CONCURRENCE IN SENATE AMENDMENTS
AB 1199 (Patterson)
As Amended June 11, 2026
Majority vote

SUMMARY

Requires medical staff of hospitals to be reappointed every three years, rather than every two years, and prohibits the California Department of Public Health from requiring hospitals to undertake routine reappointments more frequently than every three years.

Senate Amendments
Delete the previous version of the bill and instead require the medical staff of hospitals to be reappointed every three years, rather than every two years, and prohibits the California Department of Public Health from requiring hospitals to undertake routine reappointments more frequently than every three years.

COMMENTS

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 Business and Professions Code 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.

Prior legislation. SB 642 (Kamlager) of 2021 would have prohibited a health facility from requiring a physician, as a condition of obtaining clinical privileges, to agree to comply with

policies that are not ratified by the medical staff, that directly or indirectly restrict the ability of the physician to provide a particular medical treatment, or from requiring a physician to obtain permission from a nonphysician to perform a medical treatment for which consent has been obtained from the patient, with certain exceptions. SB 642 was held on the Senate Appropriations Committee suspense file.

According to the Author
According to the author, California's recredentialing deadlines are out of step with federal standards and industry practices. This leads to medical professionals being bogged down with administrative procedure instead of saving lives and healing people. This bill corrects this issue. Adjusting the recredentialing cycles to three years, instead of the current two years, will improve efficiency while maintaining the safeguards necessary for the medical field.

Arguments in Support
The California Hospital Association supports this bill and states that by aligning state law with existing national standards, this 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. At a time when hospitals are facing significant workforce and financial pressures, reducing unnecessary administrative requirements is an important step toward ensuring that limited resources are focused where they matter most: caring for patients.

Arguments in Opposition
None to the current version of the bill.

FISCAL COMMENTS

According to the Senate Appropriations Committee, pursuant to Rule 28.8, negligible state costs.

VOTES:

ASM HEALTH: Vote Not Relevant
YES:

ASM APPROPRIATIONS: Vote Not Relevant
YES:

ASSEMBLY FLOOR: Vote Not Relevant
YES:
ABS, ABST OR NV:

SENATE FLOOR: 39-0-1
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener
ABS, ABST OR NV: Alvarado-Gil

UPDATED

VERSION: June 11, 2026

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