SENATE COMMITTEE ON HEALTH
Senator Akilah Weber Pierson, Chair

BILL NO: AB 1811
AUTHOR: Rogers
VERSION: June 22, 2026
HEARING DATE: July 1, 2026
CONSULTANT: Natalie Gehred

SUBJECT: Health professionals

SUMMARY: Defines a health professional shortage area (HPSA) as either one currently recognized by the United States Department of Health and Human Services (HHS), an area recognized as HPSA by HHS on January 1, 2025, or an area determined by the Department of Health Care Access and Information (HCAI) to have a shortage of health professionals. Updates reporting requirements for boards of healing arts licensees and registrants to include specified information used for designating a HPSA and requires healing arts boards to collect this data at the time of licensure or registration and requires boards to provide this information to HCAI monthly.

Existing law:
1) Requires HCAI to collect, analyze, and publish data about health care 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. Establishes the Health Workforce Education and Training Council within HCAI to coordinate California's health care workforce education and training to meet the state's health care needs. [HSC §128050 and §128250]

2) Establishes HCAI to, among other functions, collect, analyze, and publish data about health care 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. [HSC §127000 and §127825, et seq.]

3) Requires the Medical Board of California (MBC) and other health care licensing boards to request workforce survey data at least biennially at the time of licensure or registration renewal for submission to HCAI for future workforce planning. Requires MBC or the Department of Consumer Affairs to provide the data to HCAI quarterly. Requires HCAI to maintain the confidentiality of the data collected and only release it in an aggregated format. [BPC §502]

This bill:
1) Updates reporting requirements for boards of healing arts licensees and registrants to include the licensees' and registrants' primary and secondary areas of practice, hours worked in inpatient and outpatient care, hours worked providing direct outpatient primary care services, whether the licensee or registrant accepts Medicaid, and whether the licensee or registrant offers a formal sliding fee scale.

2) Requires healing arts boards to collect the licensee and registrant data at the time of licensure or registration, and to provide the data to HCAI monthly, rather than quarterly.

3) Defines "HPSA" as any of the following:

a) A HPSA designated or recognized by HHS;
b) An area designated or recognized as a HPSA by DHHS on January 1, 2025, regardless of whether it remains so designated or recognized by DHHS; or,
c) An area determined by HCAI to have a shortage of health professionals.

4) Permits HCAI to revoke a designation of a HPSA within the state.

5) Repeals this definition on January 1, 2035.

FISCAL EFFECT: According to the Assembly Appropriations Committee, this bill has minor and absorbable costs.

PRIOR VOTES:

Assembly Floor:	77 - 0
Assembly Appropriations Committee:	14 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

1) *Author's statement.* According to the author, HPSA designations are a critical tool for identifying where resources and workforce programs are most needed to serve underserved populations. In the author's district, there are many rural clinics and hospitals at risk of having their designation withdrawn. By safeguarding and expanding HPSA eligibility, this bill helps reduce health disparities, protect rural and tribal health infrastructure, and ensure that vulnerable communities continue to receive essential health and mental health services. This bill ensures that these areas remain eligible for state programs that place physicians and other health professionals where they are needed most.

2) *HPSAs.* HPSAs, as defined by the federal Health Resources and Services Administration (HRSA), can be geographic areas, populations, or facilities that have a shortage of primary, dental, or mental health care providers. To gain a HPSA designation, state primary care offices conduct needs assessments in their states, determine what areas, populations, or facilities are eligible for designation, and submit applications to HRSA via the Shortage Designation Management System (SDMS). The SDMS contains provider datapoints (national provider identifiers, clinical practice activity, provider practice locations, hours worked at each location, populations served and amount of time a provider spends serving specific populations), mapping data from the Environmental System Research Institute, demographic data from the Census Bureau, health-related data from the Center for Disease Control and Prevention National Vital Statistics, and Federally Qualified Health Center/Look-A-Like data. HRSA uses the SDMS to review state applications and either approve or deny the designation. According to the HRSA Data Warehouse, California contains over 1,500 HPSAs. As of December 31, 2025, California is the state with the most primary care HPSA designations, with 661 designations that encompass populations of about seven million people, according to KFF. Approximately 1,045 primary care physicians need to be added to achieve a population-to-primary care physician ratio of 3,500 to 1 (3,000 to 1 where high needs are indicated) to remove all primary care HPSA designations in the state.

3) *Changes in California's 2025 HPSA designations.* HRSA requires that states update HPSA designations every three years, notifying states of any updates or corrections needed to maintain their HPSA designations. If states do not update those designations or they no

longer meet the criteria, HRSA withdraws the designation in July. According to HCAI, due to a recent update of SDMS to integrate the 2020 Census data, the boundaries of many of California's HPSAs changed, leading to over 300 designations that needed to be reviewed and updated manually by HCAI. According to HCAI, staff reductions at HRSA and SDMS system outages and errors further slowed HCAI review. As of March 2026, HCAI reported that 164 HPSA designations remained uncorrected and face withdrawal in July 2026. To aid HCAI's evaluation of HPSA designations, this bill requires healing arts licensing boards to request certain provider data used in determining HPSAs from licensees at the time of licensure or registration, and to report this data to HCAI monthly.

4) *Effects of HPSA designation withdrawal.* If HPSAs are withdrawn, facilities and providers may no longer be eligible or prioritized for certain state or federal programs. Federal programs like the National Health Service Corps, Nurse Corps, the Indian Health Service Loan Repayment Program, the Centers for Medicare and Medicaid Services (CMS) HPSA Bonus Payment Program, the CMS Rural Health Clinic Program, and J-1 Visa Waiver all use HPSAs for resource distribution. Similarly, state programs like expedited medical licensure and Office of Health Workforce Development loan repayment and scholarship programs, like the Licensed Mental Health Service Provider Education Program and the Health Professions Career Opportunity Program, also use HPSA designation to allocate resources, according to HCAI.

5) *Support.* A coalition letter from the co-sponsors of the bill (The Association of California Healthcare Districts and the Rural County Representatives of California), with the California Hospital Association, California Association of Health Facilities and many other hospitals and health care districts, write that maintaining HPSA designations is essential to the state's ability to identify and support high-need communities. They share that in 2026, 285 of approximately 5,000 California HPSA designations are proposed for withdrawal, despite continued workforce shortages in those areas. Without state action, the loss of these designations will jeopardize access to critical programs for healthcare providers in underserved areas. By requiring collection of additional workforce data in the re-licensing surveys for health care professionals, this bill ensures that HCAI has all the information required to verify HPSA designations for the federal government in the future. AltaMed shares that HPSA designations are vital workforce tools that support the recruitment and retention of healthcare professionals serving medically underserved communities, and the loss of HPSA designations would exacerbate existing workforce shortages, and make it more difficult to ensure timely access to primary care, dental care, and behavioral health services for the hundreds of thousands of patients who rely on safety-net providers. Adventist Health shares that they, as one of the largest rural health clinic systems in the nation, are concerned that roughly 100 HPSA designations could be withdrawn on July 1, which may affect workforce incentives, reimbursement add-ons, and eligibility for federal programs until areas are redesignated. They appreciate that this measure could afford some protection for California's HPSAs by maintaining the state designations for state purposes. The California Academy of Family Physicians states that this bill establishes a more durable and comprehensive definition of a HPSA in California law, ensuring that California retains a more accurate and responsive framework for identifying communities with ongoing health care workforce shortages.

SUPPORT AND OPPOSITION:

Support: Association of California Healthcare Districts (co-sponsor)
Rural County Representatives of California (co-sponsor)

Adventist Health
AltaMed Health Services
Antelope Valley Medical Center
California Academy of Family Physicians
California Association of Health Facilities
California Democratic Party Rural Caucus Rural Caucus
California Dental Hygienists' Association
California Hospital Association
California Special Districts Association
Del Puerto Health Care District
Desert Healthcare District and Foundation
Eden Health District
Fallbrook Regional Health District
Healthy Petaluma District and Foundation
LeadingAge California
Mayers Memorial Healthcare District
Plumas District Hospital
Private Essential Access Community Hospitals
Providence
Salinas Valley Health
San Bernardino Mountains Community Hospital District
Sequoia Healthcare District
Sierra View Health Care District
Soledad Community Health Care District

Oppose: None received

-- END --