
CONSENT

Bill No: AB 1495
Author: Valencia (D)
Introduced: 2/21/25
Vote: 21

SENATE HEALTH COMMITTEE: 11-0, 7/9/25

AYES: Menjivar, Valladares, Durazo, Gonzalez, Grove, Limón, Padilla,
Richardson, Rubio, Weber Pierson, Wiener

ASSEMBLY FLOOR: 79-0, 6/3/25 - See last page for vote

SUBJECT: Home health aides: training and certification

SOURCE: Author

DIGEST: This bill (1) establishes requirements and standards for online training, distance learning training, or in-service training for certified home health aides (HHAs). (2) Requires a person who provides classroom and supervised practical training for an HHA to be either: a) a registered nurse (RN) who possesses at least two years nursing experience (with at least one year in home health care); or, b) a licensed vocational nurse under the general supervision of the RN.

ANALYSIS:

Existing federal regulations:

- 1) Requires an HHA to receive at least 12 hours of in-service training each year. Permits in-service training to occur while an HHA is furnishing care to a patient. Permits in-service training to be offered by any organization, but is required to be supervised by an RN. [Title 42 Code of Federal Regulations (CFR) §484.80 (d)]
- 2) Requires classroom and supervised practical training to be performed by an RN who has at least two years nursing experience, at least one year in home health

care, or by other individuals under the general supervision of the RN. [Title 42 CFR §484.80 (e)]

Existing law:

- 3) Requires organizations that provide skilled nursing services to patients in the home to obtain a home health agency license issued by the California Department of Public Health (CDPH). Prohibits any public or private organization from providing, or arranging for the provision of, skilled nursing services in the home without first obtaining a home health agency license. [Health and Safety Code (HSC) §1725(b) and §1726(a)]
- 4) Defines “home health aide” as an aide who has successfully completed a state-approved training program, is employed by a home health agency or hospice program, and provides personal care services in a patient’s home. Defines “home health aide services” as personal care services provided by a HHA under a plan of treatment prescribed by the patient’s physician. Requires a certified HHA applicant to:
 - a) Have successfully completed a training program with a minimum of 75 hours or an equivalent competency evaluation program approved by CDPH; and,
 - b) Obtain a criminal record clearance from the Department of Justice. [HSC §1727 and §1736.1(a)]
- 5) Requires HHA certificates to be renewed every two years and are conditioned on the certificate holder obtaining a criminal record clearance. [HSC §1736.6]
- 6) Requires CDPH to investigate complaints concerning misconduct by certified HHAs and permits CDPH to take disciplinary action, including denying, suspending, or revoking a certificate. Requires CDPH to maintain a registry that includes the status of all certified HHAs, including the status of any proposed or completed disciplinary actions. Requires home health agencies and hospice providers that hire certified HHAs to consult the registry prior to hiring these individuals or placing them in direct contact with patients. [HSC §1736.4 and §1736.5]

Existing state regulations:

- 7) Requires the basic training for an HHA certificate program to be 120 hours consisting of at least:

- a) Introduction (four hours): definition, functions, and responsibilities as a HHA as a member of the health service team in a home health agency; and, interpretations of the importance of understanding the employing agency's policies;
 - b) Interpretation of medical and social needs of people being served (20 hours): basic simple description, in lay terms, of disease and its effects on the individual and the family; and, personal adjustment of the individual and his family to illness and disability;
 - c) Personal care services (70 hours): supportive services which are required to help provide and maintain normal bodily and emotional comfort and to assist the patient toward independent living in a safe environment including at least, including assisting patients with personal hygiene; assisting patient in self-care activities (bathing, dressing, feeding); and, assisting with mobility;
 - d) Cleaning and care tasks in the home (10 hours): home safety measures; economical cleaning materials and method of use; maintenance of cleanliness where dishes and food are stored; principles of general cleanliness of environment; and, laundry;
 - e) Nutrition (16 hours): basic principles of diet; meal planning and serving; food purchasing; and, food preparation, sanitation and storage. [22 California Code of Regulations (CCR) §74747]
- 8) Requires the training to include a minimum of 20 hours of clinical experience, of which 15 hours are in personal services, two hours are in cleaning and care tasks, and three hours are in nutrition. Prohibits the training from being any more than 75 hours of classroom lecture. Requires training in personal care services to be given by an RN, preferably a public health nurse. Permits nutritionists, physical therapists, social workers and other health personnel to be involved in appropriate aspects of the training program. Permits personal care services training to be given at a hospital but the emphasis of the program is required to be on home care. [22 CCR §74747]

This bill:

- 1) Requires a person who provides classroom and supervised practical training for a HHA to be either: a) an RN who possesses at least two years nursing experience (with at least one year in home health care); or, b) a licensed vocational nurse under the general supervision of the RN. Prohibits either of these individuals from being required to hold a teaching credential to provide instruction as part of a HHA certification program.

- 2) Requires an online or distance learning training program for home health aide certification or in-service training to:
 - a) Provide online instruction in which the trainee and their approved instructor are online at the same or similar times and allows them to use real-time collaborative software that combines audio, video, file sharing, or any other forms of approved interaction and communication;
 - b) Require the use of a personal identification number or personal identification information that confirms the identity of a trainee or instructor, including, but not limited to, having a trainee sign an affidavit attesting under penalty of perjury as to their identity while completing the program;
 - c) Provide safeguards to protect personal information;
 - d) Include policies and procedures to ensure that instructors are accessible to trainees outside of the normal instruction times;
 - e) Include policies and procedures for equipment failures, student absences, and completing assignments past original deadlines;
 - f) Provide a clear explanation on its website of all technology requirements to participate in and complete the program; and,
 - g) Provide CDPH with statistics about the performance of trainees in the program, including, but not limited to, exam pass rate and the rate at which trainees repeat each module of the program, and any other information requested CDPH regarding trainee participation in and completion of the program.
- 3) Requires an online or distance learning training program or in-service training for certified HHAs to meet the same standards as a traditional, classroom-based program, and comply with any other standard established by CDPH for online or distance learning HHA training programs.
- 4) Permits CDPH, without taking any regulatory actions, to implement, interpret, or make specific provisions of this bill related to online or distance learning by an All Facilities Letter (AFL) or similar instruction.
- 5) Requires an online or distance learning training program or in-service training for HHA certification, as a condition of approval, to provide CDPH with access rights to the program for the purposes of verifying that it complies with all requirements and allowing the CDPH to monitor online or distance learning sessions.

- 6) Requires a certified HHA, in renewing an unexpired certificate, to submit evidence of completing at least 12 hours of in-service training during each 12-month period of the certification.

Comments

According to the author of this bill:

This bill is a crucial step toward addressing California's growing caregiving crisis. This bill empowers CDPH to permit online or distance learning training programs for HHA training programs. By 2030, one in four Californians will be aged 60 or older, with many relying on home health aides to meet their basic needs. Yet, we are expecting a shortfall of 600,000 to 3.2 million direct care workers by the same year. This bill will expand opportunities for individuals to obtain certification, ensuring we have a larger, qualified pool of home health aides to provide essential services for seniors and others who rely on in-home care. With this bill, we have the opportunity to make meaningful progress in addressing this shortage and ensuring that Californians have the support they deserve.

Background

Master Plan on Aging. In January 2021, the Newsom Administration published its Master Plan for Aging, which is intended to be a ten-year blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and “continue California’s leadership in aging, disability, and equity.” The Master Plan for Aging outlines five goals, 23 strategies, and over 100 initiatives. Goal two of the Master Plan, “Health Reimagined,” focuses on ensuring that older adults have access to the care and services needed to optimize health and quality of life and continue to live where they choose. The Master Plan notes that over half of older adults, especially women, will eventually need home care or adult day health care to assist with daily activities such as meal preparation, physical activity, and bathing. One of the key strategies outlined under “Health Reimagined” is “Bridging Health Care with Home,” including testing models of health care delivery that maximize access to services and avoid unnecessary institutionalization. Goal three of the Master Plan, “Inclusion and Equity, not Isolation,” focuses on opportunities for community engagement and protection from isolation.

Direct care workers. HHAs are categorized by the U.S. Bureau of Labor Statistics (BLS) as “direct care workers,” of which there are three types: HHAs, personal care assistants, and nursing assistants (in California these are referred to as

“certified nurse assistants” or CNAs). In general, personal care assistants provide custodial care, while HHAs and CNAs provide both custodial and limited skilled care. According to a January 2023 California Health Care Foundation (CHCF) Issue Brief, direct care workers are paid to provide essential, hands-on, daily, and long-term assistance to older adults and people with disabilities. They work in a range of settings (from private homes to community and congregate settings), assisting their clients to maximize their quality of life and supporting their clients’ ability to remain in their own homes or communities when possible. Many of California’s direct care workers come from historically marginalized backgrounds: 80% are women, almost half (47%) are immigrants, and over three-quarters are people of color (38% Latino; 24% Asian, Native Hawaiian, and Pacific Islander; and 12% Black). According to the CHCF Issue Brief, getting an accurate count of California’s direct care workforce is challenging. One reason is that the estimates include those employed by home health agencies and elder care service providers, but may not include independent providers. Additionally, direct care workers may have multiple jobs in different job categories, which could lead to double-counting. For example, a worker might have a full-time job at a nursing home as a CNA and pick up shifts as a personal care assistant at a second job. Finally, a hidden gray market for direct care workers occurs when consumers hire their own workers outside of a regulated program, making accurate counts of direct care workers even more complicated. According to the BLS, California had 811,670 direct care workers in 2021, including 717,220 personal care assistants and HHAs (who were counted as a single category) and 94,450 CNAs. According to CDPH, there are currently 25,234 individuals with active HHA certificates in California.

According to the CHCF Issue Brief, over the next decade, demand for direct care workers will outpace supply in California. Growing demand is driven by an aging and increasingly diverse population, fewer working-aged adults and family caregivers to support this aging population, a growing desire to remain in home and community-based settings, and an increased need for complex care provided in facility-based long-term care settings. Several factors constrain the supply of direct care workers. Direct care work is physically and emotionally demanding, yet wages for direct care workers remain low, and many direct care workers live in poverty. This contributes to high rates of burnout, turnover, and fewer people willing to perform these jobs. Moreover, direct care workers have been on the front line during the COVID-19 pandemic. Yet they were often rendered invisible despite their essential role, receiving little support, supplies, or resources from their employers.

Home health aide training requirements. While statute requires a minimum of 75 hours of training to be a certified home health aide, regulations actually require the basic training program for certification to be a minimum of 120 hours, with the classroom hours limited to 75 hours. Clinical training takes place in health facilities or through home health agencies. Applicants for HHA certificates must be at least 16 years old, obtain a criminal record clearance, and have completed an approved training program. CDPH approves two different types of training programs: a shorter “40 hour” program for applicants that are already CNAs, and therefore have already completed some related training, and the full 120 hour program for applicants without prior certification as a nurse assistant. There over 150 approved “40 hour programs” in 31 counties according to the CDPH L&C website. There only 18 “120 hour programs” listed on the website, and in more limited locations (only in the counties of Alameda, Contra Costa, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Diego, and Sonoma). Programs are offered through community colleges, private nursing schools and career colleges, and public school districts.

COVID-19 waiver. As part of Governor Newsom’s declared State of Emergency during the COVID-19 pandemic, CDPH was granted authority to waive any professional licensing and certification requirements and amend scopes of practices for CNAs, HHAs, and nursing home administrators (among other professions). This was done in order to facilitate the continued provision of health care during the pandemic, and was only authorized for the duration of the declared emergency. CDPH issued an AFL (AFL 20-57.5) stating that an “HHA Training Program may provide up to 75 hours of required classroom training through an online or distance learning format and may begin providing online or distance learning training immediately upon electronic submission of notification to CDPH.” AFL 20-57.5 was rescinded after the state of emergency ended.

Related/Prior Legislation

AB 2069 (Villapudua of 2022) would have established the California Home Health Aide Training Scholarship Act, administered by the Department of Health Care Access and Information (HCAI), to incentivize enrollment in home health aide training programs by awarding \$1,500 scholarships. AB 2069 was vetoed by Governor Newsom, who stated, in part: “I support the author’s goal of expanding the home health aide workforce. However, this bill duplicates existing HCAI programs that provide funding and scholarships to support and expand the home health aide workforce throughout the state. An individual interested in becoming a

home health aide can apply to HCAI's Allied Healthcare Scholarship Program for financial assistance.”

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: Yes

Senate Rule 28.8

SUPPORT: (Verified 8/18/25)

Alzheimer’s Association

California Association for Health Services at Home

CleanEarth4Kids.org

OPPOSITION: (Verified 8/18/25)

None received

ARGUMENTS IN SUPPORT: The Alzheimer’s Association (AA) supports this bill and states that HHAs provide an integral service to individuals living with Alzheimer’s disease or other dementia by assisting them with Activities of Daily Living. This also provides caregivers with some respite from their responsibilities for their own personal care, which prevents caregiver fatigue. AA argues that under this bill HHAs will receive training to provide quality care to individuals who are living at home with their condition. This training will give caregivers a sense of comfort when leaving their loved one, which can be a guilt-ridden and anxiety inducing experience. AA concludes that this bill provides access to a profession that is badly needed especially as California’s population is aging in a critical mass. The California Association for Health Services at Home (CAHSAH) also supports this bill stating California’s allied health workforce is critically in need of more certified HHAs as California’s senior population continues to grow exponentially each year. CAHSAH says home health agencies are experiencing more hospital referrals for patients who need home health services. California must be ready with a qualified workforce to meet the growing demands of individuals who wish to receive care in their homes. CAHSAH is especially pleased that this bill contains provisions to authorize certified home health aides to complete their continuing education units online. With the growing advancements in online training and the requirement for an RN or LVN to provide the classroom or supervised practical training required for qualification as a certified HHA, CAHSAH is confident the right bill provisions are in place to ensure quality care. Certified HHA training programs are very limited throughout the state and many counties do not offer training programs. CAHSAH concludes that’ creating the authorization for completing training online will greatly improve access to training throughout the entire state and especially in California’s rural areas.

ASSEMBLY FLOOR: 79-0, 6/3/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

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