the California State Board of Pharmacy from denying an application for licensure or taking disciplinary action against an applicant or licensee for engaging in certain acts relating to mifepristone or other medical abortion drugs. By expanding the scope of a crime under the Pharmacy Law, the bill would impose a state-mandated local program.

This bill would prohibit subjecting a healing arts practitioner who is authorized to prescribe, furnish, order, or administer dangerous drugs to civil, criminal, disciplinary, or other administrative action for prescribing, furnishing, ordering, or administering mifepristone or other medication abortion drugs for a use that is different from the use for which that drug has been approved for marketing by the FDA or that varies from an approved risk evaluation and mitigation strategy under federal law, as specified. The bill would state that the laws of another state or federal actions that interfere with the authority of a healing arts practitioner to take specified actions relating to mifepristone or other medication abortion drugs are against the public policy of this state. The bill would prohibit criminal, civil, professional discipline, or licensing actions against an applicant or licensee for manufacturing, transporting, or engaging in certain other acts relating to mifepristone or other medication abortion dru*gs.*

Existing law provides for the licensure and regulation of clinics and health facilities by the State Department of Public Health. This bill would prohibit criminal, civil, professional discipline, or licensing action against a licensed clinic or health facility for manufacturing, transporting, or engaging in certain other acts relating to mifepristone or other medication abortion drugs that are lawful in California. The bill would prohibit the department from denying an application for licensure or taking disciplinary action against an applicant or licensee for engaging in certain acts relating to mifepristone or other medical abortion drugs.

(5) Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care

services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law regulates the department's certification of enrolled Medi-Cal providers. Under existing law, in-person, face-to-face contact is not required to provide services under the Medi-Cal program, as specified, but existing law generally prohibits a provider from establishing a new patient relationship with a Medi-Cal beneficiary via asynchronous store and forward, telephonic synchronous interaction, remote patient monitoring, or other virtual communication modalities.

This bill would require the department to update the Medi-Cal provider enrollment requirement and procedures for remote service providers who offer reproductive health care services exclusively through telehealth modalities, as specified, and to permit the use of a cellular telephone as the primary business phone for reproductive health care providers. The bill would authorize a health care provider to establish a new patient relationship using asynchronous store and forward if the visit is related to reproductive health care services and meets specified requirements.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of disability and health insurers by the Department of Insurance. Existing law prohibits a health care service plan contract or a group or individual disability insurance policy or certificate that covers prescription drugs from limiting or excluding coverage of a drug on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA.

Existing law prohibits a contract between a health care service plan or health insurer and a health care services provider from containing any term that would result in termination or nonrenewal of the contract or otherwise penalize the provider based on a civil judgment, criminal conviction, or another professional disciplinary action in another state if the judgment, conviction, or professional disciplinary action is solely based on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in California.

Existing law also prohibits a health care service plan or health insurer from discriminating against a licensed provider solely on the basis of a civil judgment, criminal conviction, or another professional disciplinary action in another state if the judgment, conviction, or professional disciplinary action is solely based on the application of another state's law that interferes with a person's right to receive care that would be lawful if provided in California.

This bill would prohibit a health care service plan contract or a group or individual disability insurance policy or certificate that covers prescription drugs from limiting or excluding coverage for brand name or generic mifepristone, regardless of its FDA approval status or solely on the basis that the drug is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA or that varies from an approved risk evaluation and mitigation strategy, except if the state deems it necessary to address an imminent health or safety concern.

The bill would prohibit a plan or insurer from contracting with a health care services provider to terminate or non-renew the contract or otherwise penalize the provider, or from discriminating against a licensed provider, for manufacturing, transporting, or engaging in certain other acts relating to mifepristone or other medication abortion drugs that are lawful in California.

Analysis: This bill makes additional necessary changes to protect women's access to reproductive health care. It anticipates weaknesses in current California law that may be loopholes given the current national politics around access to abortion. One loophole in specific it is closing is the ability of hostile entities turning over the list of prescriptions for mifepristone or other abortion medications to entities such as law enforcement out of state wanting to bring legal actions against California licensed physicians prescribing reproductive health care drugs. In Texas they are hunting down physicians in state and out of state prescribing abortion drugs and arresting women who take these prescriptions. This information is being obtained by the list of prescriptions from pharmacies or health plans that would otherwise by law have to protect this health information as confidential. This bill protects patients seeking reproductive care and physicians providing reproductive care.

It also requires the California Department of Public Health's Food, Drug Administration to adopt regulations to include or exclude mifepristone and other medication abortion drugs from the requirements of the Sherman Food, Drug, and Cosmetic Law, but would exclude the drugs from those requirements if the drugs are no longer approved by the United States Food and Drug Administration (FDA). The bill would authorize a pharmacist to dispense mifepristone or other drug used for medication abortion without the name of the prescriber or the name and address of the pharmacy, subject to specified requirements. The bill would require the pharmacist to maintain a log, as specified, that is not open to inspection by law enforcement without a subpoena and would prohibit the disclosure of the information to an individual or entity from another state. The bill prohibits health plans from excluding any of the medical abortion drugs from coverage. Prohibits disciplinary action against physicians, pharmacists that prescribe or dispense the medical abortion prescriptions.

Effective Date: September 26, 2025.

Statutory Reference*:* Amends Business and Professions Sections 2519, 2761, 2878, 4076, and 4521 of, to add Sections 687, 850.3, and 4318 to, and repeals Section 601. Amends Family Code Section 6925. Amends Health and Safety Code Sections 1367.21, 1375.61, and 111480 and adds Sections 1220.2, 1265.12, and 111376. Amends Insurance Code Sections 10123.195 and 10133.641. Amends Penal Code Sections 3405 and 4028 of, and to repeal Section 1108. Amends Welfare and Institutions Code Sections 220, 1773, and 14132.725 of, and to add Section 14043.8 relating to sexual and reproductive health care.

AB 50 (Bonta, Chapter 135, Statutes of 2025) Pharmacists: furnishing contraceptives.

Summary: An act to amend Sections 733, 4052, 4052.3, and 4064.5 of the Business and Professions Code, relating to healing arts, and declaring the urgency thereof, to take effect immediately. This bill would limit the application of those requirements to self-administered hormonal contraceptives that are prescription-only and would authorize a pharmacist to furnish over-the-counter contraceptives without following those standardized procedures or protocols. The bill would additionally authorize a pharmacist to furnish up to a 12-month supply at one time of over-the-counter contraceptives at the patient's request. The bill would make related conforming changes.

Exiting law requires a pharmacist, when furnishing self-administered hormonal contraceptives, to follow specified standardized procedures or protocols developed and approved by both the board and the Medical Board of California in consultation with the American Congress of Obstetricians and Gynecologists, the California Pharmacists Association, and other appropriate entities. Existing law requires those standardized procedures or protocols to require that the patient use a self-screening tool that will identify related patient risk factors and that require the pharmacist to refer the patient for appropriate follow-up care, as specified. Existing law requires the pharmacist to provide the recipient of the drug with a standardized factsheet that includes the indications and contraindications for use of the drug, the appropriate method for using the drug, the need for medical follow-up, and other appropriate information. Existing law authorizes a pharmacist furnishing an FDA-approved, self-administered hormonal contraceptive pursuant to the above-described protocols to furnish, at the patient's request, up to a 12-month supply at one time.

Analysis: This bill is part of the package of bills to protect access to reproductive health care from hostile federal or out of state laws. The bill provides prescription hormones shall be furnished by pharmacists without adhering to the standardized procedures or protocols for prescription only self-administered hormone contraceptives. The purpose behind this bill is to protect against the weaponization by federal agencies trying to limit access to contraception.

Effective Date: September 26, 2025.

Statutory References: Amends Sections 733, 4052, 4052.3, and 4064.5 of the Business and Professions Code, relating to healing arts, and declares the urgency thereof, to take effect immediately.

AB 447 (Gonzalez, Chapter 363, Statutes of 2025) Emergency Room Patient Prescriptions

Summary: This bill would, notwithstanding any other law, authorize a prescriber to dispense an unused portion of a dangerous drug acquired by the hospital pharmacy to an emergency room patient upon discharge under certain conditions: (1)The drugs that this bill authorizes cannot be controlled substances; (2) dispensing of the unused portion of the dangerous drug is required to continue treatment of the patient.

Existing law authorizes a prescriber to dispense a dangerous drug, including a controlled substance, to an emergency room patient if specified requirements are met, including that the dangerous drug is acquired by the hospital pharmacy.

Existing law requires an automated drug delivery system (ADDS) that is installed, leased, owned, or operated in California to be licensed by the board. Existing law exempts an automated unit dose system (AUDS), a type of ADDS, from licensure if the AUDS is used solely to provide doses administered to patients while in a licensed general acute care hospital facility or a licensed acute psychiatric hospital facility if the licensed hospital pharmacy owns or leases the AUDS and owns the dangerous drugs and dangerous devices in the AUDS.

This bill would also exempt from licensure an AUDS that is used to provide doses administered to emergency room patients in accordance with specified requirements.

Analysis: This bill provides a remedy for the issue of emergency room patients that can't afford prescriptions or there are no pharmacies available and the issue of emergency rooms treating patients with drugs that once opened cannot be used again. It would allow the patient to be discharged with the remaining unused portion of the treatment medication administered in the ER. The safety feature is that the unused drugs can only be dispensed to the same patient who the drug was administered as treatment. It seems like a commonsense idea that needed some statutory backstops due to the nature of prescriptions and potential for abuse. The other backstop is that controlled substances are specifically excluded from this dispensing authority.

Effective Date*:* January 1, 2026.

Statutory References*:* Amends Business and Professions Code section 4068 and 4427.2.

AB 489 (Bonta) AI: Health care professions: deceptive terms or letters: artificial intelligence.

Summary: This bill prohibits the use of AI to pose as a licensed health care provider providing care through telemedicine. This bill makes provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill prohibits the use by AI technology of certain terms, letters, or phrases that indicate or imply that the advice or care being provided through AI is being provided by a natural person with the appropriated health care license or certificate.

This bill would make a violation of these provisions subject to the jurisdiction of the appropriate health care profession board, and would make each use of a prohibited term, letter, or phrase punishable as a separate violation. The bill provides the Board with enforcement authority to pursue an injunction or restraining order against the entity in violation of this section.

Discussion: This bill was brought in response to reports that telemedicine entities were using Generative Artificial Intelligence (GAI) bots to conduct therapeutic counseling sessions that resulted in at least two patients committing suicide. This bill is needed to further regulate the use of GAI in health care. This bill adds an important backstop to the expansion of GAI by prohibiting use of GAI that pose as telemedicine health providers. The Board would have enforcement authority against the telemedicine entity and the licensee(s) involved in training and/ or using AI to provide telemedicine care. This bill would not target physicians who provide care through telemedicine who appear in video with patient and review any AI generated notes.

Effective Date: January 1, 2026.

Statutory Reference*:* Adds Business and Professions Code Sections 4999.8 and 4999.9.

AB 1037 (Elhawary, Chapter 569, Statutes of 2025) Public Health: Overdose Treatment by Non-Physicians

Summary: The bill makes several changes to current law. "First, expands existing authorization of a licensed health care provider to prescribe an opioid antagonist to include those at risk of experiencing any overdose, rather than specifically an opioid-related overdose and to those who are in a position to help a person at risk of any overdose. Second, it removes the requirement that those who receive and possess opioid antagonists receive training. Given the fact that there is virtually no risk of harm from administering naloxone to a person who is not

experiencing an opioid overdose and the lifesaving effect that administration has on a person who is experiencing an overdose, this seems appropriate. Third, the bill authorizes a person at risk of an overdose, or a person in a position to assist them, to possess an opioid antagonist and subsequently dispense or distribute the opioid antagonist to a person at risk of an overdose or another person in a position to assist a person at risk of an overdose." (Assembly Judiciary Committee Analysis 4/29/2025)

Existing law requires that a person who receives an opioid antagonist pursuant to a standing order or otherwise possesses an opioid antagonist receive training, as specified. Existing law provides that a person who is trained in the use of an opioid antagonist and acts with reasonable care and in good faith is not subject to professional review, liable in a civil action, or subject to criminal prosecution.

Analysis: This bill is a Public Health response to the drug overdose epidemic and the availability of opioid antagonists such as Naloxone (Narcan) that can revive a person experiencing an overdose. Currently, only trained professionals can administer such a drug. Typically, lay people can be liable for harm caused by acting as a "good Samaritan" to assist someone in an emergency such as car accidents or drug overdoses. However, since Naloxone can by available without a prescription, policy wise exempting untrained people from liability for administering the drug in an emergency overdose scenario may save more lives because if friends or family members have the drug handy, they could administer it in an emergency to save the person's life.

Naloxone is safe even when administered to someone who is not overdosing. The bill attempts to loosen the liability for good Samaritans to try to save the life of someone that has overdosed. Despite efforts to curb the epidemic of drug overdoses, it remains an epidemic and it makes sense to entertain such an exemption. The intent of this bill is to increase access to life saving overdose treatment, which also makes sense. The exemption is narrow, so it targets the drug overdose Public Health scenario only.

Effective Date: January 1, 2026**.**

Statutory References*:* Civil Code section 1714.22. Health and Safety Code sections 1797.197, 11372.7, 11834.01, 11834.026, 11834.26, 11999, and 11999.1, and repeal 11999.2.

SB 351 (Cabaldon, Chapter 409, Statutes of 2025) Health facilities.

Bill summary*:* This bill, among other provisions, prohibits a private equity group or hedge fund involved in any manner with a California physician or dental practice, from interfering with the professional judgement of physicians or dentists in making health care decisions and exercising power over diagnostic tests, referrals, treatment options, and content of medical records. This

bill authorizes the Attorney General to seek injunctive relief and other remedies a court deems appropriate to enforce the bill and entitles the Attorney General to recover attorney's fees and costs.
Here are key excerpts from the new law:

Health and Safety Code Section 1191.
(a) A private equity group or hedge fund involved in any manner with a physician or dental practice doing business in this state, including as an investor in that physician or dental practice or as an investor or owner of the assets of that practice, shall not do either of the following with respect to that practice:
(1) Interfere with the professional judgment of physicians or dentists in making health care decisions, including any of the following:
(A) Determining what diagnostic tests are appropriate for a particular condition.
(B) Determining the need for referrals to, or consultation with, another physician, dentist, or licensed health professional.
(C) Being responsible for the ultimate overall care of the patient, including treatment options available to the patient.
(D) Determining how many patients a physician or dentist shall see in a given period of time or how many hours a physician or dentist shall work.
(2) Exercise control over, or be delegated the power to do, any of the following:
(A) Owning or otherwise determining the content of patient medical records.
(B) Selecting, hiring, or firing physicians, dentists, allied health staff, and medical assistants based, in whole or in part, on clinical competency or proficiency.
(C) Setting the parameters under which a physician, dentist, or physician or dental practice shall enter into contractual relationships with third-party payers.
(D) Setting the clinical competency or proficiency parameters under which a physician or dentist shall enter into contractual relationships with other physicians or dentists for the delivery of care.
(E) Making decisions regarding the coding and billing of procedures for patient care services.
(F) Approving the selection of medical equipment and medical supplies for the physician or dental practice.
(b) The corporate form of that physician or dental practice as a sole proprietorship, a partnership, a foundation, or a corporate entity of any kind shall not affect the applicability of this section.
(c) (1) A private equity group or hedge fund, or an entity controlled directly, in whole or in part, by a private equity group or hedge fund, shall not enter into a contract or other agreement or arrangement with a physician or dental practice doing business in this state if the contract or other agreement or arrangement would enable the person or entity to interfere with the professional judgment of physicians or dentists in making health care decisions, as set forth in paragraph (1) of subdivision (a), or exercise control over or be delegated the powers set forth in

paragraph (2) of subdivision (a).
(2) Any provision within a contract or other agreement that violates subdivision (a) is void, unenforceable, and against public policy.
(d) (1) Any contract involving the management of a physician or dental practice doing business in this state by, or the sale of real estate or other assets owned by a physician or dental practice doing business in this state to, a private equity group or hedge fund, or any entity controlled directly or indirectly, in whole or in part, by a private equity group or hedge fund, shall not include any clause barring any provider in that practice from doing either of the following:
(A) Competing with that practice in the event of a termination or resignation of that provider from that practice.
(B) Disparaging, opining, or commenting on that practice in any manner as to any issues involving quality of care, utilization of care, ethical or professional challenges in the practice of medicine or dentistry, or revenue-increasing strategies employed by the private equity group or hedge fund.
(2) Any provision of a contract that violates paragraph (1) is void, unenforceable, and against public policy.
(3) This subdivision shall not affect the validity of either of the following:
(A) An otherwise enforceable sale of business noncompete agreement. However, a contract described in this subdivision shall not operate as an employee noncompete agreement.
(B) An otherwise valid provision within a contract that prohibits the disclosure of material nonpublic information about the private equity group or hedge fund that is not generally available to the public, except to the extent that the provision seeks to either prohibit a disclosure of confidential information that is required by law, or to prohibit a disclosure described in subparagraph (B) of paragraph (1).
(e) The Attorney General shall be entitled to injunctive relief and other equitable remedies a court deems appropriate for enforcement of this section and shall be entitled to recover attorney's fees and costs incurred in remedying any violation of this section.
(f) This section is intended to ensure that clinical decision-making and treatment decisions are exclusively in the hands of licensed health care providers and to safeguard against non-licensed individuals or entities, such as private equity groups and hedge funds, exerting influence or control over care delivery.
(g) This section does not narrow, abrogate, or otherwise lower the bar on the corporate practice of medicine or dentistry as set forth in the Business and Professions Code or the Corporations Code, or any other applicable state or federal law.
(h) This section does not prohibit an unlicensed person or entity from assisting, or consulting with, a physician or dental practice doing business in this state with respect to the decisions and activities described in paragraph (2) of subdivision (a), provided that the physician or dentist retains the ultimate responsibility for, or approval of, those decisions and activities.

Analysis: This bill was needed to ensure the significant increase in ownership of hospitals,

clinics and medical groups by hedge funds and private equity does not interfere with the physician's practice of medicine. The law puts more enforcement teeth into the existing "prohibition of the corporate practice of medicine" with the Attorney General having the enforcement authority to sue and enjoin violators of this new law. It also adds a prohibition on including "non-compete clauses" in employment contracts with physicians. After this law becomes effective, non-compete clauses in physician contracts will be void and unenforceable and is deemed against public policy.

As many hospitals and clinics go bankrupt or close, it has been an opportunity for hedge funds and private equity to buy them. Additionally, hedge funds and private equity funds have been buying a significant share of medical groups.

According to the author and cited in the Senate Business and Professions and Economic Development Committee analysis for April 21, 2025 hearing date: "The Author notes a Daily Pilot article from 2024, Newport Beach pediatrician sues hedge fund he partnered with, alleges managers put profits before patients which highlighted that "Since 2013, medical practices have increasingly become a target for acquisition by private equity firms, according to studies published by the American Medical Assn.'s open access medical journal, JAMA Network. Roughly 8% of private hospitals in the U.S., about 460, are currently owned by hedge funds, according to research by the Private Equity Stakeholder Project, a watchdog group monitoring hedge funds." According to the article, the management company for a private equity firm that invested in a Southern California medical office "began making decisions that should have been left to medical staff and was responsible for a drop in both the number of support employees and the quality of their training. He and his attorneys allege patients' vitals weren't being properly recorded, and there were multiple cases when children were given the wrong vaccines."

The analysis cites a May 2024 report by the California Health Care Foundation entitled "Private Equity in Health Care" … "private equity investment into health care totaled about $83 billion nationally and $20 billion in California in 2021. While the majority of overall private equity dollars has been directed at biotechnology and pharmaceuticals in recent years, private equity acquisitions of health care service providers (such as clinics, hospitals, and nursing homes) make up a significant portion of all private equity health care deals. In California, acquisitions of providers totaled $4.31 billion dollars between 2019 and 2023, and represented roughly a third of all deals. Available data, while limited, show that private equity has gained a small but meaningful ownership foothold among certain kinds of providers. Private equity firms now own approximately 8% of all private hospitals in the U.S. and approximately 6% of private hospitals in California. Key features of private equity in health care involve a three-to-seven-year investment strategy, limited financial risk for the private equity firm at the financial peril of the acquired entity, roll-ups of multiple neighboring clinical entities to command higher prices, and

minimal tax and regulatory liability for the firm. Peer reviewed studies found that private equity acquisition led to higher costs for patients or insurers, with some finding no difference. Higher charges, which are often passed along to patients, have been documented in clinics, hospitals, and nursing homes. Twenty-seven studies reviewed found 12 with a harmful impact on quality of care, nine found a mixed impact, and three found a neutral impact. One rigorous study found that private equity acquisitions led to an 11% higher mortality rate during short-term nursing home stays."

The mission of hedge funds and private equity is solely profit which does not align with the health care field's mission for hospital, clinics and medical groups to provide the highest quality health care that saves lives and promotes good health outcomes.

Effective Date*:* January 1, 2026.

Statutory References: Health and Safety Code sections 1190, 1191, and 1192.

SB 470 (Laird, Chapter 222, Statutes of 2025) Bagley-Keene Open Meetings Act: Teleconferencing

Summary: This bill extends, until January 1, 2030, the sunset date for certain provisions related to teleconferencing under the Bagley-Keene Open Meetings Act. This allows boards and bureaus to continue to hold teleconferenced board and advisory committee meetings, provided that specified physical location requirements are met. These provisions, which took effect in 2024 following the passage of SB 544 (Laird, Chapter 216, Statutes of 2023), were set to sunset on January 1, 2026.

Analysis: This bill extends existing open meeting law that allows for a hybrid system of in person participation and virtual participation that was due to expire. This means the board can continue to require most board members to attend board meetings in person and a limited number prescribed in the law to be allowed to attend virtually under strict rules.

Effective Date: January 1, 2026.

Statutory References: Amends Business and Professions Code section 11123.2 and 11123.5.

SB 744 (Cabaldon, Chapter 425, Statutes of 2025) Accrediting Agencies

Bill Summary: This bill states that, for the purposes of California law, a national or regional accrediting agency recognized by the United States Department of Education as of January 1,

2025, will retain that recognition until July 1, 2029, provided that the accrediting agency continues to operate in substantially the same manner. This new provision would be repealed January 1, 2030.

Analysis: This bill was brought in response to actions by the Federal Administration to eliminate the Department of Education. Accreditation is one of many important functions the federal Department of Education performs. These changes at the federal level had potential risks to accreditation of higher education institutions including medical schools. The Osteopathic Medical Board of California licensure requirements specify completion of medical schools and residency training from accredited schools and training. If accreditation were to be eliminated, it would prevent all applicants for licensure from being able to prove they graduated and/or completed education and training from an accredited entity or institution. This bill prevents that problem should it arise in the future. And, this provision is repealed after the current administration leaves office.

Effective Date: January 1, 2026.

Statutory References: Business and Professions Code section 144.7
Education Code section 66010

SB 497 (Wiener, Chapter 764, Statutes of 2025) Legally protected health care activity.

Bill summary*:* This bill, among other provisions, prohibits healing arts practitioners from cooperating with any inquiry or investigation by individuals or departments from another state or a federal law enforcement agency, to the extent permitted by federal law, that would identify an individual seeking or obtaining gender-affirming health care that is lawful in California. It also prohibits state or local agencies from knowingly providing CURES data or knowingly assisting in an interstate investigation or proceeding seeking to impose civil, criminal, or disciplinary liability based on another state's laws for the provision or receipt of legally protected health care activity. Individuals who violate these provisions are guilty of a misdemeanor.

Analysis: The purpose of this bill was to protect providers who are providing gender-affirming care from hostile enforcement action from out of state agencies seeking to prosecute physicians providing gender-affirming care which is legal in California. It also prohibits local or state agencies from providing CURES data for the prescriptions related to gender-affirming care that would identify the provider and patient. The bill also prohibits individuals in California from knowingly assisting an interstate investigation or proceeding seeking to impose civil, criminate or disciplinary action on a physician licensed in California who provides gender-affirming care.

Overall, California is seeking to create a legal dome of protections against hostile investigations and legal actions against California physicians providing gender-affirming care. State seeking to prosecute physicians for providing such care are misusing the CURES, pharmacy systems to obtain investigatory information to be used in their out of state cases.

Effective Date*:* January 1, 2026.

Statutory References: Civil Code section 56.109. Health and Safety Code section 11165. Penal Code section 1326.

AB 876 (Flora, Chapter 169, Statutes of 2025) Nurse Anesthetists Scope of Practice Expansion.

Summary: This bill establishes the Nurse Anesthetists Act within the Nursing Practice Act that authorizes Nurse Anesthetists to perform anesthesia services pursuant to the order of a physician, dentist or podiatrist. Anesthesia services are defined as:

"Anesthesia services" include all of the following:
(1) 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.
(2) Selecting and administering medication pursuant to an order for anesthesia services by a physician, dentist, or podiatrist.
(3) Providing emergency, critical care, and resuscitation services.

Analysis: The Board strongly opposed this bill and urged the legislature to clarify the scope of practice to require physician supervision and not allow nurse anesthetists from performing anesthesiology independent of physician supervision. The bill basically updated the Nursing Act to allow Nurse Anesthetists to perform anesthesia services under the orders of physicians, dentists and podiatrists. While this final version restrained the expansion of the scope of practice of Nurse Anesthetists to practicing within their new act that is located within the Nursing Practice Act, and it repeatedly added the wording "pursuant to the orders of a Physician, Dentist or Podiatrist. This new version of the law appears to settle the fact that Nurse Anesthetists cannot perform anesthesia services independent of physicians. However, still vague is the existing "opt out" provision of federal law that would otherwise require physician supervision for anesthesiology services and its reimbursement. The bill falls short of adding the clarifying wording of "physician supervision" to the scope of practice even though pursuant to physician orders implies such. It is only due to the case law that specifically calls out the omission of the word "physician supervision" that interpreted the law to allow for Nurse Anesthetist to perform anesthesia without Physician supervision.

Effective Date: January 1, 2026.

Statutory References: Amends Sections 2826 and 2833.6 of, and adds Sections 2826.5, 2826.6, and 2826.7 to, the Business and Professions Code, relating to healing arts

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

Summary: This bill would revise that definition to require the licensed physician and surgeon to either be physically present within the facility and immediately available to intervene or available immediately via telephone or other real-time audio *and video* communication with access to the patient's electronic medical records and have the ability to intervene through standing orders or protocols. *The bill would require the facility to have safety protocols and personnel onsite capable of responding to adverse events at the physician's direction.* By changing the scope of direct supervision for purposes of these provisions, the violation of which is a crime, the bill would impose a state-mandated local program

Existing law, the Radiologic Technology Act, provides for the certification and regulation of radiologic technologists by the State Department of Public Health and makes a violation of the act or regulation of the department adopted pursuant to the act a misdemeanor. Existing law authorizes a radiologic technologist to perform venipuncture in an upper extremity, as specified, under the direct supervision of a licensed physician and surgeon. Existing law defines direct supervision for purposes of that provision to mean the direction of procedures by a licensed physician and surgeon who is physically present and available within the facility when the procedures are performed to provide immediate medical intervention prevent or mitigate injury to the patient in the event of adverse reaction.

Analysis: This is a bill the Board opposed because it proposed a policy shift from requiring the supervising physician to be physically present to allowing virtual supervision with unspecified onsite personnel available to intervene. This bill relaxes the requirement of "direct physician supervision" to allow availability through telemedicine audio or video and that the facility has safety protocols for adverse reaction emergencies to mitigate the lack of presence of the supervising physician and anticipate the procedures to be followed.

This policy shift is in response to the growing use of telemedicine that can facilitate a direct conversation with a physician not physically present in the room where the procedure is being performed. The addition for facilities having safety protocols is a good addition that you might expect to already exist but may not. The bill redefines "direct supervision to require the physician be physically present within the facility and immediately available to intervene or available immediately via audio and video communication with access to the patient's imaging records and have the ability to intervene by directing other onsite personnel."

The original purpose of this bill was to provide flexibility in rural areas that do not have enough radiologists to physically supervise radiology procedures. However, this scope expansion does not limit its application to rural areas.

Effective date: January 1, 2026.

Statutory References: Health and Safety Code Section 106985 relating to public health