

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: AB 1991 **VERSION:** AMENDED APRIL 17, 2024

AUTHOR: BONTA **SPONSOR:** AUTHOR

POLICY & ADVOCACY COMMITTEE RECOMMENDATION: NONE

SUBJECT: LICENSEE AND REGISTRANT RECORDS

Summary:

This bill would require healing arts boards under the Department of Consumer Affairs (DCA) to collect specified data from licensees and registrants at renewal.

Existing Law:

- 1) Establishes a health care workforce research and data center under the Department of Health Care Access and Information (HCAI). The data center is intended to serve as the central source of health care workforce and educational data in the state, and is responsible for the collection, analysis, and distribution of information on educational and employment trends for the health care occupations in the state. (Health and Safety Code (HSC) §128050)
- 2) Requires HCAI to work with the Employment Development Department, state licensing boards, and state higher education entities to collect data on the current supply of healthcare workers by specialty, their geographic distribution, their diversity, their current and forecasted demand, and the educational capacity to produce them. (HSC §128051)
- 3) Creates a Health Professions Education Fund within HCAI, for the purpose of providing scholarships and loans to students from underrepresented groups who are pursuing careers in the health professions. (HSC §128355)
- 4) Creates the Licensed Mental Health Service Provider Education Program within HCAI, which is a program that provides grants to licensed mental health service providers who provide direct patient care in a publicly funded facility or a mental health professional shortage area to reimburse their educational loans. (HSC §§128454(a) and (c))
- 5) Requires HCAI to prepare an annual report to the Legislature containing specified information on education and employment trends in the health care profession,

supply and demand, policy needs to address workforce shortages and distribution, and program outcomes and effectiveness. (HSC §128052)

- 6) Requires the Board of Registered Nursing, Board of Vocational Nursing and Psychiatric Technicians, Physician Assistant Board, and Respiratory Care Board to collect certain workforce data from their licensees and registrants for future workforce planning at least biennially. If the boards utilize electronic renewals, the data must be collected at renewal. (Business and Professions Code (BPC) §502(a)(1))
- 7) All other healing arts boards (including BBS) must request this workforce data from their licensees and registrants for future workforce planning at least biennially. If the boards utilize electronic renewals, the data must be requested at renewal. (BPC §502(a)(2))
- 8) Requires the data collected or requested to include the following (BPC §502(b)):
 - Anticipated year of retirement
 - Practice area or specialty
 - City, county, and zip code of practice
 - Birth date
 - Educational background/highest level attained
 - Gender or gender identity
 - Hours spent in direct patient care, including telehealth, training, research, and administration
 - Languages spoken
 - National provider identifier
 - Race or ethnicity
 - Type of employer or classification of primary practice site including clinic, hospital, managed care organization, or private practice
 - Work hours
 - Sexual orientation
 - Disability status
- 9) Requires DCA boards provide this information to HCAI quarterly. The information must be kept confidential, and it can only be released in aggregate form that cannot be used to identify an individual. (BPC §502(c) and (e))
- 10) Provides that a licensee or registrant is not required to provide the above-listed data as a condition for renewal and are not subject to disciplinary action for not providing the information. (BPC §502(f))

This Bill:

- 1) Requires healing arts boards to collect the data specified in Item 8 above, rather than requiring that they request it. (BPC §502(a)(2) and (b))

- 2) Specifies that the data must be provided as a condition of license or registration renewal. Removes the statement in law that they cannot be subject to discipline for not providing it. However, specifies that a board cannot deny a renewal solely because a licensee or registrant failed to provide the data. (BPC §502(f))

Comment:

- 1) **Author's Intent.** The author states that this bill will provide HCAI with the information necessary to determine whether or not the loan repayment programs they administer are having the intended effect of increasing diversity in the health care workforce and encouraging providers to work in underserved areas.

The author notes that the law requires the demographic information to be provided for a few types of health care professionals, and this provides HCAI with accurate data about how long loan recipients continue to practice in underserved areas past their required time commitments. They state that without accurate data, it is difficult to know whether HCAI's programs are working as intended.

- 2) **Current Practice.** The Board currently requests the demographic information at renewal, as prescribed by statute. Requiring the data would provide a more accurate picture of the demographics of the Board's licensee and registrant populations. However, this should be weighed along with the knowledge that some applicants may be uncomfortable answering certain demographic questions for various reasons.

- 3) **Policy and Advocacy Committee Recommendation and Recent Amendments.** The Policy and Advocacy Committee discussed this bill at its April 2024 meeting. It opted not to recommend a position to the Board. However, it directed staff to contact the author's office to determine if they would be willing to make some of the more sensitive questions optional instead of required.

The bill has been amended since the Policy and Advocacy Committee's discussion. The information is still required; however language has been included to state a licensing board cannot deny a license or registration renewal solely because the person failed to provide the required information.

- 4) **Staff Recommendation.** Staff recommends that the Board consider taking a support position on this bill.

- 5) **Previous Legislation.**

- **AB 133** (Committee on Budget, Chapter 143, Statutes of 2021) required various healing arts boards, including BBS, to request specified workforce demographic data from their licensees and registrants at the time of electronic license or registration renewal.

- **AB 2102** (Ting, Chapter 420, Statutes of 2014) required the Board of Registered Nursing, the Physician Assistant Board, the Respiratory Care Board, and the Board of Vocational Nursing and Psychiatric Technicians to collect and report specific demographic data relating to its licensees to OSHPD.

6) Support and Opposition

Support:

- California Pan-Ethnic Health Network
- Latino Coalition for a Healthy California

Opposition: None at this time.

7) History

04/17/24 Read second time and amended.
 04/16/24 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 17. Noes 0.) (April 16).
 03/12/24 Re-referred to Com. on B. & P.
 03/11/24 From committee chair, with author's amendments: Amend, and re-refer to Com. on B. & P. Read second time and amended.
 03/11/24 Referred to Com. on B. & P.
 01/31/24 From printer. May be heard in committee March 1.
 01/30/24 Read first time. To print.

AMENDED IN ASSEMBLY APRIL 17, 2024
AMENDED IN ASSEMBLY MARCH 11, 2024
california legislature—2023–24 regular session

ASSEMBLY BILL

No. 1991

Introduced by Assembly Member Bonta

January 30, 2024

An act to amend Section 502 of the Business and Professions Code, relating to healing arts.

legislative counsel's digest

AB 1991, as amended, Bonta. Licensee and registrant records.

Existing law establishes uniform requirements for the reporting and collection of workforce data from health care-related licensing boards. Existing law requires certain boards that regulate healing arts licensees or registrants to request specified workforce data from their respective licensees and registrants and requires the data to be requested at the time of electronic license or registration renewal, as specified. Existing law provides that a licensee or registrant is not required to provide the specified workforce data as a condition for license or registration renewal, and that those individuals who do not provide that data are not subject to discipline.

This bill would, instead, require certain boards that regulate healing arts licensees or registrants to collect workforce data from their respective licensees or registrants, and would require that data to be required at the time of electronic license or registration renewal, as specified. The bill would, instead, require a licensee or registrant to provide the specified workforce data as a condition for license or registration renewal and *would prohibit certain boards, notwithstanding*

that condition, from denying an application for license or registration renewal solely because the licensee or registrant failed to provide any of the workforce data. The bill would delete the provision that specifies that a licensee or registrant shall not be subject to discipline for not providing that information.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 502 of the Business and Professions Code
 2 is amended to read:
 3 502. (a) Notwithstanding any other law, both of the following
 4 apply:
 5 (1) The Board of Registered Nursing, the Board of Vocational
 6 Nursing and Psychiatric Technicians of the State of California, the
 7 Physician Assistant Board, and the Respiratory Care Board of
 8 California shall collect workforce data from their respective
 9 licensees and registrants as specified in subdivision (b) for future
 10 workforce planning at least biennially. The data shall be collected
 11 at the time of electronic license or registration renewal for those
 12 boards that utilize electronic renewals for licensees or registrants.
 13 (2) All other boards that are not listed in paragraph (1) that
 14 regulate healing arts licensees or registrants under this division
 15 shall collect workforce data from their respective licensees and
 16 registrants as specified in subdivision (b) for future workforce
 17 planning at least biennially. The data shall be required at the time
 18 of electronic license or registration renewal for those boards that
 19 utilize electronic renewals for licensees or registrants.
 20 (b) In conformance with specifications under subdivision (d),
 21 the workforce data collected or required by each board about its
 22 licensees and registrants shall include, at a minimum, all of the
 23 following information:
 24 (1) Anticipated year of retirement.
 25 (2) Area of practice or specialty.
 26 (3) City, county, and ZIP Code of practice.
 27 (4) Date of birth.
 28 (5) Educational background and the highest level attained at
 29 time of licensure or registration.
 30 (6) Gender or gender identity.

- 1 (7) Hours spent in direct patient care, including telehealth hours
- 2 as a subcategory, training, research, and administration.
- 3 (8) Languages spoken.
- 4 (9) National Provider Identifier.
- 5 (10) Race or ethnicity.
- 6 (11) Type of employer or classification of primary practice site
- 7 among the types of practice sites specified by the board, including,
- 8 but not limited to, clinic, hospital, managed care organization, or
- 9 private practice.
- 10 (12) Work hours.
- 11 (13) Sexual orientation.
- 12 (14) Disability status.
- 13 (c) Each board shall maintain the confidentiality of the
- 14 information it receives from licensees and registrants under this
- 15 section and shall only release information in an aggregate form
- 16 that cannot be used to identify an individual other than as specified
- 17 in subdivision (e).
- 18 (d) The Department of Consumer Affairs, in consultation with
- 19 the Department of Health Care Access and Information, shall
- 20 specify for each board subject to this section the specific
- 21 information and data that will be collected or requested pursuant
- 22 to subdivision (b). The Department of Consumer Affairs’
- 23 identification and specification of this information and data shall
- 24 be exempt until June 30, 2023, from the requirements of the
- 25 Administrative Procedure Act (Chapter 3.5 (commencing with
- 26 Section 11340) of Part 1 of Division 3 of Title 2 of the Government
- 27 Code).
- 28 (e) Each board, or the Department of Consumer Affairs on its
- 29 behalf, shall, beginning on July 1, 2022, and quarterly thereafter,
- 30 provide the individual licensee and registrant data it collects
- 31 pursuant to this section to the Department of Health Care Access
- 32 and Information in a manner directed by the Department of Health
- 33 Care Access and Information, including license or registration
- 34 number and associated license or registration information. The
- 35 Department of Health Care Access and Information shall maintain
- 36 the confidentiality of the licensee and registrant information it
- 37 receives and shall only release information in an aggregate form
- 38 that cannot be used to identify an individual.

- 1 (f) (1) A licensee or registrant shall be required to provide the
- 2 information listed in subdivision (b) as a condition for license or
- 3 registration renewal.
- 4 (2) *Notwithstanding paragraph (1), a board described in*
- 5 *paragraph (2) of subdivision (a) shall not deny an application for*
- 6 *license or registration renewal solely because the licensee or*
- 7 *registrant failed to provide any of the information listed in*
- 8 *subdivision (b).*
- 9 (g) This section does not alter or affect mandatory reporting
- 10 requirements for licensees or registrants established pursuant to
- 11 this division, including, but not limited to, Sections 1715.5, 1902.2,
- 12 2425.3, and 2455.2.

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