SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2021-2022 Regular Session

AB 35 (Reyes)
Version: April 27, 2022
Hearing Date: May 3, 2022
Fiscal: No
Urgency: No
CK

SUBJECT

Civil damages: medical malpractice

DIGEST

This bill updates the Medical Injury Compensation Reform Act.

EXECUTIVE SUMMARY

The first state ballot measure that qualified for the 2022 ballot was the Fairness for Injured Patients Act. The initiative makes a series of changes to the Medical Injury Compensation Reform Act (MICRA). At its core, MICRA places limits on certain damages that can be awarded in medical malpractice actions and the amount of contingency fees that can be collected by attorneys in connection with such actions. The original goal was to stabilize the escalating cost of medical malpractice insurance for health care providers.

This bill represents a compromise between stakeholders in order to avoid what would likely be a costly ballot fight. The bill provides for increases to the caps on noneconomic damages and the contingency fees that can be earned by attorneys that were imposed by MICRA and have not been updated in the decades since. After a series of tiered increases, an annual two-percent increase will be applied to keep the caps growing with inflation. The bill also specifically prohibits the use of expressions of sympathy, benevolence, or fault as evidence of an admission of liability in nearly all civil and administrative proceedings and prevents them from being used in relation to any sanction, penalty, or liability.

The proponent of the initiative has informed the Committee that they will remove circulation of the initiative upon successful passage of this bill.

This bill is sponsored by the Consumer Attorneys of California and Californians Allied for Patient Protection. It is supported by a variety of groups including the California Medical Association. There is no known opposition

PROPOSED CHANGES TO THE LAW

Existing law:

1) Provides that an attorney shall not contract for or collect a contingency fee for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon such person's alleged professional negligence in excess of the following limits:
    a) 40 percent of the first $50,000 recovered;
    b) 33 1/3 percent of the next $50,000 recovered;
    c) 25 percent of the next $500,000 recovered; and
    d) 15 percent of any amount on which the recovery exceeds $600,000. (Bus. & Prof. Code § 6146(a).)

2) Provides that the injured plaintiff in any action for injury against a health care provider based on professional negligence shall be entitled to recover noneconomic losses to compensate for pain, suffering, inconvenience, physical impairment, disfigurement, and other nonpecuniary damage. However, such damages are capped at $250,000. (Civ. Code § 3333.2.)

3) Requires a superior court in any action for injury or damages against a provider of health care services to, at the request of either party, enter a judgment ordering that money damages or its equivalent for future damages of the judgment creditor be paid in whole or in part by periodic payments rather than by a lump-sum payment if the award equals or exceeds $50,000 in future damages. In entering a judgment ordering the payment of future damages by periodic payments, the court shall make a specific finding as to the dollar amount of periodic payments which will compensate the judgment creditor for such future damages. As a condition to authorizing periodic payments of future damages, the court shall require the judgment debtor who is not adequately insured to post security adequate to assure full payment of such damages awarded by the judgment. Upon termination of periodic payments of future damages, the court shall order the return of this security, or so much as remains, to the judgment debtor. (Civ. Proc. Code § 667.7.)

4) Provides that if periodic payments are awarded to the plaintiff pursuant to Section 667.7 of the Code of Civil Procedure, the court shall place a total value on these payments based upon the projected life expectancy of the plaintiff and include this amount in computing the total award from which attorney's fees are calculated under this section. (Bus. & Prof. Code § 6146(b).)

5) Defines the following terms for the purposes of the above:
    a) "recovered" means the net sum recovered after deducting any disbursements or costs incurred in connection with prosecution or settlement of the claim. Costs of medical care incurred by the plaintiff and

the attorney's office-overhead costs or charges are not deductible disbursements or costs for such purpose;

b) "health care provider" means any person licensed or certified pursuant to Division 2 (commencing with Section 500), or licensed pursuant to the Osteopathic Initiative Act, or the Chiropractic Initiative Act, or licensed pursuant to Chapter 2.5 (commencing with Section 1440) of Division 2 of the Health and Safety Code; and any clinic, health dispensary, or health facility, licensed pursuant to Division 2 (commencing with Section 1200) of the Health and Safety Code. "Health care provider" includes the legal representatives of a health care provider; and

c) "professional negligence" is a negligent act or omission to act by a health care provider in the rendering of professional services, which act or omission is the proximate cause of a personal injury or wrongful death, provided that the services are within the scope of services for which the provider is licensed and which are not within any restriction imposed by the licensing agency or licensed hospital. (Bus. & Prof. Code § 6146(c); Civ. Code § 3333.2; Civ. Proc. Code § 667.7.)

This bill:

1) Adjusts the contingency fees an attorney can contract for or collect for representing any person seeking damages in connection with an action for injury or damage against a health care provider based upon such person's alleged professional negligence to the following limits:
    a) 25 percent of the dollar amount recovered if the recovery is pursuant to a settlement agreement and release of all claims executed by all parties thereto prior to a civil complaint or demand for arbitration being filed;
    b) 33 percent of the dollar amount recovered if the recovery is pursuant to settlement, arbitration, or judgment after a civil complaint or demand for arbitration is filed; and
    c) if an action is tried in a civil court or arbitrated, the attorney representing the plaintiff or claimant may file a motion with the court or arbitrator for a contingency fee in excess of the above percentage, which motion shall be filed and served on all parties to the action and decided in the court's discretion based on evidence establishing good cause for the higher contingency fee.

2) Provides that in any action for injury against a health care provider or health care institution based on professional negligence that does not involve wrongful death, the injured plaintiff shall be entitled to recover up to $350,000 in noneconomic losses, regardless of the number of health care providers or institutions, in each of the following three categories:
    a) against one or more health care providers, collectively;
    b) against one or more health care institutions, collectively; and

c) against one or more health care providers or health care institutions that are unaffiliated with the above defendants based on separate and independent acts of professional negligence that occurred at, or in relation to medical transport to, a health care institution unaffiliated with a health care institution described above, collectively.

3) Increases this $350,000 limit by $40,000 each January 1st for 10 years up to $750,000.

4) Provides that the limit for noneconomic damages is raised to $500,000 in each of the above categories if the action is for wrongful death against a health care provider or health care institution based on professional negligence. These amounts are to increase each January 1st by $50,000 for 10 years up to $1,000,000.

5) Prohibits a health care provider or health care institution defendant from being found liable for damages for noneconomic losses in more than one of the above categories.

6) Applies the above applicable dollar amounts regardless of the number of defendant health care providers or health care institutions against whom the claim is asserted or the number of separate causes of actions on which the claim is based.

7) Applies to all cases filed or arbitrations demanded on or after, January 1, 2023. The dollar amount in effect at the time of judgment, arbitration award, or settlement shall apply to an action. The amounts are to be adjusted for inflation each January by two percent beginning on January 1, 2034.

8) Updates the definition of "health care provider" and defines the following terms:

a) "health care institution" means one or more health care facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code owned or operated by the same entity or its affiliates and includes all persons and entities for which vicarious liability theories, including, but not limited to, the doctrines of respondeat superior, actual agency, and ostensible agency, may apply; and
b) "unaffiliated" means a specified health care provider, health care institution, or other entity not covered by the definition of affiliated, or affiliated with, as defined in Section 150 of the Corporations Code, or that is not employed by, performing under a contract with, an owner of, or in a joint venture with another specified entity, health care institution, health care provider, organized medical group, professional corporation, or partnership, or that is otherwise not in the same health system with that health care provider, health care institution, or other entity. Whether a

health care provider, health care institution, or other entity is unaffiliated is determined at the time of the professional negligence.

9) Allows for the payment of a judgment by periodic payments rather than by a lump-sum payment if the award equals or exceeds $250,000 in future damages.

10) Requires that statements, writings, or benevolent gestures expressing sympathy, regret, a general sense of benevolence, or suggesting, reflecting, or accepting fault relating to the pain, suffering, or death of a person, or to an adverse patient safety event or unexpected health care outcome, in relation to an act or omission to act in the provision of or failure to provide health care, and made to that person or the family or representative of that person prior to the filing of a lawsuit or demand for arbitration, be confidential, privileged, protected, not subject to subpoena, discovery, or disclosure, and cannot be used or admitted into evidence in any civil, administrative, regulatory, licensing, or disciplinary board, agency, or body action or proceeding, and shall not be used or admitted in relation to any sanction, penalty, or other liability, as evidence of an admission of liability or for any other purpose, and all such communications, whether verbal, electronic, in writing, or in any other form, shall also be entitled to specified privileges and protections.

11) Defines the following terms for purposes of the preceding section:
    a) "adverse patient safety event or unexpected health care outcome" means any event or condition identified in Section 2216.3 of the Business and Professions Code, Section 1279.1, and any act or omission to act by a health care provider in the rendering of professional services resulting in, alleged to have resulted in, or with the potential to result in injury or death to one or more persons and that is not the result of knowingly or purposefully harmful action;
    b) "benevolent gestures" means any action that conveys a sense of compassion or commiseration emanating from humane impulses; and
    c) "family" means the spouse, domestic partner, parent, grandparent, stepparent, child, guardian, stepchild, grandchild, sibling, half-sibling, adopted children of a parent, a spouse's parent, and in-laws of an injured party.

COMMENTS

1. The birth of MICRA

In 1975, Governor Edmund G. Brown convened the Legislature in an extraordinary session, the second of that year. He outlined the basis for the session and his request of the Legislature in his proclamation:

The cost of medical malpractice insurance has risen to levels which many physicians and surgeons find intolerable. The inability of doctors to obtain such insurance at reasonable rates is endangering the health of the people of this State, and threatens the closing of many hospitals. The longer term consequences of such closings could seriously limit the health care provided to hundreds of thousands of our citizens.

In my judgment, no lasting solution is possible without sacrifice and fundamental reform. It is critical that the Legislature enact laws which will change the relationship between the people and the medical profession, the legal profession and the insurance industry, and thereby reduce the costs which underlie these high insurance premiums.

Therefore, in convening this extraordinary session, I ask the Legislature to consider:

1. Reconstituting the Board of Medical Examiners to include a majority of public members.

2. Giving the Board full authority to discipline and decertify practitioners for lack of competency.

3. Providing the Board with authority to set recertification standards, including updated training and public service, in order to minimize malpractice and increase the quality of medical care.

4. Providing the Board with authority to develop a system to minimize the present maldistribution of medical care in certain areas of the State.

5. Establishing a Medical Peace Corps to serve Californians who lack adequate medical care.

6. Regulation of hospital rates, including authority over excessive hospital bed capacity and unnecessary duplication of expensive and under-utilized equipment.

7. Voluntary binding arbitration in order to quickly and fairly resolve malpractice claims while maintaining fair access to the courts.

8. Establishment of reasonable limits on the amount of contingency fees charged by attorneys.

9. Elimination of double payments ("collateral sources"); institution of periodic payments and reversionary trusts; limitation of compensation for pain and suffering while insuring fully adequate compensation for all

> medical costs and loss of earnings; and setting a reasonable statute of limitations for the filing of malpractice claims.

A memo from then cabinet secretary Rose Bird, later Chief Justice of the California Supreme Court, to the Governor excoriated the legislation that established MICRA, AB 1xx (Keene, Ch. 1, Stats. 1975), asserting the bill "attacks the medical malpractice problem primarily through restraints on legal remedies rather than focusing on the regulation of persons committing the malpractice acts. It approaches the malpractice crisis from the point of view that the crisis is a lawyer-, rather than a physician-, caused problem." It also highlighted concerns with the existing discipline system governing medical professionals, citing an auditor's report that "found extensive administrative delays in processing disciplinary actions" and asserting that the "failure of the [Board of Medical Examiners] to act effectively in the past in cases of physician and surgeon incompetence has been attributed historically to the unwillingness of the medical profession, which has controlled the board, to go after their brothers in medicine" leading to an "increasing number of successful malpractice suits higher and higher damages, and . . . skyrocketing malpractice insurance costs."

The memo did positively highlight the reforms with regard to these latter issues, stating the bill "does propose substantial reforms in the state licensing and quality control mechanism now found in the state's Board of Medical Examiners." Bird found it "should provide for greater administrative efficiency."

Largely untouched in the nearly 50 years since it was enacted, the relevant MICRA provisions place rigid limitations on the amount that can be awarded in medical malpractice cases for pain and suffering damages and the amount that can be paid in contingency attorneys' fees. A state appellate court summarizes the intent:

> MICRA was designed to reduce tort compensation for medical malpractice by erecting a framework to assure medical quality (thereby reducing the number of potential lawsuits), by imposing various restrictions upon those actions which are nevertheless pursued, and by establishing procedures for protesting insurance premium rates. As to medical malpractice actions, the reforms were designed to accomplish two goals: (1) to expedite identification and resolution of claims; and (2) to make amounts and payment of compensation awards more economically manageable.[1]

2. Fairness for Injured Patients Act

The first initiative that qualified for the upcoming 2022 ballot was the "Fairness for Injured Patients Act to Adjust California's Maximum Compensation Cap of $250,000 Set

[1] *Prince v. Sutter Health Cent.* (2008) 161 Cal. App. 4th 971, 975, quoting *Kelemen v. Superior Court* (1982) 136 Cal. App. 3d 861, 866.

by Politicians in 1975 on Wrongful Death and Quality of Life Damages That Has Never Been Updated."

According to the title and summary of the proposed measure issued by the Attorney General of California:

> **ADJUSTS LIMITATIONS IN MEDICAL NEGLIGENCE CASES. INITIATIVE STATUTE.** In medical negligence cases, adjusts for inflation: (1) $250,000 limit established in 1975 on quality-of-life and survivor damages (which include pain and suffering); and (2) contingent attorney's fees limits established in 1987. In cases involving death or permanent injury, allows judge or jury to exceed these limits and requires judge to award attorney's fees.
>
> Requires attorneys filing medical negligence cases to certify reasonable basis for claims or good faith attempt to obtain medical opinion; attorneys who file meritless lawsuits must pay defendant's expenses. Extends deadlines for filing medical negligence lawsuits. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local governments: **Increased state and local government health care costs predominantly from raising or removing the cap on noneconomic damages in medical malpractice cases, likely ranging from the low tens of millions of dollars to the high hundreds of millions of dollars annually.**

The website for the proponents of the measure lays out the relevant motivation:

> It's time to put an end to the most regressive medical negligence law in U.S. history (MICRA), the 45 year-old California law that favors Insurance Company profits over Civil Rights of Patients & countless Families whose loved ones are negligently killed each year. Medical Negligence is the 3rd leading cause of death, killing 400,000 Americans each year, while injuring & maiming over a million more.

This bill was negotiated by an array of stakeholders with the proponent of the initiative. The most significant changes that it would implement are adjusting the $250,000 noneconomic losses cap to reflect any increase in inflation since the cap was established in 1975, and explicitly authorizing factfinders to award damages in excess of that cap upon a finding of catastrophic injury. "Catastrophic injury" is defined to mean death, permanent physical impairment, permanent disfigurement, permanent disability, or permanent loss of consortium.

As indicated above, the proponent of the initiative has informed this Committee that he plans to remove circulation of the initiative if, and when, this bill is signed into law.

3. Updating MICRA

The bill starts with a finding and declaration that the purpose and intent of MICRA is best served by updating key provisions. Ultimately these changes were negotiated with the intent to obviate the need for the ballot initiative discussed above.

The bill focuses on two key areas of MICRA. First, existing law places limitations on the contingency fee an attorney can contract for or collect in connection with their representation of a person against a health care provider based on the latter's professional negligence. The current system ties the limits to the amount recovered. An attorney can collect 40 percent of the first $50,000 recovered, 33 1/3 percent of the next $50,000, 25 percent of the next $500,000, and 15 percent of anything exceeding that amount. (Bus. & Prof. Code § 6146.)

This bill restructures the metrics and instead ties the tiered fee limits to the stage of the representation at which the amount is recovered. An attorney can collect a fee of 25 percent for an amount recovered pursuant to a settlement agreement and release of claims executed by the parties prior to a civil complaint or demand for arbitration being filed. If it is recovered pursuant to a settlement, arbitration, or judgment after a complaint or demand for arbitration is filed, then the fee can be 33 percent of the dollar amount recovered. Where the action is actually tried in a civil court or arbitrated, an attorney can petition the court for a fee in excess of these limits and the court must decide whether good cause has been established for approving a higher contingency fee.

These changes simplify the structure of the statute and make the ultimate fee award more logically tied to the stage of representation the amount was recovered in, loosely approximating the amount of work that it takes to secure the judgment or settlement, rather than basing it solely on the amount recovered.

The second major change implemented by the bill is the cap on noneconomic damages. Existing law entitles an injured plaintiff in any action for injury against a health care provider based on professional negligence to recover noneconomic losses to compensate for pain, suffering, inconvenience, physical impairment, disfigurement, and other nonpecuniary damage. However, such damages are capped at $250,000. (Civ. Code § 3333.2.) This figure has not been modified since the statute was enacted almost 50 years ago. Based on the United States Bureau of Labor Statistics' Consumer Price Index calculator, that amount has the same buying power as approximately $1.3 million today. This bill not only increases the amount and provides for future increases to account for inflation, but also restructures how these caps function.

The bill establishes two separate caps, depending on whether a wrongful death claim is involved. In a wrongful death case against a health care provider or health care institution based on professional negligence, the cap increases to $500,000. Each January 1st thereafter, this cap increases by $50,000 until it reaches $1,000,000.

If the medical malpractice case does not involve wrongful death, the cap starts at $350,000, and increases each year by $40,000 until it reaches $750,000.

While existing law applies the cap regardless of the number and type of defendants, this bill creates three separate categories for which a plaintiff is able to seek the limit. In the respective cases, a plaintiff can seek the cap against one or more health care providers, collectively; against one or more health care institutions, collectively; and against one or more health care providers or institutions that are "unaffiliated" with the other defendants based on professional acts of negligence that are separate and independent from the other acts and that occurred at, or in relation to medical transport to, a health care institution unaffiliated with the other institutions.

This makes a plaintiff eligible to seek the relevant cap for all three categories, if applicable, in a particular case, regardless of how many defendants are in each category. However, the bill makes clear that a defendant cannot be held liable in more than one category.

In order to avoid these caps falling behind inflation, as has happened over the last 40 plus years, starting on January 1, 2034, the caps will be annually adjusted for inflation by two percent.

The bill makes one additional change to MICRA. It raises the ceiling for when a court must, at the request of either party, enter a judgment ordering that an award for future damages be paid in whole or in part by periodic payments rather than by a lump-sum payment. Currently the award must equal or exceed $50,000. This bill moves this threshold to $250,000.

Finally, the bill also adds a new section to the law regarding certain relevant evidence. It makes specified expressions of sympathy, benevolence, or fault in the provision of health care confidential. The covered expressions include statements regarding sympathy or even fault relating to the pain, suffering, or even death of a person, as well as an "adverse patient safety event or unexpected health outcome." That term is defined as any event or condition identified in Section 2216.3 of the Business and Professions Code, Section 1279.1, and any act or omission to act by a health care provider in the rendering of professional services resulting in, alleged to have resulted in, or with the potential to result in injury or death to one or more persons and that is not the result of knowingly or purposefully harmful action.

The bill provides extraordinary protections for such statements, writings, and gestures, making them "confidential, privileged, protected, [and] not subject to subpoena, discovery, or disclosure." In addition, they cannot be used or admitted into evidence in *any* civil, administrative, regulatory, licensing, or disciplinary board, agency, or body action or proceeding. They cannot be used or admitted in relation to *any* sanction, penalty, or other liability, as evidence of an admission of liability, or for any other purpose.

However, the expressions must be "in relation to an act or omission to act in the provision of or failure to provide health care," and made to the person who suffered or the family or representative of that person prior to the filing of a lawsuit or demand for arbitration. Despite this, the provision provides a robust protection. A doctor can essentially write a patient a letter telling the patient that the doctor caused their injuries because the doctor failed to properly perform an operation, for example, and that letter and its contents become privileged and cannot be used in a civil suit against the doctor or even used by a regulatory body seeking to hold the doctor accountable for any misconduct.

Furthermore, the language does not limit itself to health care providers. For instance, it appears that the statements of a good Samaritan would also qualify if they attempted to provide first aid to an injured party in a grossly negligent manner, since that would relate to the "provision of . . . health care." It could also be read to include relevant statements or writings of a parent or other person charged with a minor's care who fails to provide medical care when needed. However, these protections only apply to such statements, writings, and gestures made prior to the filing of a lawsuit or demand for arbitration.

Given the broad language in the provision, specifically the phrase "shall not be used or admitted in relation to any sanction, penalty, or other liability," it may be read in isolation to restrict the statements or writings from being used in criminal proceedings seeking to impose a criminal sanction or penalty. However, the surrounding references that limit the scope to statements, writings, and gestures made "prior to the filing of a lawsuit or demand for arbitration" and the fact that the specific proceedings listed include an extensive list, "civil, administrative, regulatory, licensing, or disciplinary board, agency, or body action or proceeding," but do not include any criminal proceedings, arguably make clear that the scope of the provision is not intended to extend into the criminal realm. The sponsors of the bill have also made clear that their intent is not to extend this section to any criminal proceedings.

Writing in support of the bill, the Consumer Attorneys of California and Californians Allied for Patient Protection (CAPP), the co-sponsors of this bill, together hail this "historic agreement" and assert that the "consensus demonstrates a willingness to put aside outworn political differences and to enact a compromise that will settle this issue moving forward and protect the rights of patients."

In an open letter to its members, the California Medical Association highlights the process and the compromise, which this bill represents:

> [W]ith the so-called Fairness for Injured Patients Act (FIPA) slated for the November ballot, we are again facing another costly initiative battle that could obliterate existing safeguards for out-of-control medical lawsuits and result in skyrocketing health care costs.

> Now, for the first time in a generation, we were met with an opportunity to achieve a meaningful consensus between competing interests through a revised framework that could protect both the rights of injured patients while keeping MICRA's essential guardrails solidly in place for patients and providers alike.
>
> At times like these, we have an obligation to protect patient care and to seize a historic opportunity for a brighter future for California's health delivery system.
>
> To that end and at long last, a historic agreement to modernize MICRA is on the horizon. The two sides of the ballot measure campaign have committed to putting patients first, to prioritizing the stability of affordable access to health care, and to set aside differences to do what's right for all Californians.
>
> As part of this modernization of MICRA, it was important that the underlying principles be preserved – ensuring access to care and protecting our health care delivery system from runaway costs. Important guardrails of MICRA will continue unchanged, including advance notice of a claim, the one-year statute of limitations to file a case, the option of binding arbitration, early offers of proof for making punitive damages allegations and allowing other sources of compensation to be considered in award determinations.[2]

4. Additional stakeholder positions

The American Academy of Pediatrics, California, writes in support:

> The American Academy of Pediatrics, California (AAP-CA), representing nearly 3,500 pediatricians in California, supports AB 35 (Reyes and Umberg), the historic agreement which will amend California's Medical Injury Compensation Reform Act of 1975 (MICRA). AB 35 will extend the long-term predictability and sustainability of the state's medical malpractice laws and settle a decades-long divide on the issue. The compromise reflected in this legislation will ensure that health care is accessible and affordable while providing fair and reasonable compensation for Californians who have experienced health care related injury or death. The passage of AB 35 will begin a new and sustained era of stability around malpractice liability and fair compensation for injured patients.

[2] Robert E. Wailes, MICRA 2022: A Sustained Era of Stability, California Medical Association letter to members, https://www.cmadocs.org/micra2022 [as of Apr. 29, 2022].

CAPP, a coalition of groups including the California Hospital Association, the California Association of Health Facilities, and Planned Parenthood, writes in support:

> AB 35 keeps in place MICRA's essential cost control guardrails while protecting the rights of injured patients. The agreement strikes a new balance by doing two things:
>
> > • Extending the long-term predictability and affordability of state liability protections for those providing medical care in California, and
> > • Providing a fair and reasonable increase to limits on non-economic damages (there is no cap on economic damages such as medical costs or lost salaries) for medical malpractice starting January 1, 2023 – with gradual increases thereafter.
>
> An "aye" vote on AB 35 will allow California to put this issue behind us and avoid uncertain and disruptive ballot measure campaigns.

SUPPORT

Californians Allied for Patient Protection (co-sponsor)
Consumer Attorneys of California (co-sponsor)
American Academy of Pediatrics, California
American College of Physicians - California Services Chapter
American Nurses Association California
Beta Healthcare Group
California Academy of Physician Assistants
California Association for Nurse Practitioners
California Association of Health Facilities
California Dental Association
California Healthcare Insurance Company
California Hospital Association
California Medical Association
California Orthopedic Association
Central Valley Health Network
Children's Specialty Care Coalition
Medical Insurance Exchange of California
NORCAL Insurance Company
Osteopathic Physicians & Surgeons of California
Planned Parenthood Affiliates of California
The Dentists Insurance Company
The Doctors Company

OPPOSITION

None known

RELATED LEGISLATION

Pending Legislation: None known.

Prior Legislation: AB 1xx (Keene, Ch. 1, Stats. 1975) *See* Comment 1.

PRIOR VOTES:

As this bill was recently gutted and amended, all prior votes are irrelevant.

****