

Date of Hearing: March 24, 2026

ASSEMBLY COMMITTEE ON HEALTH

Mia Bonta, Chair

AB 1591 (Michelle Rodriguez) – As Introduced January 15, 2026

**SUBJECT:** California Podiatric Pipeline Program.

**SUMMARY:** Requires the Department of Health Care Access and Information (HCAI) to establish and administer the California Podiatric Pipeline Program to promote careers in podiatric medicine and support the educational advancement of California residents pursuing the doctor of podiatric medicine degree. Specifically, **this bill:**

- 1) Requires HCAI, in consultation with the California State University, the University of California, the Podiatric Medical Board of California, the California Podiatric Medical Association, and accredited schools of podiatric medicine in California, to take actions that include, but are not limited to, all of the following:
  - a) Developing partnerships and agreements that link undergraduate institutions with California podiatric medical schools;
  - b) Providing mentorship, outreach, and clinical-shadowing opportunities for undergraduate students interested in podiatric medicine;
  - c) Creating a structured pathway for eligible students to receive early admission consideration to participating podiatric medical schools, contingent on meeting academic and professional benchmarks; and,
  - d) Prioritizing recruitment of students from underrepresented, rural, or medically underserved areas of the state.
- 2) Authorizes HCAI to award planning or coordination grants to participating universities or colleges to support implementation of this program as funding is made available.
- 3) Authorizes HCAI to use funds from the Health Professions Education Fund (HPEF) for the purposes of this bill.
- 4) Requires HCAI, subject to an appropriation by the Legislature, to annually report to the Legislature on the number of students participating, the number matriculating into doctor of podiatric medicine programs, and recommendations for expanding residency opportunities for podiatric graduates.

**EXISTING LAW:**

- 1) Establishes HCAI to, among other functions, collect, analyze, and publish data about healthcare workforce and health professional training, identify areas of health workforce shortages, and provide scholarships, loan repayments, and grants to students, graduates, and institutions providing direct patient care in areas of unmet need. [Health and Safety Code (HSC) § 127000, § 127825, *et seq.*]

- 2) Establishes the Health Professions Education Fund within HCAI to provide loans to students. Authorizes HCAI to receive private donations and specifies that all money in the fund is continuously appropriated to HCAI. [HSC § 128355]

**FISCAL EFFECT:** Unknown. This bill has not been analyzed by a fiscal committee.

**COMMENTS:**

**PURPOSE OF THIS BILL.** According to the author, California is facing a growing shortage of Doctors of Podiatric Medicine (DOPMs'), particularly in rural and underserved communities. More than half of our counties lack adequate podiatric coverage, and nearly one quarter of the current workforce is expected to retire within five years. At the same time, enrollment in podiatric medical schools is declining, threatening our ability to meet future demands. The author states that this shortage has serious consequences. Diabetes disproportionately impacts low-income communities and communities of color, and limited access to specialized foot care contributes to preventable hospitalizations and amputations. Yet, current law does not provide a structured pathway to recruit and prepare students, especially those from underrepresented backgrounds, for careers in podiatric medicine. The author states that this bill creates a coordinated undergraduate to medical school pathway to expand the workforce, increase diversity in the profession, and improve access to preventive care in underserved areas. The author concludes that this bill is a proactive step toward protecting mobility, preventing amputations, and ensuring equitable access to essential podiatric services statewide.

**1) BACKGROUND.**

- a) **DOPMs.** DOPMs are podiatric physicians and surgeons, qualified by their education, training, and experience to diagnose and treat conditions affecting the foot, ankle, and related structures of the leg. Podiatric medicine is a medical sub-specialty, focused on a specific part of the anatomy similar to other sub-specialties, such as ophthalmology and cardiology. Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care. DOPMs receive basic and clinical science education and training comparable to that of medical doctors including: four years of undergraduate education focusing on life sciences; four years of graduate study in one of the nine podiatric medical colleges; and, at least three years of postgraduate, hospital-based residency training.

According to the 2026 National Diabetes Statistics Report from the Centers of Disease Control and Prevention (CDC) over 40 million Americans, or 12% of the population, are living with diabetes. Over 2 million Americans are living with type 1 diabetes, including about 314,000 children and adolescents. Of the 40.1 million people living with diabetes, 29.1 million have been diagnosed, and 11 million are undiagnosed. Just over 28% are 65 and older. An estimated 1.5 million Americans are diagnosed every year. Over 115 million Americans age 18 and older are living with prediabetes. About 364,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 0.45% of that population. The rates of diagnosed diabetes in adults for 2021-2023:

- (1) 15.7% American Indian or Alaskan Native;
- (2) 12.2% Black, non-Hispanic;

- (3) 11.8% Hispanic, overall;
- (4) 9.7% Asian, non-Hispanic; and,
- (5) 7.1% white, non-Hispanic.

Approximately 3.5 million adults in California, or 10.5% of the adult population, have diagnosed diabetes, with significant economic impacts and health complications associated with the disease. According to the American Diabetes Association in California, diagnosed diabetes costs an estimated \$47.5 billion each year. In 2022, total direct medical expenses for diagnosed diabetes in California were estimated to be \$34.1 billion. In addition, there were \$13.4 billion in estimated indirect costs from lost productivity due to diabetes. According to a 2017 University of California Los Angeles Center for Health Policy Research brief, “Podiatric foot health screening could save millions by preventing diabetic amputations,” allowing podiatrists to give diabetic patients regular foot health screenings, which are usually done by primary care doctors, could save limbs, lives and money. As many as 1 in 4 diabetic Californians develop damaging toe, foot and leg ulcers which could lead to amputation and elevated risk of death, according to the brief.

- b) **Declining DOPM school enrollment.** California is home to two schools of podiatric medicine, Western U College of Podiatric Medicine in Pomona, and the California School of Podiatric Medicine at Samuel Merritt University in Oakland. In 2024-2025, Western U was at 62% capacity (38% of seats open) for the matriculating first year cohort. Samuel Merritt was at 52% capacity the same year.
- c) **HCAI.** HCAI administers numerous workforce programs, as well as providing loans and scholarships to health care professionals.
  - i) **The Health Professions Pathways Program (HPPP)** is designed to recruit and support students from underrepresented regions and backgrounds to pursue health careers. HPPP includes pipeline programs, summer internships, and post undergraduate fellowships. HPPP is a competitive grant opportunity to award organizations that will develop and implement health professions pathways programs that can include pipeline programs, summer internships, and post undergraduate fellowships.

Including podiatrists, the following disciplines are eligible HPPP, Primary Care, Behavioral Health, Nursing, Oral Health, and Allied Health. Awarded programs were eligible to receive up to \$575,000 annually for up to 5 years to support at least 240 students per academic year. Based on previous award levels, each pipeline program awarded for 5 years would require approximately \$2.9 million per pipeline program.
  - ii) **The Allied Healthcare Scholarship Program (AHSP)** has historically supported podiatrists, among other health care professions. This program is no longer active, as it was funded exclusively through donations, and all available funds have been exhausted. Over the past five years, program records indicate that no podiatrists have applied for or received awards from the AHSP.

- iii) The Allied Healthcare Loan Repayment Program (AHLRP)** also supports podiatrists. Over the past five years this program made several awards to podiatrists, including one award of \$16,000 in 2021, two awards of \$16,000 each in 2022 (totaling \$32,000), and one award of \$16,000 in 2025. In total, the AHLRP has awarded \$64,000 to podiatrists during this period.
- iv) The Health Professions Education Fund (HPEF)** is funded solely through donations. All donated funds have been fully allocated, and HPEF has not received any new contributions to support new programs. HPEF previously supported the following programs:
- (1) Licensed Mental Health Services Provider Education Program Loan Repayment;
  - (2) Bachelor of Science Nursing Loan Repayment Program;
  - (3) Licensed Vocational Nurse Loan Repayment Program;
  - (4) Steven M. Thompson Physician Corps Loan Repayment Program;
  - (5) Associate Degree Nursing Scholarship Program;
  - (6) Bachelor of Science Nursing Scholarship Program;
  - (7) Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program;
  - (8) Vocational Nurse Scholarship Program;
  - (9) Advanced Practice Healthcare Scholarship Program; and,
  - (10) Allied Healthcare Scholarship Program.

HPEF does not receive General Fund support, it has been supported solely through donations. HPEF currently has an estimated \$8.2 million in funds. Of the total funds, \$5 million belongs to Covered California's Population Health Investments program, and \$3.2 million is designated for scholarships and loan repayment purposes. HCAI does not consider these funds to be usable or available for discretionary spending, as they are restricted to their dedicated purposes.

Prior to 2023, HCAI received \$15.2 million annually in General Fund support for the Health Professions Careers Opportunity Program (HPCOP). HPCOP funds support the Health Professions Pathway Program (HPPP), the Health Careers Exploration Program (HCEP), and the Justice-System Involvement Youth: Behavioral Health Pipeline (JSIY BH Pipeline). In the 2023 Budget Act, \$12.3 million of the annual \$15.2 million allocation was cut, and ongoing HPCOP funding was discontinued. As a result, HCAI does not currently have sufficient funding to open a new HPPP application cycle. Based on prior award levels and program costs, HCAI estimates it would need approximately \$5 million to consider launching a cycle and even at that level, the program would likely be limited to a small number of awards.

However, HCAI has received \$5 million from Covered California to administer a customized variation of HPPP called HPPP-Population Health Investments (PopHI).

Covered California directed several of its Qualified Health Plans to transmit funds to HCAI totaling \$5 million. HCAI intends to open its first HPPP-PopHI cycle on August 16, 2026. This initiative is aimed at improving health outcomes and reducing disparities for enrollees. It establishes direct financial incentives (up to 4% of premiums) for contracted health insurance companies to meet specified quality benchmarks. The health outcome measures assessed include blood pressure and diabetes control, colorectal cancer screenings and childhood immunizations.

- 2) SUPPORT.** The California Podiatric Medical Association (CPMA) is the sponsor of this bill and states that California is facing a significant and growing shortage of DOPMs, particularly in rural and medically underserved communities. More than half of California counties have fewer than one licensed podiatrist per 25,000 residents, and nearly one-quarter of practicing DOPMs plan to retire within the next five years – the highest projected retirement rate among health care provider groups. At the same time, the educational pipeline into the profession is shrinking. CPMA notes that there are currently two podiatric medical schools in California. During the 2024–2025 academic year, one school operated at 62% capacity for incoming students while the other was at 52% capacity. These trends signal that California is not producing enough new doctors of podiatric medicine to replace those leaving the workforce. CPMA contends that to address this gap, California needs a coordinated, state-supported pathway to recruit and prepare undergraduate students for podiatric medical education. CPMA argues that this bill will establish a structured undergraduate-to-podiatric medical school pathway through coordinated educational institutional partnerships, increase awareness and introduce students to the profession, support student’s academic and clinical development, create early or conditional admission incentives for qualified applicants tied to workforce needs, and promote mentorship opportunities, internships, and clinical shadowing experiences with licensed DOPMs. CPMA concludes that by prioritizing recruitment of students from rural and medically underserved communities and providing mentorship and early clinical exposure, the program will help remove barriers to entry into podiatric medical education and encourage students to return and practice in the communities that need them most.

### **3) PREVIOUS LEGISLATION.**

- a)** SB 909 (Umberg), Chapter 594, Statutes of 2024 makes changes to the parameters of the Steven M. Thompson Physician Corps Loan Repayment Program (STLRP) including: Removing the requirement for HCAI to establish an advisory committee for the STLRP and updating the definition of the practice setting in which a physician can practice. Decreases the service obligation to two years in a medically underserved area (MUA). Authorizes HCAI to award up to 20% of the funds established with the Medically Underserved Account for Physician (Account) for applicants from specialties outside of the primary specialties, and authorizes HCAI to create additional positions, not using funds from the account. Removes the maximum limit for loan repayments per individual physician who has completed three consecutive years of services in an MUA.
- b)** AB 1306 (Arambula) of 2021 would have authorized HCAI to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds by funding internships and fellowships and by establishing pilot programs at University of California, California State University, California Community College, and

private university campuses to serve 4,800 students. AB 1306 was held on the Senate Appropriations Committee suspense file.

- 4) **DOUBLE REFERRAL.** This bill is double-referred, upon passage of this committee, it will be referred to the Assembly Committee on Higher Education.
- 5) **POLICY COMMENT.** This bill authorizes HCAI to use funds from the HPEF for the purpose of this bill, however HCAI does not believe those funds are available for this purpose and has identified the HPPP as a more appropriate pathway. Moving forward, the author should work with HCAI to clarify the potential funding source for the program proposed by this bill.

**REGISTERED SUPPORT / OPPOSITION:**

**Support**

California Podiatric Medical Association (sponsor)

**Opposition**

None on file

**Analysis Prepared by:** Lara Flynn / HEALTH / (916) 319-2097