

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 1991 VERSION: AMENDED MARCH 11, 2024

AUTHOR: BONTA SPONSOR: AUTHOR

RECOMMENDED POSITION: NONE

SUBJECT: LICENSEE AND REGISTRANT RECORDS

Summary:

This bill would require healing arts boards under the Department of Consumer Affairs (DCA) to collect specified data from licensees and registrants at renewal.

Existing Law:

- 1) Establishes a health care workforce research and data center under the Department of Health Care Access and Information (HCAI). The data center is intended to serve as the central source of health care workforce and educational data in the state, and is responsible for the collection, analysis, and distribution of information on educational and employment trends for the health care occupations in the state. (Health and Safety Code (HSC) §128050)
- 2) Requires HCAI to work with the Employment Development Department, state licensing boards, and state higher education entities to collect data on the current supply of healthcare workers by specialty, their geographic distribution, their diversity, their current and forecasted demand, and the educational capacity to produce them. (HSC §128051)
- 3) Creates a Health Professions Education Fund within HCAI, for the purpose of providing scholarships and loans to students from underrepresented groups who are pursuing careers in the health professions. (HSC §128355)
- 4) Creates the Licensed Mental Health Service Provider Education Program within HCAI, which is a program that provides grants to licensed mental health service providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area to reimburse their educational loans. (HSC §§128454(a) and (c))

- 5) Requires HCAI to prepare an annual report to the Legislature containing specified information on education and employment trends in the health care profession, supply and demand, policy needs to address workforce shortages and distribution, and program outcomes and effectiveness. (HSC §128052)
- 6) Requires the Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians, Physician Assistant Board, and Respiratory Care Board to collect certain workforce data from their licensees and registrants for future workforce planning at least biennially. If the boards utilize electronic renewals, the data must be collected at renewal. (Business and Professions Code (BPC) §502(a)(1))
- 7) All other healing arts boards (including BBS) must request this workforce data from their licensees and registrants for future workforce planning at least biennially. If the boards utilize electronic renewals, the data must be requested at renewal. (BPC §502(a)(2))
- 8) Requires the data collected or requested to include the following (BPC §502(b)):
 - Anticipated year of retirement
 - Practice area or specialty
 - City, county, and zip code of practice
 - Birth date
 - Educational background/highest level attained
 - Gender or gender identity
 - Hours spent in direct patient care, including telehealth, training, research, and administration
 - Languages spoken
 - National provider identifier
 - Race or ethnicity
 - Type of employer or classification of primary practice site including clinic, hospital, managed care organization, or private practice
 - Work hours
 - Sexual orientation
 - Disability status
- 9) Requires DCA boards provide this information to HCAI quarterly. The information must be kept confidential and it can only be released in aggregate form that cannot be used to identify an individual. (BPC §502(c) and (e))
- 10) Provides that a licensee or registrant is not required to provide the above-listed data as a condition for renewal and are not subject to disciplinary action for not providing the information. (BPC §502(f))

This Bill:

- 1) Requires healing arts boards to collect the data specified in Item 8 above, rather than requiring that they request it. (BPC §502(a)(2) and (b))
- 2) Specifies that the data must be provided as a condition of license or registration renewal. Removes the language from statute that states a licensee or registrant cannot be subject to disciplinary action for not providing it. (BPC §502(f))

Comment:

- 1) **Author's Intent.** The author states that this bill will provide HCAI with the information necessary to determine whether or not the loan repayment programs they administer are having the intended effect of increasing diversity in the health care workforce and encouraging providers to work in underserved areas.

The author notes that the law requires the demographic information to be provided for a few types of health care professionals, and this provides HCAI with accurate data about how long loan recipients continue to practice in underserved areas past their required time commitments. They state that without accurate data, it is difficult to know whether HCAI's programs are working as intended.

- 2) **Current Practice.** The Board currently requests the demographic information at renewal, as prescribed by statute. Requiring the data would provide a more accurate picture of the demographics of the Board's licensee and registrant populations. However, this should be weighed along with the knowledge that some applicants may be uncomfortable answering certain demographic questions for various reasons.

- 3) **Previous Legislation.**

- **AB 133** (Committee on Budget, Chapter 143, Statutes of 2021) required various healing arts boards, including BBS, to request specified workforce demographic data from their licensees and registrants at the time of electronic license or registration renewal.
- **AB 2102** (Ting, Chapter 420, Statutes of 2014) required the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board, and the Board of Vocational Nursing and Psychiatric Technicians to collect and report specific demographic data relating to its licensees to OSHPD.

- 4) **Support and Opposition**

Support:

- None at this time.

Opposition:

- None at this time.

5) **History**

03/12/24 Re-referred to Com. on B. & P.

03/11/24 From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.

03/11/24 Referred to Com. on B. & P.

01/31/24 From printer. May be heard in committee March 1.

01/30/24 Read first time. To print.

AMENDED IN ASSEMBLY MARCH 11, 2024
california legislature—2023–24 regular session

ASSEMBLY BILL

No. 1991

Introduced by Assembly Member Bonta

January 30, 2024

An act to amend ~~Section 127885 of the Health and Safety Code, relating to public health.~~ *Section 502 of the Business and Professions Code, relating to healing arts.*

legislative counsel's digest

AB 1991, as amended, Bonta. ~~Health Professions Career Opportunity Program.~~ *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 delete the provision that specifies that

a licensee or registrant shall not be subject to discipline for not providing that information.

~~Existing law establishes the Department of Health Care Access and Information and requires the department to maintain a Health Professions Career Opportunity Program to, among other things, implement programs at colleges and universities selected by the department and include in those programs pipeline programs that provide comprehensive academic enrichment, career development, mentorship, and advising in order to support students from underrepresented regions and backgrounds to pursue health careers.~~

~~This bill would make technical, nonsubstantive changes to this provision.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~no~~-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 ~~request~~ collect workforce data from their respective licensees
16 and registrants as specified in subdivision (b) for future workforce
17 planning at least biennially. The data shall be ~~requested~~ required
18 at the time of electronic license or registration renewal for those
19 boards that utilize electronic renewals for licensees or registrants.

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

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

1 number and associated license or registration information. The
2 Department of Health Care Access and Information shall maintain
3 the confidentiality of the licensee and registrant information it
4 receives and shall only release information in an aggregate form
5 that cannot be used to identify an individual.

6 (f) A licensee or registrant shall ~~not~~ be required to provide the
7 information listed in subdivision (b) as a condition for license or
8 registration ~~renewal, and licensees or registrants shall not be subject~~
9 ~~to discipline for not providing the information listed in subdivision~~
10 ~~(b). renewal.~~

11 (g) This section does not alter or affect mandatory reporting
12 requirements for licensees or registrants established pursuant to
13 this division, including, but not limited to, Sections 1715.5, 1902.2,
14 2425.3, and 2455.2.

15 ~~SECTION 1. Section 127885 of the Health and Safety Code~~
16 ~~is amended to read:~~

17 ~~127885. (a) The department shall maintain a Health Professions~~
18 ~~Career Opportunity Program that shall include, but not be limited~~
19 ~~to, all of the following:~~

20 ~~(1) Implementing programs at colleges and universities selected~~
21 ~~by the department, which may include public and private~~
22 ~~institutions.~~

23 ~~(A) In selecting campuses for the programs, the department~~
24 ~~shall give priority to campuses in medically underserved areas or~~
25 ~~with students from groups underrepresented in medicine, a~~
26 ~~demonstrated commitment to diversity and associated institutional~~
27 ~~change, a track record of providing tailored student support, and~~
28 ~~strong health professions school partnerships.~~

29 ~~(B) The department may enter into contracts, to meet the~~
30 ~~requirements of this article, with nonprofit entities headquartered~~
31 ~~in California that have previous experience with administering~~
32 ~~statewide workforce programs aimed at building a diverse provider~~
33 ~~workforce.~~

34 ~~(C) The programs shall include one or both of the following:~~

35 ~~(i) Pipeline programs that provide comprehensive academic~~
36 ~~enrichment, career development, mentorship, and advising in order~~
37 ~~to support students from underrepresented regions and backgrounds~~
38 ~~to pursue health careers. This may include internships and~~
39 ~~fellowships to enable students to compete for admission to graduate~~

- 1 health professions schools or employment in the health field,
2 including, but not limited to, both of the following:
- 3 (I) Paid summer internships for students interning in community
4 health centers, in public health departments, in public behavioral
5 health settings, with geriatric providers, and with community-based
6 initiatives that promote health equity.
 - 7 (II) One year postundergraduate fellowships for in-depth,
8 pregraduate school experience in primary care and prevention,
9 behavioral health, and geriatric health.
- 10 (ii) Annual postbaccalaureate reapplicant slots and the provision
11 of student scholarships for reapplicant postbaccalaureate students
12 to cover program tuition.
- 13 (2) Producing and disseminating a series of publications aimed
14 at informing and motivating minority and disadvantaged students
15 to pursue health professional careers.
 - 16 (3) Conducting a conference series aimed at informing students
17 of opportunities in health professional training and mechanisms
18 of successfully preparing to enter the training.
 - 19 (4) Providing support and technical assistance to health
20 professional schools and colleges as well as to student and
21 community organizations active in health professional development
22 of underrepresented groups in medicine.
 - 23 (5) Conducting relevant health workforce information and data
24 analysis regarding underrepresented groups in medicine.
 - 25 (6) Providing necessary consultation, recruitment, and
26 counseling through other means.
 - 27 (7) Supporting and encouraging health professionals in training
28 who are from underrepresented groups to practice in health
29 professional shortage areas of California.
- 30 (b) This section shall be implemented only to the extent that
31 funds are appropriated for its purposes in the annual Budget Act
32 or other statute.

O