MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 1811
AUTHOR:	Rogers
CHAPTER:	Chaptered, #549
BILL DATE:	August 20, 2026, Amended
SUBJECT:	Health Professionals
SPONSOR:	Association of California Healthcare Districts and the Rural County Representatives of California
POSITION:	Support

DESCRIPTION OF CURRENT LEGISLATION

Requires the Medical Board of California (Board) and other boards within the Department of Consumer Affairs (DCA) to update the workforce survey that is provided to licensees at the time of initial licensure and renewal to request certain additional information related to their patient/client care and accepted payment options.

Updates, until January 1, 2035, the definition of a health professional shortage area (HPSA) to include areas that are currently, and on January 1, 2025, designated by the United States Department of Health and Human Services (HHS), and any area to be determined by the California Department of Health Care Access and Information (HCAI).

RECENT AMENDMENTS

On August 20, 2026, AB 1811 was amended in a technical and non-substantive manner.

IMPLEMENTATION TASKS

- Report in the Board's newsletter (expected to be published by January 2026).
- Consult with the HCAI/DCA, as needed, to update the workforce survey.
- Update, as needed, guidance to licensees related to completing the workforce survey.
- Publish a separate newsletter article in 2027 to highlight awareness of this law.

BACKGROUND

Business and Professions Code (BPC) section 502 requires the various healing arts boards within the DCA to request the following demographic information from its licensees at the time of renewal:

- Anticipated year of retirement.
- Area of practice or specialty.
- City, county, and ZIP code of practice.
- Date of birth.
- Educational background and the highest level attained at time of licensure or registration.
- Gender or gender identity.
- Hours spent in direct patient care, including telehealth hours as a subcategory, training, research, and administration.
- Languages spoken.
- National Provider Identifier, or NPI (this must be provided, if the licensee has one, pursuant to BPC section 850.2).
- Race or ethnicity.
- Type of employer or classification of primary practice site among the types of practice sites specified by the board, including, but not limited to, clinic, hospital, managed care organization, or private practice.
- Work hours.
- Sexual orientation.
- Disability status.

These demographic questions may be answered by licensees online through BreEZe (a paper-based survey is not available) and Board licensees may fill out the survey at any time. As BreEZe is currently configured, licensees are prompted to fill out the survey at the time of initial licensure and if they have not submitted it within six months prior to submitting their renewal application. Except for NPI, licensees may decline to answer the above questions when completing the survey.

The HCAI "is committed to expanding equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable." The HCAI has four key health program areas related to facilities, workforce, affordability, and data collection and analysis.

The collected data is available to the HCAI which they use to analyze issues related to workforce shortage, equity, and distribution to inform state policy. Furthermore, certain information about the licensee is posted on their profile page on the Board's website.

According to HHS, a HPSA is defined as a "shortage of providers for a specific group of people within a defined geographic area. Examples include low-income populations, homeless populations, and migrant farmworker populations."

Various statutes[1] within the BPC require licensing boards to expedite (sometimes referred to as prioritizing) the review of an application for qualified applicants, including those who were honorably discharged as an active-duty member of the Armed Forces of the United States, are the spouse/domestic partner of an active-duty member of the military assigned to a duty station in California, or have a certain refugee or immigration status.

BPC section 2092, in conjunction with Health and Safety Code section 128552, requires the Board to expedite the application for a Physician's and Surgeon's License for someone who intends to practice in medically underserved areas, which includes HPSAs.

These statutes do not change the licensing requirements, rather they simply require the Board to review the license applications on an expedited basis.

ANALYSIS

According to the author's fact sheet:

> "The current process for designating a HPSA is dictated entirely at a federal level, by HRSA [federal Health Resources and Services Administration], with no flexibility in criteria. Unfortunately, many state administered programs are also linked to HPSA designations. As federal standards for calculating HPSA's remain unchanged and inflexible, there are HPSAs being proposed for withdrawal even though there is still a health profession shortage. These areas will lose the ability to benefit from federal programs, but also statewide programs, that recruit and retain healthcare providers.
>
> As of January 2026, 285 of the 5,000 HPSA designations in California are proposed for withdrawal.
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> At the state level, the HPSA designation signals prioritization for state resources. Losing the designation will minimize the state's understanding of the high need

[1] See BPC sections 115.4 and 115.5.

areas within California. Additionally, once a designation is withdrawn, the service area must submit another application to be considered again.

Barring the ability to create flexibility federally, AB 1811 will preserve HPSA designations that were held as of January 1, 2025, until January 1, 2035, in California. This legislation will ensure that current HPSAs, and the 285 proposed for withdrawal HPSAs, continue to qualify for state prioritization and benefits. At the state level, the HPSA designation signals prioritization for state resources. Losing the designation will minimize the state's understanding of the high need areas within California. Additionally, once a designation is withdrawn, the service area must submit another application to be considered again.

Additionally, AB 1811 updates reporting requirements for boards of healing arts licensees and registrants to include additional information to help [the HCAI] develop a better understanding of a HPSA."

Workforce Survey Updates

Under AB 1811, various DCA health boards, including the Board, would ask their licensees about the following topics (in addition to those identified above) at the time of initial licensure and renewal:

- Primary and secondary areas of practice or specialty.
- Hours worked in inpatient and outpatient care.
- Hours worked providing direct outpatient primary care services.
- Whether they accept Medicaid.
- Whether they offer a formal sliding fee scale.

Licensees may decline providing this information and anything shared is subject to existing confidentiality requirements. The bill would require this information to be provided to the HCAI monthly and would further the HCAI's ability to designate workforce shortages throughout California.

HPSA Designation Updates

This bill is not anticipated to have a significant impact on the volume of applications for a physician's and surgeon's license that qualify for expedited review, as HSC section 128552 already allows the HCAI to determine that an area of the state has an unmet need for physicians (which is one of the triggers for the requirement for expedited review).

According to the analysis by the Senate Health Committee, the HCAI faced various challenges that slowed their 2025 review of HPSA data, as required by the HRSA. AB 1811 will support the HCAI's work by providing additional time and resources to determine that an area is a HPSA.

Areas designated as a HPSA may qualify for a variety of state or federal programs, including loan repayment assistance.

FISCAL: Minor and absorbable Board licensing, information technology, and communication costs are anticipated.

SUPPORT:
Adventist Health
AltaMed Health Services
Antelope Valley Medical Center
California Academy of Family Physicians
California Association of Health Facilities
California Democratic Party Rural Caucus
California Dental Hygienists' Association
California Hospital Association
California Special Districts Association
Del Puerto Health Care District
Desert Healthcare District and Foundation
Eden Health District
Fallbrook Regional Health District
Healthy Petaluma District and Foundation
LeadingAge California
Mayers Memorial Healthcare District
Plumas District Hospital
Private Essential Access Community Hospitals
Providence
Salinas Valley Health
San Bernardino Mountains Community Hospital District
Sequoia Healthcare District
Sierra View Health Care District
Soledad Community Health Care District

OPPOSITION: None identified.

ATTACHMENT: AB 1811, Rogers. Health Professionals.
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