Office of Senate Floor Analyses
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THIRD READING

Bill No: AB 2593
Author: Elhawary (D)
Amended: 6/25/26 in Senate
Vote: 21

SENATE PUBLIC SAFETY COMMITTEE: 6-0, 6/23/26
AYES: Arreguín, Seyarto, Caballero, Cortese, Pérez, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/13/26
AYES: Cervantes, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 78-0, 5/26/26 - See last page for vote

SUBJECT: Corrections: treatment of prisoners

SOURCE: Union of American Physicians and Dentists; AFSCME, Local 206

DIGEST: This bill prohibits the California Department of Corrections and Rehabilitation (CDCR) from denying medically necessary health care prescribed by a licensed health care provider.

ANALYSIS:

Existing Law:

1) Establishes the position of Secretary of CDCR and vests the Secretary with responsibility for the care, custody, treatment, training, discipline, and employment of persons confined in state prisons. (Penal [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 to maintain psychiatric and diagnostic clinics within state correctional institutions staffed by licensed mental health professionals. States that 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) Requires that patients 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 are 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, Nurse Practitioner (NP), or Physician Assistant (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" to mean Chief Medical Executive, 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) States that medically necessary health care services may be subject to approval or disapproval by the licensed medical, mental health, or dental care supervisors, or one or more of the following committees, including subcommittees thereof:

- Institutional Utilization Management (UM) Committee.
- Headquarters UM Committee.
- Statewide Medical Authorization Review Team.
- Dental Authorization Review Committee.
- Dental Program Health Care Review Committee. (Cal. Code Regs., tit. 15, § 3999.200(a).)

12) States 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).)

13) Prohibits CDCR from providing the following:

- Treatment for conditions that improve on their own without treatment.
- 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.
- Treatment for conditions that are cosmetic.
- 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.

- 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).)

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

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

- The treatment is approved by the Dental Authorization Review Committee and the Dental Program Health Care Review Committee for dental treatment, or the institutional 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).)

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

16) Prohibits patients in the custody of CDCR from being provided aid-in-dying drugs, as specified. (Cal. Code Regs., tit. 15, § 3999.200(d).)

17) 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).)

18) Requires that each CDCR facility 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. States that 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).)

19) Authorizes, when medically necessary services are not available for a patient within a facility, the facility's Chief Medical Executive or Supervising Dentist to 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).)

20) Authorizes 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. Requires that such emergency action 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).)

This bill:

1) Prohibits a supervisor, administrator, or employee of CDCR from knowingly countermanding, changing, 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, where such action results in substantial emotional distress or serious bodily injury.

2) Defines "serious bodily injury" to mean a medically diagnosed serious impairment of physical condition, including, but not limited to, acute or protracted loss or impairment of function of any bodily member or organ.

3) Defines "substantial emotional distress" to mean medically or psychiatrically diagnosed mental or emotional suffering that is acute, chronic, or protracted, or a condition that requires inpatient psychiatric treatment.

Background:

In September of 2018, a federal receiver directed the California Correctional Health Care Services (CCHCS) to implement a Medication-Assisted Treatment (MAT) program for inmates with substance use disorders (SUD). CCHCS developed a plan to do so as part of an overall Integrated Substance Use Disorder Treatment program (ISUDT). The 2019-2020 state budget allocated $71.3 million

to the ISUDT program, and the 2020-2021 budget allocated $161.9 million to the program.

The primary SUD medication for inmates in the ISUDT and MAT programs is Suboxone, often prescribed for inmates with opioid use disorder. At this time, providers lacking waivers from the federal Drug Enforcement Administration could not prescribe Suboxone beyond three-day "bridge" orders. CDCR required all primary care providers to participate in implementation of the program. 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; but were required to by CDCR policy. They argued that 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 primary care providers to take on primary responsibility for SUD, a complex, immediately life-threatening mental health condition.

In 2022, the California Public Employment Relations Board (PERB) ruled that CDCR and CCHCS violated labor laws when implementing statewide substance use treatment initiatives. Specifically, the Board ruled that CDCR made unilateral changes by forcing unionized providers—represented by the Union of American Physicians and Dentists, AFSCME Local 206, also the sponsors of this bill—to implement the ISUDT program and MAT program at CDCR facilities, without bargaining with the union as legally required, thereby increasing workloads without implementing pay increases.

This bill prohibits a supervisor, administrator, or employee of CDCR from knowingly countermanding, changing, 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, where such action results in substantial emotional distress or serious bodily injury.

This bill defines "serious bodily injury" to mean a medically diagnosed serious impairment of physical condition, including, but not limited to, acute or protracted loss or impairment of function of any bodily member or organ. This bill defines "substantial emotional distress" to mean medically or psychiatrically diagnosed mental or emotional suffering that is acute, chronic, or protracted, or a condition that requires inpatient psychiatric treatment.

Existing CDCR regulations require that patients 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.) "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.) Medically necessary health care services may be subject to approval or disapproval by CDCR's licensed medical, mental health, or dental care supervisors, as specified. (Cal. Code Regs., tit. 15, § 3999.200(a).)

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

The Senate Appropriations Committee writes:

Likely major annual costs to CDCR to comply with the requirements of the bill. (General Fund). Potentially significant annual costs to the Department of Justice for litigation when the CDCR is sued for failing to implement prescribed health care. (General Fund). Unknown, potentially significant costs to the courts to adjudicate new filings.

SUPPORT: (Verified 8/13/26)

Union of American Physicians and Dentists; AFSCME, Local 206 (source)
A New Way of Life Re-entry Project
ACLU California Action
American Federation of State, County and Municipal Employees, AFL-CIO
California Public Defenders Association
Disability Rights California
Ella Baker Center for Human Rights
GRIP Training Institute
San Quentin Skunkworks.

OPPOSITION: (Verified 8/13/26)

None received

ASSEMBLY FLOOR: 78-0, 5/26/26
AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary,

Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NO VOTE RECORDED: Muratsuchi, Celeste Rodriguez

Prepared by: Marshal Lawler / PUB. S. /
8/14/26 10:23:50

****** END ******