

AMENDED IN SENATE APRIL 10, 2025

SENATE BILL

No. 632

Introduced by Senator Arreguín

February 20, 2025

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 amended, 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.

1 (f) In California, women earn 89 cents for every dollar earned
2 by a man, according to the United States Census Bureau. Given
3 this persistent wage gap and the additional caregiving burden that
4 women often bear, guaranteeing access to workers' compensation
5 for nurses, of whom nearly 90 percent are women, will aid in
6 addressing economic and social gender inequality.

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

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

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

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

39 (k) Frontline nurses treating patients with COVID-19 are likely
40 exposed to the highest risk of infection because of their close,

1 frequent contact with patients and longer than usual working hours.
2 By the nature of their profession, health care workers in California
3 are in daily danger of direct exposure to all infectious diseases,
4 including COVID-19.

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

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

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

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

1 (p) Because health care workers have significantly increased
2 exposure or susceptibility to particular work-related injuries or
3 illnesses, it is appropriate to protect them by guaranteeing access
4 to the workers' compensation system.

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

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

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

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

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

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

37 (e) For purposes of this section:

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

(2) “Bloodborne infectious disease” means a disease caused by exposure to pathogenic microorganisms that are present in human blood that can cause disease in humans, including those pathogenic microorganisms defined as bloodborne pathogens by the Department of Industrial Relations.

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

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

(B) Bloodborne infectious diseases.

(C) Tuberculosis.

(D) Meningitis.

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

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

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

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

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

(d) As used in this section:

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

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

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

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

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

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

34 (d) As used in this section:

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

38 (2) “Musculoskeletal injury” means injury to the muscles,
39 tendons, ligaments, bursas, peripheral nerves, joints, bones, or
40 blood vessels.

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

2 3212.26. (a) In the case of a hospital employee who provides
3 direct patient care in an acute care hospital, the term “injury” as
4 used in this division includes post-traumatic stress injury that is
5 diagnosed by a mental health professional and that develops or
6 manifests itself during a period of the person’s employment with
7 the hospital.

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

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

23 (d) As used in this section:

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

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

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

37 3212.28. (a) In the case of a hospital employee who provides
38 direct patient care in an acute care hospital, the term “injury” as
39 used in this division includes respiratory disease that develops or

1 manifests itself during a period of the person's employment with
2 the hospital.

3 (b) The compensation that is awarded for respiratory disease
4 shall include, but not be limited to, full hospital, surgical, medical
5 treatment, disability indemnity, and death benefits, as provided by
6 this division.

7 (c) The respiratory disease that develops or manifests in a
8 hospital employee who provides direct patient care in an acute
9 care hospital shall be presumed to arise out of and in the course
10 of the employment. This presumption is rebuttable by other
11 evidence, but, unless rebutted, the appeals board shall presume the
12 respiratory disease arose out of and in the course of the
13 employment. This presumption shall be extended to a hospital
14 employee following termination of employment for a period of 3
15 calendar months for each full year of employment, but not to
16 exceed ~~420~~ 60 months, beginning with the last date actually worked
17 in the specified capacity. The respiratory disease that develops or
18 manifests in a hospital employee who provides direct patient care
19 in an acute care hospital shall not be attributed to a disease existing
20 prior to that development or manifestation.

21 (d) As used in this section:

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

25 (2) "Respiratory disease" includes asthma or the 2019 novel
26 coronavirus disease (COVID-19) from SARS-CoV-2 and its
27 variants.