
THIRD READING

Bill No: AB 849
Author: Soria (D), et al.
Amended: 8/29/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 8-0, 7/16/25

AYES: Menjivar, Durazo, Gonzalez, Limón, Padilla, Richardson, Rubio, Wiener

NO VOTE RECORDED: Valladares, Grove, Weber Pierson

SENATE APPROPRIATIONS COMMITTEE: 5-0, 8/29/25

AYES: Caballero, Cabaldon, Grayson, Richardson, Wahab

NO VOTE RECORDED: Seyarto, Dahle

ASSEMBLY FLOOR: 64-1, 6/2/25 - See last page for vote

SUBJECT: Health providers: medical chaperones

SOURCE: Author

DIGEST: This bill requires a provider of ultrasound examinations to make a medical chaperone available upon a patient's request when the examination is of a sensitive area.

ANALYSIS:

Existing law:

- 1) Licenses and regulates various types of health facilities by the California Department of Public Health (CDPH), including hospitals, skilled nursing facilities (SNFs), Intermediate Care Facilities (ICFs) of different types, Congregate Living Health Facilities (CLHFs), and hospice facilities. Licenses and regulates clinics, including primary care clinics and specialty clinics, by CDPH. [Health and Safety Code (HSC) §1250 and §1200, et seq.]

- 2) Establishes the Radiological Technology Act, administered by the Radiologic Health Branch (RHB) of CDPH, to establish standards of education, training, and experience for persons who use x-rays on human beings and to prescribe means for assuring that these standards are met. [HSC §114840, et seq.]
- 3) Requires any licensed health facility that provides prenatal screening ultrasound to detect congenital heart defects to require that the ultrasound be performed by a sonographer who is nationally certified in obstetrical ultrasound by the American Registry for Diagnostic Medical Sonography (ARDMS), nationally certified in cardiac sonography by Cardiovascular Credentialing International (CCI), or credentialed in sonography by the American Registry of Radiologic Technologists (ARRT). [HSC §1264]

This bill:

- 1) Requires a provider that offers a sensitive examination to provide notice to patients that a medical chaperone will be made available upon a patient's request to assist or observe the sensitive examination. Makes this requirement effective beginning on January 1, 2027. Requires the notice to be provided in any of the following methods:
 - a) A hard copy provided to the patient, or their legal guardian, in person at a visit;
 - b) An electronic transmission, including, but not limited to, a text message or email to the patient or their legal guardian prior to or during the visit; or,
 - c) Verbally to the patient, or their legal guardian, either prior to or in person at a visit, with documentation of the offer in the patient's health record.
- 2) Defines "provider" as a general acute care hospital; a clinic, as specified; or as having the same definition of provider for purposes of the Office of Health Care Affordability, which does not include individual licensed health professionals, but includes, in addition to hospitals and clinics, any of the following that deliver or furnish health care services: a physician organization comprised of 25 or more physicians; an ambulatory surgical center; a clinical laboratory; or, an imaging facility that employs persons subject to the Radiation Control Law or the Radiologic Technologists Act. Excludes any facility owned or operated by the Department of Corrections and Rehabilitation.
- 3) Defines "medical chaperone" as a trained employee of a provider who assists or observes during the portion of a visit that includes a sensitive examination.

- 4) Defines “sensitive examination” as an ultrasound examination performed by a sonographer of any of the following areas:
 - a) Genitalia;
 - b) Breast;
 - c) Rectum; and,
 - d) An ultrasound examination of the pubic or groin region.
- 5) Defines “sonographer,” also known as “ultrasound technologist” or “sonologist,” as any nonphysician who is a sonography technician whose primary duties consist of performing diagnostic medical ultrasounds and who is qualified by national certification or academic or clinical experience to perform diagnostic medical ultrasounds. Specifies that national certification includes ARDMS, CCI, or ARRT.
- 6) Specifies the provider has the right to decline performing a sensitive examination in the absence of a medical chaperone if a patient does not request a medical chaperone but the provider determines, for any reason, that a medical chaperone must be present.
- 7) Requires a provider that performs a sensitive examination to a patient receiving emergency services and care to inform the patient, when feasible, that a medical chaperone will be made available upon request to assist or observe the sensitive examination.
- 8) Requires a provider, in the event a medical chaperone is unavailable at the time of the sensitive examination, to coordinate with the patient to find an acceptable alternative, which may include, but is not limited to, waiting without undue delay for a medical chaperone to become available.
- 9) Requires a provider to educate sonographers and clinical and nonclinical staff who may serve as a medical chaperone about appropriate observational and intervention techniques, how to properly drape a patient, the importance of neutrality, and reporting procedures for any inappropriate behaviors observed or communicated by the patient.
- 10) Requires a provider, if a patient requests a medical chaperone, to provide a medical chaperone for the entirety of an ultrasound examination if any portion of the ultrasound examination is a sensitive examination, and requires the

provider to document the medical chaperone's presence in the patient's medical record.

Comments

According to the author of this bill:

The medical sector has seen several recent high profile cases across the state of serial sexual abuse in hospitals where medical professionals have preyed on patients under the guise of providing medical care. Many hospitals utilize chaperones during sensitive examinations in an effort to protect patients, but policies can vary widely, and training of chaperones is not always to the highest standard required to protect patients. At Memorial Hospital Los Banos, an ultrasound technician allegedly abused at least ten women over the course of multiple years during sensitive examinations, with many abuses happening either during unchaperoned examinations, after the technician dismissed a chaperone, or with a chaperone present but uninvolved due to receiving no chaperone training. This bill creates a requirement that patients be notified that chaperones will be provided upon request for all sensitive ultrasound examinations. This bill also requires health facilities to educate chaperones on how to identify and intervene to halt any improper actions. Through these requirements, this bill provides for patient safety in places of healing, and ensures that the relationship between patients and medical providers is one of trust and transparency during the most vulnerable and sensitive medical examinations.

Background

This bill is in response to allegations of abuse by sonographer at a hospital in Los Banos. At Memorial Hospital Los Banos, a male ultrasound technician is alleged to have sexually abused at least ten women since 2020, and has been charged with four counts of sexual battery by fraud. According to a March 3, 2024 article in the *San Francisco Chronicle*, the women say the technician assaulted them when he was the sole ultrasound technician on duty overnight. Seven of these women filed lawsuits against the Sutter Health-owned hospitals, alleging that Sutter ignored or mishandled complaints about the technician. The complaints include inappropriate touching, and simulating sex with the ultrasound probe. The lawsuits include statements from a former hospital employee who complained to hospital administrators about the technician's actions. In one of the alleged incidents, a female chaperone was present, but the women alleged that the chaperone was looking at a cellphone throughout the procedure. In other cases, the technician was allowed to dismiss the chaperone midway through the exam. Some of the lawsuits

against Sutter Health have been settled, while others are ongoing. A trial is pending for the four cases of sexual battery charged by the Merced County District Attorney.

Guidelines and policies on sensitive examinations and use of chaperones. A number of health systems and professional associations have policies or guidelines when it comes to sensitive examinations and the use of chaperones. The Code of Medical Ethics of the American Medical Association (AMA) includes a policy on the use of chaperones that recommends physicians adopt a policy that patients are free to request a chaperone and ensure that the policy is communicated to patients. The AMA states physicians should always honor a patient's request to have a chaperone, and should have an authorized member of the health care team serve as a chaperone. UCLA Health publishes a "sensitive exam booklet" which states that they have trained chaperones to make sure sensitive exams and procedures are done in a safe, comfortable and professional way. According to this booklet, a sensitive exam or procedure includes any physical exam of the male or female genitals or rectum, or female breasts, and includes exams of the pubic/groin region for a hernia. The booklet describes the chaperone as a specially trained member of the UCLA Health team whose job is to ensure patient and provider comfort, safety, privacy, security, and dignity during these exams or procedures, and will stand in a location where they can observe what is going on and assist as needed. The American College Health Association (ACHA) recommends that every institution have a policy regarding sensitive medical exams to minimize risk associated with the performance of these exams. According to ACHA's guidelines published in 2019, it is their recommendation that a chaperone be provided for every sensitive medical examination and procedure. ACHA defines a sensitive exam as including an exam, evaluation, palpation, physical therapy for, placement of instruments in, or exposure of, genitalia, rectum, and breast. The American College of Obstetricians and Gynecologists recommends that a chaperone be present for all breast, genital, and rectal examinations. The American Academy of Pediatrics issued a policy statement on the use of chaperones for pediatric and adolescent encounters, stating that pediatric inpatient and outpatient encounters often include examinations that may be perceived as intrusive or uncomfortable by patients because of examination of sensitive body areas. The presence of a chaperone during these examinations can serve to optimize the patient's sense of comfort and safety, as well as protecting the physician. Chaperones should usually be clinical staff members, although providing adequate staffing may not be feasible for many small practices. Thus, the decision to use a chaperone and the specific choice of chaperone should be made jointly by the patient, parent, and clinician providing care, considering the wishes of all parties to the encounter.

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

According to the Senate Appropriations Committee:

Unknown ongoing costs for CDPH, likely hundreds of thousands, to review medical chaperone policies and investigate complaints (Licensing and Certification Program Fund).

SUPPORT: (Verified 7/30/25)

None received

OPPOSITION: (Verified 7/30/25)

American Association of Clinical Urologists
California Hospital Association
California Medical Association
California Radiological Society

ARGUMENTS IN SUPPORT: *Support if amended.* The California State Council of Service Employees International Union (SEIU California) states that it supports the goal of this proposal and would like to see it expanded to ensure that all patients having sensitive examinations are getting safeguarded against potential harm. SEIU California states that sensitive medical examinations can leave patients feeling vulnerable, and that the power dynamics inherent in the patient-provider relationship, combined with the physical intimacy of such examinations, present an unfortunate risk of misconduct. Adding a trained medical chaperone as an impartial observer not only enhances patient safety but also mitigates the risk of misunderstandings or unprofessional behavior during these procedures. However, SEIU California states that limiting the requirements to only sonographers does not provide protection to those patients who are receiving care from a physician or other provider. The terrifying stories from patients and parents who were abused by medical doctors raise the need for trained medical chaperones during all sensitive exams.

The Society of Diagnostic Medical Sonography (SDMS) states that it supports the intent and overall provisions of this bill, but requests a revision to the definition of “sonographer,” stating that the use of “or” in the current definition between academic and clinical experience could allow underqualified individuals to perform these sensitive exams. SDMS requests an amendment to clarify that academic *and* clinical experience are required to perform a diagnostic medical ultrasound.

ARGUMENTS IN OPPOSITION: This bill is opposed by the American Association of Clinical Urologists (AACU), which states that this bill will challenge staffing and workflows in hospitals big and small, and also sets a precedent for other situations. AACU suggests giving the general public the education to request a medical chaperone or other alternatives to strengthen patient care and safety.

Oppose unless amended. The California Radiological Society (CRS) and the California Medical Association (CMA) submitted a joint letter of opposition unless amended. CRS and CMA states that while they share the goal of improving standards around sensitive care interactions, they remain concerned that this bill will regulate medical chaperone policies in a manner that is both overly broad and operationally unworkable. Additionally, CRS and CMA argue this bill does not contemplate the role of parents or guardians in pediatric or adolescent settings, patients lacking decision-making capacity, and the practical challenge of maintaining chaperone availability in outpatient and off-hour settings, particularly where only one sonographer is on duty. Unless amended to address these concerns, CRS and CMA remain opposed.

ASSEMBLY FLOOR: 64-1, 6/2/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Davies, Elhawary, Fong, Gabriel, Garcia, Gipson, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NOES: DeMaio

NO VOTE RECORDED: Castillo, Chen, Dixon, Ellis, Flora, Gallagher, Jeff Gonzalez, Hadwick, Lackey, Macedo, Patterson, Sanchez, Ta, Tangipa

Prepared by: Vincent D. Marchand / HEALTH / (916) 651-4111
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