

ASSEMBLY THIRD READING  
AB 1591 (Michelle Rodriguez)  
As Amended May 18, 2026  
Majority vote

## 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. Authorizes HCAI to use funds from the Health Professions Education Fund or Health Professions Pathways Program. Makes implementation of this bill contingent upon appropriation by the Legislature and repeals the provisions of this bill on January 1, 2032.

## COMMENTS

*DOPMs.* Doctors of Podiatric Medicine (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.

*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.

*HCAI.* HCAI administers numerous workforce programs, as well as providing loans and scholarships to health care professionals.

- 1) *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.

- 2) *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.
- 3) *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.
- 4) *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:
  - a) Licensed Mental Health Services Provider Education Program Loan Repayment;
  - b) Bachelor of Science Nursing Loan Repayment Program;

- c) Licensed Vocational Nurse Loan Repayment Program;
- d) Steven M. Thompson Physician Corps Loan Repayment Program;
- e) Associate Degree Nursing Scholarship Program;
- f) Bachelor of Science Nursing Scholarship Program;
- g) Licensed Vocational Nurse to Associate Degree Nursing Scholarship Program;
- h) Vocational Nurse Scholarship Program;
- i) Advanced Practice Healthcare Scholarship Program; and,
- j) 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 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.

### **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 concludes that this bill is a proactive step toward protecting mobility, preventing amputations, and ensuring equitable access to essential podiatric services statewide.

### **Arguments in 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.

### **Arguments in Opposition**

None on file.

## **FISCAL COMMENTS**

According to the Assembly Appropriations Committee, HCAI estimates General Fund costs of \$899,000 in fiscal year 2026-27 and ongoing for administration, program oversight, and monitoring. To award planning and coordination grants to universities and colleges, staff would need to establish grant standards and procedures, review and approve grant applications, issue funds to awardees, monitor the awarded funds, and annually develop a report for the Legislature. HCAI anticipates it would need five staff.

## **VOTES**

### **ASM HEALTH: 16-0-0**

**YES:** Bonta, Chen, Addis, Aguiar-Curry, Pacheco, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

### **ASM HIGHER EDUCATION: 10-0-0**

**YES:** Fong, DeMaio, Boerner, Jeff Gonzalez, Jackson, Irwin, Patel, Bennett, Sharp-Collins, Tangipa

### **ASM APPROPRIATIONS: 11-0-4**

**YES:** Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

**ABS, ABST OR NV:** Hoover, Dixon, Ta, Tangipa

## **UPDATED**

VERSION: May 18, 2026

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FN: 0002999