

**Item:** 2025 Legislation of Interest

**Item Summary:** Following are bills that have been identified as legislation of interest as of February 21, 2025. Bills are presented to members to take one of the following positions: Watch, Support, Support if amended, Oppose, or Oppose unless amended.

**AB 667 (Solache) - Staff Recommended Position: WATCH**

**Title:** Professions and vocations: license examinations: interpreters.

**Status:** Introduced 2/14/25: May be heard in committee March 17th

Existing law establishes the Department of Consumer Affairs, which is composed of various boards that license and regulate various professions. Existing law provides for the certification and regulation of nurse assistants and home health aids by the State Department of Public Health.

This bill would, beginning July 1, 2026, require the State Department of Public Health and boards under the jurisdiction of the Department of Consumer Affairs to permit an applicant who cannot read, speak, or write in English to use an interpreter, at no cost to the applicant, to interpret the English verbal and oral portions of the license or certification examination, as applicable, if the applicant meets all other requirements for licensure.

This bill would require an interpreter to satisfy specified requirements, including not having the license for which the applicant is taking the examination. The bill would also require those boards and the State Department of Public Health to post on their internet websites that an applicant may use an interpreter if they cannot read, speak, or write in English and if they meet all other requirements for licensure or certification.

This bill would require those boards and the State Department of Public Health to include in their licensure or certification applications a section that asks the applicant to identify their preferred language and, beginning July 1, 2027, to conduct an annual review of the language preferences of applicants. The bill would require the State Department of Public Health and those boards, beginning July 1, 2029 and until January 1, 2033, to annually report to specified committees of the Legislature on language preference data.

**AB 742 (Elhawary) - Staff Recommended Position: WATCH**

**Title:** Department of Consumer Affairs: licensing: applicants who are descendants of slaves

**Status:** Introduced 2/18/25: May be heard in committee March 21st

Existing law establishes the Department of Consumer Affairs, which is composed of specified boards that license and regulate various professions.

This bill would require those boards to prioritize applicants who are descendants of slaves seeking licenses, especially applicants who are descended from a person enslaved within the United States.

**AB 1434 (Rodriguez) - Staff Recommended Position: WATCH**

Title: Health care boards: workforce data collection

Status: Introduced 2/21/25: May be heard in Committee March 24th

Existing law requires specified boards, including the Board of Registered Nursing and the Respiratory Care Board of California, to collect certain workforce data from their respective licensees and registrants for future workforce planning at least biennially.

This bill would make nonsubstantive changes to those provisions.

**SB 389 (Ochoa Bogh) - Staff Recommended Position: WATCH**

Title: Pupil health: individuals with exceptional needs: specialized physical health care services

Status: Introduced 2/18/25: May be acted upon on or after March 17th

Existing law authorizes an individual with exceptional needs who requires specialized physical health care services, as defined, during the regular schoolday, to be assisted by individuals meeting specified requirements.

This bill would authorize, notwithstanding any other law, a licensed vocational nurse under the supervision of a credentialed school nurse who meets the above-described requirements to perform specialized physical health care services.

**SB 470 (Laird) - Staff Recommended Position: WATCH**

Title: Bagley-Keene Open Meeting Act: teleconferencing.

Status: Introduced 2/18/25: May be acted upon on or after March 22nd

Existing law, the Bagley-Keene Open Meeting Act, requires, with specified exceptions, that all meetings of a state body be open and public and all persons be permitted to attend any meeting of a state body. The act authorizes meetings through teleconference subject to specified requirements, including, among others, that the state body post agendas at all teleconference locations, that each teleconference location be identified in the notice and agenda of the meeting or proceeding, that each teleconference location be accessible to the public, that the agenda provide an opportunity for members of the public to address the state body directly at each teleconference location, and that at least one member of the state body be physically present at the location specified in the notice of the meeting.

The act authorizes an additional, alternative set of provisions under which a state body may hold a meeting by teleconference subject to specified requirements, including, among others, that at least one member of the state body is physically present at each teleconference location, as defined, that a majority of the members of the state body are physically present at the same teleconference location, except as specified, and that members of the state body visibly appear on camera during the open portion of a meeting that is publicly accessible via the internet or other online platform,

except as specified. The act authorizes, under specified circumstances, a member of the state body to participate pursuant to these provisions from a remote location, which would not be required to be accessible to the public and which the act prohibits the notice and agenda from disclosing. The act repeals these provisions on January 1, 2026.

This bill would delete the January 1, 2026 repeal date, thereby authorizing the above-described additional, alternative set of teleconferencing provisions indefinitely.

**SB 669 (McGuire) - Staff Recommended Position: WATCH**

Title: Rural hospitals: standby perinatal medical services.

Status: Introduced 2/18/25: May be acted upon on or after March 23rd

Existing law finds and declares that prenatal care, delivery service, postpartum care, and neonatal and infant care are essential services necessary to assure maternal and infant health, and that these services are not currently distributed so as to meet the minimum maternal and infant health needs of many Californians. Existing law requires the State Department of Public Health to develop and maintain a statewide community-based comprehensive perinatal services program, as specified, to deliver services in medically underserved areas or areas with demonstrated need.

This bill would require the department, in consultation with specified stakeholders, to establish a 5-year pilot project to allow critical access and individual and small system rural hospitals to establish standby perinatal medical services, as defined. To qualify for participation in the pilot project, the bill would require a critical access or individual and small system rural hospitals to meet specified requirements, including, among others, that the hospital (1) be greater than 60 minutes from the nearest hospital providing full maternity services, (2) not have closed a full maternity or labor and delivery department within the past 3 years, and (3) agree to provide routine labor and delivery services or have an agreement with a freestanding birth center, as specified. The bill would require a hospital selected for a pilot program to comply with certain requirements, including among others, having and maintaining specified staff, services, and equipment. The bill would require a physician, as specified, to have overall responsibility for a pilot program under these provisions.

This bill would require the department, in consultation with specified stakeholders, to develop a monitoring plan and reporting template to collect and evaluate data on safety, outcomes, utilization, and populations served using stratified demographic data to the extent statistically reliable data is available and complies with medical privacy laws and practices. The bill would require the department to compile the data and prepare an evaluation to be submitted to the Legislature on or before 2 years after the completion of the pilot project, and made publicly available.