Date of Hearing: March 24, 2026
Chief Counsel: Andrew Ironside

ASSEMBLY COMMITTEE ON PUBLIC SAFETY
Nick Schultz, Chair

AB 2593 (Elhawary) – As Introduced February 20, 2026

SUMMARY: Prohibits the California Department of Corrections and Rehabilitation (CDCR) from denying medically necessary health care prescribed by a licensed health care provider. Specifically, **this bill**:

1) Prohibits a supervisor, administrator, or employee of CDCR from knowingly interfering with or refusing to implement health care prescribed or determined to be medically necessary by a licensed health care provider acting within the scope of their licensure that results in substantial emotional distress or serious bodily injury.

2) Defines "serious bodily injury" as a serious impairment of physical condition, including, but not limited to, the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of function of any bodily member or organ; a wound requiring extensive suturing; and serious disfigurement.

EXISTING LAW:

1) Establishes the Secretary of CDCR and vests responsibility for the care, custody, treatment, training, discipline, and employment of persons confined in state prisons. (Pen. Code, § 5054.)

2) Authorizes CDCR to provide medically and psychologically necessary services, including prescreening for mental disorders, competency evaluations related to classification hearings, and evaluations relating to parole determinations. (Pen. Code, § 5058.5.)

3) Requires the Director of Corrections maintain psychiatric and diagnostic clinics within state correctional institutions staffed by licensed mental health professionals. These clinics are responsible for conducting evaluations and studies of incarcerated individuals, including their life history, causes of criminal behavior, and recommendations for treatment, training, and rehabilitation, subject to approval by the director. (Pen. Code, § 5079.)

4) Provides that patients shall be provided an opportunity to report an illness or any other health problem and receive an evaluation of the condition and medically necessary treatment and follow-up by health care staff. (Cal. Code Regs., tit. 15, § 3999.206.)

5) Defines "medically necessary" as health care services that are determined by the attending or primary medical, mental health, or dental care provider to be needed to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data or clinical evidence as being an effective health care service for the purpose intended or in the absence of available health outcome data is judged to be necessary and is supported by

diagnostic information or specialty consultation. (Cal. Code Regs., tit. 15, § 3999.98.)

6) Defines "health care services" as medical, mental health, dental, pharmaceutical, diagnostic and ancillary services to identify, diagnose, evaluate, and treat a medical, mental health, or dental condition. (Cal. Code Regs., tit. 15, § 3999.98.)

7) Defines "health care provider" as a Medical Doctor, Doctor of Osteopathy, Doctor of Podiatric Medicine, Clinical Psychologist, Dentist, Clinical Social Worker, NP, or PA. (Cal. Code Regs., tit. 15, § 3999.98.)

8) Defines "health care staff" as those persons licensed by the state to provide health care services, who are employed by CDCR or are working under direct or indirect contract with CDCR to provide health care services. (Cal. Code Regs., tit. 15, § 3999.98.)

9) Defines "licensed medical provider" means CME, Deputy Medical Executive, Chief Physician and Surgeon, Physician and Surgeon, NP, PA, Nurse Anesthetist, Podiatrist, and Specialty Consultant Practitioners. (Cal. Code Regs., tit. 15, § 3999.98.)

10) Requires CDCR to provide patients with the health care services that are medically necessary. (Cal. Code Regs., tit. 15, § 3999.200(a).)

11) Provides that medically necessary health care services may be subject to approval or disapproval by the licensed medical, mental health or dental care supervisors, as specified. (Cal. Code Regs., tit. 15, § 3999.200(a).)

12) Provides that patients shall be provided an opportunity to report an illness or any other health problem and receive an evaluation of the condition and medically necessary treatment and follow-up by health care staff. (Cal. Code Regs., tit. 15, § 3999.206.)

13) Provides that treatment refers to attempted curative health care services and does not preclude palliative therapies to alleviate serious debilitating conditions such as pain management and nutritional support. (Cal. Code Regs., tit. 15, § 3999.200(b).)

14) Prohibits CDCR from providing the following:

    a) Treatment for conditions that improve on their own without treatment.

    b) Treatment for conditions that are judged to inadequately respond to treatment including, but not limited to, the following: Temporomandibular joint dysfunction; shrinkage and atrophy of the bony ridges of the jaws; benign root fragments whose removal would cause greater damage or trauma than if retained for observation; benign oral lesions; traumatic oral ulcers; or recurrent aphthous ulcers.

    c) Treatment for conditions that are cosmetic.

    d) Surgery that is not medically necessary including, but not limited to, the following: Vasectomy; tubal ligation; extractions of asymptomatic teeth or root fragments unless required for a dental prosthesis, or for the general health of the patient's mouth; removal of a benign bony enlargement (torus) unless required for a dental prosthesis; or surgical

extraction of asymptomatic un-erupted teeth.

e) Treatment that has no established outcome on morbidity or improved mortality for acute health care conditions including, but not limited to, the following: Root canals on posterior teeth (bicuspids and molars); dental implants; fixed prosthodontics (dental bridges); laboratory processed crowns; or orthodontics. (Cal. Code Regs., tit. 15, § 3999.200(b)(1)-(5).)

15) Provides that excluded treatment may be provided in cases where the following criteria are met:

a) The patient's attending or primary medical, mental health, or dental care provider(s) prescribes the treatment as medically necessary; and,

b) The treatment is approved by the Dental Authorization Review Committee and the Dental Program Health Care Review Committee for dental treatment, or the institutional Utilization Management (UM) Committee and the headquarters UM Committee for medical or mental health treatment. The decision to approve an otherwise excluded treatment shall be based on available health care outcome data or clinical evidence supporting the effectiveness of the treatment. (Cal. Code Regs., tit. 15, § 3999.200(c)(1)-(2).)

16) Provides that all terminally ill patients remaining in CDCR custody will receive health care appropriate and necessary to their situation, including counseling, hospice and palliative care. (Cal. Code Regs., tit. 15, § 3999.200(d).)

17) Provides that patients in the custody of CDCR shall not be provided aid-in-dying drugs, as specified. (Cal. Code Regs., tit. 15, § 3999.200(d).)

18) Prohibits CDCR employees, independent contractors, or other persons or entities, including other health care providers, from participating in activities under the End of Life Option Act on CDCR premises managed by or under the direct control or management of CDCR or while acting within the course and scope of any employment by, or contract with, CDCR. (Cal. Code Regs., tit. 15, § 3999.200(d).)

19) Provides that each CDCR facility shall maintain contractual arrangements with local off-site agencies for those health services deemed to be medically necessary, as defined, and that are not provided within the facility. Such services may include medical, surgical, laboratory, radiological, dental, and other specialized services likely to be required for a patient's health care. (Cal. Code Regs., tit. 15, § 3999.200(e).)

20) Provides that, when medically necessary services are not available for a patient within a facility, the facility's Chief Medical Executive or Supervising Dentist may request the institution head's approval to temporarily place that patient in a community medical facility for such services. (Cal. Code Regs., tit. 15, § 3999.200(f).)

21) Provides that, in an extreme emergency when a physician is not on duty or immediately available, the senior custodial officer on duty may, with assistance of on-duty health care staff, place a patient in a community medical facility. Such emergency action shall be

reported to the facility's administrative and medical officers-of-the-day as soon as possible. (Cal. Code Regs., tit. 15, § 3999.200(g).)

FISCAL EFFECT: Unknown

COMMENTS:

1) **Author's Statement**: According to the author, "For far too long, the voices of our incarcerated patients and the medical professionals who care for them have been pushed aside. Doctors and providers inside our prisons are often prevented from exercising their professional judgment, We have seen where that leads. It's one of the reasons California's prison health care system ended up in federal receivership in the first place—because medical decisions were being ignored and providers were forced to practice in ways that didn't serve their patients.

   "AB 2593 is about fixing that. It's about making sure the people trained to provide care can actually do their jobs and make decisions based on current medical standards. When we incarcerate someone, we take the responsibility of their care. The least we can do is make sure the professionals responsible for that care are able to practice medicine the way it's meant to be practiced."

2) **Need for the Bill**: According to information provided by the author, "Physicians who have been providing high quality community standard of care to our most disenfranchised populations have historically been undermined and stymied by management and/or leadership to the detriment of the patients. Physicians working within CDCR have had their professional judgment interfered with and overridden by management. This has resulted in the PERB ruling in favor of CDCR physicians who had their professional judgment suppressed and overridden regarding the treatment of Substance Use Disorder Treatment. Physicians expressed that they did not have the necessary education and training at the time to be able to prescribe medications like Suboxone across the board. In the past, mental health professionals had primarily overseen treatment for SUD and patients' other mental health needs; CCHCS significantly changed duties and increased workload by requiring PCPs to take on primary responsibility for SUD, a complex, immediately life-threatening mental health condition.

   "CDCR intentionally refused to bargain in good faith regarding the potential impacts the implementation of the Integrated Substance Use Disorder Treatment (ISUDT) would have on not only the continuum of care for this medically fragile patient population, but moreover the increased liability it would create for prescribing physicians."

   This bill would prohibit a supervisor, administrator, or employee of CDCR from knowingly interfering with or refusing to implement health care prescribed or determined to be medically necessary by a licensed health care provider acting within the scope of their licensure that results in substantial emotional distress or serious bodily injury. Under existing CDCR regulations, "medically necessary" means health care services that are determined by the attending or primary medical, mental health, or dental care provider to be needed to protect life, prevent significant illness or disability, or alleviate severe pain, and are supported by health outcome data or clinical evidence as being an effective health care service for the purpose intended or in the absence of available health outcome data is judged

to be necessary and is supported by diagnostic information or specialty consultation. (Cal. Code Regs., tit. 15, § 3999.98.)

This bill defines "serious bodily injury" as a serious impairment of physical condition, including, but not limited to, the following: loss of consciousness; concussion; bone fracture; protracted loss or impairment of function of any bodily member or organ; a wound requiring extensive suturing; and serious disfigurement. Notably, this bill does not define "substantial emotional distress."

3) **Argument in Support**: According to *AFSCME*, a co-sponsor of this bill: "AB 2593 establishes an important safeguard by making clear that supervisors, administrators, or employees of CDCR may not knowingly interfere with or refuse to implement treatment that has been prescribed or determined to be medically necessary by a licensed health care provider acting within the scope of their licensure when doing so results in serious harm. This protection reinforces a fundamental principle of health care: medical decisions should be made by qualified medical professionals based on clinical judgment and patient needs.

   "In correctional settings, physicians and psychiatrists must often navigate institutional pressures, operational constraints, and administrative oversight while still upholding their professional and ethical obligations to provide appropriate care. When non-medical personnel interfere with treatment decisions, it can jeopardize patient safety, undermine the professional integrity of medical providers, and expose the state to significant legal and financial risk.

   "By ensuring that licensed medical professionals retain authority over medically necessary care, AB 2593 helps strengthen the integrity of the correctional health care system and supports providers in fulfilling their duty to deliver appropriate treatment. This clarity in law will help protect both patients and the physicians and psychiatrists who care for them."

4) **Argument in Opposition**: According to *California Civil Liberties Advocacy*, "California law does not recognize "substantial emotional distress" as a defined legal term of art. Instead, courts and the Judicial Council have developed well-established definitions for related—but distinct—standards, including "severe emotional distress" and "serious emotional distress." For example, the Judicial Council's Civil Jury Instructions define "severe emotional distress" as distress that "is not mild or brief; it must be so substantial or long-lasting that no reasonable person in a civilized society should be expected to bear it."

   "Similarly, California law defines "serious emotional distress" in negligence contexts as distress that an "ordinary, reasonable person would be unable to cope with."

   "And longstanding California case law equates "severe emotional distress" with distress of such "substantial quality or enduring quality that no reasonable [person]… should be expected to endure it." (Fletcher v. Western National Life Ins. Co. (1970) 10 Cal. App.3d 376, 397; quoted in CACI No. 1600.).

   "Against this backdrop, the bill's use of the phrase "substantial emotional distress" is both novel and undefined. This creates a fundamental ambiguity:

i) It could be interpreted as less than "severe" or "serious" emotional distress, thereby expanding liability beyond existing tort standards; or

ii) It could be interpreted as coextensive with or even greater than those standards, depending on judicial construction.

"Absent a statutory definition or clear legislative intent, courts will be forced to resolve this ambiguity on a case-by-case basis. California appellate courts have repeatedly cautioned against precisely this type of indeterminate standard, particularly in the emotional distress context, where unclear thresholds can lead to inconsistent results and "burdensome case-by-case analysis." (See Thing v. La Chusa (1989) 48 Cal. 3d 644, 663–664.).

"The result here would likely be a proliferation of litigation over the meaning of a single phrase—an outcome that undermines both judicial efficiency and legislative clarity.

"For these reasons, we respectfully request the following amendment:

1. Define "substantial emotional distress" explicitly in the statute, including objective criteria; or

2. Replace the phrase with an existing, well-defined legal standard, such as "severe emotional distress," and incorporate the Judicial Council definition by reference.

"Either approach would provide courts, correctional staff, and litigants with clear guidance and align the bill with established California law.

"Without such clarification, AB 2593 risks creating uncertainty in application, inconsistent judicial outcomes, and expanded litigation over definitional questions that the Legislature is better positioned to resolve."

5) **Related Legislation**:

a) AB 1922 (Lowenthal) would prohibit the use of mechanical restraints on an incarcerated person or juvenile who is admitted to a hospital and receiving care. AB 1922 is pending a hearing in this committee.

b) AB 2259 (Ransom) would establish a pilot program at two CDCR facilities for the provision of mental health therapy either through virtual therapy or contracted license mental health providers. AB 2259 is pending hearing in this committee.

6) **Prior Legislation**:

a) AB 1424 (C. Rodriguez), of the 2025-2026 Legislative Session, would have required CDCR to make infrastructure upgrades to CDCR facilities to mitigate the effects of excessive weather and natural disasters. AB 1424 was held in suspense in the Assembly Appropriations Committee.

b) AB 701 (Ortega), of the 2025-2026 Legislative Session, would have required the Department of Justice (DOJ) to study the use of solitary confinement in all jails, prisons,

and private detention facilities operating within the State of California. AB 701 was held in suspense in the Assembly Appropriations Committee.

c) AB 280 (Holden), of the 2023-2024 Legislative Session, would have required all detention facilities to impose no limitation on services, treatment, or basic needs such as bedding, clothing and food for individuals in segregated confinement. AB 280 died on the inactive file in the Assembly.

d) AB 353 (Jones-Sawyer), Chapter 429, Statutes of 2023, would require incarcerated persons to be permitted to shower at least every other day, unless access to a shower is prohibited as specified.

e) AB 2321 (Jones-Sawyer), Chapter 781, Statutes of 2022, limits the use of juvenile room confinement and ensures that minors and wards confined at juvenile facilities are provided reasonable access to toilets at all hours.

f) AB 2632 (Holden), of the 2021-2022 Legislative Session, would have required all detention facilities to impose no limitation on services, treatment, or basic needs such as bedding, clothing and food for individuals in segregated confinement. AB 2632 was vetoed.

REGISTERED SUPPORT / OPPOSITION:

Support

Union of American Physicians and Dentists. Afscme, Local 206 (Sponsor)
ACLU California Action
American Federation of State, County and Municipal Employees, Afl-cio
California Public Defenders Association
Disability Rights California

Opposition

California Civil Liberties Advocacy

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