
CONSENT

Bill No: AB 1199
Author: Patterson (R)
Amended: 6/11/26 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 10-0, 6/22/26
AYES: Wahab, Choi, Archuleta, Arreguín, Caballero, Menjivar, Niello,
Richardson, Strickland, Umberg
NO VOTE RECORDED: Smallwood-Cuevas

SENATE HEALTH COMMITTEE: 10-0, 7/1/26
AYES: Weber Pierson, Valladares, Caballero, Durazo, Gonzalez, Grove,
Menjivar, Padilla, Pérez, Smallwood-Cuevas
NO VOTE RECORDED: Rubio

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 76-0, 5/27/25 (Consent) - See last page for vote

SUBJECT: Medical staff: health care provider credentialing

SOURCE: Author

DIGEST: This bill authorizes hospitals to conduct medical staff reappointments and related competency reviews at least every three years rather than every two years.

ANALYSIS:

Existing law:

- 1) Enacts the Medical Practice Act, which provides for the licensure and regulation of physicians and surgeons. (Business and Professions Code BPC §§ 2000 et seq.)

- 2) Establishes the Medical Board of California (MBC) responsible for administering and enforcing the Medical Practice Act. (BPC § 2001)
- 3) Establishes the Osteopathic MBC (OMBC), which regulates osteopathic physicians and surgeons under the Osteopathic Act who possess effectively the same practice privileges and prescription authority as those regulated by MBC but with a training emphasis on diagnosis and treatment of patients through an integrated, whole-person approach. (BPC §§ 2450 et seq.)
- 4) Provides that references to the MBC or the term "board" refer to the OMBC where that board exercises the functions granted to it by the Osteopathic Act. (BPC § 2451)
- 5) Provides that the regular practice of medicine in a licensed general or specialized hospital with five or more physicians on the medical staff constitutes unprofessional conduct unless the hospital has adopted rules governing the operation of the hospital that, among other requirements, provide for a self-governing medical staff, periodic review of clinical experience and patient records, and the appointment of medical staff members. Provides that appointments to the medical staff shall be made by the hospital governing board and, except for initial appointments, shall be made for a period of not more than two years. (BPC § 2282.)
- 6) Provides that physicians and surgeons licensed by OMBC are to be accorded equal professional status and privileges as physicians licensed by MBC. Requires hospitals that grant staff privileges to osteopathic physicians and surgeons to provide for appointments to the medical staff by the governing board and, except for initial appointments, limits those appointments to a period not exceeding two years. (BPC § 2453.)
- 7) Authorizes licensed general acute care hospitals and acute psychiatric hospitals to provide health care services outside the traditional hospital building in alternative settings, subject to approval and oversight by the California Department of Public Health (CDPH). Requires that services provided in these alternative settings remain under the responsibility of the hospital's governing body and medical staff and be subject to applicable licensing, quality, and patient safety requirements. (Health and Safety Code § 1275.6)

This bill:

- 1) Authorizes hospitals to conduct medical staff reappointments and related competency reviews at least every three years rather than every two years.
- 2) Requires the governing body of a general acute care hospital and an acute psychiatric hospital to require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices, including the provision that all members of the medical staff be required to demonstrate their ability to perform surgical or other procedures competently and to the satisfaction of an appropriate medical staff committee or committees, at the time of original application for appointment to the medical staff and every three years thereafter. Prohibits CDPH from requiring a general acute care hospital or an acute psychiatric hospital to undertake routine reappointments more frequently than every three years.

Background

According to the federal Centers for Medicare & Medicaid Services (CMS), the accreditation period for most health care providers and suppliers participating in Medicare is 36 months. CMS recognizes several national accrediting organizations whose accreditation programs are deemed to meet or exceed applicable Medicare requirements, and many of these organizations operate on a three-year accreditation cycle. This framework has become a common model for periodic review and oversight of health care facilities and services participating in federal health care programs.

One of the nation's largest health care accrediting organizations, The Joint Commission, accredits and certifies more than 22,000 health care organizations and programs in the United States. In 2022, The Joint Commission revised its hospital accreditation standards to permit practitioner reappointment and reprivileging at intervals not to exceed three years, replacing its previous two-year maximum cycle. The organization stated that the change was intended to reduce administrative burden while preserving hospitals' responsibility to continuously evaluate practitioner competence, professional performance, and clinical privileges through ongoing review processes. Other nationally recognized accrediting organizations, including DNV Healthcare USA and the Accreditation Association

for Ambulatory Health Care, generally conduct facility accreditation reviews on three-year cycles recognized by CMS.

California's statutory framework governing hospital medical staff appointments predates these more recent accreditation changes. Under BPC sections 2282 and 2453, appointments to a hospital's medical staff by the governing board, other than initial appointments, may not exceed two years in duration. Historically, hospitals have used these periodic reappointment reviews to evaluate a practitioner's licensure, training, competence, professional conduct, and clinical privileges. In addition to formal reappointment cycles, hospitals are generally required through accreditation standards, peer review programs, quality assurance activities, and medical staff bylaws to continuously monitor practitioner performance and patient safety throughout the appointment period.

Supporters of conforming California law to current accreditation standards argue that extending the maximum interval between formal reappointments would align state law with prevailing national practices and reduce administrative burden on hospitals and medical staff offices. They further note that hospitals would remain responsible for ongoing oversight activities, including peer review, professional practice evaluation, licensure verification, quality monitoring, and corrective action when warranted. As a result, proponents contend that extending the interval between formal reappointments may streamline administrative processes while preserving existing patient safety safeguards and quality assurance mechanisms.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

SUPPORT: (Verified 8/4/26)

California Hospital Association
California Medical Association
Physician Association of California

OPPOSITION: (Verified 8/4/26)

None received

ARGUMENTS IN SUPPORT: Supporters note that this bill represents a commonsense update to state law that would align California with current federal and national accreditation standards without weakening patient protections or diminishing hospital oversight of physician competence. Supporters write that hospitals retain the ability and obligation to take immediate action when issues

related to quality, competence, or conduct are identified, stating that this bill would simply eliminate a redundant administrative requirement for practitioners who have no identified performance concerns. Supporters say the bill would allow hospitals, physician leaders, and medical staff professionals to spend less time on repetitive paperwork and more time on activities that directly improve patient care, support the health care workforce, and strengthen quality oversight.

ASSEMBLY FLOOR: 76-0, 5/27/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Bennett, Jeff Gonzalez, Nguyen

Prepared by: Sarah Mason / B., P. & E.D. /
8/5/26 14:57:31

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