

**Introduced by Senator Arreguín**

February 20, 2025

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An act to add Sections 3212.21, 3212.22, 3212.24, 3212.26, and 3212.28 to the Labor Code, relating to workers' compensation.

**LEGISLATIVE COUNSEL'S DIGEST**

SB 632, as introduced, Arreguín. Workers' compensation: hospital employees.

Existing law establishes a workers' compensation system, administered by the Administrative Director of the Division of Workers' Compensation, to compensate an employee for injuries sustained in the course of employment. Existing law creates a rebuttable presumption that specified injuries sustained in the course of employment of a specified member of law enforcement or a specified first responder arose out of and in the course of employment. Prior existing law, until January 1, 2024, created a rebuttable presumption of injury for various employees, including an employee who works at a health facility, as defined, that included an illness or death resulting from COVID-19, if specified circumstances applied.

This bill would define "injury," for a hospital employee who provides direct patient care in an acute care hospital, to include infectious diseases, cancer, musculoskeletal injuries, post-traumatic stress disorder, and respiratory diseases. The bill would include the 2019 novel coronavirus disease (COVID-19) from SARS-CoV-2 and its variants, among other conditions, in the definitions of infectious and respiratory diseases. The bill would create rebuttable presumptions that these injuries that develop or manifest in a hospital employee who provides direct patient care in an acute care hospital arose out of and in the course of the employment. The bill would extend these presumptions for

specified time periods after the hospital employee's termination of employment.

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

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

1 SECTION 1. The Legislature finds and declares the following:

2 (a) According to the United States Department of Labor, health  
3 care is one of the fastest growing sectors, currently employing  
4 20,000,000 people, and is expected to add more jobs than any other  
5 occupational group. Women represent nearly 80 percent of the  
6 health care workforce.

7 (b) Registered nurses constitute the largest occupation within  
8 the health care sector and number over 2,500,000, of which 70  
9 percent are employed in hospitals. Nearly 90 percent of registered  
10 nurses are women.

11 (c) Workers' compensation was created to ensure that workers  
12 who are injured or become ill due to work are promptly and fully  
13 cared for and that employers are held responsible for maintaining  
14 a safe and healthy work environment. Certain occupations have  
15 significantly increased exposure or susceptibility to particular  
16 work-related injuries or illnesses that can be recognized, and at  
17 least partially remedied, through guaranteed access to the workers'  
18 compensation system.

19 (d) In California and many other states, a number of injuries  
20 and illnesses are already presumed work-related, and therefore  
21 eligible for workers' compensation benefits, for firefighters, police  
22 officers, first responders, and other categories of workers. These  
23 professions predominantly employ men. According to the United  
24 States Department of Labor, 3 out of 4 Emergency Medical  
25 Technicians (EMTs) and paramedics are men, 7 out of 8 police  
26 officers are men, and 19 out of 20 firefighters are men.

27 (e) According to the United States Department of Labor, 9 out  
28 of 10 registered nurses are women. Registered nurses working in  
29 a hospital treat the same patients that first responders, firefighters,  
30 and police officers treat.

31 (f) In California, women earn 89 cents for every dollar earned  
32 by a man, according to the United States Census Bureau. Given  
33 this persistent wage gap and the additional caregiving burden that

1 women often bear, guaranteeing access to workers' compensation  
2 for nurses, of whom nearly 90 percent are women, will aid in  
3 addressing economic and social gender inequality.

4 (g) By the nature of their profession, health care workers are in  
5 constant danger of being directly exposed to many hazards,  
6 including infectious diseases, carcinogens, ergonomic hazards,  
7 and traumatic events, and indirectly exposed through contact with  
8 various pieces of equipment, chemicals, and clothing.

9 (h) Registered nurses have significantly more exposure to  
10 infectious diseases, including bloodborne pathogens,  
11 methicillin-resistant *Staphylococcus aureus* (MRSA), tuberculosis,  
12 and meningitis, than other workers. According to the Healthcare  
13 Cost and Utilization Project, 1 out of every 100 inpatient stays in  
14 California involved MRSA. In addition, the incidence of  
15 tuberculosis in California was significantly higher than the national  
16 average, according to the federal Centers for Disease Control and  
17 Prevention.

18 (i) Registered nurses experience more work-related injuries and  
19 illnesses than workers overall in the United States, including 72  
20 percent more musculoskeletal disorders, over 95 percent more  
21 injuries and illnesses of all kinds, nearly four times more injuries  
22 from workplace violence, and nearly four times more injuries and  
23 illnesses due to exposure to harmful substances or environments,  
24 including infectious diseases like COVID-19.

25 (j) As of January 11, 2023, local health departments in California  
26 have reported 189,081 confirmed positive SARS-CoV-2  
27 (COVID-19) cases in nurses and health care workers. This data is  
28 collected daily and the number of infected nurses and health care  
29 workers continues to climb exponentially. This figure includes  
30 on-the-job exposures. However, this figure does not include the  
31 immeasurable number of asymptomatic nurses and health care  
32 workers who are currently working every day, lack personal  
33 protective equipment, and also lack the priority testing that should  
34 be conducted for health care workers, given they are essential  
35 workers.

36 (k) Frontline nurses treating patients with COVID-19 are likely  
37 exposed to the highest risk of infection because of their close,  
38 frequent contact with patients and longer than usual working hours.  
39 By the nature of their profession, health care workers in California

1 are in daily danger of direct exposure to all infectious diseases,  
2 including COVID-19.

3 (l) Registered nurses encounter a variety of carcinogenic  
4 exposures in the course of doing their jobs. Antineoplastic and  
5 other hazardous drugs are administered by registered nurses. While  
6 these drugs are life-saving treatments for patients, they are  
7 hazardous and can cause cancer and other health impacts, including  
8 organ damage, infertility, harm to developing fetuses, and hearing  
9 impairment. Studies have documented the wide-ranging  
10 contamination of the workplace that occurs when antineoplastic  
11 drugs and other hazardous drugs are handled and administered.  
12 Registered nurses are exposed in the course of doing their jobs to  
13 these harmful chemicals. Additionally, the National Institute for  
14 Occupational Safety and Health has determined that some  
15 anesthetic gases are carcinogenic hazards to registered nurses and  
16 other health care workers.

17 (m) Registered nurses provide hands-on, direct patient care,  
18 which often requires physically assisting, moving, and  
19 repositioning patients. Many studies have documented the high  
20 rates of musculoskeletal disorders that occur among nurses. In  
21 crafting a regulation, the Division of Occupational Safety and  
22 Health has deemed musculoskeletal disorders and related injuries  
23 a significant hazard specifically encountered by health care  
24 workers.

25 (n) Registered nurses encounter many traumatic events in the  
26 course of providing care to patients, including workplace violence  
27 and threats, active shooter incidents, traumatic patient deaths,  
28 repeated exposure to patients' trauma, and other events. A landmark  
29 study found that 22 percent of nurses had symptoms of  
30 post-traumatic stress disorder. Another study, published over a  
31 decade later, found that 28.4 percent of nurses had symptoms that  
32 qualified for a presumptive post-traumatic stress disorder diagnosis.  
33 This excess stress and trauma must be recognized and addressed  
34 as an occupational hazard in nursing.

35 (o) The Nurses' Health Study found that frequent use of  
36 disinfectants is associated with a significantly increased risk for  
37 developing chronic obstructive pulmonary disease, or COPD.

38 (p) Because health care workers have significantly increased  
39 exposure or susceptibility to particular work-related injuries or

1 illnesses, it is appropriate to protect them by guaranteeing access  
2 to the workers' compensation system.

3 SEC. 2. Section 3212.21 is added to the Labor Code, to read:

4 3212.21. (a) In the case of a hospital employee who provides  
5 direct patient care in an acute care hospital, the term "injury" as  
6 used in this division includes an infectious disease when a part of  
7 the disease or infection develops or manifests itself during a period  
8 of the person's employment with the hospital.

9 (b) The compensation that is awarded for an infectious disease  
10 shall include, but not be limited to, full hospital, surgical, medical  
11 treatment, disability indemnity, and death benefits, as provided by  
12 the workers' compensation laws of this state.

13 (c) (1) An infectious disease that develops or manifests in a  
14 hospital employee who provides direct patient care in an acute  
15 care hospital shall be presumed to arise out of and in the course  
16 of the employment. This presumption is rebuttable by other  
17 evidence, but, unless rebutted, the appeals board shall presume the  
18 infectious disease arose out of and in the course of the employment.  
19 Except if the infectious disease is attributed to a  
20 methicillin-resistant *Staphylococcus aureus* skin infection, this  
21 presumption shall be extended to a hospital employee following  
22 termination of employment for a period of 3 calendar months for  
23 each full year of employment, but not to exceed 60 months,  
24 beginning with the last date actually worked in the specified  
25 capacity.

26 (2) If an infectious disease is attributed to a methicillin-resistant  
27 *Staphylococcus aureus* skin infection, the presumption in paragraph  
28 (1) shall be extended to a hospital employee following termination  
29 of employment for a period of 90 days, beginning with the last  
30 day actually worked in the specified capacity.

31 (d) An infectious disease that develops or manifests in a hospital  
32 employee who provides direct patient care in an acute care hospital  
33 shall not be attributed to a disease existing prior to that  
34 development or manifestation.

35 (e) For purposes of this section:

36 (1) "Acute care hospital" means a health facility as defined in  
37 subdivision (a) or (b) of Section 1250 of the Health and Safety  
38 Code.

39 (2) "Bloodborne infectious disease" means a disease caused by  
40 exposure to pathogenic microorganisms that are present in human

1 blood that can cause disease in humans, including those pathogenic  
2 microorganisms defined as bloodborne pathogens by the  
3 Department of Industrial Relations.

4 (3) “Infectious disease” means any of the following:

5 (A) Methicillin-resistant *Staphylococcus aureus* skin infection.

6 (B) Bloodborne infectious diseases.

7 (C) Tuberculosis.

8 (D) Meningitis.

9 (E) The 2019 novel coronavirus disease (COVID-19) from  
10 SARS-CoV-2 and its variants.

11 SEC. 3. Section 3212.22 is added to the Labor Code, to read:

12 3212.22. (a) In the case of a hospital employee who provides  
13 direct patient care in an acute care hospital, the term “injury” as  
14 used in this division includes cancer that develops or manifests  
15 itself during a period of the person’s employment with the hospital  
16 if the employee demonstrates exposure, while employed with the  
17 hospital, to a known or suspected carcinogen as defined by the  
18 International Agency for Research on Cancer or by the director.

19 (b) The compensation that is awarded for cancer shall include,  
20 but not be limited to, full hospital, surgical, medical treatment,  
21 disability indemnity, and death benefits, as provided by this  
22 division.

23 (c) Cancer that develops or manifests in a hospital employee  
24 who provides direct patient care in an acute care hospital shall be  
25 presumed to arise out of and in the course of the employment. This  
26 presumption is rebuttable by evidence that the primary site of the  
27 cancer has been established and that the carcinogen to which the  
28 member has demonstrated exposure is not reasonably linked to  
29 the disabling cancer. Unless rebutted, the appeals board shall  
30 presume the cancer arose out of and in the course of the  
31 employment. This presumption shall be extended to a hospital  
32 employee following termination of employment for a period of 3  
33 calendar months for each full year of employment, but not to  
34 exceed 120 months, beginning with the last date actually worked  
35 in the specified capacity.

36 (d) As used in this section:

37 (1) “Acute care hospital” means a health facility as defined in  
38 subdivision (a) or (b) of Section 1250 of the Health and Safety  
39 Code.

1 (2) “Cancer” includes liver cancer, myeloid leukemia, kidney  
2 cancer, multiple myeloma, ovarian cancer, breast cancer,  
3 nasopharyngeal cancer, thyroid cancer, cancers of the brain and  
4 nervous system, HPV-positive tonsillar cancer, and those cancers  
5 that develop or manifest as a result of exposure to antineoplastic  
6 drugs, anesthetic gases, or surgical smoke.

7 SEC. 4. Section 3212.24 is added to the Labor Code, to read:

8 3212.24. (a) In the case of a hospital employee who provides  
9 direct patient care in an acute care hospital, the term “injury” as  
10 used in this division includes a musculoskeletal injury that develops  
11 or manifests itself during a period of the person’s employment  
12 with the hospital.

13 (b) The compensation that is awarded for a musculoskeletal  
14 injury shall include, but not be limited to, full hospital, surgical,  
15 medical treatment, disability indemnity, and death benefits, as  
16 provided by this division.

17 (c) The musculoskeletal injury that develops or manifests in a  
18 hospital employee who provides direct patient care in an acute  
19 care hospital shall be presumed to arise out of and in the course  
20 of the employment. This presumption is rebuttable by other  
21 evidence, but, unless rebutted, the appeals board shall presume the  
22 musculoskeletal injury arose out of and in the course of the  
23 employment. This presumption shall be extended to a hospital  
24 employee following termination of employment for a period of 3  
25 calendar months for each full year of employment, but not to  
26 exceed 60 months, beginning with the last date actually worked  
27 in the specified capacity. A musculoskeletal injury that develops  
28 or manifests in a hospital employee who provides direct patient  
29 care in an acute care hospital shall not be attributed to a disease  
30 existing prior to that development or manifestation.

31 (d) As used in this section:

32 (1) “Acute care hospital” means a health facility as defined in  
33 subdivision (a) or (b) of Section 1250 of the Health and Safety  
34 Code.

35 (2) “Musculoskeletal injury” means injury to the muscles,  
36 tendons, ligaments, bursas, peripheral nerves, joints, bones, or  
37 blood vessels.

38 SEC. 5. Section 3212.26 is added to the Labor Code, to read:

39 3212.26. (a) In the case of a hospital employee who provides  
40 direct patient care in an acute care hospital, the term “injury” as

1 used in this division includes post-traumatic stress injury that is  
2 diagnosed by a mental health professional and that develops or  
3 manifests itself during a period of the person's employment with  
4 the hospital.

5 (b) The compensation that is awarded for post-traumatic stress  
6 injury shall include, but not be limited to, full hospital, surgical,  
7 medical treatment, disability indemnity, and death benefits, as  
8 provided by this division.

9 (c) The post-traumatic stress injury that develops or manifests  
10 in a hospital employee who provides direct patient care in an acute  
11 care hospital shall be presumed to arise out of and in the course  
12 of the employment. This presumption is rebuttable by other  
13 evidence, but, unless rebutted, the appeals board shall presume the  
14 post-traumatic stress disorder arose out of and in the course of the  
15 employment. This presumption shall be extended to a hospital  
16 employee following termination of employment for a period of 3  
17 calendar months for each full year of employment, but not to  
18 exceed 36 months, beginning with the last date actually worked  
19 in the specified capacity.

20 (d) As used in this section:

21 (1) "Acute care hospital" means a health facility as defined in  
22 subdivision (a) or (b) of Section 1250 of the Health and Safety  
23 Code.

24 (2) "Mental health professional" means a person with  
25 professional training, experience, and demonstrated competence  
26 in the treatment and diagnosis of mental conditions, who is certified  
27 or licensed to provide mental health care services and for whom  
28 diagnoses of mental conditions are within the professional's scope  
29 of practice, including a physician and surgeon, nurse with  
30 recognized psychiatric specialties, psychologist, clinical social  
31 worker, mental health counselor, or alcohol or drug abuse  
32 counselor.

33 SEC. 6. Section 3212.28 is added to the Labor Code, to read:

34 3212.28. (a) In the case of a hospital employee who provides  
35 direct patient care in an acute care hospital, the term "injury" as  
36 used in this division includes respiratory disease that develops or  
37 manifests itself during a period of the person's employment with  
38 the hospital.

39 (b) The compensation that is awarded for respiratory disease  
40 shall include, but not be limited to, full hospital, surgical, medical



1 treatment, disability indemnity, and death benefits, as provided by  
2 this division.

3 (c) The respiratory disease that develops or manifests in a  
4 hospital employee who provides direct patient care in an acute  
5 care hospital shall be presumed to arise out of and in the course  
6 of the employment. This presumption is rebuttable by other  
7 evidence, but, unless rebutted, the appeals board shall presume the  
8 respiratory disease arose out of and in the course of the  
9 employment. This presumption shall be extended to a hospital  
10 employee following termination of employment for a period of 3  
11 calendar months for each full year of employment, but not to  
12 exceed 120 months, beginning with the last date actually worked  
13 in the specified capacity. The respiratory disease that develops or  
14 manifests in a hospital employee who provides direct patient care  
15 in an acute care hospital shall not be attributed to a disease existing  
16 prior to that development or manifestation.

17 (d) As used in this section:

18 (1) “Acute care hospital” means a health facility as defined in  
19 subdivision (a) or (b) of Section 1250 of the Health and Safety  
20 Code.

21 (2) “Respiratory disease” includes asthma or the 2019 novel  
22 coronavirus disease (COVID-19) from SARS-CoV-2 and its  
23 variants.