

**ASSEMBLY BILL**

**No. 290**

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**Introduced by Assembly Member Bauer-Kahan**

January 22, 2025

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An act to amend Sections 1317, 1317.3, 1317.4, and 1317.6 of the Health and Safety Code, relating to health care.

LEGISLATIVE COUNSEL’S DIGEST

AB 290, as introduced, Bauer-Kahan. Emergency services and care.

Existing law requires the State Department of Public Health (department) to license and regulate each health facility, defined to mean a facility, place, or building that is organized, maintained, and operated for the diagnosis, care, prevention, and treatment of human illness, and includes, among others, a general acute care hospital and an acute psychiatric hospital.

Existing law, the Unruh Civil Rights Act (Unruh Act), specifies that all persons within the jurisdiction of the state are free and equal, and no matter their sex, race, color, religion, ancestry, national origin, disability, medical condition, genetic information, marital status, sexual orientation, citizenship, primary language, or immigration status are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind.

Existing law requires a health facility that maintains and operates an emergency department to provide emergency services and care, as defined, to any person requesting the services or care for any condition in which the person is in danger of loss of life, or serious injury or illness, as specified. Existing law prohibits the provision of emergency services and care from being based on or affected by, among other characteristics, a person’s ethnicity, citizenship, age, preexisting medical

condition, insurance status, economic status, or a characteristic identified in the Unruh Act, as specified. Existing law requires a hospital to adopt a policy prohibiting discrimination in the provision of emergency services and care, and to prohibit physicians and surgeons who serve on an “on-call” basis to the hospital’s emergency room from refusing to respond to a call, based on the characteristics described above. If a hospital fails to timely adopt the required policies and protocols, in addition to denial or revocation of any of its licenses, existing law subjects the hospital to a fine not to exceed \$1,000 for each day after 60 days’ written notice from the department that the hospital’s policies or protocols are inadequate, as specified.

This bill would delete citizenship and preexisting medical condition, which are also similarly identified in the Unruh Act, from the list of characteristics prohibited from being considered with respect to the provision of emergency services and care. The bill would increase the fine for a hospital’s failure to adopt the policies and protocols required for the provision of emergency services and care to \$1,000,000 per day.

Existing law prohibits a hospital, governmental agency, or person from retaliating against, penalizing, or taking other specified actions against a physician or other personnel for reporting in good faith a violation of the requirements governing the provision of emergency services and care, or for refusing to transfer a patient when the physician determines that the transfer or delay caused by the transfer will create a medical hazard to the person, as specified. Existing law subjects a person who violates either of these prohibitions to a civil penalty of no more than \$10,000 per violation.

This bill would increase the maximum amount of that civil penalty to \$1,000,000 per violation.

Under existing law, a hospital found by the department to have committed or been responsible for a violation of the requirements governing the provision of emergency services and care is subject to a civil penalty in an amount not to exceed \$25,000 for each hospital violation, except as specified. A physician and surgeon found by the Medical Board of California to have committed or been responsible for a violation of those requirements is subject to a civil penalty by the board not to exceed \$5,000. Existing law establishes a cumulative maximum limit of \$30,000 for civil penalties against hospitals assessed under these provisions and under a specified federal provision governing emergency examination and treatment for emergency medical conditions and women in labor. Existing law requires the department, when

determining the amount of a penalty for a hospital violation, to take into account factors including, but not limited to, civil fines that have been imposed for violating the federal provisions. Existing law requires the department to return or credit state penalty amounts to a hospital to ensure that the cumulative maximum limit is not exceeded.

This bill would increase the maximum amount of a civil penalty against a hospital or physician and surgeon that violated the above-referenced requirements to \$1,000,000, respectively. The bill would delete the provisions requiring the cumulative maximum penalty limit and the requirement that the department consider the above-described civil fines imposed for violating federal provisions.

Existing law authorizes a person who suffers personal harm and any medical facility that suffers financial loss resulting from a violation of the requirements relating to the provision of emergency services and care to recover damages, attorney's fees, and other appropriate relief in a civil action against the transferring or receiving hospital, as specified. Existing law also authorizes a person potentially harmed by the emergency services and care provisions or implementing regulations, or the local district attorney or the Attorney General, to bring a civil action to enjoin the violation, as prescribed.

This bill additionally would authorize the local district attorney or the Attorney General to bring a civil action against an entity that violates an injunction issued according to the above provisions, as specified. The bill would require a court to award a civil penalty of up to \$1,000,000, attorney's fees, and litigation costs to the prevailing party.

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. Section 1317 of the Health and Safety Code is  
2 amended to read:  
3 1317. (a) Emergency services and care shall be provided to  
4 any person requesting the services or care, or for whom services  
5 or care is requested, for any condition in which the person is in  
6 danger of loss of life, or serious injury or illness, at any health  
7 facility licensed under this chapter that maintains and operates an  
8 emergency department to provide emergency services to the public  
9 when the health facility has appropriate facilities and qualified  
10 personnel available to provide the services or care.

(b) In no event shall the provision of emergency services and care be based upon, or affected by, the person's ethnicity, citizenship, ~~age, preexisting medical condition,~~ age, insurance status, economic status, ability to pay for medical services, or any other characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, ~~preexisting~~ medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient.

(c) Neither the health facility, its employees, nor any physician and surgeon, dentist, clinical psychologist, or podiatrist shall be liable in any action arising out of a refusal to render emergency services or care if the refusal is based on the determination, exercising reasonable care, that the person is not suffering from an emergency medical condition, or that the health facility does not have the appropriate facilities or qualified personnel available to render those services.

(d) Emergency services and care shall be rendered without first questioning the patient or any other person as to ~~his or her~~ *their* ability to pay therefor. However, the patient or ~~his or her~~ *their* legally responsible relative or guardian shall execute an agreement to pay therefor or otherwise supply insurance or credit information promptly after the services are rendered.

(e) If a health facility subject to this chapter does not maintain an emergency department, its employees shall nevertheless exercise reasonable care to determine whether an emergency exists and shall direct the persons seeking emergency care to a nearby facility that can render the needed services, and shall assist the persons seeking emergency care in obtaining the services, including transportation services, in every way reasonable under the circumstances.

(f) A general acute care hospital or acute psychiatric hospital shall not require a person who voluntarily seeks care to be in custody pursuant to Section 5150 of the Welfare and Institutions Code as a condition of accepting a transfer of that person after ~~his or her~~ *the person's* written consent for treatment and transfer is documented or in the absence of evidence of probable cause for detention, as defined in Section 5150.05 of the Welfare and Institutions Code.

(g) An act or omission of a rescue team established by a health facility licensed under this chapter, or operated by the federal or state government, a county, or by the Regents of the University of California, done or omitted while attempting to resuscitate a person who is in immediate danger of loss of life shall not impose any liability upon the health facility, the officers, members of the staff, nurses, or employees of the health facility, including, but not limited to, the members of the rescue team, or upon the federal or state government or a county, if good faith is exercised.

(h) "Rescue team," as used in this section, means a special group of physicians and surgeons, nurses, and employees of a health facility who have been trained in cardiopulmonary resuscitation and have been designated by the health facility to attempt, in cases of emergency, to resuscitate persons who are in immediate danger of loss of life.

(i) This section does not relieve a health facility of any duty otherwise imposed by law upon the health facility for the designation and training of members of a rescue team or for the provision or maintenance of equipment to be used by a rescue team.

SEC. 2. Section 1317.3 of the Health and Safety Code is amended to read:

1317.3. (a) As a condition of licensure, each hospital shall adopt, in consultation with the medical staff, policies and transfer protocols consistent with this article and ~~regulations adopted hereunder.~~ *its implementing regulations.*

(b) As a condition of licensure, each hospital shall adopt a policy prohibiting discrimination in the provision of emergency services and care based on ethnicity, ~~citizenship, age, preexisting medical condition,~~ *age*, insurance status, economic status, ability to pay for medical services, or any characteristic listed or defined in subdivision (b) or (e) of Section 51 of the Civil Code, except to the extent that a circumstance such as age, sex, ~~preexisting~~ medical condition, or physical or mental disability is medically significant to the provision of appropriate medical care to the patient. Transfer by a hospital of a patient who requires evaluation for involuntary psychiatric treatment, as determined by the receiving hospital or other receiving health facility, based upon the decision of a professional person duly authorized by law to make that decision, shall not constitute discrimination for the purposes of this section,

1 if the transferring hospital has not been designated as an evaluation  
2 facility by a county pursuant to Section 5150 of the Welfare and  
3 Institutions Code, and if the transfer is in compliance with Section  
4 1317.2.

5 (c) As a condition of licensure, each hospital shall require that  
6 physicians and surgeons who serve on an “on-call” basis to the  
7 hospital’s emergency room cannot refuse to respond to a call on  
8 the basis of the patient’s ethnicity, ~~citizenship, age, preexisting~~  
9 ~~medical condition, age, insurance status, economic status, ability~~  
10 ~~to pay for medical services, or any characteristic listed or defined~~  
11 ~~in subdivision (b) or (e) of Section 51 of the Civil Code, except to~~  
12 ~~the extent that a circumstance such as age, sex, preexisting medical~~  
13 ~~condition, or physical or mental disability is medically significant~~  
14 ~~to the provision of appropriate medical care to the patient. If a~~  
15 ~~contract between a physician and surgeon and hospital for the~~  
16 ~~provision of emergency room coverage presently prevents the~~  
17 ~~hospital from imposing those conditions, the conditions shall be~~  
18 ~~included in the contract as soon as is legally permissible. Nothing~~  
19 ~~in this section shall be construed as requiring that any physician~~  
20 ~~serve~~ *This section does not require a physician to serve* on an  
21 “on-call” basis.

22 (d) As a condition of licensure, all hospitals shall inform all  
23 persons presented to an emergency room or their representatives  
24 if any are present and the person is unable to understand verbal or  
25 written communication, both orally and in writing, of the reasons  
26 for the transfer or refusal to provide emergency services and care  
27 and of the person’s right to emergency services and care prior to  
28 transfer or discharge without regard to ability to pay. ~~Nothing in~~  
29 ~~this subdivision requires~~ *This subdivision does not require*  
30 notification of the reasons for the transfer in advance of the transfer  
31 where a person is unaccompanied and the hospital has made a  
32 reasonable effort to locate a representative, and because of the  
33 person’s physical or mental condition, notification is not possible.  
34 All hospitals shall prominently post a sign in their emergency  
35 rooms informing the public of their rights. Both the posted sign  
36 and written communication concerning the transfer or refusal to  
37 provide emergency services and care shall give the address of the  
38 department as the ~~government~~ *governmental* agency to contact in  
39 the event the person wishes to complain about the hospital’s  
40 conduct.

1 (e) If a hospital does not timely adopt the policies and protocols  
2 required in this article, the hospital, in addition to denial or  
3 revocation of any of its licenses, shall be subject to a fine not to  
4 exceed ~~one thousand dollars (\$1,000)~~ *one million dollars*  
5 *(\$1,000,000)* each day after expiration of 60 days' written notice  
6 from the state department that the hospital's policies or protocols  
7 required by this article are inadequate unless the delay is excused  
8 by the state department upon a showing of good and sufficient  
9 cause by the hospital. The notice shall include a detailed statement  
10 of the state department's reasons for its determination and  
11 suggested changes to the hospital's protocols ~~which~~ *that* would be  
12 acceptable to the state department.

13 ~~(f) Each hospital's policies and protocols required in or under~~  
14 ~~this article shall be submitted for approval to the state department~~  
15 ~~by December 31, 1988.~~

16 SEC. 3. Section 1317.4 of the Health and Safety Code is  
17 amended to read:

18 1317.4. (a) All hospitals shall maintain records of each transfer  
19 made or received, including the ~~"Memorandum of Transfer"~~  
20 *"Transfer Summary"* described in subdivision (f) of Section  
21 1317.2, for a period of three years.

22 (b) All hospitals making or receiving transfers shall file with  
23 the state department annual reports on forms prescribed by the  
24 ~~department~~ *department*, which shall describe the aggregate number  
25 of transfers made and received according to the person's insurance  
26 status and reasons for transfers.

27 (c) The receiving hospital, and all physicians, other licensed  
28 emergency room health personnel, and certified prehospital  
29 emergency personnel at the receiving hospital who know of  
30 apparent violations of this article or ~~the regulations adopted~~  
31 ~~hereunder~~ *its implementing regulations* shall, and the corresponding  
32 personnel at the transferring hospital and the transferring hospital  
33 may, report the apparent violations to the state department on a  
34 form prescribed by the state department within one week following  
35 its occurrence. The state department shall promptly send a copy  
36 of the form to the hospital administrator and appropriate medical  
37 staff committee of the transferring hospital and the local emergency  
38 medical services agency, unless the state department concludes  
39 that the complaint does not allege facts requiring further  
40 investigation, or is otherwise unmeritorious, or the state department

1 concludes, based upon the circumstances of the case, that its  
2 investigation of the allegations would be impeded by disclosure  
3 of the form. When two or more persons required to report jointly  
4 have knowledge of an apparent violation, a single report may be  
5 made by a member of the team selected by mutual agreement in  
6 accordance with hospital protocols. Any individual, required to  
7 report by this section, who disagrees with the proposed joint report  
8 has a right and duty to separately report.

9 A failure to report under this subdivision shall not constitute a  
10 violation within the meaning of Section 1290 or 1317.6.

11 (d) ~~No~~ A hospital, ~~government~~ *governmental* agency, or person  
12 shall *not* retaliate against, penalize, institute a civil action against,  
13 or recover monetary relief from, or otherwise cause any injury to  
14 a physician or other personnel for reporting in good faith an  
15 apparent violation of this article or ~~the regulations adopted~~  
16 ~~hereunder~~ *its implementing regulations* to the state department,  
17 hospital, medical staff, or any other interested party or ~~government~~  
18 *governmental* agency.

19 (e) ~~No~~ A hospital, ~~government~~ *governmental* agency, or person  
20 shall *not* retaliate against, penalize, institute a civil action against,  
21 or recover monetary relief from, or otherwise cause any injury to  
22 a physician who refused to transfer a patient when the physician  
23 determines, within reasonable medical probability, that the transfer  
24 or delay caused by the transfer will create a medical hazard to the  
25 person.

26 (f) Any person who violates subdivision (d) or (e) ~~of Section~~  
27 ~~1317.4~~ is subject to a civil ~~money~~ penalty of no more than ~~ten~~  
28 ~~thousand dollars (\$10,000)~~ *one million dollars (\$1,000,000)* per  
29 violation. The remedy specified in this section shall be in addition  
30 to any other remedy provided by law.

31 (g) The state department shall on an annual basis publish and  
32 provide to the Legislature a statistical summary by county on the  
33 extent of economic transfers of emergency patients, the frequency  
34 of medically hazardous transfers, the insurance status of the patient  
35 populations being transferred and all violations finally determined  
36 by the state department describing the nature of the violations,  
37 hospitals involved, and the action taken by the state department  
38 in response. These summaries shall not reveal the identity of  
39 individual persons transferred.



1 (h) Proceedings by the state department to impose a fine under  
2 Section 1317.3 or 1317.6, and proceedings by the board to impose  
3 a fine under Section 1317.6, shall be conducted as follows:

4 (1) If a hospital desires to contest a proposed fine, the hospital  
5 shall within 15 business days after service of the notice of proposed  
6 fine notify the director in writing of its intention to contest the  
7 proposed fine. If requested by the hospital, the director or the  
8 director's designee, shall hold, within 30 business days, an informal  
9 conference, at the conclusion of which ~~he or she~~ *the director or*  
10 *the director's designee* may affirm, modify, or dismiss the proposed  
11 fine. If the director or the director's designee affirms, modifies, or  
12 dismisses the proposed fine, ~~he or she~~ *they* shall state with  
13 ~~particularity in writing his or her~~ *particularity, in writing, the*  
14 reasons for that action, and shall immediately transmit a copy  
15 thereof to the hospital. If the hospital desires to contest a  
16 determination made after the informal conference, the hospital  
17 shall inform the director in writing within 15 business days after  
18 it receives the decision by the director or director's designee. The  
19 hospital shall not be required to request an informal conference to  
20 contest a proposed fine, as specified in this section. If the hospital  
21 fails to notify the director in writing that it intends to protest the  
22 proposed fine within the times specified in this subdivision, the  
23 proposed fine shall be deemed a final order of the state department  
24 and shall not be subject to further administrative review.

25 (2) If a hospital notifies the director that it intends to contest a  
26 proposed fine, the director shall immediately notify the Attorney  
27 General. Upon notification, the Attorney General shall promptly  
28 take all appropriate action to enforce the proposed fine in a court  
29 of competent jurisdiction for the county in which the hospital is  
30 located.

31 (3) A judicial action to enforce a proposed fine shall be filed  
32 by the Attorney General after a hospital notifies the director of its  
33 intent to contest the proposed fine. If a judicial proceeding is  
34 prosecuted under the provisions of this section, the state department  
35 shall have the burden of establishing by a preponderance of the  
36 evidence that the alleged facts supporting the proposed fine  
37 occurred, that the alleged facts constituted a violation for which a  
38 fine may be assessed under Section 1317.3, 1317.4, or 1317.6, and  
39 the proposed fine is appropriate. The state department shall also  
40 have the burden of establishing by a preponderance of the evidence

1 that the assessment of the proposed fine should be upheld. If a  
2 hospital timely notifies the state department of its decision to  
3 contest a proposed fine, the fine shall not be due and payable unless  
4 and until the judicial proceeding is terminated in favor of the state  
5 department.

6 (4) Action brought under the provisions of this section shall be  
7 set for trial at the earliest possible date and shall take precedence  
8 on the court calendar over all other cases except matters to which  
9 equal or superior precedence is specifically granted by law. Times  
10 for responsive pleading and for hearing any such proceeding shall  
11 be set by the judge of the court with the object of securing a  
12 decision as to subject matters at the earliest possible time.

13 (5) If the proposed fine is dismissed or reduced, the state  
14 department shall take action immediately to ensure that the public  
15 records reflect in a prominent manner that the proposed fine was  
16 dismissed or reduced.

17 (6) In lieu of a judicial proceeding, the state department and the  
18 hospital may jointly elect to submit the matter to binding  
19 arbitration, in which case, the department shall initiate arbitration  
20 proceedings. The parties shall agree upon an arbitrator designated  
21 by the American Arbitration Association in accordance with the  
22 Association's established rules and procedures. The arbitration  
23 hearing shall be set within 45 days of the parties' joint election,  
24 but in no event less than 28 days from the date of selection of an  
25 arbitrator. The arbitration hearing may be continued up to 15 days  
26 if necessary at the arbitrator's discretion. The decision of arbitrator  
27 shall be based upon substantive law and shall be binding on all  
28 parties, subject to judicial review. This review shall be limited to  
29 whether there was substantial evidence to support the decision of  
30 the arbitrator.

31 (7) Proceedings by the board to impose a fine under Section  
32 1317.6 shall be conducted in accordance with Chapter 5  
33 (commencing with Section 11500) of Part 1 of Division 3 of Title  
34 2 of the Government Code.

35 SEC. 4. Section 1317.6 of the Health and Safety Code is  
36 amended to read:

37 1317.6. (a) Hospitals found by the state department to have  
38 committed or to be responsible for a violation of this article or the  
39 ~~regulations adopted pursuant thereto~~ *its implementing regulations*  
40 shall be subject to a civil penalty by the state department in an

1 amount not to exceed ~~twenty-five thousand dollars (\$25,000)~~ *one*  
2 *million dollars (\$1,000,000)* for each hospital violation. In  
3 determining the amount of the fine for a hospital violation, the  
4 state department shall take into account all of the following:

- 5 (1) Whether the violation was knowing or unintentional.
- 6 (2) Whether the violation resulted or was reasonably likely to  
7 result in a medical hazard to the patient.
- 8 (3) The frequency or gravity of the violation.
- 9 ~~(4) Other civil fines which have been imposed as a result of~~  
10 ~~the violation under Section 1395 of Title 42 of the United States~~  
11 ~~Code.~~

12 (b) Notwithstanding this section, the director shall refer any  
13 alleged violation by a hospital owned and operated by a health  
14 care service plan involving a plan member or enrollee to the  
15 Department of Managed Health Care unless the director determines  
16 the complaint is without reasonable basis. The Department of  
17 Managed Health Care shall have sole authority and responsibility  
18 to enforce this article with respect to violations involving hospitals  
19 owned and operated by health care service plans in their treatment  
20 of plan members or enrollees.

21 (c) Physicians and surgeons found by the board to have  
22 committed, or to be responsible for, a violation of this article or  
23 ~~the regulations adopted pursuant thereto~~ *its implementing*  
24 *regulations* shall be subject to any and all penalties ~~which~~ *that* the  
25 board may lawfully impose and may be subject to a civil penalty  
26 by the board in an amount not to exceed ~~five thousand dollars~~  
27 ~~(\$5,000)~~ *one million dollars (\$1,000,000)* for each violation. ~~A~~  
28 ~~civil penalty imposed under this subdivision shall not duplicate~~  
29 ~~federal fines, and the board shall credit any federal fine against a~~  
30 ~~civil penalty imposed under this subdivision.~~

31 (d) The board may impose fines when it finds any of the  
32 following:

- 33 (1) The violation was knowing or willful.
- 34 (2) The violation was reasonably likely to result in a medical  
35 hazard.
- 36 (3) There are repeated violations.

37 ~~(e) It is the intent of the Legislature that the state department~~  
38 ~~has primary responsibility for regulating the conduct of hospital~~  
39 ~~emergency departments and that fines imposed under this section~~  
40 ~~should not be duplicated by additional fines imposed by the federal~~

1 government as a result of the conduct which constituted a violation  
2 of this section. To effectuate the Legislature's intent, the Governor  
3 shall inform the Secretary of the federal Department of Health and  
4 Human Services of the enactment of this section and request the  
5 federal department to credit any penalty assessed under this section  
6 against any subsequent civil monetary penalty assessed pursuant  
7 to Section 1395dd of Title 42 of the United States Code for the  
8 same violation.

9 (f) There shall be a cumulative maximum limit of thirty thousand  
10 dollars (\$30,000) in fines assessed against hospitals under this  
11 article and under Section 1395dd of Title 42 of the United States  
12 Code for the same circumstances. To effectuate this cumulative  
13 maximum limit, the state department shall do both of the following:

14 (1) As to state fines assessed prior to the final conclusion,  
15 including judicial review, if available, of an action against a  
16 hospital by the federal Department of Health and Human Services  
17 under Section 1395dd of Title 42 of the United States Code (for  
18 the same circumstances finally deemed to have been a violation  
19 of this article or the regulations adopted hereunder, because of the  
20 state department action authorized by this article), remit and return  
21 to the hospital within 30 days after conclusion of the federal action,  
22 that portion of the state fine necessary to assure that the cumulative  
23 maximum limit is not exceeded.

24 (2) Immediately credit against state fines assessed after the final  
25 conclusion, including judicial review, if available, of an action  
26 against a hospital by the federal Department of Health and Human  
27 Services under Section 1395dd of Title 42 of the United States  
28 Code, which results in a fine against a hospital (for the same  
29 circumstances finally deemed to have been a violation of this article  
30 or the regulations adopted hereunder, because of the state  
31 department action authorized by this article), the amount of the  
32 federal fine, necessary to assure the cumulative maximum limit is  
33 not exceeded.

34 (g)

35 (e) Any hospital found by the state department pursuant to  
36 procedures established by the state department to have committed  
37 a violation of this article or the regulations adopted hereunder *its*  
38 *implementing regulations* may have its emergency medical service  
39 permit revoked or suspended by the state department.

40 (h)

1 (f) Any administrative or medical personnel who knowingly  
2 and intentionally violates any provision of this article, may be  
3 charged by the local district attorney with a misdemeanor.

4 (i)

5 (g) Notification of each violation found by the state department  
6 of the provisions of this article or ~~the regulations adopted hereunder~~  
7 *its implementing regulations* shall be sent by the state department  
8 to the Joint Commission for the Accreditation of Hospitals, the  
9 state emergency medical services authority, and local emergency  
10 medical services agencies.

11 (j)

12 (h) Any person who suffers personal harm and any medical  
13 facility ~~which that~~ suffers a financial loss as a result of a violation  
14 of this article or ~~the regulations adopted hereunder~~ *its implementing*  
15 *regulations* may recover, in a civil action against the transferring  
16 or receiving hospital, damages, *including punitive damages*,  
17 reasonable attorney's fees, and other appropriate relief. Transferring  
18 and receiving hospitals from which inappropriate transfers of  
19 persons are made or refused in violation of this article and the  
20 regulations adopted hereunder shall be liable for the reasonable  
21 charges of the receiving or transferring hospital for providing the  
22 services and care ~~which that~~ should have been provided. Any  
23 person potentially harmed by a violation of this article or ~~the~~  
24 ~~regulations adopted hereunder~~, *its implementing regulations*, or  
25 the local district attorney or the Attorney General, may bring a  
26 civil action against the responsible hospital or administrative or  
27 medical personnel, to enjoin the violation, and if the injunction  
28 issues, the court shall award reasonable attorney's fees. The  
29 provisions of this subdivision are in addition to other civil remedies  
30 and do not limit the availability of the other remedies.

31 (i) (1) *The local district attorney or the Attorney General may*  
32 *bring a civil action against an entity that violates an injunction*  
33 *issued pursuant to subdivision (h).*

34 (2) *A court shall award a prevailing plaintiff who brings an*  
35 *action pursuant to paragraph (1) all of the following:*

36 (A) *A civil penalty of up to one million dollars (\$1,000,000) per*  
37 *violation.*

38 (B) *Reasonable attorney's fees and litigation costs.*

39 (3) *Each day that an entity violates an injunction issued pursuant*  
40 *to subdivision (h) gives rise to a distinct violation of this section.*

- 1     (4) *The provisions of this subdivision are in addition to other*  
2     *civil remedies and do not limit the availability of other remedies.*  
3     ~~(k)~~  
4     (j) The civil remedies established by this section do not apply  
5     to violations of any requirements established by any county or  
6     county agency.