2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised March 27, 2026

JANUARY						
S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEBRUARY						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

MAY						
S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

*Holiday schedule subject to Senate Rules committee approval.

DEADLINES

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

Jan. 5 **Legislature reconvenes** (J.R. 51(a)(4)).

Jan. 10 Budget must be submitted by Governor (Art. IV, Sec. 12 (a)).

Jan. 16 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house in the odd-numbered year (J.R. 61(b)(1)).

Jan. 19 Martin Luther King, Jr. Day.

Jan. 23 Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year (J.R. 61(b)(2)). Last day to **submit bill requests** to the Office of Legislative Counsel.

Jan. 31 Last day for each house **to pass bills introduced** in that house in the odd-numbered year (Art. IV, Sec. 10(c)), (J.R. 61(b)(3)).

Feb. 16 Presidents' Day.

Feb. 20 Last day for bills to be **introduced** (J.R. 61(b)(4)), (J.R. 54(a)).

Mar. 26 **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).

Mar. 30 Farmworkers Day observed.

Apr. 6 Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).

Apr. 24 Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

May 1 Last day for **policy committees** to hear and report to the Floor **non-fiscal bills** introduced in their house (J.R. 61(b)(6)).

May 8 Last day for **policy committees** to meet prior to June 1 (J.R. 61(b)(7)).

May 15 Last day for **fiscal committees** to hear and report to the Floor bills introduced in their house (J.R. 61 (b)(8)). Last day for **fiscal committees** to meet prior to June 1 (J.R. 61 (b)(9)).

May 25 Memorial Day.

May 26 – 29 Floor Session only. No committees, other than conference or Rules committees, may meet for any purpose (J.R. 61(b)(10)).

May 29 Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).

2026 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE SECRETARY OF THE SENATE AND THE OFFICE OF THE ASSEMBLY CHIEF CLERK

Revised March 27, 2026

JUNE						
S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

June 1 Committee meetings may resume (J.R. 61(b)(12)).

June 15 Budget Bill must be passed by **midnight** (Art. IV, Sec. 12(c)(3)).

June 25 Last day for a legislative measure to qualify for the Nov. 3 General Election ballot (Elections Code Sec. 9040).

JULY						
S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

July 2 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)). **Summer Recess** begins upon adjournment of session, provided Budget Bill has passed (J.R. 51(b)(2)).

July 3 Independence Day observed.

AUGUST						
S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Aug. 3 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 14 Last day for **fiscal committees** to meet and report bills to the Floor (J.R. 61(b)(14)).

Aug. 17 – 31 **Floor Session only**. No committee, other than conference and Rules committees, may meet for any purpose (J.R. 61(b)(15)).

Aug. 21 Last day to **amend** on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for **each house to pass bills** (Art. IV, Sec. 10(c)), (J.R. 61(b)(17)). **Final recess** begins upon adjournment. (J.R. 51(b)(3)).

*Holiday schedule subject to Senate Rules committee approval.

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2026

Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).

Nov. 3 General Election.

Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).

Dec. 7 12 Noon convening of the 2027-28 Regular Session (Art. IV, Sec. 3(a)).

2027

Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

The Physician Assistant Board (Board) may adopt the following positions regarding pending or proposed legislation.

Legislative Positions	Definitions
Oppose	The Board will actively oppose proposed legislation and demonstrate opposition through letters, testimony, and other action necessary to communicate the oppose position taken by the Board.
Oppose, unless amended	The Board will take an oppose position and actively lobby the legislature to amend the proposed legislation by requesting specific amendments to alter the text of the bill after it has been introduced.
Neutral	The Board neither supports nor opposes the addition/amendment/repeal of the statutory provision(s) set forth by the bill.
Neutral, if amended	The Board will take a neutral position and actively lobby the legislature to amend the proposed legislation by requesting specific amendments to alter the text of the bill after it has been introduced.
Watch	The watch position adopted by the Board will indicate interest regarding the proposed legislation. The Board staff and members will closely monitor the progress of the proposed legislation and amendments.
Support	The Board will actively support proposed legislation and demonstrate support through letters, testimony, and any other action necessary to communicate the support position taken by the Board.
Support, if amended	The Board will take a support position and actively lobby the legislature to amend the proposed legislation by requesting specific amendments to alter the text of the bill after it has been introduced.

BUSINESS AND CONSUMER SERVICES AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815
P (916) 561-8780 | F (916) 263-2671 | paboard@dca.ca.gov | www.pab.ca.gov

MEMORANDUM

DATE	August 14, 2026
TO	Physician Assistant Board (Board)
FROM	Jasmine Dhillon, Legislative and Regulatory Specialist
SUBJECT	**Agenda Item 15. Report by the Legislative and Regulatory Affairs Committee, and Discussion and Possible Action to Take or Modify a Position on Legislation**

A. **AB 1637 (Caloza) Physicians and surgeons: medical records.**

Status: This bill is located in the Senate.

Summary: This bill would state that a physician and surgeon's patient notes, as defined, shall be the responsibility of that physician and surgeon. The bill would prohibit a physician and surgeon's patient notes from being altered, modified, or edited in any fashion by anyone other than the authoring physician and surgeon, except as specified. By expanding the scope of a crime under the act, the bill would impose a state-mandated local program.

This bill prohibits a physician's patients notes, from being altered, modified, or edited by anyone other than the authoring physician or by: a scribe, medical assistant, or other authorized individual acting under the authority delegated by the authoring physician; a physician who is adding to an authoring physician's patient notes if patient care has been transferred from the authoring physician to the physician who is making the additions; or a physician altering, modifying, or editing the patient notes of a postgraduate training licensee, intern, resident, or postdoctoral fellow who the physician is supervising.

Fiscal Impact: Staff does not anticipate any fiscal impact.

B. **AB 1775 (Ward) Veterans**.

Status: This bill is located in the Senate Appropriations Committee.

Summary: Existing law establishes the Department of Consumer Affairs under the direction of the Director of Consumer Affairs and sets forth its powers and duties relating to the administration of the various boards under its jurisdiction that license and regulate various professions and vocations. Existing law requires those boards to expedite, and authorizes them to assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged.

This bill would extend that requirement and authorization to also include members who were discharged or received a discharge solely as a result of Executive Order No. 14183 issued on January 27, 2025. The bill would make additional conforming changes.

Fiscal Impact: Staff does not anticipate any fiscal impact.

C. **AB 1973 (Aguiar-Curry) Abortion: authorized procedures.**

Status: This bill is located in the Senate Appropriations Committee.

Summary: Existing law generally makes it a public offense, punishable by a fine not exceeding $10,000 or by imprisonment, or both, for a person to perform an abortion without a valid license to practice as a physician and surgeon. As an exception to that prohibition, existing law authorizes a person to perform an abortion by medication or aspiration techniques in the first trimester of pregnancy if they have a valid, unrevoked, and unsuspended license or certificate under the Medical Practice Act, the Osteopathic Act, the Nursing Practice Act, or the Physician Assistant Practice Act that authorizes the person to perform the functions necessary for abortion by medication or aspiration techniques.

This bill would instead authorize a person to perform an abortion if they are authorized under those acts to perform an abortion and would delete the restriction that the abortion be performed only in the first trimester of pregnancy. The bill would make conforming changes to specified training requirements imposed on nurse practitioners, qualified nurse practitioners, certified nurse-midwives, nurse-midwives, and physician assistants to perform those abortions. The bill would require a nurse practitioner or certified nurse-midwife performing a procedural abortion beyond the first trimester to establish, maintain, and follow written procedures that delineate the parameters for consultation, collaboration, referral, and transfer of care to a physician and surgeon, as specified, in cases that require care that is beyond the scope of their education, training, and experience.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its May 18, 2026 meeting, the Board took a watch position.

D. **AB 1979 (Bonta) Health care services: artificial intelligence**

Status: This bill is located in the Senate Appropriations Committee.

Summary: This bill would require a health facility, clinic, physician's office, or office of a group practice to take reasonable steps to ensure that a licensed health care professional, acting within their scope of practice, retains the ability to exercise independent professional judgment in their care of a patient whenever that care is informed by the output of a clinical decision support system, as defined. The bill would authorize the appropriate professional licensing board to pursue an injunction or restraining order to enforce these provisions to the extent that a violation constitutes the practice of a health care profession without a license. The bill would specify that these provisions do not apply to the use of automated decision systems for documentation and communication that does not involve the application of professional judgment, including automated messages to inform patients of updates to their health records. By placing new requirements on health facilities and clinics, this bill would expand the scope of a crime and would impose a state-mandated local program.

Fiscal Impact: AB 1979 could increase complaint volume for the Board; however, an estimate of an exact increase cannot be determined. The volume is likely to be low because the Board does not currently receive allegations of unlawful practice using AI technology. As for costs to the PAB's Enforcement Unit, investigations of unlicensed practice can vary from the analyst writing a cease & desist letter to a full investigation by the Division of Investigation. Any effect on the Board's enforcement is expected to be absorbable within current budget and staffing resources.

Board Position: At its May 18, 2026 meeting, the Board took a watch position.

E. **Senate Bill (SB) 1088 (Blakespear) Health care decisions: life-sustaining treatment**

Status: This bill is located in the Senate.

Summary: Existing law defines a request regarding resuscitative measures to mean a written document, signed by an individual with capacity or legally recognized health care decisionmaker and the individual's physician that directs a health care provider regarding resuscitative measures, as prescribed. Existing law includes a prehospital "do not resuscitate" form, as developed by the Emergency Medical Services Authority or other substantially similar form, and Physician Orders for Life Sustaining Treatment form (POLST form), as approved by the Emergency Medical Services Authority as requests regarding resuscitative measures.

This bill would replace the term "Physician Orders for Life Sustaining Treatment" with "POLST," or "Portable Orders Listing Scope of Treatment." The bill would authorize a request regarding resuscitative measures to be entered into by an individual with capacity or a healthcare agent, conservator with health care decision-making authority, or surrogate, as defined, and a physician, nurse practitioner, or physician assistant, as specified. The bill would specify that a request regarding

resuscitative measures is entirely voluntary and the provision of care or admission to a facility cannot be conditioned on completion of or refusal to complete a POLST or prehospital "do not resuscitate" order.

Existing law prescribes requirements for forms for requests regarding resuscitative measures, including, among other things, that the form be signed by the executing parties. This bill would specify that an electronic signature, as defined, is sufficient for any signature required for a request regarding resuscitative measures.

Under this bill, a request regarding resuscitative measures executed in another state or jurisdiction that complies with the laws of that state or jurisdiction or the laws of California is considered valid and enforceable in California to the same extent as a request regarding resuscitative measures validly executed in California. The bill would specify that, in the absence of knowledge to the contrary, a physician or other health care provider may presume that a request regarding resuscitative measures, whether executed in another state or jurisdiction or in California, is valid and unrevoked.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its May 18, 2026 meeting, the Board took a watch position. Staff was directed to send a letter to the author, which is attached below as Attachment 1.

F. **SB 1376 (Wahab) Physician assistants**

Status: This bill is located in the Assembly Appropriations Committee.

Summary: The Physician Assistant Practice Act establishes the Physician Assistant Board to license and regulate physician assistants. Existing law authorizes the board to convene from time to time as deemed necessary by the board. Existing law further requires the board to receive permission from the Director of Consumer Affairs to meet more than 6 times annually, and requires the director to approve meetings that are necessary for the board to fulfill its legal responsibilities.

This bill would delete the provision requiring the board to receive permission from the director to meet more than 6 times annually and for the director to approve meetings.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its May 18, 2026 meeting, the Board took a support position.

G. **SB 1391 (Wahab) Department of Consumer Affairs: retired category licenses**

Status: This bill is located in the Assembly Appropriations Committee.

Summary: Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes any of the boards within the department, except as specified, to establish by regulation a system for a retired category of license for persons who are not actively engaged in the practice of their profession or vocation. This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website.

Fiscal Impact: Staff does not anticipate any fiscal impact.

Board Position: At its May 18, 2026 meeting, the Board took a support position.

Attachment:

1. SB 1088 - Position Letter

Attachment 1

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • PHYSICIAN ASSISTANT BOARD
2005 Evergreen Street, Suite 2250, Sacramento, CA 95815
P (916) 561-8780 | F (916) 263-2671 | paboard@dca.ca.gov | www.pab.ca.gov

June 4, 2026

The Honorable Senator Blakespear
1021 O Street, Suite 7720
Sacramento, CA 95814
Re: Senate Bill 1088 (Blakespear) – Watch

Dear Senator Blakespear:

The Physician Assistant Board (Board) considered Senate Bill (SB) 1088 at its May 18, 2026, meeting and voted to "watch" this bill.

This bill would authorize a request regarding resuscitative measures to be entered into by an individual with capacity or a health care, agent, conservator, or surrogate, as defined, and a physician, nurse practitioner, or physician assistant acting under the supervision of the physician.

The Board discussed concerns regarding the bill's language and whether the supervision requirements apply equally to both nurse practitioners and physician assistants. The Board notes that the current language could be interpreted as requiring physician supervision only for physician assistants. While nurse practitioners generally practice pursuant to standardized procedures that involve physician oversight, the bill does not explicitly state that the supervision requirement also applies to nurse practitioners.

The Board requests clarification that, for the purposes of this section, both nurse practitioners and physician assistants must be acting under the supervision of a physician when entering into a request regarding resuscitative measures.

Thank you on behalf of the Board for your thoughtful consideration of SB 1088. If you have any questions, please contact me at (279) 666-2838 or by email at jasmine.dhillon@dca.ca.gov.

Sincerely,

Jasmine Dhillon

Jasmine Dhillon
Legislative and Regulatory Specialist