SENATE THIRD READING
SB 1057 (Becker)
As Amended August 21, 2026
Majority vote

SUMMARY

Revises and recasts existing law governing the training and certification of certified nurse assistants (CNAs) and home health aides (HHAs) specific to the Department of Public Health's (DPH) denial of an application for certification or training, or the suspension or revocation of certification, licensure, or renewal when an applicant has been convicted of a crime. Makes these provisions of law parallel for both professions. Authorizes an applicant or certificate holder whose application has been denied or certificate was suspended or revoked to provide DPH with evidence of good character and rehabilitation. Authorizes DPH to deny an application or deny a training and examination application if the applicant has been convicted of a crime within the preceding seven years that is directly and adversely related to the qualifications, functions, or duties of a CNA or HHA, or involves financial abuse. *Clarifies that current CNA continuing education requirements or in-service hours may be provided through in-person instruction, synchronous online instruction, asynchronous online instruction, or other distance learning formats approved by DPH.*

Major Provisions

COMMENTS

According to a 2024 Public Policy Institute of California report (PPIC report), "*California's Care Workforce: An Overview of Needs, Opportunities, and Challenges,"* California's care sector is at a critical juncture. The state recently developed a master plan to address the needs of its aging population. Successful implementation will involve meeting growing demand for care services, which in turn relies on the workers and businesses who provide essential, hands-on services to older adults, and people with disabilities. The PPIC report notes that demand for care services is growing, as California's population ages and people live longer. HHA and personal care aide jobs are among the fastest-growing in California, projected to increase 29% in 2030.

Direct care workers. HHAs and CNAs are categorized by the U.S. Bureau of Labor Statistics (BLS) as "direct care workers," which include HHAs, CNAs, and personal care aides. In general, personal care aides provide custodial care, while HHAs and CNAs provide both custodial and limited skilled care. According to a January 2023 California Health Care Foundation (CHCF) Issue Brief, direct care workers are paid to provide essential, hands-on, daily assistance to older adults and people with disabilities. They work in a range of settings (from private homes to community and congregate settings), assisting their clients to maximize their quality of life and to remain in their own homes or communities when possible. Many of California's direct care workers come from historically marginalized backgrounds: 80% are women, almost half (47%) are immigrants, and over three-quarters are people of color (38% Latino; 24% Asian, Native Hawaiian, and Pacific Islander; and 12% Black).

Workforce shortages. According to the CHCF Issue Brief, over the next decade, demand for direct care workers will outpace supply in California. Growing demand is driven by an aging and increasingly diverse population, fewer working-aged adults and family caregivers to support this aging population, a growing desire to remain in home and community-based settings, and an

increased need for complex care provided in facility-based long-term care settings. California's Employment Development Department ranks HHAs and personal care aides as the fifth-fastest growing occupation from 2023 to 2033, projecting a 31% growth to 1.8 million positions in 2033. CNAs are also projected to grow by 8.4% to 150,000 positions in 2033. Despite the increased demand, the Public Policy Institute of California reports that projected direct care workforce shortages range from 600,000 to over three million workers over the next decade. Several factors constrain the supply of direct care workers. Direct care work is physically and emotionally demanding, yet wages remain low (around $5 to $10 below the state median of $27.38/hour), with 26% of workers earning under 150% of the federal poverty level and 40% qualifying for CalFresh. A high proportion of part-time positions also contributes to burnout and exhaustion, as some direct care workers take on multiple part-time jobs or take extra shifts at night or on weekends.

Continuing education. CNAs are required to complete 48 hours of in-service training or continuing education every two years, 24 of which must be through in-person instruction. California currently prohibits CNAs from completing continuing education units through live online instruction (such as Zoom). This restriction creates unnecessary barriers for CNAs in rural areas, those individuals working non-traditional schedules, and workers with family caregiving responsibilities. These barriers disproportionately affect women of color and immigrant workers who make up the majority of California's 60,000 CNAs working in skilled nursing facilities.

According to the Author
This bill is a crucial step toward ensuring a fair opportunity for people with past records to pursue meaningful caregiving careers while also addressing California's direct care workforce shortage. People living with past convictions face lasting barriers to sustainable work, safe housing, education, and other opportunities to succeed and care for their families. The author states that AB 2138 (Chiu and Low) Chapter 995, Statutes of 2018 vastly improved the ability of people with a conviction history to navigate the occupational licensing process for a range of different boards and bureaus regulated by the Department of Consumer Affairs (DCA), which include registered and vocational nursing, physicians and surgeons, clinical social workers and counselors, and many more. While these standards ensure a fair opportunity for people with records to obtain a range of DCA regulated patient care licenses, people seeking certifications regulated by DPH for similar roles, such as CNAs and HHAs, are not afforded the same protections. The author concludes that this bill would close this gap and ensure that people with records seeking these certifications, including entry into training programs, are afforded the same opportunity as those seeking similar DCA regulated patient care professions, and consideration of their past convictions be subject to the same standards already approved by the Legislature.

Arguments in Support
Californians for Safety and Justice (CSJ) is the sponsor of this bill and states that Californians living with past convictions face lasting barriers to sustainable work, safe housing, education and other opportunities to succeed. CSJ notes that AB 2138 vastly improved the ability of people with a conviction history to navigate the occupational licensing process for over 40 different boards and bureaus regulated by DCA, which include registered and vocational nursing, physicians and surgeons, clinical social workers and counselors and many more. The standards enacted by AB 2138 ensure that a person cannot be denied a covered license based on a prior conviction unless certain criteria are met, including:

1) Boards are prohibited from denying a license based on a conviction if [seven] years have passed since the conviction or the person was released from incarceration. This does not apply to a serious felony, registerable sex offense, or financial felony in some cases;

2) Boards cannot deny a license based on a conviction if the person has obtained an expungement or certificate of rehabilitation, been granted clemency or a pardon, or has demonstrated a showing of that specific board's established criteria for rehabilitation; and,

3) A board cannot deny a license based on a conviction, regardless of when it occurred, unless the offense is substantially related to the qualifications and duties of the job they are seeking.

While these standards ensure a fair opportunity for people with records to obtain a range of DCA regulated patient care licenses, people seeking DPH regulated certifications for similar roles, such as CNAs and HHSs, are not afforded the same protections. CSJ argues that these professions often provide a vital pathway to sustainable employment through accessible, short-term training programs, and can serve as a steppingstone to other patient care career opportunities, such as registered and vocational nursing, which are already covered under existing protections. CSJ states that this bill would apply the licensing standards established by AB 2138 to DPH regulated professions, including CNAs and HHAs. CSJ concludes that this bill would ensure that people with records seeking these certifications are afforded the same opportunity as those seeking similar DCA regulated patient care professions, and consideration of their past convictions be subject to the same standards already approved by the Legislature.

Arguments in Opposition
None on file.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, DPH estimates annual costs of $251,000 in fiscal years 2027-28 through 2029-30 for one full-time equivalent position to develop regulations and for Office of Regulations services costs (Licensing and Certification Program Fund). No costs to the Department of Justice.

VOTES

SENATE FLOOR: 29-8-3
YES: Allen, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Cortese, Durazo, Grayson, Hurtado, Laird, Limón, McGuire, McNerney, Menjivar, Padilla, Pérez, Reyes, Richardson, Rubio, Smallwood-Cuevas, Stern, Umberg, Wahab, Weber Pierson, Wiener
NO: Alvarado-Gil, Choi, Grove, Jones, Ochoa Bogh, Seyarto, Strickland, Valladares
ABS, ABST OR NV: Dahle, Gonzalez, Niello

ASM HEALTH: 12-3-1
YES: Bonta, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Celeste Rodriguez, Schiavo, Sharp-Collins, Stefani
NO: Sanchez, Jeff Gonzalez, Patterson
ABS, ABST OR NV: Johnson

ASM APPROPRIATIONS: 11-3-1
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache
NO: Hoover, Ta, Tangipa
ABS, ABST OR NV: Dixon

UPDATED

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