ASSEMBLY THIRD READING
AB 1868 (Gallagher)
As Introduced February 11, 2026
Majority vote

SUMMARY

Requires the Department of Public Health (DPH), on or before January 1, 2030, to update the regulation requiring a general acute care hospital (GACH) providing cardiovascular operative service to have a minimum of three surgeons on the surgical team if the procedure requires extracorporeal bypass (use of a heart-lung machine) to reflect current professional standards of care.

COMMENTS

Coronary artery bypass grafting (CABG) and Extracorporeal bypass. Coronary artery bypass grafting (CABG), also called heart bypass surgery, is a medical procedure to improve blood flow to the heart. It may be needed when the arteries supplying blood to the heart, called coronary arteries, are narrowed or blocked. A doctor may recommend the surgery to lower the risk of a heart attack if a patient has coronary heart disease, or in an emergency to treat a severe heart attack. CABG uses healthy blood vessels from another part of the body and connects them to blood vessels above and below the blocked artery. This creates a new route for blood to flow that bypasses the narrowed or blocked coronary arteries. The blood vessels are usually arteries from the arm or chest, or veins from the legs. In traditional "open heart" CABG, the heart is stopped, and a heart-lung bypass machine (extracorporeal bypass) takes over the job of pumping blood throughout the body.

Perfusionists. Perfusion describes when fluids such as blood and lymph pass through tissue. A perfusionist is a professional who operates machinery when this process requires assistance, such as during heart surgery. A perfusionist works alongside the surgical team to care for people undergoing a heart procedure or those with critical illnesses requiring extracorporeal membrane oxygenation (ECMO). Perfusionists operate equipment that externally and temporarily replaces or assists the heart and lungs. A heart-lung machine allows a person to survive heart surgery that requires the heart to stop, while ECMO assists the heart and lungs when severe illness affects them. Perfusionists are not medical doctors. However, they work with doctors to protect a person's health during surgery and other medical procedures. Cardiovascular perfusionists usually work in the operating room. They may also care for people in the cardiovascular intensive care unit (ICU) or work in heart catheterization labs.

A perfusionist needs the following:

1) A bachelor's degree, usually in a scientific field such as biology certification from an accredited perfusion technology or extracorporeal technology program; and,

2) Certification from the American Board of Cardiovascular Perfusion to be a certified clinical perfusionist.

This process usually takes four to six years. A perfusionist will also need to meet state continuing education requirements that may include attending seminars or classes.

Title 22 Regulations regarding cardiovascular operative service. Current regulations require a minimum of three surgeons to constitute a surgical team for the performance of all cardiovascular operative procedures which require extracorporeal bypass. Anesthesia for cardiovascular procedures must be administered by a physician who is certified or eligible for certification by the American Board of Anesthesiology. The regulations also state that a physician who is certified or eligible for certification in cardiology by the American Board of Internal Medicine should be a member of the surgical team and should assist in monitoring the patient. The regulations additionally require two persons (registered nurses (RN) or cardiovascular technicians) to assist during the performance of all cardiac catheterization procedures. These personnel must be trained in the use of all instruments and equipment and be supervised by a physician.

Current Regulatory Timelines. This bill requires DPH, on or before January 1, 2030, to amend its regulations to be consistent with the provisions of this bill. According to DPH a regulation package takes three to five years to complete depending on the complexity of the package. There are currently 39 packages pending at DPH in total: 23 are active packages (two of which are emergency packages) and 16 are inactive. This number has the potential to increase with each legislative session as new bills are signed into law. The average cost to promulgate a regulation package is $448,071. DPH submitted a Budget Change Proposal (BCP) last year requesting $1,138,000 (ongoing) for a new team that will consist of six regulation writers and one manager to oversee them. Those positions were approved and are in the process of being filled.

Program Flexibility. Division 5 of Title 22 in the California Code of Regulations (CCR) contains the regulations that govern the different types of health facilities, home health agencies, and clinics. However, there a number of places in the Health and Safety Code which permit DPH to grant "program flexibility" to comply with the law in an alternate manner. For example, in the statutes governing primary and specialty clinics, the statutes permit applications for program flexibility for the use of "alternate concepts, methods, procedures, techniques, equipment, personnel qualifications, bulk purchasing of pharmaceuticals, or conducting of pilot projects as long as statutory requirements are met and the use has the prior written approval" of DPH. With regard to hospitals, there is similar explicit authority permitting DPH to grant program flexibility with regard to hospital building code requirements, among other provisions of law. DPH has a Program Flexibility page on its website for facilities to request program flexibility.

DPH does not anticipate any adverse events related to program flexibilities for Title 22, CCR, Section 70435 (b)(2) because those program flex approvals typically require two surgeons and a Physician Assistant or RN first assistant. DPH did not find any program flex approvals for one surgeon only.

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. The author concludes that it is high time for California to step up and modernize these standards.

Arguments in Support
The California Hospital Association (CHA) supports this bill and states that for Californians with life-threatening heart conditions such as heart attacks, heart failure, and strokes, cardiac surgery is the difference between life and death. Ensuring the regulations that govern these lifesaving

procedures reflect modern care delivery is key to protecting high-quality patient care. CHA states that the practical solution in this bill would require DPH to update regulations for cardiac surgery teams in general acute care hospitals to reflect current professional standards.

Enloe Health supports this bill and notes that medical literature has clearly established that deferring necessary cardiovascular surgery can have serious consequences. One study on coronary artery bypass graft surgery found that when the procedure is delayed, "cardiac events are frequent and tend to occur early." In addition, waiting for surgery can create significant psychological stress, increasing the risk of depression and anxiety among patients and their families. Enloe Health concludes that by eliminating the unnecessary and burdensome three-surgeon requirement, the bill helps ensure timely access to care, supports hospital efficiency, and maintains the high standard of safety that patients deserve. Open-heart surgery, while still complex, is no longer an experimental procedure. It is time our laws reflect that reality.

The Society of Thoracic Surgeons (STS) supports this bill and states that California currently requires three board-certified cardiothoracic surgeons to be present or immediately available for cardiac surgical procedures that require extracorporeal bypass to maintain state licensure. While this requirement was originally implemented with patient safety in mind, it has not kept pace with current standards of surgical care, advancements in technology, or evolving team-based models. More importantly, it has become a significant financial obstacle for hospitals in rural and smaller communities where it is extremely difficult to attract and retain three full-time cardiothoracic (CT) surgeons.

Arguments in Opposition
None on file.

FISCAL COMMENTS

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

VOTES

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0
YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

UPDATED

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