Date of Hearing: April 7, 2026

ASSEMBLY COMMITTEE ON HIGHER EDUCATION
Mike Fong, Chair
AB 1852 (Bains) – As Introduced February 11, 2026

[Note: This bill is double referred to the Assembly Committee on Public Employment and Retirement and will be heard by that Committee as it relates to issues under its jurisdiction.]

SUBJECT: Kern Medical Education Authority.

SUMMARY: Creates a fallback mechanism for establishing a public medical school in Kern County if, by July 1, 2027, the University of California (UC) Office of the President (UCOP) has not taken "formal, verifiable steps" to establish a school of medicine in Kern County. Further, the measure authorizes the California State University (CSU) Bakersfield and the Kern Community College District (KCCD), acting through a newly authorized local public agency called the Kern Medical Education Authority, to establish and operate a medical school in Kern County, subject to accreditation. Specifically, **this bill**:

1) Establishes the Kern County Grow Our Own Doctors Act.

2) Authorizes, if UCOP fails to take formal steps by July 1, 2027, CSU Bakersfield, and the KCCD to establish a medical school in Kern County.

3) Specifies that the UC Regents must maintain their existing authority to establish a school of medicine in the County of Kern and the occurrence of the conditions, pursuant to (2) above, does not revoke the authority of the UC to establish a school of medicine in the County of Kern.

4) Stipulates that upon the occurrence of conditions, pursuant to (2) above, both the UC and the CSU Trustees, acting through CSU Bakersfield, and the Board of Trustees of the KCCD, may proceed with the establishment of a school of medicine in the County of Kern.

5) Defines, "formal, verifiable steps" as either allocating capital funds for construction of a school of medicine in the County of Kern or submitting a preliminary accreditation application to the Liaison Committee on Medical Education (LCME) that seeks accreditation of a school of medicine in the County of Kern.

6) Establishes, upon the condition, pursuant to (2) above, the Kern Medical Education Authority as a local public agency to facilitate the development and governance of the medical school.

7) Grants the authority powers typical of a local governmental entity, including the ability to hire employees, manage property, and issue revenue bonds.

8) Permits the authority to establish compensation and benefits comparable to CSU standards and provides employees with collective bargaining rights and due process protections.

9) Authorizes the authority, upon accreditation, to develop curriculum and grant Doctor of Medicine (MD) degrees.

10) Stipulates that in order to enable the Kern Medical Education Authority to successfully develop and operate a medical school, it is imperative that trade secrets be exempt from disclosure.

11) Upon obtaining accreditation from the LCME, the authority may develop curricula and grant the MD degree.

12) Makes several legislative findings and declarations.

EXISTING LAW:

1) Establishes the UC as a public trust to be administered by the Regents of the UC; and, grants the Regents full powers of organization and government, subject only to such legislative control as may be necessary to insure security of its funds, compliance with the terms of its endowments, statutory requirements around competitive bidding and contracts, sales of property and the purchase of materials, goods and services (Article IX, Section (9)(a) of the California Constitution).

2) Establishes UC, CSU, and California Community Colleges (CCC) as the three segments of public higher education (Education Code (EC) Section 66010, et seq.).

3) Grants the UC has the exclusive jurisdiction in public higher education over instruction in the profession of law and over graduate instruction in the professions of medicine, dentistry, and veterinary medicine. Stipulates that the UC has the sole authority in public higher education to award the doctoral degree in all fields of learning, except that it may agree with the CSU to award joint doctoral degrees in selected fields. Mandates that the UC to be the primary state-supported academic agency for research (EC Section 66010.4).

4) Creates the UC San Francisco, San Joaquin Valley Regional Campus Medical Education Endowment Fund. Stipulates that upon appropriation by the Legislature, moneys in the endowment fund must be allocated to the UC to support the annual operating costs for the development, operation, and maintenance of a branch campus of the UC San Francisco, School of Medicine in the San Joaquin Valley;

5) Requires, upon appropriation by the Legislature and a determination by the Controller of sufficient funds in the endowment fund, moneys in the fund to be used to cover the UC's estimated costs of applying for and obtaining approval and accreditation from the LCME, as provided; and,

6) Requires moneys in the endowment fund to initially be invested with the goal of achieving capital appreciation to create a balance of $500 hundred million to generate ongoing earnings to cover the estimated annual operating costs associated with the development, operation, and maintenance of the branch campus, and, upon the determination of the Controller that the endowment fund balance is $500 hundred million, requires moneys in the endowment fund to be invested to generate earnings to fund annual operating costs associated with the

development, operation, and maintenance of the branch campus (Education Code (EC) Section 92162, et seq.).

7) Creates the UC Kern County Medical Education Endowment Fund in the State Treasury to support potential development of a UC medical school in Kern County. Funds received by the UC or the Controller, for specified purposes of the fund must be deposited into the UC Kern County Medical Education Endowment Fund. Defines "endowment fund" as the UC Kern County Medical Education Endowment Fund (EC Section 92168, et seq.).

FISCAL EFFECT: Unknown

COMMENTS: *Purpose*. According to the author, "'Governor Jerry Brown once said that if the federal government wouldn't do it, California would launch its own satellite.' That's the spirit we have in Kern County. If the UC won't build the medical school we've needed for fifty years, we will build our own medical school."

The author contends that, "the federal government first designated a doctor shortage in Kern County on March 5, 1978, and it has persisted ever since. That means Kern County has been waiting on the UC to act since the Carter Administration. We cannot wait another half-century to address Kern County's doctor shortage. The Valley has only 157 MDs per 100,000 people, compared to 411 in the Bay Area. There are fewer than 45 primary care physicians per 100,000 people in the Valley, while the state average is 156. The situation is only expected to worsen as the number of medical students from rural communities has seen steep declines. Currently, students from rural backgrounds make up less than 5% of all incoming medical students nationwide. Students from underrepresented racial/ethnic groups with rural backgrounds account for less than 0.5% of all new medical students. That means Black and Brown kids from rural areas account for less than one-half of one percent of all medical students in the country."

Further, the author states that, "AB 1852 helps eliminate inequities experienced by underrepresented individuals in higher education by creating opportunities for medical students to train in rural areas, encouraging them to continue their practice in those communities. Rather than leaving to receive medical education, students will be able to remain in Kern County to study the practice, and out-of-County students will come to Kern to learn. Additionally, by offering rural training close to home, Kern County can retain more physicians and improve rural health outcomes."

San Joaquin Valley (SJV). The SJV is defined as encompassing the Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare counties. According to a report by the UC, entitled, *Improving Health Care Access in the San Joaquin Valley – A Regional Approach through Collaboration and Innovation*, the SJV has long-standing shortages of physicians and other health care professionals. A health workforce assessment of the SJV conducted by the UC found that the region has the lowest ratios of licensed MDs, doctors of osteopathic medicine, nurse practitioners, registered nurses, marriage and family therapists, licensed counselors, and licensed social workers per 100,000 population in California and the second lowest ratios of physician assistants, clinical nurse specialists, and psychologists per capita. These and other findings show that action will be needed to ensure that the SJV has sufficient supplies of health professionals for meeting its future needs.

According to an article entitled, "A UC Merced Medical Program is Slowly Taking Shape," published by *CalM*atters on July 8, 2024, the SJV is home to approximately 4.3 million people. The area is also known for having terrible air quality, high levels of chronic disease like diabetes and obesity, and insufficient medical providers. It is found that the SJV has 47 primary care doctors for every 100,000 residents. Comparing that data point to the San Francisco Bay Area it is found that said area has 80 primary care physicians for every 100,000 people; and, when it comes to specialty care, 81 specialists per 100,000 people work in SJV, but the Bay Area has more than twice that number. The article also found that some residents of the SJV schedule medical appointments over a year in advance because of the lack of doctors available to see them.

The measure appears to respond to Kern County's physician shortage by creating a statutory alternative if the UC does not advance a Kern medical school by a specified deadline.

UC Medical Education in the SJV. The UC San Francisco (UCSF) Fresno was established in 1975 as a graduate medical education campus of the UCSF School of Medicine, with support from the State Legislature and the Veteran's Administration to address the severe shortage of physicians in California's San Joaquin Valley.

According to the January 2026 California Health Care Almanac Regional Market Report, by the California Health Care Foundation, the UCSF Fresno program, in its 50th year, trains third- and fourth-year medical students and residents and fellows each year. The SJV Program in Medical Education (PRIME) trains a cohort of 12 medical students to address the needs of underserved populations in the broader Central Valley. The graduate medical education (GME) training programs include family and community medicine, internal medicine, obstetrics/gynecology, orthopedic surgery, pediatrics, psychiatry, and several other specialties.

UCSF Fresno faculty and residents in training provide access to crucial specialty services through multispecialty training. Saint Agnes Medical Center has six accredited GME training programs, several of which are affiliated with UCSF Fresno. Many UCSF Fresno faculty members are affiliated with Inspire Health Medical Group. One regional expert noted that UCSF Fresno was the only provider in the region for some specialty services.

UCSF Fresno has created programs across educational settings to inspire and prepare students to enter medicine. For example, the UCSF Fresno Junior Doctors Academy starts in middle school. In Fresno high schools, there are two Doctors Academies and internship programs. Added to this continuum are premed training and career development programs at regional community colleges, UC Merced, UCSF Fresno, and Fresno State University.

The PRIME+ program, a collaboration among UCSF, UCSF Fresno, and UC Merced, plans to increase the training cohort to 50 and to include bachelor's and medical degrees. The plan, launched in 2023, established UC Merced as a regional branch of the UCSF Medical School. By 2027, UC Merced will welcome the first class of PRIME+ students to the regional UCSF medical school on the UC Merced campus. Together UC Merced and UCSF Fresno will become a full four-year regional medical school campus of UCSF. To accomplish this, the PRIME+ partners will seek to increase training capacity at local hospitals and clinics, recruit and diversify physician faculty members, and seek additional GME funding.

Lastly, the report shared that an expert observed that the San Joaquin Valley, compared to more urban areas, has less infrastructure to support medical training and that developing these resources and partnership has taken time.

According to the UCOP in one of its reports to the UC Regents Board on March 20, 2025, in 2020, the UCSF School of Medicine received a base budget augmentation of $15 million in ongoing state support to develop an eight-year baccalaureate/MD program based in the SJV in partnership with the UCSF Fresno regional campus and UC Merced. Built on the success of the SJV PRIME program launched in 2010, SJV PRIME+ was designed for students from the SJV region who wish to remain in the area for both college and medical school, which will increase the likelihood of them practicing there upon graduation.

In fall 2023, the inaugural class of 15 students, all of whom have deep ties to the SJV enrolled in an enhanced baccalaureate degree program at UC Merced, designed to prepare them for success in medical school. This new track will enable UC Merced to build the capacity to offer the classroom-based medical school curriculum, which the students will complete during the first 18 months of medical school starting in fall 2027. Students will complete their clinical experiences during the remaining 2.5 years of medical school at the UCSF Fresno regional campus.

Both SJV PRIME and SJV PRIME+ represent the first part of a three-phased approach to expanding medical education in the SJV. During phase two, the goal is to increase enrollment from 12 to15 students to 50 per year starting in 2027, which will result in 200 total students enrolled in the program by 2030. Building the infrastructure and capacity to reach phase two will be foundational to advancing to phase three which has the goal of establishing an independent medical school at UC Merced. The achievement of these phased goals will require long-term partnerships with affiliate health care facilities to provide reliable clinical training experiences, increases in medical school faculty, additional resource support for accreditation compliance, new infrastructure at UC Merced and UCSF Fresno, and additional residency positions commensurate with the increase in the number of medical students.

Expansion of Degree-Granting Authority. This measure represents a significant policy shift by allowing entities outside UC to grant MD degrees under specific conditions. While framed as a targeted solution, it may set precedent for broader changes to California's higher education structure.

Governance structure. This measure establishes the Kern Medical Education Authority as a separate local public agency, but key governance provisions remain incomplete. The measure is silent as to the size of the governing board and the number of appointees from CSU Bakersfield and KCCD.

As drafted, the author and Committee may wish to consider whether the governance model is sufficiently specified for an entity that would oversee a medical school, employ faculty and staff, issue debt, and potentially grant MD degrees.

Accreditation and feasibility. Medical school accreditation through the LCME is complex, resource-intensive, and time-consuming. The success of the Kern County Grow Our Own Doctors Act will depend on sustained funding, institutional alignment, and clinical training infrastructure.

Should this measure become law, statutory authorization alone would not establish an operable medical school. The school would still need to satisfy LCME accreditation expectations, including governance, curriculum, faculty sufficiency, student support, clinical training opportunities, and financial sustainability. Meaning that while this measure creates the legal authority for the medical school, it does not account for the difficulty of the accreditation process.

Other states. Other states have expanded public medical education through institutions outside a traditional model or through regionally targeted, community-based structures. For example, Florida International University established its public medical school in 2006, enrolled its first class in 2009, and achieved full LCME accreditation in 2013. Washington State University's Elson S. Floyd College of Medicine describes itself as Washington's community-based medical school, created to expand access to physicians across underserved communities. The University of Houston College of Medicine was launched with an explicit mission to address shortages in primary care and underserved areas. Texas Tech Health El Paso's Paul L. Foster School of Medicine has similarly been framed as a regional physician-workforce strategy for the border region.

These examples suggest that states have, in some cases, responded to physician shortages by building new public medical education capacity outside a single traditional pathway. However, in said cases, it is believed that the primary institutions granting MD degrees did not have sole authority per the respective states' existing laws.

Committee comments. While this is not the fiscal committee, it should be noted that, while costs to implement this measure are unknown, they are likely significant.

Establishing a new medical school would require substantial start-up and ongoing costs for facilities, faculty, administration, student services, and clinical partnerships. This measure authorizes borrowing and issuance of revenue bonds, but accreditation and long-term sustainability would still depend on sufficient capital, operational funding, and a durable clinical training model. LCME materials indicate that new schools must satisfy extensive institutional, educational, faculty, governance, and resource standards before and during accreditation.

This measure is a major policy shift; it creates a significant change to California's higher education framework by carving out a statutory exception to UC's exclusive jurisdiction over graduate instruction in medicine.

A central policy question is before the Committee as to whether a targeted regional physician-shortage response justifies creating a non-UC public pathway to the MD degree in California.

Moving forward, the author may wish to define the governing board structure; clarify whether the authority is intended as a temporary bridge or permanent new public institution; specify the relationship between the authority and existing UC efforts to increase MD degrees in the SJV; and, require more explicit benchmarks for financing, accreditation readiness, and clinical placement capacity before MD enrollment begins.

Arguments in support. According to the Kern County Board of Supervisors, "Kern County continues to experience one of the most severe healthcare access gaps in California, driven by chronic provider shortages and an aging rural physician workforce. Despite ongoing efforts, our region still faces the lowest ratio of licensed medical professionals in the state. This shortage

places strain on families, hospitals, and community clinics and has profound impacts on health outcomes, especially in underserved and rural communities."

Kern County Board of Supervisors contends that, "AB 1852 provides a thoughtful and responsible solution by enabling the California State University, Bakersfield (CSUB) and the Kern Community College District (KCCD) to move forward with establishing a medical school should the University of California not take formal steps by July 1, 2027. By authorizing the development of a Kern Medical Education Authority, the bill ensures there is a clear, locally driven governance structure that can take action if necessary to meet the region's healthcare workforce needs."

Arguments in opposition. According to the CSU, "while the CSU recognizes the need for additional physicians and medical professionals in the Kern County region, and the CSU shares the author's intent in expanding access to medical school for students in the region, in November 2025, California State University, Bakersfield, in collaboration with Bakersfield College, Western University of Health Sciences, and Kern Medical, unveiled a strategic partnership to address the critical shortage of medical professionals in Kern County. This collaborative pathway will allow more local students to train and practice medicine in their community."

The CSU states that, "this bill raises several concerns about the potential impacts on California's higher education segments. AB 1852, along with several measures introduced by the Legislature this session that expand or change the authority of our higher education institutions, does not fully account for the operational, financial and administrative implications it may impose across our institutions and on the state. Changes in intersegmental responsibilities of this scale warrant a comprehensive evaluation to ensure that unintended consequences are fully considered and addressed. Given the potential statewide implications on all higher education segments, we believe this issue would benefit from a larger, more inclusive conversation involving all parties. With the recent collaboration by Cal State Bakersfield and their partners in Kern County and CSU's concerns about intersegmental expansion, the CSU must oppose AB 1852."

Related legislation. AB 1547 (Bains), which is pending a hearing in this Committee, in part, requires the UC, on or before January 1, 2028, to complete a feasibility study, and reasonably attempt to consult with local stakeholders, to determine the steps necessary to establish a branch campus of an existing UC medical school in the County of Kern, and to submit the feasibility study, including detailed findings, recommendations, and an implementation timeline, to the Governor and Legislature.

Prior legislation. AB 58 (Soria) of 2025, which was held on suspense in the Assembly Committee on Appropriations, in part, requests the UC to submit a report to the Legislature, on or before August 31, 2026, on the financial requirements necessary to expand the current UCSF and UC Merced medical education collaboration, the San Joaquin Valley PRIME+ program, and to transition the program into a fully independent medical school operated by the UC Merced.

AB 730 (Arambula) of 2025, which was held on suspense in the Assembly Committee on Appropriations, in part, on or before July 1, 2026, and each July 1 thereafter, appropriate $15,000,000 from the General Fund (GF) to the UC Regents for allocation to the UC Merced Medical Education Collaborative, as defined.

AB 1361 (Bains) of 2025, which was held on suspense in the Assembly Committee on Appropriations, in part, required the UC, on or before January 1, 2027, to complete a feasibility study, in consultation with local voluntary stakeholders, including, but not limited to, the Kern County Medical Society, the Kern Medical Hospital Authority, Kern Family Health Care, at least one labor union representing UC patient care and technical employees, and at least one labor union representing health care workers in the County of Kern, to determine the steps necessary to establish a UC medical school in Kern County.

AB 2357 (Bains), Chapter 959, Statutes of 2024, in part, establishes the UC Kern County Medical Education Endowment Fund for the purposes of supporting the operating costs associated with establishing a branch campus of an existing UC medical school in Kern County.

AB 3081 (Arambula) of the 2023-24 Legislative Session, which was held on suspense in the Assembly Committee on Appropriations, would have appropriated $15 million from the GF to the Regents of the UC on or before July 1, 2025, and each July 1 thereafter, for allocation to the UC Merced (UCM) Medical Education Collaborative, and requires UCM Medical Education Collaborative, as a condition of receiving the appropriation, to develop a program, consistent with its mission, and in conjunction with the health facilities of its medical residency programs, to identify eligible medical residents and to assist those medical residents in applying for physician retention programs.

AB 2202 (Gray), Chapter 756, Statutes of 2018, which, in part, established the UCSF San Joaquin Valley Regional Campus Medical Education Endowment Fund to support the annual operating costs of a branch campus of UCSF School of Medicine in the SJV.

AB 2232 (Gray) of 2014, AB 174 (Gray) of 2015, SB 841 (Cannella) of 2014, and SB 131 (Cannella) of 2015, all of which appropriated funds for the SJV PRIME Program, were held on the suspense in the Senate Committee on Appropriations.

REGISTERED SUPPORT / OPPOSITION:

Support

County of Kern
Kern County Superintendent of Schools Office

Opposition

California State University, Office of the Chancellor

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