

Date of Hearing: April 8, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
AB 1868 (Gallagher) – As Introduced February 11, 2026

Policy Committee: Health

Vote: 16 - 0

Urgency: No

State Mandated Local Program: No

Reimbursable: No

SUMMARY:

This bill requires the California Department of Public Health (CDPH), on or before January 1, 2030, update regulations to reflect current professional standards of care relating to extracorporeal bypass surgery.

FISCAL EFFECT:

For AB 1196 (Gallagher), of the current legislative session, which was nearly identical to this bill, CDPH estimated annual costs of \$247,000 per year for three years to promulgate medium-complexity regulations (Licensing and Certification Fund).

The Legislative Analyst's Office recently warned of structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

COMMENTS:

1) **Purpose.** According to the author:

Outdated regulations related to surgeon staffing requirements for extracorporeal bypass run the risk of delaying patient care, straining already underfunded hospitals, and unnecessarily pulling surgeons away from their daily practice. It's high time for California to step up and modernize these standards.

2) **Background.** Coronary artery bypass graft (CABG) surgery, also called heart bypass surgery, is a procedure to improve blood flow to the heart. CABG may be needed when the arteries supplying blood to the heart, called coronary arteries, are narrowed or blocked. CABG uses healthy blood vessels from another part of the body – usually arteries from the arm or chest, or veins from the legs – and connects them to blood vessels above and below the blocked artery, creating a new route for blood to flow that bypasses the narrowed or blocked coronary arteries. In traditional “open heart” CABG, the heart is stopped, and a cardiopulmonary bypass (CPB) circuit, also known as a heart-lung bypass machine, performs extracorporeal bypass, taking over the job of pumping blood throughout the body.

Existing Regulations. Title 22 of the California Code of Regulations requires a minimum of three surgeons to constitute a surgical team for the performance of all cardiovascular operative procedures requiring extracorporeal bypass. The regulations require a physician

who is certified or eligible for certification in cardiology by the American Board of Internal Medicine be a member of the surgical team and assist in monitoring the patient. However, the author asserts advances in CPB technology have enhanced safety, reduced complications, and improved patient outcomes since the regulations were promulgated. CDPH has granted program flexibility for the cardiovascular operative service regulation to 48 hospitals; such program flexibility approvals typically require two surgeons and a physician assistant or registered nurse as a first assistant.

CDPH Regulatory Timelines and Costs. According to CDPH, a regulation package takes three to five years to complete depending on the complexity of the package. There are now 39 packages pending at CDPH, and the average cost to promulgate a regulation package is \$448,071. Last year CDPH submitted a budget change proposal requesting \$1,138,000 (ongoing) for six additional regulation writers and one manager. Those positions were approved and are in the process of being filled.

Program Flexibility. Statutes authorize CDPH to grant “program flexibility” to comply with the law in an alternate manner. CDPH has granted program flexibility for the cardiovascular operative service regulations to 60 hospitals.

- 3) **Support.** The California Hospital Association writes that for Californians with life-threatening heart conditions, cardiac surgery is the difference between life and death and that ensuring the regulations that govern these lifesaving procedures reflect modern care delivery is key to protecting high-quality patient care. Enloe Health writes the medical literature has clearly established that deferring necessary cardiovascular surgery can have serious consequences, and that when CABG surgery is delayed, “cardiac events are frequent and tend to occur early.” Enloe further argues that waiting for surgery can create significant psychological stress, increasing the risk of depression and anxiety among patients and their families. Finally, the Society of Thoracic Surgeons (SCS) states that the requirement for three cardiothoracic surgeons has become a significant financial obstacle for hospitals in rural and smaller communities. SCS concludes this bill will enable hospitals in rural and medically underserved communities to provide essential surgical services closer to home.
- 4) **Prior Legislation.** AB 1196 (Gallagher) is essentially identical to this bill and was held on suspense in this committee.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081