
SENATE COMMITTEE ON HEALTH

Senator Akilah Weber Pierson, Chair

BILL NO: AB 1868
AUTHOR: Hadwick
VERSION: June 8, 2026
HEARING DATE: June 24, 2026
CONSULTANT: Vincent D. Marchand

SUBJECT: Health facilities: cardiac surgery

SUMMARY: Requires the California Department of Public Health, by January 1, 2030, to update a specified paragraph of a regulation, which requires three surgeons to constitute a surgical team for the performance of all cardiovascular surgeries which require extracorporeal bypass, to reflect current professional standards of care.

Existing law:

- 1) Licenses and regulates general acute care hospitals by the California Department of Public Health (CDPH), and in addition to the basic services offered under that license, permits general acute care hospitals to seek approval from CDPH to offer special services, including cardiac surgery and cardiac catheterization laboratory services. [HSC §1250 and §1255]
- 2) Requires CDPH to adopt standards for special services and other regulations as may be necessary to implement the approval of special services of a general acute care hospital. [HSC §1255(c)]
- 3) Defines “cardiac surgery” as surgery on the heart or great vessels requiring a thoracotomy and extracorporeal circulation, and defines “cardiovascular surgery service” as a program of a general acute care hospital which has the capability of performing cardiac catheterizations and cardiac surgery. Prohibits a cardiac surgery service without a cardiac catheterization laboratory service. [HSC §1255.5(b) and (c)]
- 4) Requires CDPH, for cardiac catheterization laboratory services, to adopt standards and regulations that specify that only diagnostic services, and which diagnostic services, may be offered by an acute care hospital that is approved to provide cardiac catheterization laboratory service, but is not also approved to provide cardiac surgery service. [HSC §1255(d)]
- 5) Establishes the Elective Percutaneous Coronary Intervention (Elective PCI) Program in CDPH to certify general acute care hospitals that do not offer cardiac surgery services but are licensed to provide cardiac catheterization laboratory services, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients. [HSC §1256.01]

Existing California regulations:

- 1) Establish requirements for approval of a cardiovascular surgery service at a general acute care hospital, including surgery service staff, equipment and supplies, cardiac catheterization laboratory service requirements, and surgery service space requirements. [22 CCR §70431, et seq.]

- 2) Require, under cardiovascular operative service staff requirements, a physician certified or eligible for certification by the American Board of Thoracic Surgery or the American Board of Surgery with training and experience in cardiovascular surgery to have overall responsibility for the service. [22 CCR §70435(b)(1)]
- 3) Requires, under cardiovascular operative service staff requirements, a minimum of three surgeons to constitute a surgical team for the performance of all cardiovascular operative procedures which require extracorporeal bypass, at least one of which needs to meet the requirements in existing regulations 2) above. [22 CCR §70435(b)(2)]
- 4) Requires anesthesia for cardiovascular procedures to be administered by a physician certified or eligible for certification by the American Board of Anesthesiology, and specifies 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. [22 CCR §70435(b)(3) and (4)]
- 5) Requires clinical perfusionists to operate the extracorporeal equipment under the immediate supervision of the cardiovascular surgeon or cardiologist. [22 CCR §70435(b)(5)]

This bill: Requires CDPH, by January 1, 2030, to update a specified paragraph of a regulation, which requires three surgeons to constitute a surgical team for the performance of all cardiovascular surgeries which require extracorporeal bypass, to reflect current professional standards of care.

FISCAL EFFECT: According to the Assembly Appropriations Committee, CDPH estimates annual costs of \$247,000 per year for three years to promulgate medium-complexity regulations (Licensing and Certification Fund).

PRIOR VOTES:

Assembly Floor:	75 - 0
Assembly Appropriations Committee:	15 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

- 1) *Author’s statement.* According to the author, this bill is attempting to address access to healthcare for Californians by updating a state regulation as it relates to cardiovascular surgery involving extracorporeal bypass. Modernizing the regulations for extracorporeal bypass would help rural hospitals, who are underfunded and understaffed and working towards providing more access to healthcare.
- 2) *What is extracorporeal bypass?* “Extracorporeal” refers to any medical procedure, device, or process that occurs, originates, or is based outside of the living body. It typically involves temporarily removing a bodily fluid, like blood, treating or processing it externally, and returning it to the body. A dialysis machine is an example of an extracorporeal process. Extracorporeal bypass, or cardiopulmonary bypass, is a procedure that diverts blood circulation away from your heart and lungs, and is a routine part of many heart surgeries. Instead of flowing through your heart and lungs, your blood drains into a machine outside of your body, which takes over the jobs of your heart and lungs, including adding oxygen to your blood, removing carbon dioxide, and then pumping this refreshed blood back into your

body. While on the machine, patients are given medication that temporarily stops the heart from beating. This is sometimes referred to as being “on the pump,” and allows the surgeon to work in a still and bloodless space. People who have the following surgeries may need cardiopulmonary bypass: coronary artery bypass grafting, aneurysm surgery, heart transplant, heart valve surgery, and lung transplants. However, some open-heart surgeries are done using “off-pump bypass surgery,” where a surgeon uses a device to stabilize the heart during surgery. Because the heart still beats during the surgery, another name for off-pump surgery is “beating heart” surgery.

- 3) *Background provided by author.* According to information provided by the author, California is the only state to require three surgeons every time extracorporeal bypass is performed. Ohio and Illinois require two surgeons, and no other state requires more than one. The author points out that while California requires three surgeons, not all of them are required to be cardiac or thoracic surgeons. Only one of the three surgeons must be certified by the American Board of Thoracic Surgery or the American Board of Surgery with training and experience in cardiovascular surgery. This means that even though three surgeons must be present, two out of the three surgeons may not have experience in cardiovascular surgery. The author argues that this requirement strains rural hospitals in particular, which may not have three surgeons on staff and are often underfunded and understaffed. Anecdotally, the author has heard that some hospitals have sometimes flown a third surgeon in to perform cardiovascular surgery.
- 4) *Study on use of physician assistants (PA) as surgery assistants.* One of the supporters of this bill, Enloe Medical Center in Chico, published a report in 2012 in the *Journal of the American Academy of Physician Associates* on the results of a retrospective study of all patients undergoing cardiac surgery over a four-year period at Enloe Medical Center. There were 956 surgical cases, of which surgeons first-assisted on 78% of the cases, while PAs first-assisted on 22% of cases. Risk scores for the two cohorts were virtually identical. Approximately one-third of the cases in the Doctor of Medicine cohort did not require extracorporeal bypass, while two-thirds of the PA cohort cases did not require extracorporeal bypass (according to the report, “off-pump” bypass is generally considered more technically difficult than bypass utilizing extracorporeal bypass). The higher use of PAs for off-pump bypass procedures was attributed to the California regulations requiring a three-surgeon team for extracorporeal bypass. While the study showed some differences between the two cohorts, such as both time in operating room and skin-to-skin incision time was shorter for the PA-assisted cases, differences were attributed to the higher proportion of off-pump surgeries for the PA cohort. All other performance factors and complications were found to not be significant, and while the study noted that this was a small sample size and was a single-site retrospective study, it suggested that PAs provide safe and efficient care as first assistants, and that a randomized controlled trial should be conducted to further test this hypothesis.
- 5) *Prior legislation.* SB 1464 (Ashby, Chapter, Statutes of 2024) made clarifying and conforming changes regarding the Elective Percutaneous Coronary Intervention Program by deleting an outdated reference to hospitals that are licensed to provide “urgent and emergent” cardiac catheterization services, and by deleting language limiting cardiac catheterization laboratory services to only diagnostic services when the hospital is not approved to provide cardiac surgery services.

SB 906 (Correa, Chapter 368, Statutes of 2014) establishes the Elective PCI Program at

CDPH to certify general acute care hospitals that are licensed to provide cardiac catheterization laboratory service in California, and that meet prescribed, additional criteria, to perform scheduled, elective PCI.

SB 357 (Correa, Chapter 202, Statutes of 2013) extended the January 1, 2014 sunset date for the PCI Pilot Program to January 1, 2015, and required the final report by the PCI Pilot Program oversight committee to be completed by November 30, 2013, rather than at the conclusion of the pilot program.

SB 891 (Correa, Chapter 295, Statutes of 2008) enacts the PCI Pilot Program to allow CDPH to authorize up to six general acute care hospitals that are licensed to provide cardiac catheterization laboratory service in California, and that meet specified requirements, to perform scheduled, elective percutaneous transluminal coronary angioplasty and stent placement for eligible patients without onsite cardiac surgery.

- 6) *Support.* Enloe Medical Center states in support that the regulation requiring three surgeons to be physically present for cardiovascular surgeries was put in place decades ago, and no longer reflects current clinical practice, surgical safety, or the staffing realities of modern hospitals. What was once considered highly experimental has evolved into a standardized, reliable practice supported by sophisticated equipment, improved protocols, and highly trained teams that include PAs, nurse practitioners, perfusionists, and specialized surgical staff. Despite this progress, California hospitals are still required to secure three surgeons for every such procedure, which imposes a logistical and financial strain, especially in smaller or rural hospitals. The California Chapter of the American College of Cardiology states in support that this bill provides a practical solution by requiring CDPH to review and update its regulations as needed to align with modern medical advancements and clinical best practices, noting that current rigid staffing requirements can strain hospital resources, and that by aligning state law with contemporary standards, hospital can more efficiently manage surgical teams. The Society of Thoracic Surgeons states in support that the regulatory requirement for three surgeons has not kept pace with current standards of surgical care or evolving team-based models. By allowing qualified programs to operate with fewer than three full-time surgeons under appropriate protocols, this bill will enable hospitals in rural and medically underserved communities to provide essential surgical services closer to home.

SUPPORT AND OPPOSITION:

Support: Association of California Healthcare Districts
 California Chapter American College of Cardiology
 California Hospital Association
 Enloe Medical Center
 The California Baptist Capitol Ministry
 The Society of Thoracic Surgeons

Oppose: None received