

## CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

---

**BILL NUMBER:** SB 1067                      **VERSION:** INTRODUCED FEBRUARY 12, 2024

**AUTHOR:** SMALLWOOD-CUEVAS              **SPONSOR:** CALIFORNIA PRIMARY CARE  
ASSOCIATION ADVOCATES

**POLICY & ADVOCACY COMMITTEE RECOMMENDATION:** NONE

**SUBJECT:** HEALING ARTS: EXPEDITED LICENSURE PROCESS: MEDICALLY UNDERSERVED  
AREA OR POPULATION

---

### **Summary**

This bill would require healing arts licensing boards within the Department of Consumer Affairs (DCA) to expedite the licensure process to give priority review status to an applicant for a license who intends to practice in a medically underserved area or serve a medically underserved population.

### **Existing Law:**

- 1) Requires Boards under DCA to expedite the initial licensure process for applicants who are honorably discharged members of the U.S. Armed Forces. (Business and Professions Code (BPC) §115.4).
- 2) Requires DCA Boards to expedite the licensure process and waive the licensure application fee and the initial license fee for applicants who have a current license in the same profession in another state, and who are married to, or in a domestic partnership or other legal union with, an active-duty member of the U.S. Armed Forces who is assigned to active duty in California. (BPC §115.5).
- 3) Requires the Medical Board of California to give priority review status to applicants who can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population, as defined in §128522 of the Health and Safety Code (HSC). They must provide proper documentation to prove this, which may include a letter from the employer indicating acceptance of employment and a start date. (BPC §2092)
- 4) Defines the following terms for purposes of the California Physician Corps Program, which consists of a loan repayment program and a volunteer program for physicians in the state (HSC §128552 (d) and (e)):
  - a) “Medically underserved population” means the Medi-Cal program and uninsured populations.

- b) “Medically underserved area” means an area defined as a health professional shortage area in Federal Regulations ([42 CFR Part 5, Appendix A](#)), or an area of the state where unmet priority needs for physicians exist as determined by the Department of Health Care Access and Information (HCAI).

### **This Bill:**

- 1) Requires each healing arts board under DCA to develop a process to expedite the licensure process to give priority review status to an applicant for a license who demonstrates they intend to practice in a medically underserved area or serve a medically underserved population as defined in HSC §128552 (cited above). (BPC §871(a))
- 2) Provides that these applicants may demonstrate their intent to practice in a medically underserved area or to serve a medically underserved population by providing documentation, which may include a letter from a qualifying employer indicating acceptance of employment and a start date. (BPC §871(b))

### **Comments:**

- 1) **Author’s Intent.** The author states that many licensing healing arts boards have lengthy backlogs for processing applications, which exacerbates the healthcare workforce shortage. They point to a 2013 bill that established a requirement that the Medical Board of California expedite license applications for applicants who intend to practice in a medically underserved area or serve a medically underserved population and are seeking to use that bill as a model for other healing arts boards.
- 2) **Acceptable Settings Unclear.** The bill relies on the definitions of “medically underserved area” and “medically underserved population” in HSC §128552 to determine who qualifies for an expedited license:

#### HSC §128552

(d) “Medically underserved area” means an area defined as a health professional shortage area in Part 5 of Subchapter A of Chapter 1 of Title 42 of the Code of Federal Regulations or an area of the state where unmet priority needs for physicians exist as determined by the department.

(e) “Medically underserved population” means the Medi-Cal program and uninsured populations.

HSC §128552 defines these terms for purposes of the California Physician Corps Program, which consists of a loan repayment program and a volunteer program for physicians in the state.

#### Medically Underserved Area

The section’s definition of a “medically underserved area” references Federal Regulations, 42 CFR Part 5, Appendix A. However, this definition appears heavily focused on primary care physicians, and it is unclear if it is appropriate to use to

define underserved areas of other healing arts practitioners, or if a more tailored definition is needed.

HSC §128522 also states in its definition of a “medically underserved area” that it includes an area of the state where unmet priority needs for physicians exist as determined by HCAI. Although no explicit definition appears on HCAI’s website, they appear to have mapped acceptable areas for purposes of their Physician Corps Loan Repayment Program. A lookup of eligible worksites by area for that program can be found [here](#). However, it is unclear if underserved areas for physicians will always match underserved areas for other healing arts practitioners.

Medical Board has nearly identical language already in its law, and they indicate they use [this federal website](#) of designated shortage areas to determine if the address in question qualifies.

#### Medically Underserved Population

The definition of a “medically underserved population” is broad, and it is unclear what threshold the Board should use to determine if an applicant qualifies.

- 3) **Board Impact.** Depending on the volume of applications received, this bill could have a detrimental impact on Board processing times if the Board’s evaluators must spend a large amount of time determining whether someone’s intended work setting qualifies for expedited licensure instead of evaluating applications, especially if the definition of qualifying settings is nuanced and difficult to determine. Additionally, staff has concerns that success of this bill could lead to numerous other proposals to expedite licensure for valid reasons, which could end up increasing processing times overall as staff spends increasing amounts of time determining expedite eligibility and fielding applicant questions regarding eligibility.

HCAI has provided recent data from the Board’s renewal surveys that approximately 19% of the Board’s registrant population works in a Federally Qualified Health Center (FQHC), clinic, or community health center, which are settings that would likely qualify for the expedite. Last Fiscal Year (FY 2022-23), the Board processed approximately 16,500 applications. The year before that (FY 2021-2022), it processed approximately 16,300 applications. This equates to approximately 3,000 applications per year that would qualify to be expedited.

- 4) **Medical Board Statistics.** Medical Board has been expediting licensure for those working in a medically underserved area or a medically underserved population for several years now. DCA reports that in Fiscal Year 2019/2020, they expedited 164 applicants for work in underserved settings.

That Fiscal Year, Medical Board received roughly the same number of applications as BBS did: approximately 11,300 applications for Medical Board, versus 12,200 applications for BBS.

- 5) **Policy & Advocacy Committee Recommendation.** At its April 2024 meeting, the Policy and Advocacy Committee did not recommend a position on the bill. However,

it directed staff to reach out to the author's office to discuss further clarifying who would qualify for the expedite.

**6) Staff Recommendation.** Staff recommends that the Board consider taking an "Oppose unless Amended" position on this bill, requesting amendments to provide a more straightforward and narrow definition of qualifying applicants.

**7) Previous Legislation.**

AB 1288 (Chapter 307, Statutes of 2013) required the Medical Board of California to give priority review status to applicants who can demonstrate they intend to practice in a medically underserved area or serve a medically underserved population, if they provide appropriate documentation.

**8) Related Legislation.** The following related bills are being proposed this year:

AB 2442 (Zbur) would require the Medical Board, the Osteopathic Medical Board, the Board of Registered Nursing, and the Physician Assistant Board to expedite the licensure process for applicants who demonstrate they intend to provide gender-affirming health care or gender-affirming mental health care in their scope of practice.

AB 2862 (Gipson) would require boards to prioritize African American applicants seeking licenses, especially those descended from a person enslaved in the United States.

**9) Support and Opposition.**

**Support:**

California Primary Care Association Advocates (Sponsor)  
Alameda Health Consortium  
Altamed Health Services Corporation  
Apla Health  
Arroyo Vista Family Health Center  
Asian Health Services  
California Consortium for Urban Indian Health  
CAPA  
Chapa-de Indian Health  
Communicare+ole  
Community Clinic Association of Los Angeles County (CCALAC)  
Comprehensive Community Health Centers  
CPCA Advocates, Subsidiary of The California Primary Care Association  
DAP Health  
Dientes Community Dental  
Eisner Health  
El Proyecto Del Barrio, INC.  
Family Health Centers of San Diego  
Friends of Family Health Center  
Golden Valley Health Centers

Health Alliance of Northern California  
Health and Life Organization, Inc./ Db a Sacramento Community Clinics  
Health Center Partners of Southern California  
Hill Country Community Clinic  
Inland Family Community Health Center  
LA Clinica De LA Raza, INC.  
LA Maestra Community Health Centers  
Lifelong Medical Care  
Neighborhood Healthcare  
North Coast Clinics Network  
North East Medical Services  
Northeast Valley Health Corporation  
Petaluma Health Center  
San Ysidro Health  
Share Our Selves  
Shasta Cascade Health Centers  
Shasta Community Health Center  
The Children's Clinic, "Serving Children and Their Families"/TCC Family Health  
Truecare  
Unicare Community Health Center  
Venice Family Clinic  
Wellspace Health  
West County Health Centers, INC.

**Opposition:** None at this time.

## **10) History**

04/22/24 April 22 hearing: Placed on APPR suspense file.  
04/12/24 Set for hearing April 22.  
04/08/24 From committee: Do pass and re-refer to Com. on APPR. (Ayes 9. Noes 0. Page 3511.) (April 8). Re-referred to Com. on APPR.  
04/04/24 Set for hearing April 8.  
02/21/24 Referred to Com. on B., P. & E. D.  
02/13/24 From printer. May be acted upon on or after March 14.  
02/12/24 Introduced. Read first time. To Com. on RLS. for assignment. To print.

***Blank Page***

**Introduced by Senator Smallwood-Cuevas**

February 12, 2024

---

An act to add Section 871 to the Business and Professions Code, relating to healing arts.

**legislative counsel's digest**

SB 1067, as introduced, Smallwood-Cuevas. Healing arts: expedited licensure process: medically underserved area or population.

Existing law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Existing law requires specified boards to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within their scope of practice and specifies the documentation an applicant is required to provide to demonstrate their intent.

This bill would require each healing arts board, as defined, to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population, as defined. The bill would authorize an applicant for a license to demonstrate their intent to practice in a medically underserved area or serve a medically underserved population by providing proper documentation, including, but not limited to, a letter from an employer, located in a medically underserved area or which serves a medically underserved population, indicating that the applicant has accepted employment and stating the start date.

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 871 is added to the Business and  
2 Professions Code, to read:

3 871. (a) Each healing arts board shall develop a process to  
4 expedite the licensure process by giving priority review status to  
5 the application of an applicant for a license who demonstrates that  
6 they intend to practice in a medically underserved area or serve a  
7 medically underserved population, as defined in Section 128552  
8 of the Health and Safety Code.

9 (b) An applicant for a license may demonstrate their intent to  
10 practice in a medically underserved area or serve a medically  
11 underserved population by providing proper documentation,  
12 including, but not limited to, a letter from an employer, located in  
13 a medically underserved area or which serves a medically  
14 underserved population, indicating that the applicant has accepted  
15 employment and stating the start date.

16 (c) As used in this section, “healing arts board” means any  
17 board, division, or examining committee in the Department of  
18 Consumer Affairs that licenses or certifies health professionals.

O