

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 1991  
AUTHOR: Bonta  
BILL DATE: April 17, 2024, Amended  
SUBJECT: Licensee and Registrant Records  
SPONSOR: Author

DESCRIPTION OF CURRENT LEGISLATION

Requires the Medical Board of California (MBC) and other healing arts boards with the Department of Consumer Affairs (DCA) to collect specified demographic information about its licensees at the time of renewal. Under current law, licensees are requested to provide this information.

AB 1991 specifies that boards shall not deny a license renewal solely because the licensee fails to provide the required information.

BACKGROUND

[Business and Professions Code \(BPC\) section 502](#) requires the various healing arts boards within 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 (NPI).
- 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 are available to 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 if they have not submitted it within six months prior to submitting their renewal application. Licensees may currently decline to answer one or more of the above questions if renewing their license online.

The collected data is [provided to the Department of Health Care Access and Information](#) (HCAI) and used to analyze issues related to workforce shortage, equity, and distribution in order to inform state policy.

In addition, [BPC section 2425.3](#) requires a physician licensee to report to the Board, upon the initial issuance and renewal of their license, any board certifications issued to them by a member board of the American Board of Medical Specialties and certain information related to their practice status (e.g. do they practice full-time in or outside California). This statute also requires the Board to request that the licensee disclose their cultural background and any non-English language proficiency. The responses provided by each licensee are included on their individual profile page on the Board's website.

## ANALYSIS

According to the author's (who is also the bill sponsor) fact sheet:

“California faces major shortages of health workers, isn't producing enough new workers to meet future needs, and the current health workforce does not match the diversity of the state. These workforce supply and diversity problems have a major impact on health access, quality, and equity.

There are sixteen health care professional oversight boards that “request” workforce data but do not require workforce data to be reported as [a] condition [of] licensure. Without accurate information about the makeup of California's health workforce, it is difficult to assess whether or not programs designed to improve diversity and increase access to care in underserved areas are working as intended.”

Under this bill, healing arts licensees would be required to answer the demographic questions identified above. Licensees could face a citation and fine or discipline in connection with their failure to provide the required personal information. A board, however, would not be authorized to deny their renewal application for lack of compliance with this requirement.

## **Potential Impact on Renewal Application Processing**

Approximately 85 percent of Board licensees currently renew their licenses online through Breeze. Staff reviewed the approximate 36,000 online renewals during the preceding six months and observed that thousands of licensees declined to answer one or more of the optional demographic questions. It is expected that to implement the bill,

Breeze would be reconfigured to remove the option to decline to answer these questions.

The below table provides a sampling of some of the demographic questions and the number of times during that six-month period that those questions were not answered (a single licensee may have declined multiple questions):

<b>Question</b>	<b>Number of Times Question was Declined</b>
Sexual Orientation	12,507
Anticipated Retirement Date	9,692
Disability	8,615
Race	7,870
Ethnicity	6,925

The above statistics suggest that a potentially substantial number of licensees may switch to a paper renewal application to avoid answering those questions. Staff have not yet attempted to estimate the volume of licensees who may do so.

Currently, the Board’s staff are allocated in-line with the existing volume of paper applications and payments by check. If the Board receives an influx of paper renewal applications and payments, the Board may need to divert existing staff from other functions, seek assistance from the Department of Consumer Affairs, hire additional staff, or some combination of all three options. This likely would strain the Board’s resources, causing application processing and approval delays. If the Board is unable to approve a renewal application before a license expires, that licensee will be unable to practice medicine, delaying their patients’ access to care.

Further, the Board’s licensee survey required by BPC section 2425.3 is combined with the demographic survey into a single online survey, which is currently only available through Breeze. Licensees have the option to decline to answer individual questions on the demographic survey. Licensees who switch to a paper renewal application due to the requirements of AB 1991 may ultimately skip filling out both surveys, eroding the benefits of attempting to collect this valuable information.

**Discussion with the Author’s Office**

In a call with the author’s staff, they indicated that their main goal is to obtain from healthcare providers their NPI, which, [according to the Centers for Medicare and Medicaid Services](#) (CMS) is a unique identification number for covered health care providers. Covered health care providers and all health plans and health care clearinghouses must use the NPIs in the administrative and financial transactions adopted under the Health Insurance Portability and Accountability Act. Gathering this information will help inform policy makers of the effectiveness of existing loan repayment programs that encourage providers to practice in underserved areas.

Board staff were informed that the author intends to amend the bill to only require that impacted providers disclose their NPI at the time of license renewal.

**Consideration of a Board Position**

Given the factors described above, Board staff recommend the Board adopt an Oppose, Unless Amended position on AB 1991, seeking an amendment to reduce the scope of the bill to only require the disclosure of NPI at the time of licensure renewal.

FISCAL: Unknown, potentially significant costs due to increased staff time associated with responding to licensee concerns and manually processing an unknown number of renewal applications for licensees who change from an online to paper-based renewal.

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

OPPOSITION: None identified.

POSITION: Recommendation: Oppose, Unless Amended

ATTACHMENT: [AB 1991, Bonta – Licensee and Registrant Records.](#)  
Version: 4/17/24 – Amended