CONCURRENCE IN SENATE AMENDMENTS
AB 1811 (Rogers)
As Amended August 20, 2026
Majority vote

SUMMARY

Original Committee of Reference: Health Committee

Expands existing requirements for healing arts boards to collect workforce data from their licensees and registrants, requires that workforce data to be provided more regularly to the Department of Health Care Access and Information (HCAI), and establishes a statutory definition of health professional shortage area (HPSA) for purposes of state law and regulation.

Senate Amendments
Current Committee Recommendation: Concur

1) Specify that licensees and registrants must report required workforce information at the time the license or registration is issued and then at least biennially thereafter.

2) Require workforce data collected by healing arts boards to be reported to HCAI monthly, rather than quarterly.

3) Add the following information to the workforce data collected or requested from licensees and registrants by their respective healing arts boards:

   a) Primary and secondary area of practice or specialty.

   b) Hours worked in inpatient care.

   c) Hours worked in outpatient care.

   d) Hours worked providing direct outpatient primary care services.

   e) Whether the licensee or registrant accepts Medicaid.

   f) Whether the licensee or registrant offers a formal sliding fee scale.

4) Authorize HCAI to revoke a HPSA designation it previously designated.

COMMENTS

Health Care Workforce Data Collection. California has historically attempted to resolve longstanding issues of health care professional representation and access through a number of different approaches. For example, the Legislature has previously enacted and funded loan repayment programs, such as the Dental Corps Loan Repayment Program of 2002, which provided grants to qualifying dentists who agreed to work for at least three years in a clinic or dental practice located in a dentally unserved area, or in which at least 50 percent of patients are from a dentally underserved population. The Health Professions Career Opportunity Program within HCAI similarly supports initiatives designed to enhance diversity and representation in the health professions by awarding grant funding through competitive programs.

As discussed in a background paper by the Assembly Committee on Health, it is often challenging to evaluate the long-term impacts of these programs, as ″HCAI does not currently collect longitudinal data that could demonstrate which of these programs are more effective.″ During joint sunset review oversight hearings on healing arts boards in 2024, committee members expressed frustration that there was not sufficient data to confirm whether any particular strategy to improve access has been successful. This is in large part due to a lack of consistent data from healing arts licensees to inform policymakers about how many practitioners of particular specialties are providing services in any given area of the state, or about the demographic makeup of those practitioners.

The California Health Workforce Research and Data Center, previously established in 2007 as the Healthcare Workforce Clearinghouse under the prior Office of Statewide Health Planning and Development, serves as California′s central source for collection, analysis, and reporting of information on the healthcare workforce employment and educational data trends for the state. As part of its statutory duties, HCAI is mandated to prepare an annual report to the Legislature that accomplishes the following three goals: (1) identifying education and employment trends in the health care professions (2) reporting on the current supply and demand for health care workers in California and gaps in the educational pipeline producing workers in specific occupations and geographic areas; and (3) recommending state policy needed to address issues of workforce shortage and distribution.

In 2014, the Legislature enacted Assembly Bill 2102, authored by Assemblymember Phil Ting and co-sponsored by the California Pan-Ethnic Health Network and the Latino Coalition for a Healthy California. The bill required four specified healing arts boards—the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board of California, and the Board of Vocational Nursing and Psychiatric Technicians—to collect and report specific demographic data related to its licensees. Specifically, AB 2102 mandated that the four boards collect the following data from licensees: (1) location of practice, including city, county, and zip Code; (2) race or ethnicity; (3) gender; (4) languages spoken; (5) educational background and (6) classification of primary practice site, such as clinic, hospital, managed care organization, or private practice. In order to implement AB 2102, the DCA and HCAI established an interagency agreement to facilitate the specified data collection and exchange.

Assemblymember Ting subsequently introduced Assembly Bill 2704 in 2020, which sought to replace the distinct data collection requirements for the four healing arts boards with a single statute requiring data collection for all healing arts boards. The bill ultimately was not set for a hearing in this committee. The next year, Assemblymember Ting reintroduced the bill as Assembly Bill 1236, adding sexual orientation and disability status to the list of required data points. This bill was ultimately not presented by the author on the Assembly floor.

Instead, language was included in the omnibus health trailer bill as part of the Budget Act of 2021 consolidating the existing workforce data collection requirements for the four healing arts boards into one section with an expanded list of data points. However, the trailer bill did not require this data to be collected by any additional boards under the DCA; instead, it provided that all other healing arts boards *request* the information. The trailer bill also expressly provided that licensees could not be required to provide the information as a condition for license renewal, and that they could not be disciplined for failing to provide the information.

In 2024, AB 1991 (Bonta) was introduced to amend the consolidated workforce data collection law enacted through the trailer bill to require all healing arts boards to collect the workforce data and report it to HCAI. The author cited recommendations in a 2019 report by the California Future Health Workforce Commission, which included among its goals an objective to ″expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.″ However, following opposition from certain physician specialty associations, the bill was subsequently amended to simply require healing arts licensees or registrants to provide their National Provider Identifier, if they have one.

This bill would expand the existing workforce data collection laws in several ways. First, it would require data to be submitted to boards at the time of issuance, in addition to renewal, and would require boards to report that data to HCAI monthly rather than quarterly. The bill would then add several new data points to the survey, including hours worked in inpatient care, outpatient care, and direct outpatient primary care services, and whether the licensee or registrant accepts Medicaid or offers a formal sliding fee scale. The bill would not place new requirements on any licensees or registrants whose reporting is currently voluntary, but the data that is collected would now include information that could be valuable to researchers and policymakers aiming to increase access to care in the state.

Health Professional Shortage Areas. A HPSA is a federally recognized geographic area, population group, or health care facility that has been determined to have an insufficient supply of health professionals. HPSAs are designated by the federal Health Resources and Services Administration (HRSA) under criteria established in federal law and regulation. Specific HPSA designations exist for primary care, dental health, or mental health care.

While HPSA is a federal designation, it is frequently used in the context of state policies intended to increase access to care. Current law defines ″medically underserved area″ (MUA) as an area defined as a HPSA, or an area of the state that HCAI determines to have unmet priority needs for physicians. This MUA definition is then used in connection with a number of state laws; for example, the MBC and the OMBC are both required to give priority review status to applicants who can demonstrate that they intend to practice in an MUA. Other laws reference HPSA directly; for example, registered dental hygienists in alternative practice are authorized to independently practice only in specified settings, including a certified dental HPSA.

In September 2025, HRSA′s National Shortage Designation Update raised concerns regarding the accuracy of provider and demographic data and the methodology used to evaluate HPSA designations in California. As a result, HRSA placed numerous California HPSAs in ″Proposed for Withdrawal″ status, including 306 of approximately 400 existing designations. HCAI has worked to review and correct the underlying data and submit updates to HRSA to ensure that communities that continue to meet federal criteria retain their HPSA designations.

The challenging timelines for reviewing proposed withdrawals and submitting corrective information to HRSA has placed significant demands on HCAI. Meanwhile, state laws and programs aimed at promoting health care workforce expansion efforts and supporting health care providers in low-access areas are at serious risk of being undermined if HPSA designations are withdrawn. This bill would ensure that existing HPSA designations are preserved notwithstanding federal actions by defining ″health professional shortage area″ for purposes of California law as including an area was previously federally designated or recognized as a HPSA on January 1, 2025, regardless of whether that area remains designated or recognized by HRSA.

HCAI would also be able to designate additional HPSAs for areas determined to have a shortage of health professionals, and could revoke any designation not currently recognized federally. The bill would sunset on January 1, 2035; in the meantime, the author believes that allowing HPSAs in California to maintain their status regardless of what occurs on the federal level will provide for stability and safeguard successful programs to increase and preserve access to care.

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.″

Arguments in Support
This bill′s co-sponsors, the *Rural County Representatives of California* (RCRC) and the *Association of California Healthcare Districts* (ACHD), write jointly with numerous other organizations in support of this bill: ″In 2026, 285 of approximately 5,000 California HPSA designations are proposed for withdrawal, despite continued workforce shortages in those areas. Assembly Bill 1811 would preserve HPSA designations held as of January 1, 2025, through January 1, 2035, for purposes of state benefits, incentives, and resource prioritization, and would authorize the Department of Health Care Access and Information to authorize new HPSAs. Without state action, the loss of these designations will jeopardize access to critical programs for healthcare providers in underserved areas. In addition, the bill requires the collection of additional workforce data in the re-licensing surveys for health care professionals, to help ensure that HCAI has all the information required to verify HPSA designations for the federal government.″

Arguments in Opposition
There is no opposition on file.

FISCAL COMMENTS

Pursuant to Senate Rule 28.8, negligible state costs.

VOTES

ASM HEALTH: 16-0-0
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Hoover, Aguiar-Curry, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa
ABS, ABST OR NV: Arambula

ASSEMBLY FLOOR: 77-0-3
YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly,

Davies, DeMaio, Dixon, Elhawary, Ellis, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Johnson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas
ABS, ABST OR NV: Arambula, Flora, Celeste Rodriguez

SENATE FLOOR: 40-0-0
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Weber Pierson, Wiener

ASM BUSINESS AND PROFESSIONS: 18-0-1
YES: Berman, Johnson, Addis, Ahrens, Alanis, Bains, Bauer-Kahan, Caloza, Chen, Hadwick, Haney, Hart, Irwin, Jackson, Lowenthal, Macedo, Nguyen, Pellerin
ABS, ABST OR NV: Elhawary

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