MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1199
AUTHOR:	Patterson
BILL DATE:	June 11, 2026, Amended
SUBJECT:	Medical Staff: Health Care Provider Credentialing
SPONSOR:	Author

DESCRIPTION OF CURRENT LEGISLATION

Requires the medical staff of hospitals to be reappointed every three years, rather than every two years, and prohibits the California Department of Public Health from requiring hospitals to undertake routine reappointments more frequently than every three years.

BACKGROUND

The Joint Commission (formerly named the Joint Commission on Accreditation of Healthcare Organizations) is a leading independent, not-for-profit organization that provides accreditation and certification standards and services to support quality patient care in a variety of settings, including hospitals. Under Joint Commission requirements, accredited hospitals engage in ongoing professional practice evaluation and focused professional practice evaluation related to the determination of whether a practitioner is appropriately competent to practice. Other credentialing organizations, such as Blue Shield of California and Anthem Blue Cross of California also use a three-year recredentialing process.

Business and Professions Code (BPC) section 2282(a) generally requires hospitals to appoint medical staff with appropriate officers, bylaws, and staff appointments at least every two years. A violation of this statute by a licensee of the Medical Board of California (Board) constitutes unprofessional conduct. This statute was added in 1980 and has not been amended since that time.

BPC section 2453(f) generally requires the physician staff of a health facility to demonstrate their ability to perform surgical or other procedures competently, as defined, at least every two years. This requirement was added in 1992. A similar regulatory requirement for general acute care hospitals was adopted by the California Department of Public Health (CDPH) on or before 1983 (see section 70701(a)(7), Title 22, of the California Code of Regulations).

To participate in the Medicare program, the Centers for Medicare & Medicaid Services (CMS) regulations generally require a hospital to develop, implement, and maintain an effective and ongoing assessment and performance improvement program. CMS regulations also require the hospital to have an organized medical staff that operates under bylaws approved by the governing body and that is responsible for the quality of medical care provided to their patients. In November 2022, CMS approved the Joint

Commission's change to their standard which authorizes hospital credentialing and privileging to be conducted on a three-year cycle.

This change was supported by the National Association of Medical Staff Services, stating, in relevant part, that "[a] three-year reappointment cycle would also reduce the burdens that overlapping evaluations have upon practitioners, the costs health systems incur from practitioner evaluation, and the amount of time [medical service professionals] spend performing redundant administrative tasks."

ANALYSIS

According to the author's fact sheet:

> "California's biennial recredentialing requirement is more restrictive than current federal and national standards. This misalignment creates an outdated state requirement that is inconsistent with nationally recognized standards for hospital oversight and physician credentialing.
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> Hospitals remain deeply committed to maintaining strong oversight of physician competence and ensuring patients receive safe, high-quality care. They continuously monitor practitioner performance through ongoing professional practice evaluations, peer review, quality improvement activities, and focused reviews whenever concerns arise and retain the ability and obligation to take immediate action when issues related to quality, competence, or conduct are identified.
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> Aligning California's requirements with current federal and national accreditation standards would allow hospitals, physician leaders, and medical staff professionals to devote more time and resources to activities that directly support patient care, workforce needs, and quality improvement while maintaining robust oversight of practitioner competence."

AB 1199 updates California law (some provisions which date back as early as 1980) to conform to this Joint Commission standard and adds language to Health and Safety Code section 1275.6 stating that a general acute care hospital and an acute psychiatric hospital shall require that the medical staff establish controls that are designed to ensure the achievement and maintenance of high standards of professional ethical practices at the time of original application to the medical staff and every three years thereafter. Further, the bill would prohibit the CDPH from requiring routine reappointments more than every three years.

Arguments from Supporters

As stated in the Senate Health Committee analysis of the bill, supporters describe AB 1199 as:

> "[A] common-sense update that would align California with current federal and national accreditation standards. This bill would not weaken patient protections, as hospitals continuously monitor practitioner performance through ongoing professional practice evaluations, peer review, quality improvement activities, and focused reviews whenever concerns arise."

No Board Position Recommended

This bill is intended to conform California law to the current relevant Joint Commission standards that require hospital privileges to be granted for no more than a three-year period and that appointments to a medical staff shall not exceed a three-year period.

Based upon the available information, this change is intended to reduce administrative burden associated with hospital credentialing and privileging and align with other three-year recredentialing policies. There is no opposition registered to AB 1199 and there is no clear and direct impact on patient care.

Importantly, this bill does not change the requirement for peer review bodies to make certain reports to the Board (e.g., pursuant to BPC section 805), or the Board's authority or ability to investigate and discipline a licensee for unprofessional conduct.

Accordingly, Board staff do not recommend taking a position on AB 1199.

FISCAL:	No costs anticipated.
SUPPORT:	California Hospital Association California Medical Association Physician Association of California
OPPOSITION:	None identified.
POSITION:	Recommendation: No position recommended.
ATTACHMENT:	AB 1199, Patterson: Medical Staff: Health Care Provider Credentialing. Version: 6/11/26 – Amended