

AMENDED IN ASSEMBLY APRIL 17, 2024

AMENDED IN ASSEMBLY MARCH 11, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1991**

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**Introduced by Assembly Member Bonta**

January 30, 2024

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An act to amend Section 502 of the Business and Professions Code, relating to healing arts.

LEGISLATIVE COUNSEL'S DIGEST

AB 1991, as amended, Bonta. Licensee and registrant records.

Existing law establishes uniform requirements for the reporting and collection of workforce data from health care-related licensing boards. Existing law requires certain boards that regulate healing arts licensees or registrants to request specified workforce data from their respective licensees and registrants and requires the data to be requested at the time of electronic license or registration renewal, as specified. Existing law provides that a licensee or registrant is not required to provide the specified workforce data as a condition for license or registration renewal, and that those individuals who do not provide that data are not subject to discipline.

This bill would, instead, require certain boards that regulate healing arts licensees or registrants to collect workforce data from their respective licensees or registrants, and would require that data to be required at the time of electronic license or registration renewal, as specified. The bill would, instead, require a licensee or registrant to provide the specified workforce data as a condition for license or registration renewal and *would prohibit certain boards, notwithstanding*

that condition, from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the workforce data. The bill would delete the provision that specifies that a licensee or registrant shall not be subject to discipline for not providing that information.

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 502 of the Business and Professions Code  
2 is amended to read:

3 502. (a) Notwithstanding any other law, both of the following  
4 apply:

5 (1) The Board of Registered Nursing, the Board of Vocational  
6 Nursing and Psychiatric Technicians of the State of California, the  
7 Physician Assistant Board, and the Respiratory Care Board of  
8 California shall collect workforce data from their respective  
9 licensees and registrants as specified in subdivision (b) for future  
10 workforce planning at least biennially. The data shall be collected  
11 at the time of electronic license or registration renewal for those  
12 boards that utilize electronic renewals for licensees or registrants.

13 (2) All other boards that are not listed in paragraph (1) that  
14 regulate healing arts licensees or registrants under this division  
15 shall collect workforce data from their respective licensees and  
16 registrants as specified in subdivision (b) for future workforce  
17 planning at least biennially. The data shall be required at the time  
18 of electronic license or registration renewal for those boards that  
19 utilize electronic renewals for licensees or registrants.

20 (b) In conformance with specifications under subdivision (d),  
21 the workforce data collected or required by each board about its  
22 licensees and registrants shall include, at a minimum, all of the  
23 following information:

- 24 (1) Anticipated year of retirement.
- 25 (2) Area of practice or specialty.
- 26 (3) City, county, and ZIP Code of practice.
- 27 (4) Date of birth.
- 28 (5) Educational background and the highest level attained at  
29 time of licensure or registration.
- 30 (6) Gender or gender identity.

- 1 (7) Hours spent in direct patient care, including telehealth hours
- 2 as a subcategory, training, research, and administration.
- 3 (8) Languages spoken.
- 4 (9) National Provider Identifier.
- 5 (10) Race or ethnicity.
- 6 (11) Type of employer or classification of primary practice site
- 7 among the types of practice sites specified by the board, including,
- 8 but not limited to, clinic, hospital, managed care organization, or
- 9 private practice.
- 10 (12) Work hours.
- 11 (13) Sexual orientation.
- 12 (14) Disability status.
- 13 (c) Each board shall maintain the confidentiality of the
- 14 information it receives from licensees and registrants under this
- 15 section and shall only release information in an aggregate form
- 16 that cannot be used to identify an individual other than as specified
- 17 in subdivision (e).
- 18 (d) The Department of Consumer Affairs, in consultation with
- 19 the Department of Health Care Access and Information, shall
- 20 specify for each board subject to this section the specific
- 21 information and data that will be collected or requested pursuant
- 22 to subdivision (b). The Department of Consumer Affairs’
- 23 identification and specification of this information and data shall
- 24 be exempt until June 30, 2023, from the requirements of the
- 25 Administrative Procedure Act (Chapter 3.5 (commencing with
- 26 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
- 27 Code).
- 28 (e) Each board, or the Department of Consumer Affairs on its
- 29 behalf, shall, beginning on July 1, 2022, and quarterly thereafter,
- 30 provide the individual licensee and registrant data it collects
- 31 pursuant to this section to the Department of Health Care Access
- 32 and Information in a manner directed by the Department of Health
- 33 Care Access and Information, including license or registration
- 34 number and associated license or registration information. The
- 35 Department of Health Care Access and Information shall maintain
- 36 the confidentiality of the licensee and registrant information it
- 37 receives and shall only release information in an aggregate form
- 38 that cannot be used to identify an individual.

- 1 (f) (1) A licensee or registrant shall be required to provide the
- 2 information listed in subdivision (b) as a condition for license or
- 3 registration renewal.
- 4 (2) *Notwithstanding paragraph (1), a board described in*
- 5 *paragraph (2) of subdivision (a) shall not deny an application for*
- 6 *license or registration renewal solely because the licensee or*
- 7 *registrant failed to provide any of the information listed in*
- 8 *subdivision (b).*
- 9 (g) This section does not alter or affect mandatory reporting
- 10 requirements for licensees or registrants established pursuant to
- 11 this division, including, but not limited to, Sections 1715.5, 1902.2,
- 12 2425.3, and 2455.2.

Date of Hearing: May 1, 2024

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

AB 1991 (Bonta) – As Amended April 17, 2024

Policy Committee: Business and Professions Vote: 17 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

**SUMMARY:**

This bill requires all healing arts boards under the Department of Consumer Affairs (DCA) to collect, at least once every two years, specified workforce data from their licensees and registrants as a requirement of license or registration renewal, and requires the boards to provide that information to the Department of Health Care Access and Information (HCAI). This bill also prohibits a board from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the information required by this bill.

**FISCAL EFFECT:**

Minor and absorbable costs to DCA and HCAI.

**COMMENTS:**

1) **Purpose.** According to the author:

California faces major shortages of health workers, isn't producing enough new workers to meet future needs, and the current health workforce does not match the diversity of the state. These workforce supply and diversity problems have a major impact on health access, quality, and equity. There are sixteen health care professional oversight boards that "request" workforce data but do not require workforce data to be reported as condition as licensure. Without accurate information about the makeup of California's health workforce, it is difficult to assess whether or not programs designed to improve diversity and increase access to care in underserved areas are working as intended. This information will provide HCAI with data necessary to assess whether or not loan repayment programs intended to increase the diversity of the health workforce, and to encourage providers to serve in underserved areas, are working as intended.

2) **Background.** In February 2024, the Assembly Committee on Health held an informational hearing focused on Diversity in California's Health Care Workforce. The background paper for the hearing cited research showing "a health workforce that reflects the racial and ethnic diversity of the population can improve access to, quality of, and outcomes of care." As explained in the Health Committee's background paper, underrepresentation in the health care workforce both "contributes to health disparities" and "limits access to high-paying,

meaningful professions for underrepresented minorities.”

The California Health Care Foundation, in its 2021 report “Health Workforce Strategies for California: A Review of the Evidence,” cited research showing that while 39% of Californians identified as Latino/a in 2019, only 14% of medical school matriculants and 6% of active patient care physicians in California were Latino/a. A 2018 study published by the Latino Policy & Politics Initiative at the University of California, Los Angeles found that while nearly 44% of the California population speaks a language other than English at home, many of the most commonly spoken languages are underrepresented by the physician workforce.

The omnibus health trailer bill of the Budget Act of 2021 consolidated the existing workforce data collection requirements for four healing arts boards into one section with an expanded list of data points. The trailer bill did not require this data be collected by any additional boards under the DCA; instead, it provided that all other healing arts boards *request* the information.

### 3) **Prior Legislation.**

- a) AB 133 (Committee on Budget), Chapter 143, Statutes of 2021, consolidates workforce data collection requirements and requires all healing arts boards to request, if not require, that data.
- b) AB 1236 (Ting) of 2021 would have consolidated workforce data collection requirements and required all healing arts boards to collect that data. AB 1236 died on the inactive file of the Assembly Floor.

**Analysis Prepared by:** Allegra Kim / APPR. / (916) 319-2081