

Item: 2024 Legislation of Interest

Item Summary: Following is an update on bills for which the Board previously adopted positions in 2023 and bills that have been identified as legislation of interest as of March 8, 2024. Bills are presented to members to take one of the following positions: Watch, Support, Support if amended, Oppose, or Oppose unless amended.

TWO-YEAR BILLS

AB 477 (Waldron) - Board Position: WATCH

Title: Legislative review of state boards.

Status: This bill has died pursuant to Joint Rule 56 (failed to pass house of origin by 1/31/24).

Existing law requires the Joint Sunset Review Committee to review eligible agencies and prepare a report that is made available to the public and the Legislature on whether the agency should be terminated, or continued, or whether its functions should be revised or consolidated with those of another agency, as specified. This bill would require the report prepared by the committee to be made available to the public online.

AB 996 (Low) - Board Position: WATCH

Title: Department of Consumer Affairs: continuing education: conflict-of-interest policy.

Status: 8/17/2023: Ordered to Senate Inactive File.

Existing law provides for the licensure and regulation of professions and vocations by entities within the Department of Consumer Affairs. Under existing law, several of these entities may require licensees to satisfy continuing education course requirements, including, among others, licensed physicians and surgeons licensed by the Medical Board of California and certified public accountants and public accountants licensed by the California Board of Accountancy.

This bill would require those entities to develop and maintain a conflict-of-interest policy that, at minimum, discourages the qualification of any continuing education course if the provider of that course has an economic interest in a commercial product or enterprise directly or indirectly promoted in that course and requires conflicts to be disclosed at the beginning of each continuing education course.

SB 802 (Roth) - Board Position: WATCH

Title: Licensing boards: disqualification from licensure: criminal conviction.

Status: 7/11/2023: Hearing before Assembly B&P cancelled at the request of the author.

Existing law provides for the licensure and regulation of various professions and vocations by boards within the Department of Consumer Affairs. Existing law authorizes a board to deny a license on the grounds that the applicant or licensee has been subject to formal discipline, as specified, or convicted of a crime substantially related to the qualifications, functions, or duties of the business or profession for which the application is made, as specified. Existing law requires a board to notify the applicant in writing, as specified, if a board decides to deny an application for licensure based solely or in part on the applicant's conviction history.

If a board decides to deny an application for licensure based solely or in part on the applicant's conviction history, this bill would require a board to notify the applicant in writing within 30 days after a decision is made, as specified.

INTRODUCED IN 2024

AB 1891 (Weber) - Staff Recommended Position: WATCH

Title: Community colleges: allied health programs

Status: 2/27/2024: Amended and Re-referred to Assembly Committee on Higher Education

Existing law establishes the California Community Colleges under the administration of the Board of Governors of the California Community Colleges. Existing law establishes community college districts throughout the state, under the administration of community college district governing boards, and authorizes these districts to provide instruction at the community college campuses they operate.

This bill would authorize a community college allied health program, as defined, if, after using an approved diagnostic assessment tool, it determines that the number of applicants to the program exceeds its capacity, to use additional multicriteria screening measures. This bill would authorize a community college allied health program to use any diagnostic assessment tool that is commonly used in allied health programs and is approved by the Chancellor of the California Community Colleges. The bill would prohibit a community college district from excluding an applicant to an allied health program on the basis that the applicant is not a resident of that district or has not completed prerequisite courses in that district, and from implementing policies, procedures, and systems that have the effect of excluding an applicant or student who is not a resident of that district from the district's allied health program.

This bill would authorize a community college allied health program that determines the number of applicants exceeds its capacity to admit students in accordance with the administration of a multicriteria screening process, a random selection process, or a blended combination of random selection and a multicriteria screening process. The bill would require a community college allied health program that elects to use a multicriteria screening process, including a blended combination of random selection and a multicriteria screening process, to evaluate applicants for admission using specified criteria relating to the applicant's academic performance, work or volunteer experience, foreign language skills, life experiences, and special circumstances, among other criteria. The bill would authorize a community college allied health program using a multicriteria screening process to use an approved diagnostic assessment tool before, during, or after the multicriteria screening process. The bill would require a community college allied health program that uses a multicriteria screening process to report its allied health program admissions policies to the chancellor annually, in writing. The bill would require the chancellor to submit a report, on or before March 1, 2026, and each March 1 thereafter, to the Legislature and the Governor that examines and includes certain information, including the participation, retention, and completion rates in community college allied health programs of students admitted through a multicriteria screening process, as specified. The bill would repeal the provisions described in this paragraph on January 1, 2030.

AB 2269 (Flora) - Staff Recommended Position: WATCH

Title: Board membership qualifications: public members.

Status: 2/26/2024: Referred to Assembly Business and Professions Committee.

Existing law establishes specified boards, bureaus, and commissions in the Department of Consumer Affairs for the purpose of licensing and regulating various professions and vocations. Existing law prohibits a public member or a lay member appointed to a board, as defined, from, among other things, having a specified relationship with a licensee of that board within 5 years of the public member's or lay member's appointment.

This bill would prohibit a public member or a lay member of any board from having a specified relationship with a licensee of that board, for services provided pursuant to that license, within 3 years of the public member's or lay member's appointment. The bill would provide that these requirements apply to a public member or a lay member of a board upon appointment or reappointment on or after January 1, 2025.

AB 2862 (Gipson) - Staff Recommended Position: OPPOSE UNLESS AMENDED

Title: Licenses: African American applicants

Status: 2/15/24: Introduced and may be heard in committee on or after 3/17/24.

Existing law prescribes requirements for licensure and regulation of various businesses and professions, including healing arts and real estate businesses and professions, by various boards, bureaus, commissions, committees, and departments.

This bill would require boards to prioritize African American applicants seeking licenses under these provisions, especially applicants who are descended from a person enslaved in the United States.

AB 3127 (McKinnor) - Staff Recommended Position: OPPOSE

Title: Reporting of crimes: mandated reporters

Status: 2/16/24: Introduced and may be heard in policy committee on or after 3/18/24.

Existing law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is either self-inflicted, caused by a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. A violation of these provisions is punishable as a misdemeanor.

This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct. The bill would instead require that a health practitioner make a report when the injury is life threatening or results in death, or is the result of child abuse or elder or dependent adult abuse. The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report be sent, as specified. The bill would also require a health practitioner who suspects that a patient has suffered physical injury that is caused by domestic violence, as defined, to provide brief counseling and a referral to local and national domestic violence or sexual violence advocacy services, as specified.

SB 1067 (Smallwood-Cuevas) - Staff Recommended Position: WATCH

Title: Healing arts: expedited licensure process: medically underserved area or population.

Status: 2/21/2024: Introduced and referred to Senate BP&Ed Committee

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.

SB 1451 (Ashby) - Staff Recommended Position: SUPPORT

Title: Professions and Vocations

Status: 2/29/2024: Referred to Senate BP&ED Committee

Existing law, the Respiratory Care Practice Act, establishes the Respiratory Care Board of California to license and regulate the practice of respiratory care. Existing law authorizes a licensed vocational nurse who is employed by a home health agency to perform respiratory tasks and services identified by the board if, on or before January 1, 2025, the licensed vocational nurse has completed patient-specific training satisfactory to their employer, and, on and after January 1, 2025, the licensed vocational nurse has completed that training in accordance with guidelines promulgated by the Respiratory Care Board of California, in collaboration with the Board of Vocational Nursing and Psychiatric Technicians of the State of California.

This bill would extend those dates to January 1, 2028. The bill, on and after January 1, 2028, would also authorize a licensed vocational nurse to perform respiratory care services identified by the board while practicing in certain settings identified in the bill if the license vocational nurse has completed patient-specific training satisfactory to their employer and holds a current and valid certification of competency for each respiratory task to be performed, as specified..

This is the Board sponsored legislation to carve out the additional exemption authorizing LVNs, with specified training, to perform tasks beyond basic respiratory tasks in the home and community-based settings where it is unfeasible to employ a respiratory care practitioner.