

**Assembly Bill No. 1867**

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Passed the Assembly April 26, 2012

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*Chief Clerk of the Assembly*

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Passed the Senate August 9, 2012

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2012, at \_\_\_\_\_ o'clock \_\_\_\_M.

\_\_\_\_\_  
*Private Secretary of the Governor*

## CHAPTER \_\_\_\_\_

An act to amend Section 1279.7 of the Health and Safety Code, relating to health facilities.

## LEGISLATIVE COUNSEL'S DIGEST

AB 1867, Pan. Health facilities: equipment standards.

Existing law, to become operative 36 months after specified prescribed standards are published, or January 1, 2014, whichever occurs first, prohibits certain health facilities from using an epidural connection that would fit into a connection port other than the type for which it was intended, unless an emergency or urgent situation exists and the prohibition impairs the ability to provide health care. Existing law, to become operative 24 months after specified prescribed standards are published, or January 1, 2013, whichever occurs first, prohibits these health facilities from using an intravenous or enteral connection that would fit into a connection port other than the type for which it was intended, unless an emergency or urgent situation exists and the prohibition impairs the ability to provide health care. Existing law requires the Advanced Medical Technology Association to report annually to the Legislature on the progress of the development of those standards. Violation of these provisions is a misdemeanor.

This bill would revise the prohibitions to instead become operative on January 1, 2016, and to refer to epidural, intravenous, and enteral connectors.

*The people of the State of California do enact as follows:*

SECTION 1. Section 1279.7 of the Health and Safety Code is amended to read:

1279.7. (a) A health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, shall implement a facility-wide hand hygiene program.

(b) Commencing January 1, 2016, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an epidural connector that would fit into a connector other than the type it was intended for, unless an emergency or

urgent situation exists and the prohibition would impair the ability to provide health care.

(c) Commencing January 1, 2016, a health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from using an intravenous connector or an enteral feeding connector that would fit into a connector other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition would impair the ability to provide health care.

(d) The Advanced Medical Technology Association shall, on January 1 of each year until the standards are developed, provide the Legislature with a report on the progress of the International Organization for Standardization in developing new design standards for connectors for intravenous, epidural, or enteral applications.

(e) A health facility that is required to develop a patient safety plan pursuant to Section 1279.6 shall include in the patient safety plan measures to prevent adverse events associated with misconnecting intravenous, enteral feeding, and epidural lines. This subdivision shall become inoperative as to epidural connectors upon the operative date of subdivision (b) and as to intravenous and enteral connectors upon the operative date of subdivision (c).

Approved \_\_\_\_\_, 2012

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*Governor*