
THIRD READING

Bill No: AB 960
Author: Garcia (D), et al.
Amended: 8/25/25 in Senate
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 6/25/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

SENATE APPROPRIATIONS COMMITTEE: 7-0, 7/14/25

AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 79-0, 6/2/25 - See last page for vote

SUBJECT: Patient visitation

SOURCE: Alzheimer's Los Angeles
Alzheimer's Orange County
Alzheimer's San Diego

DIGEST: This bill requires a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities, cognitive impairment, or another disability, to have a family or friend caregiver with them as needed, including outside standard visiting hours, with certain exceptions to allow a hospital to maintain a safe environment at the hospital.

Senate Floor Amendments of 8/25/25 specify that this bill does not prohibit restrictions to visitation policies implemented during a state of emergency declared by the Governor, a health emergency declared by the State Public Health Officer, or a local health emergency declared by a local health officer to limit contact with patients or staff at a general acute care hospital in order to prevent or limit the spread of a contagious, infectious, or communicable disease.

ANALYSIS:

Existing federal law:

- 1) Requires a hospital, under federal conditions of participation in Medicare and Medi-Cal, to have written policies and procedures regarding the visitation rights of patients, including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights and the reasons for the clinical restriction or limitation. Requires these policies to meet certain requirements, including that all visitors enjoy full and equal visitation privileges consistent with patient preferences. [42 Code of Federal Regulations (CFR) §482.13(h)]
- 2) Enacts the Americans with Disabilities Act (ADA) of 1990 to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities, and to provide clear, strong, consistent, enforceable standards addressing discrimination against individuals with disabilities. [42 United States Code (USC) §12101, et seq.]
- 3) Enacts the Rehabilitation Act of 1973, which, among other provisions, prohibits any person with a disability from being excluded from, or denied the benefits of, any program or activity receiving federal financial assistance or any program or activity conducted by the federal government, on the bases of that disability. This is known as Section 504 of the Rehabilitation Act. [29 USC §701, et seq. and §794]
- 4) Prohibits, under Section 1557 of the Patient Protection and Affordable Care of Act of 2010 (ACA), discrimination on the grounds of race, color, national origin, sex, age, and disability in certain health programs and activities. [42 U.S.C. §18116]

Existing state law:

- 1) Licenses and regulates health facilities by the California Department of Public Health (CDPH), and defines “health facility” as a facility that is operated for the diagnosis, care, prevention, and treatment of illness, physical or mental, to which persons are admitted for a 24-hour stay or longer. Health facilities include general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, intermediate care facilities, and congregate living health facilities, among others. [Health & Safety Code (HSC) §1250, et seq.]
- 2) Requires a health facility to permit a patient’s domestic partner, the children of the patient’s domestic partner, and the domestic partner of the patient’s parent

or child to visit, unless one of the following is met: no visitors are allowed; the facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of a facility; or, the patient has indicated that they do not want this person to visit. [HSC §1261]

- 3) Prohibits 2) above, from being construed to prohibit a health facility from otherwise establishing reasonable restrictions on visitation, including restrictions on the hours of visitation and number of visitors. [HSC §1261(b)]
- 4) Enacts the Unruh Civil Rights Act, which states that all persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status are entitle to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever. [Civil Code (CIV) §51]

This bill:

- 1) Requires a general acute care hospital to allow a patient with physical, intellectual, or developmental disabilities, a patient with cognitive impairment, including dementia, and a patient with another disability, as necessary to allow the patient to fully and equally benefit from any goods, services, or facilities offered by the hospital, to have a family or friend caregiver with them as needed, including outside standard visiting hours, unless any of the following conditions apply:
 - a) The hospital reasonably determines that the presence of a particular visitor would endanger the health or safety of the visitor, a patient, a member of the staff, or other visitor to the hospital, or would significantly disrupt the operations of the hospital; or,
 - b) The delivery of medical care would be impeded by the presence of the family or friend caregiver.
- 2) Requires a hospital, if circumstances require restricted visitor access, to allow visitation by family members or caregivers to the greatest extent possible to allow the patient to fully and equally benefit from any goods, services, or facilities offered by the hospital while maintaining patient, visitor, and staff health and safety.

- 3) Specifies that this bill does not require a hospital to permit a visitor who is violent or potentially violent to enter the facility or visit a patient.
- 4) Specifies that this bill does not prohibit a hospital from otherwise establishing reasonable restrictions upon visitation, including age of visitors, supervisions of minor visitors, and number of visitors.
- 5) Permits a hospital to impose legitimate health and safety requirements on visitors, including requiring masking, excluding sick visitors, limiting access to certain areas of the facility, and prohibiting the visitor from bringing in prohibited items.
- 6) Specifies that this bill does not prohibit restrictions to visitation policies implemented during a state of emergency declared by the Governor, a health emergency declared by the State Public Health Officer, or a local health emergency declared by a local health officer to limit contact with patients or staff at a general acute care hospital in order to prevent or limit the spread of a contagious, infectious, or communicable disease.
- 7) Specifies this bill does not create any new civil or criminal liability, including liability for any illness, infection, or injury experienced by a patient or visitor on the part of a hospital that complies with this bill.
- 8) States the intent of the Legislature that this bill ensures liberal visitation rights for patients with disabilities or cognitive impairment while at the same time recognizing hospitals' obligations to provide a safe environment for patients, staff, and visitors.

Comments

Author's statement. According to the author, people with dementia, cognitive impairment, and physical, intellectual, or developmental disabilities often rely heavily on friends and family caregivers to be their voice, to help them maintain a good quality of life, and to remain a part of our communities. When visiting the hospital, access to a friend or family caregiver throughout their stay will help them relay information, provide emotional and physical support, facilitate communication, and ensure the patient's needs are advocated for and met during the hospital stay. While some caregivers have been able to remain with their loved ones as needed throughout their hospital stay, this has not been the case for everyone. Caregivers have shared stories of not being allowed to stay with their loved ones in the Emergency Room, even though they were trying to ensure critical information was shared with the hospital staff. They should be treated as a

valuable member of the support team, instead of being restricted to standard visitation hours. This bill would require hospitals to allow a patient with physical, intellectual, or developmental disabilities, cognitive impairment, or demonstrated dementia needs, the right to a family or friend caregiver throughout their entire stay.

Visitation requirements in hospitals. Federal requirements for hospitals that participate in Medicare and Medicaid (which means virtually all hospitals) require hospitals to have written policies and procedures regarding the visitation rights of patients “including those setting forth any clinically necessary or reasonable restriction or limitation that the hospital may need to place on such rights.” Establishing visitation hours is permitted as one of the “reasonable restrictions” on visitation rights, as long as it is applied evenly and does not discriminate. State law is consistent with federal law in this regard. As described in existing law above, there is a provision of law that requires a health facility to permit a patient’s domestic partner to visit, but specifies that this provision cannot be construed to prohibit a health facility from otherwise establishing reasonable restrictions on visitation, including restrictions on the hours of visitation. Visitation policies vary, however. Locally, for example, according to their websites, UC Davis Medical Center and Sutter General Hospital permit visitation 24 hours per day, while Mercy General Hospital’s visiting hours are between 9 a.m. and 9 p.m.

Bill closely tracks existing anti-discrimination laws. As described in existing law above, there are a number of state and federal anti-discrimination laws that protect individuals with disabilities from discrimination. The ADA, for example, prohibits individuals from being discriminated against “on the basis of disability in the full and equal enjoyment of the goods, services, facilities, privileges, advantages, or accommodations of any place of public accommodation by any private entity.” This tracks with the language of this bill requiring hospitals to allow a patient to have a family or friend caregiver outside of visitation hours “as necessary to allow the patient to fully and equally benefit from any goods, services, or facilities offered by the hospital.” The definition of “public accommodation” in the ADA includes hospitals, among many other locations, and the definition of “disability” is required to be construed broadly in favor of expansive coverage, and is based on whether there is a “physical or mental impairment that substantially limits one or more of the major life activities of such individual.” Section 504 of the federal Rehabilitation Act, as well as Section 1557 of the ACA, have similar antidiscrimination protections. All three of these laws require entities such as hospitals to make “reasonable modifications in policies, practices, or procedures” when the modifications are necessary to provide services or facilities or other benefits to people with disabilities. The federal Health and Human Services

Agency (HHS Agency), in guidance on applying Section 504 and Section 1557 to visitation policies, stated that some people have disabilities that prevent them from providing their medical history or understanding medical decisions or directions. According to the HHS Agency, permitting a patient or resident with a disability to use a support person when necessary to have an equal opportunity to obtain and benefit from healthcare services is a reasonable modification that generally must be provided unless it would fundamentally alter the nature of the service, program, or activity. The HHS Agency states that whether a covered entity must allow the support person to be physically present as a reasonable modification depends on a number of factors, including safety issues and whether remote participation would be effective. The HHS Agency noted that in some situations, the support person will not be effective unless present in person, and in such cases, the covered entity should take steps such as modifying visiting hours and visitation restriction policies.

Given these requirements under federal disability laws, hospitals arguably should already be permitting patients with dementia and other disabilities to have a caregiver remain at the hospital after visiting hours are over, but by placing this requirement in statute, it will provide families and caregivers with a law to point to when asked to leave when visiting hours are over.

Related/Prior Legislation

AB 2549 (Gallagher) of 2024 would have required a health facility to allow a patient's family, including the spouses of family members, and grandparents and grandchildren, to visit the patient, subject to reasonable restrictions such as visiting hours and with the ability to restrict visitor access due to health or safety concerns. However, AB 2549 would have prohibited a hospital from prohibiting in-person visiting in end-of-life situations, even when visitor access is restricted due to health or safety concerns. AB 2549 was vetoed by Governor Newsom, who stated, in part, "California established a locally-driven response, where counties with fewer risks had higher flexibilities. This bill instead proposes a facility-by-facility approach, and the Governor stated that he was concerned that requiring facilities to develop individual, alternative protocols will result in confusion and create different access to patients based on each facility's management, rather than public health recommendations."

AB 2075 (Alvarez) of 2024 would have enacted the Resident Access Protection Act to require each resident of a long-term care facility to have the right to in-person, onsite access to visitors and health care and social services providers during any public health emergency in which visitation rights of residents are

curtailed by a state or local order. AB 2075 was held on the Senate Appropriations Committee suspense file.

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

According to the Senate Appropriations Committee, CDPH estimates annual costs of \$111,000 (Licensing and Certification Fund) for state operations during any event that requires state-wide restrictions on patient visitation due to health or safety concerns. This would cover staffing resources to verify facility compliance with the development of alternate visitation protocols, investigate related complaints, and ensure requirements for visitors are properly established and enforced.

SUPPORT: (Verified 8/25/25)

Alzheimer's Los Angeles (co-source)
Alzheimer's Orange County (co-source)
Alzheimer's San Diego (co-source)
A Voice for Choice Advocacy
AARP
Actively Caring Through Sharing, Inc.
Alzheimer's Association
California Coalition on Family Caregiving
California Collaborative for Long-Term Services and Support
California Commission on Aging
California Elder Justice Coalition

OPPOSITION: (Verified 8/25/25)

None received

ARGUMENTS IN SUPPORT: This bill is co-sponsored by Alzheimer's Los Angeles, Alzheimer's Orange County, and Alzheimer's San Diego, who state that a person with dementia may not be able to communicate, may experience difficulty in movement, may wander and get lost, struggle with normal daily tasks, and have personality and behavior changes. For those in the later stages of the disease, they may be completely dependent on others for care. Being hospitalized is already a stressful situation for any person, but having a cognitive impairment can escalate that stress. Trusted and familiar individuals can provide comfort and support to the person living with the disease, and can also provide important information regarding healthcare, advocate for personal preferences, and assist in communications. Unfortunately, the co-sponsors state that many caregivers face

challenges in remaining with their loved ones with dementia during the entirety of their hospitalization. Because each hospital sets its own visitor policy, a family's experience may differ depending on where they are hospitalized. This bill will give caregivers and people living with dementia another tool to help ensure their experiences in health facilities are dementia friendly and supportive. A number of organizations in support make similar arguments.

ASSEMBLY FLOOR: 79-0, 6/2/25

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, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

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