California State Assembly

BUSINESS AND PROFESSIONS

MARC BERMAN
CHAIR

1020 N Street, Room 379
(916) 319-3301
FAX: (916) 319-3306

AGENDA

Tuesday, June 30, 2026
9 a.m. -- 1021 O Street, Room 1100

BILLS HEARD IN FILE ORDER

	1.	SB 342	Umberg	Contractors: unlicensed work.
	2.	SB 1148	Niello	Security guards: training.
	3.	SB 1302	Wahab	Nursing.
	4.	SB 1303	Wahab	Naturopathic Doctors Act.
	5.	SB 1304	Wahab	Respiratory Care Practice Act.
	6.	SB 1311	Wahab	Licensed professions.(Urgency)
	7.	SB 1314	Menjivar	Smoke shops: locations, hours of operation, and sale of nitrous oxide.
	8.	SB 1363	Wahab	Barbering and cosmetology.
	9.	SB 1368	Wahab	Speech-language pathologists, audiologists, and hearing aid dispensers.
*	10.	SB 1376	Wahab	Physician assistants.
*	11.	SB 1391	Wahab	Department of Consumer Affairs: retired category licenses.
*	12.	SB 1416	Wahab	Physicians and surgeons: dentists: unprofessional conduct.
*	13.	SB 1445	Business, Professions and Economic Development	Healing arts.

* *Proposed for Consent*

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 342 (Umberg) – As Amended January 5, 2026

SENATE VOTE: 39-0

SUBJECT: Contractors: unlicensed work

SUMMARY: Authorizes a contractor to bring an action against a party for compensation for work conducted while licensed, as specified, and prohibits a consumer from bringing an action in any court to recover compensation paid to an unlicensed contractor for work completed while the contractor was licensed.

EXISTING LAW:

1) Establishes, until January 1, 2025, the Contractors State License Board (CSLB or Board) under the Department of Consumer Affairs (DCA) to implement and enforce the Contractors State License Law (License Law), which includes the licensing and regulation of contractors and home improvement salespersons. (Business and Professions Code (BPC) §§ 7000 *et seq.*)

2) Requires, until January 1, 2025, the CSLB to appoint a Registrar of Contractors to be the executive officer and secretary of the CSLB and to carry out all of the administrative duties of the Board. (BPC § 7011)

3) Establishes an enforcement division within the CSLB to rigorously enforce the License Law, prohibiting all forms of unlicensed activity and enforcing the obligation to secure the payment of valid and current workers' compensation insurance, as specified. (BPC § 7011.4(a))

4) Requires the CSLB to provide an annual report to the Legislature, no later than October 1, related to complaints filed with the CSLB, as specified. (BPC § 7017.3)

5) Exempts from the License Law a work or operation on one undertaking or project by one or more contracts if the aggregate price for labor, materials, and all other items is less than $1,000 that work or operation being considered of casual, minor, or inconsequential nature, and the work or operation does not require a building permit. (BPC § 7048)

6) Authorizes the CSLB to issue licenses to individual owners, partnerships, corporations, and limited liability companies. (BPC § 7065(b))

7) Defines "contractor" to include any person, consultant to an owner-builder, firm, association, organization, partnership, business trust, corporation, or company, who or which undertakes, offers to undertake, purports to have the capacity to undertake, or submits a bid to construct any building or home improvement project, or part thereof. (BPC § 7026.1(a)(2)(A))

8) Establishes that, unless exempted from licensure, it is a misdemeanor for a person to engage in the business of, or act in the capacity of, a contractor if the person is not licensed in accordance with the License Law. (BPC § 7028(a)(1))

9) Authorizes the Registrar, upon complaint or otherwise, seeing that a licensee has engaged in, or is engaging in, any act, practice, or transaction which constitutes a violation of the License Law whereby another person may be substantially injured, or that any person, who does not hold a state contractor's license in any classification, has engaged in, or is engaging in, any act, practice, or transaction which constitutes a violation of the License Law, whether or not there is substantial injury, to apply for an injunction restraining such person from acting in the capacity of a contractor without a license in violation of the License Law, or from acting in violation of the License Law when another person may be substantially injured. (BPC § 7028.3)

10) Empowers the Registrar of Contractors to issue citations containing orders of abatement and civil penalties against persons acting in the capacity of or engaging in the business of a contractor without having a license in good standing to so act or engage. (BPC § 7028.6)

11) Provides that all licenses issued under the provisions of the License Law shall expire two years from the last day of the month in which the license is issued, or two years from the date on which the renewed license last expired. Requires the licensee to, before the time at which the license would otherwise expire, apply for renewal on a form prescribed by the Registrar and pay the prescribed renewal fee. (BPC § 7140)

12) Requires the Registrar to grant retroactive renewal of a license if, within 90 days of the expiration of the license, the otherwise eligible licensee submits a completed application for renewal on a form prescribed by the Registrar and pays the appropriate renewal and delinquency fees. An application shall be deemed submitted if it is delivered to the Board's headquarters or postmarked within 90 days of the expiration of the license. (BPC § 7141.5)

13) Prohibits any person engaged in the business or acting in the capacity of a contractor to bring or maintain any action, or recover in law or equity in any action, in any court of this state for the collection of compensation for the performance of any act or contract where a license is required by the License Law without alleging that they were a duly licensed contractor at all times during the performance of that act or contract, regardless of the merits of the cause of action brought by the person, except as specified. (BPC § 7031 (a))

14) Authorizes a person who utilizes the services of an unlicensed contractor to bring an action in any court of competent jurisdiction in this state to recover all compensation paid to the unlicensed contractor for the performance of any act or contract. (BPC § 7031 (b))

15) Specifies that the judicial doctrine of substantial compliance shall not apply under this section where the person who engaged in the business or acted in the capacity of a contractor has never been a duly licensed contractor in this state. The court may determine that there has been substantial compliance with licensure requirements under this section if it is shown at an evidentiary hearing that the person who engaged in the business or acted in the capacity of a contractor (1) had been duly licensed as a contractor in this state prior to the performance of the act or contract, (2) acted reasonably and in good faith to maintain proper licensure, and

(3) acted promptly and in good faith to remedy the failure to comply with the licensure requirements upon learning of the failure. (BPC § 7031(e))

THIS BILL:

1) Repeals a requirement that a contractor be licensed at all times during the performance of any act or contract to bring or maintain any action in court to collect compensation for the performance of that act or contract and instead allows a contractor to bring an action in court to collect compensation for the period when the contractor was licensed, so long as the license was valid when the contract was executed.

2) Repeals the ability for a consumer to bring an action to recover all compensation paid to an unlicensed contractor and instead limits the amount a consumer can recover to what they paid while the contractor was unlicensed.

FISCAL EFFECT: According to the Senate Appropriations Committee, the CSLB anticipates a significant increase in complaints and associated enforcement workload to conduct investigations resulting from this bill. These costs are estimated at $2.24 million in Fiscal Year (FY) 2027-28 and $2.21 million in FY 2028-29 and annually ongoing (Contractors License Fund). Costs include five additional licensing and enforcement staff, as well as increased Attorney General (AG) and Office of Administrative Hearings (OAH) costs. CSLB's IT Division estimates additional costs of approximately $120,000 to make changes to the board's licensing system.

COMMENTS:

Purpose. This bill is sponsored by the *California Conference of Carpenters*. According to the author, "[this bill] strikes a balance between maintaining consumer protections and ensuring that contractors are not unduly punished for administrative missteps. By modernizing California's contractor licensing laws, this bill supports a fairer business environment while upholding the integrity of the licensing system."

Background. The CSLB is responsible for implementing and enforcing the License Law, which governs the licensure, practice, and discipline of contractors in California. A license is required for construction projects valued at $1,000 or more, including labor and materials. The CSLB issues licenses to business entities and sole proprietors. Each license requires a qualifying individual (a "qualifier") who satisfies the experience and examination requirements for licensure and directly supervises and controls construction work performed under the license. The CSLB issues four types of licenses: "A" General Engineering Contractor; "B" General Building Contractor; "B-2" Residential Remodeling Contractor; and "C" Specialty Contractor, of which there are 42 classifications. Each licensing classification (I.e., electrical, drywall, painting, plumbing, roofing, and fencing) authorizes a specific type of construction work. At the time of this writing, there are more than 244,500 contractors with an active license in California.

A contractor is prohibited from bringing an action to recover compensation for work performed unless the contractor was licensed at all times during the performance of a contract. A person who hires an unlicensed contractor may bring an action to recover all compensation paid to an unlicensed contractor. Additionally, any lien that a contractor records to secure payment for work performed is unenforceable unless the contractor was duly licensed at all times during the

performance of the contract. These laws are intended to protect consumers and prevent unjust enrichment of unlicensed contractors. Nonetheless, the court is authorized to determine that there has been substantial compliance with licensure requirements of the License Law if it is shown at an evidentiary hearing that the person who engaged in the business or acted in the capacity of a contractor (1) had been duly licensed as a contractor in this state prior to the performance of the act or contract, (2) acted reasonably and in good faith to maintain proper licensure, and (3) acted promptly and in good faith to remedy the failure to comply with the licensure requirements upon learning of the failure. The judicial doctrine of substantial compliance appears to address lapses in licensure exceeding 90 days, provided the contractor is not acting nefariously.

SB 1793 (Holden), Chapter 244, Statutes of 2026, sought to repeal the "at all times" requirement but was ultimately amended to restore it due to concerns about diminishing consumer protections and limiting the severity of consequences for contracting without a license. This issue was revisited in 2020 during the CSLB's sunset review,[1] and SB 1474 (Committee on Business, Professions and Economic Development), Chapter 312, Statutes of 2020, required CSLB to retroactively reinstate any license if a corrected/complete license renewal is received within 90 days of the license expiration date. It resurfaced again in 2024 during the CSLB's most recent sunset review. At the time, the Associated General Contractors suggested that "it might be better to require that the contractor be prohibited from collecting construction fees/costs for ONLY the specific days of non-licensure, not the entire project." SB 1455 (Ashby), Chapter 485, Statutes of 2024, the CSLB's sunset bill, did not amend BPC § 7031.

This bill would repeal the requirement that a contractor be licensed at all times and authorize a contractor to recover compensation for the portion of work performed while licensed. Additionally, this bill would not allow a consumer to recover all compensation paid to an unlicensed contractor; instead, it would allow recovery only for compensation paid for work completed while the contractor was unlicensed.

Prior Related Legislation. SB 1474 (Committee on Business, Professions and Economic Development), Chapter 312, Statutes of 2020, required CSLB to grant retroactive renewal of a contractor's license within 90 days of the expiration date if certain requirements are met and removed a previous requirement for the contractor to demonstrate that the renewal was late due to circumstances beyond their control.

AB 1793 (Holden), Chapter 244, Statutes of 2016, initially sought to repeal the requirement for contractors to be a duly licensed contractor "at all times" during performance of the contract to file an action to recover compensation, but was amended to instead delete the requirement for a contractor to provide evidence that they did not know or reasonably should not have known that there were not duly licensed when performance of the act or contract commenced for the judicial doctrine of substantial compliance to apply.

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[1] Each year, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions and Economic Development hold joint sunset review oversight hearings to review the licensing entities under the DCA. The sunset review process provides an opportunity for the Legislature, DCA, boards and bureaus, and stakeholders to discuss the licensing entity's performance and make recommendations for improvement.

SB 263 (Monning) of 2013 would have provided that a contractor may pursue payment for any work on the contract while duly licensed, but preclude payment for work performed in a classification in which the contractor was not licensed, was under license suspension, or was under an expired or inactive license when the work was performed. That bill was substantially amended to address an unrelated topic.

AB 1386 (Horton), Chapter 289, Statutes of 2003, authorized a court to apply the judicial doctrine of substantial compliance to allow an action for recovery to proceed where a previously licensed contractor: (1) acted reasonably and in good faith to maintain proper licensure; (2) did not know or reasonably should not have known that he or she was not duly licensed when performance of the act or contract commenced; and (3) acted promptly and in good faith to reinstate his or her license upon learning it was invalid.

AB 2693 (Wyman) of 2002 would have provided that an action against an unlicensed contractor for recovery of monies paid to the unlicensed contractor is limited to payments made for work performed while the contractor was unlicensed.

AB 678 (Papan), Chapter 226, Statutes of 2001, authorized people who use the services of an unlicensed contractor to bring an action to recover all compensation paid to the unlicensed contractor for performance of any act or contract.

ARGUMENTS IN SUPPORT:

As the sponsor, the *California Conference of Carpenters* writes in support:

> California Business & Professions Code Section 7031 is currently set up to prohibit contractors with a gap in a contractor's license, no matter how brief, from using the courts to collect against claims and costs incurred on construction project and potentially have to remit back to the project owner all money paid for work conducted on a project, even if the project is completed in full. For example, a contractor could be compelled to return 100% of the contract payments received on a project due to a 1% gap period in the license, with the project's owner receiving the windfall of a free project. This is true even if the gap is for a single day on a multi-year project for an administrative reason, i.e., a renewal application is a day late. The attached proposed modified version of Section 7031 would make a modest but important change. It would simply make any penalty proportional to the period of unlicensed performance. It would correct a problem that leads to inequitable and often absurd results.

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

POLICY ISSUES:

Need for the bill. Current law requires the CSLB to grant a contractor a retroactive license renewal if the contractor applies for renewal within 90 days of the license's expiration. It is unclear why a contractor would not be aware of a licensing lapse lasting more than 90 days. Nonetheless, a court may determine that there has been substantial compliance with licensure

requirements if the contractor had been licensed prior to the performance of the contract, acted reasonably and in good faith to maintain licensure, and acted properly and in good faith to remedy license delinquency. Any contractor making a reasonable effort to comply with this state's licensing laws is presumably already protected by law.

Weakens Consumer Protection and Incentivizes Unlicensed Activity. This bill reduces the amount of compensation a consumer can recover from an unlicensed contractor, which may lead fewer consumers to pursue this option. Furthermore, by allowing contractors to profit while unlicensed, this bill reduces the incentive to obtain a license. There is very little that CSLB can do to bring an unlicensed contractor into compliance. The CSLB may cite and fine the person, but an unlicensed contractor has little incentive to pay, unless they wish to obtain a license. The CSLB largely relies on local law enforcement and district attorneys to assist with enforcement. In contrast, the CSLB is authorized to take disciplinary action against licensed contractors who have violated the License Law and is empowered to impose an escalating range of penalties, from citations and fines to license suspension or revocation. Additionally, the CSLB may order a contractor to pay restitution, and a consumer may file a claim against a contractor's bond, which is a condition of licensure. These options are not available to consumers when issues arise with unlicensed contractors.

IMPLEMENTATION ISSUES:

CSLB Workload. According to the CSLB:

> As currently drafted, this bill is expected to generate approximately 400 additional complaints each year, substantially increasing enforcement workload. Managing this increase will require hiring additional staff and will result in added enforcement costs for contested administrative cases, estimated at $2,248,000 in fiscal year 2027-28 and $2,208,000 ongoing. These costs cannot be absorbed within existing resources and would require additional funding.[2]

AMENDMENTS:

In response to the aforementioned issues, this bill should be amended as follows to limit the bill's applicability to public works construction only:

> SECTION 1. Section 7031 of the Business and Professions Code is amended to read:
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> 7031. (a) (1) Except as provided in *paragraph (2) or* subdivision (e), no person engaged in the business or acting in the capacity of a contractor may bring or maintain any action, or recover in law or equity in any action, in any court of this state for the collection of compensation for the performance of any act or contract where a license is required by this chapter without alleging that they were a duly licensed contractor ~~at the time the contract was executed and during the portion of the times of the~~ *at all times during the* performance of that act or ~~contract for which they are seeking to recover compensation,~~ *contract,* regardless of the merits of the cause of action brought by the person.

[2] Contractors State License Board, *June 5, 2026 Board Meeting Packet*, at 100-103.

(2) Paragraph (1) shall not apply to either of the following:

(2) The prohibition in paragraph (1) shall not apply to contractors who are each

(A) Any contractor who is individually licensed under this chapter but who ~~fail~~*fails* to comply with Section 7029.

(B) An action for compensation arising from a contract for a public work of improvement. A person may maintain an action for compensation under this subparagraph if the person was a duly licensed contractor at the time the contract was executed and during the portion of the performance of the contract for which compensation is sought, without regard to the underlying merits of the cause of action.

(b) *(1)* Except as provided in *paragraph (2) or* subdivision (e), a person who utilizes the services of an unlicensed contractor may bring an action in any court of competent jurisdiction in this state to recover ~~the portion of~~ *all* compensation paid to the unlicensed contractor ~~for work performed during the time in which the contractor was unlicensed.~~ *for performance of any act or contract.*

(2) Paragraph (1) does not apply to an action for compensation arising from a contract for a public work of improvement. A person may maintain an action for compensation under this paragraph if the person was a duly licensed contractor at the time the contract was executed and during the portion of the performance of the contract for which compensation is sought, without regard to the underlying merits of the cause of action.

(c) A security interest taken to secure any payment for the performance of any act or contract for which a license is required by this chapter is unenforceable if the person performing the act or contract was not a duly licensed contractor at all times during the performance of the act or contract.

(d) If licensure or proper licensure is controverted, then proof of licensure pursuant to this section shall be made by production of a verified certificate of licensure from the Contractors State License Board which establishes that the individual or entity bringing the action was duly licensed in the proper classification of contractors at all times during the performance of any act or contract covered by the action. Nothing in this subdivision shall require any person or entity controverting licensure or proper licensure to produce a verified certificate. When licensure or proper licensure is controverted, the burden of proof to establish licensure or proper licensure shall be on the licensee.

(e) The judicial doctrine of substantial compliance shall not apply under this section where the person who engaged in the business or acted in the capacity of a contractor has never been a duly licensed contractor in this state. However, notwithstanding subdivision (b) of Section 143, the court may determine that there has been substantial compliance with licensure requirements under this section if it is shown at an evidentiary hearing that the person who engaged in the business or acted in the capacity of a contractor (1) had been duly licensed as a contractor in this state prior to the performance of the act or contract, (2) acted reasonably and in good faith to maintain proper licensure, and (3) acted promptly and in good

faith to remedy the failure to comply with the licensure requirements upon learning of the failure.

(f) The exceptions to the prohibition against the application of the judicial doctrine of substantial compliance found in subdivision (e) shall apply to all contracts entered into on or after January 1, 1992, and to all actions or arbitrations arising therefrom, except that the amendments to subdivisions (e) and (f) enacted during the 1994 portion of the 1993–94 Regular Session of the Legislature shall not apply to either of the following:

(1) Any legal action or arbitration commenced prior to January 1, 1995, regardless of the date on which the parties entered into the contract.

(2) Any legal action or arbitration commenced on or after January 1, 1995, if the legal action or arbitration was commenced prior to January 1, 1995, and was subsequently dismissed.

REGISTERED SUPPORT:

California Conference of Carpenters (Sponsor)
California Legislative Conference of Plumbing, Heating & Piping Industry
Construction Employers' Association
Finishing Contractors Association of Southern California
National Electrical Contractors Association
Northern California Allied Trades
Northern California Floor Covering Association
Southern California Glass Management Association
United Contractors
Wall and Ceiling Alliance
Western Line Constructors Chapter
Western Painting and Coating Contractors Association
Western Wall and Ceiling Contractors Association
One individual

REGISTERED OPPOSITION:

There is no opposition on file.

Analysis Prepared by: Kaitlin Curry / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1148 (Niello) – As Introduced February 18, 2026

SENATE VOTE: 38-0

SUBJECT: Security guards: training

SUMMARY: Allows a security guard to complete security skills training prior to the issuance of an initial registration by the Bureau of Security and Investigative Services (BSIS or Bureau).

EXISTING LAW:

1) Establishes the BSIS within the Department of Consumer Affairs (DCA) to license and regulate the private security industry, private investigators, locksmiths, repossessors, and alarm companies. (Business and Professions Code (BPC) §§ 7512 *et seq.*)

2) Establishes the Proprietary Security Services Act, which provides for the BSIS's regulation of Proprietary Private Security Employers (PSE) and Proprietary Private Security Officers (PSO). (BPC §§ 7574 *et seq.*)

3) Establishes the Private Security Services Act, which provides for the BSIS's regulation of Private Patrol Operators (PPO) and private security guards and security patrolpersons. (BPC §§ 7580 *et seq.*)

4) Defines PSE to mean a person who has one or more employees who provide security services for the employer and only for the employer. (BPC § 7574.01(f))

5) Defines PSO to mean an unarmed individual who is employed exclusively by any one employer whose primary duty is to provide security services for their employer, whose services are not contracted to any other entity or person, and who meets both of the following criteria:

   a) Is required to wear a distinctive uniform clearly identifying the individual as a security officer.

   b) Is likely to interact with the public while performing their duties.

   (BPC § 7574.01(g))

6) Defines a PPO as a person who agrees to furnish, or furnishes, a watchman, guard, patrolperson, or other person to protect persons or property or to prevent the theft, unlawful taking, loss, embezzlement, misappropriation, or concealment of any goods, wares, merchandise, money, bonds, stocks, notes, documents, papers, or property of any kind; or performs the service of a watchman, guard, patrolperson, or other person, for any of these purposes. (BPC § 7582.1(a))

7) Defines a security guard or security officer as an employee of a PPO or an employee of a lawful business or public agency who performs the functions described above on or about the premises owned or controlled by the customer of the PPO or by the guard's employer or in the company of persons being protected. (BPC § 7582.1(e))

8) Requires PSOs to complete training in security officer skills within six months from the date upon which registration is issued, or within six months of their employment with a PSE. (BPC § 7574.18(a))

9) Requires DCA to develop and establish by regulation a standard course and curriculum, which shall include a minimum number of hours of instruction, for the skills training to promote and protect the safety of persons and the security of property. (BPC § 7474.18(d))

10) Authorizes DCA to approve any PSE, organization, or school to teach the security skills training. (BPC § 7474.18(e))

11) Requires each PSE to annually provide each registered employee with specifically dedicated review or practice of the security officer skills and requires the BSIS to adopt by regulation the minimum number of hours required for annual review. (BPC § 7474.18(f)(1))

12) Requires each applicant for a security guard registration to complete a course in the exercise of the power to arrest and the appropriate use of force as a condition for the issuance of the registration. The training shall be administered and certified by a single course provider and completed within six months preceding the date of application to BSIS. (BPC § 7583.6(a))

13) Requires a security guard registrant to complete 32 hours of security officer skills within six months from the date an initial registration is issued, including 16 of the 32 hours within 30 days from the date of registration. (BPC § 7583.6(b))

14) Requires security guard registrants to annually complete eight hours of specifically dedicated review or practice of security officer skills, as specified. (BPC § 7583.6(e))

15) Authorizes the security skills training to be administered, tested, and certified by any licensee; any BSIS-certified training facility; or any BSIS-approved organization or school approved by the Bureau so long as the Bureau approves any instructor of an organization or school who will administer the trainings. (BPC § 7583.6(f))

16) Requires each licensee to maintain at the principal place of business or branch office a record for each of its registrant employees verifying completion of the training for the duration of the registrant's employment and to make the records available for inspection by the Bureau upon request. (BPC § 7583.6(g)(2))

THIS BILL:

1) Authorizes a security guard registrant to complete required security officer skills training before the date an initial registration is issued by BSIS, and makes additional conforming changes.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, no significant state costs are anticipated.

COMMENTS:

Purpose. This bill is author-sponsored. According to the author:

> [This bill] introduces a simple but impactful change by allowing guards the option to complete the full 40 hours before receiving their guard card. By authorizing training to occur prior to registration, the bill allows prospective guards to enter the job market fully certified. The bill does not change the content or quality of the training, nor does it remove the BSIS oversight of training providers; it merely adjusts the calendar to better reflect the needs of the industry.

Background.

Security Guard Workforce. According to an April 2026 factsheet on the demographic and job characteristics of the security guard workforce in California by the UC Berkeley Labor Center, the security guard workforce is predominantly male and relatively young, with a median age of 35, although nearly 20% are over the age of 55.[1] A majority of employees are people of color, and foreign-born workers account for roughly one-fifth of the workforce. The majority have some education beyond high school. Nearly four in five security guards work full-time. Four in five security guards also earn below the MIT Living Wage for their region.[2] In 2024, the security services sector in California had a turnover rate of 91.6 percent compared to 95.1 percent in 2019 and 82.5 percent in 2014.

BSIS. The BSIS licenses and regulates the alarm, locksmith, private investigator, private security services, and repossession industries through the administration and enforcement of six practice acts, including the Proprietary Security Services Act, which regulates PSEs and PSOs. A PSE is a person who employs PSOs. They cannot subcontract their security services. PSOs are employees of a PSE who are required to wear a distinctive uniform that clearly identifies them as security officers and who are likely to interact with the public in the course of their duties. They cannot provide security services for any other entity or person, and they are not authorized to carry a firearm, nor any other weapon, such as a baton, chemical weapons, or stun guns. The Bureau also regulates PPOs and security guards through the Private Security Services Act. A PPO is a company that protects people or property or prevents theft. Security guards are employed by licensed PPOs or PSEs and contracted out to protect people or property or prevent theft. A security guard is not authorized to contract themselves out for private security services unless they also hold a PPO license.

There are significantly more PPOs and security guards than PSE and PSO. Security guards make up most of the Bureau's licensee population. Private security is one of the largest regulated professions in California; licensing data from Fiscal Year (FY) 2023-24 indicates that the number of security guards is second only to that of registered nurses. In FY 2023-24, there were more than 310,000 active registered security guards and more than 7,800 PSOs. That year, the

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[1] UC Berkeley Labor Center, *Demographic and Job Characteristics of the Security Guard Workforce in California* (Apr. 23, 2026), https://laborcenter.berkeley.edu/demographic-and-job-characteristics-of-the-security-guard-workforce-in-california/?utm_source=chatgpt.com.

[2] The MIT Living Wage estimates the hourly wage required for a full-time worker to cover basic living costs. It is $30.48 per hour statewide for a household with one adult and no children.

Bureau's total licensee population grew more than 20 percent. In the current FY, the BSIS has approved more than 80,000 applications across all professions it regulates.

Training. Prior to registration as a PSO or security guard, an applicant must complete an eight-hour course in the exercise of powers to arrest and the appropriate use of force. After registering with BSIS, PSOs and security guards must complete 32 hours of security skills training "to familiarize and instruct the individual in basic skills and provide a common body of knowledge in the performance of security guard work."[3] Each course must include written material, a lecture, or exercises. There are four mandatory courses on the following subjects: Public Relations (Community and Customer); Observation and Documentation; Communication and its Significance; and Liability/Legal Aspects. Each course is four hours long for a total of 16 hours. PSOs and security guards are required to complete two mandatory courses within 30 days of BSIS registration or the first day of employment. The remaining two courses must be completed within six months.

PSOs and security guards are also required to complete 16 hours of elective training to "familiarize and instruct the individual in basic employer requirements relating to the performance and guard duties" and "to provide the employer and individual with the opportunity to select additional coursework to improve the skills and knowledge of the individual."[4] Subjects include: Post Orders and Assignments; Employer Policies/Orientation; Evacuation Procedures; Officer Safety; Arrests, Search and Seizure; Access Control; Trespass; Laws, Codes, Regulations and Ordinances; First Aid/CPR; Handling Difficult People; Work Place Violence; Chemical Agents; Preserving the Incident Scene; Crowd Control; Driver Safety; Supervision; Courtroom Demeanor; Parking/Traffic Control; Radio Procedures; BSIS's Certified Course in Firearms Training; BSIS's Certified Course in Baton Training; School Security Guard Training; Introduction to Executive Protection; Annual Firearms Requalification; Fire Safety Course; and Courses in the Use of a Stun Gun or Air Taser. Elective courses can be no longer than two, four, or eight hours, depending on the subject. Eight hours of elective courses must be completed within 30 days of BSIS registration or a PSO's or security guard's first day of employment. An additional eight hours of elective courses must be completed within six months. PSOs and security guards are also required to complete eight hours of annual continuing education and may fulfill that requirement by repeating previous courses or taking new ones.

Training may be provided by any BSIS-approved organization or school, or BSIS-licensed firearms training facility. Employers (PSEs and PPOs) may provide training to their direct employees. Training providers must issue a Certificate of Completion to the individual completing the course and the certification must identify the course(s) taken, the number of hours of training provided, the identification of the issuing entity, the name of the individual and the instructor, the date, and state that the course(s) comply with the DCA's Skills Training Course for PSOs and security guards. Training providers must maintain Certificates of Completion for at least two years.

This bill would authorize an individual to complete the required 32 hours of security skills training before registering with BSIS.

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[3] Cal. Code Regs. tit. 16, art. 9 app. (2026).
[4] *Ibid.*

Current Related Legislation. SB 1203 (Smallwood-Cuevas), as it relates to this bill, would require PSOs and private security guards to complete 8 hours of deescalation training and two hours of employee-rights training after BSIS registration, and an additional 8 hours of deescalation training annually. *SB 1203 is pending in the Assembly Public Safety Committee.*

Prior Related Legislation. SB 652 (Richardson), Chapter 94, Statutes of 2025, clarified that the required power-to-arrest and appropriate-use-of-force training courses for security guard applicants must be administered and certified by a single course provider and completed within six months of applying for registration, and clarified that PPOs shall only administer and certify training to their applicants for employment and direct employees.

SB 1454 (Ashby), Chapter 484, Statutes of 2024, extended the sunset date for the BSIS until January 1, 2029, and made additional technical changes, statutory improvements, and policy reforms in response to issues raised during the BSIS's sunset review oversight process.

AB 229 (Holden), Chapter 697, Statutes of 2021, required that various licensees regulated by the BSIS complete a course of training in the exercise of the appropriate use of force to be issued a license or a firearms permit; mandates that the training be conducted through traditional classroom instruction, as specified; required PPOs to report within seven business days any incidents involving physical altercation with a member of the public requiring any type of first aid or other medical attention, and any physical use of force or violence on any person while on duty; increased the fines for failing to report incidents to $5,000; requires private security guard registrants to maintain certificates of training completion until they expire or are cancelled; and prohibited a person required to be registered as a security guard from carrying or using a firearm or baton unless they are an employee of a PPO, the state, or a political subdivision of the state.

AB 2515 (Holden), Chapter 287, Statutes of 2022, in part, required PSOs and PSEs to deliver to BSIS a written report describing any physical altercation including, but not limited, to injuries or damages incurred, the identity of all participants, and whether a police investigation was conducted with a member of the public while on duty within seven business days after the incident, except as specified; made failure to report subject to a $2,500 fine per violation; prohibited PSOs and PSEs from doing specified acts and established accompanying fines; and exempted the Power to Arrest and Appropriate Use of Force Manual from the Administrative Procedures Act.

SB 609 (Glazer), Chapter 377, Statutes of 2019, extended the sunset for the BSIS to January 1, 2024, and as it relates to this bill, required an applicant for a security guard registration to complete a course in the exercise of the power to arrest as a condition of registration as a security guard rather than prior to being assigned to a duty location; required a course provider to issue a certificate to the person upon satisfactory completion of the training; authorized training to be provided by any licensee or any BSIS-certified training facility; and required the BSIS to develop a standard course and curriculum for required skills trainings instead of DCA and removed the requirement to do so in consultation with consumers, labor organizations, and subject matter experts.

AB 2880 (Chavez), Chapter 886, Statutes of 2002, in part, increased the power to arrest training from three hours to eight hours, and specified additional topics required to be included in the training; required registered security guards to complete 32 hours of training within 90 days of

registration and 16 of the 32 hours to be completed within 30 days of registration; required DCA to develop a standard course and curriculum for security skills training; authorizes licensees or DCA-approved organizations to provide the security officer skills training; and required PPOs to annually provide employees with eight hours of specifically dedicated review or practice of security skills.

AB 2928 (Koretz) of 2002 would have prohibited employers of security guards from deducting the fees and costs associated with obtaining licenses, background clearances, and training from the wages of security guards, and required employers to pay guards at their regular rate of pay for all time spent obtaining required job-related training or re-training, except for those with a collective bargaining agreement that addresses these topics. *AB 2928 was gutted and amended into a bill on another subject entirely and its authorship changed.*

ARGUMENTS IN SUPPORT:

Securitas Security Services USA writes in support:

> [This bill] provides clarity that the additional 32 hours of skills training may be completed prior to issuance of the initial registration. This makes sense for several reasons. First, from a qualifications standpoint, whether a security officer is fully trained before or after being issued a guard license makes no difference, as long as the training is completed no later than the proscribed deadlines. Second, permitting applicants to complete their skills training while awaiting issuance of their registration allows them to be more fully trained and prepared prior to being placed on post to execute their duties. At times, the processing of submitted registration applications is delayed for various reasons, up to several weeks or months. Rather than having to first wait until the registration is issued to complete their training, applicants can use that time to continue and complete their training, so they are fully prepared to start their assignment once their registration is issued. Third, for private patrol operators such as Securitas USA that require security guards to complete all 40 hours of skills training prior to assignment, this will allow registration applicants to complete their training, and begin working once their registration is issued, without delay.

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

POLICY ISSUES:

Financial Risk. Employers tailor training to fit their needs by requiring employees to complete certain elective courses. Individuals who complete all 32 hours of security skills training prior to registration may not have the specific training their future employer is looking for and may be required to complete additional training. Additionally, individuals who complete security skills training before registering with BSIS may learn after the fact that they are ineligible for registration due to a qualifying criminal conviction. The author may wish to require training providers to notify individuals, prior to training, that a future employer may require additional training and that they may be ineligible for BSIS registration due to a prior criminal conviction.

IMPLEMENTATION ISSUES:

Code Placement. As currently drafted, this bill would allow private security guards to complete security skills training prior to BSIS registration, but not proprietary security officers. The author may wish to amend BPC § 7574.18 for consistency within the profession.

Additionally, this bill amends subdivision (b) of BPC 7583.6, which applies specifically to *registered* security guards. The author may wish to permit individuals to complete security skills training in another subdivision.

AMENDMENTS:

To address the implementation issues raised above, the author should amend the bill as follows:

SECTION 1. Section 7574.18 of the Business and Professions Code is amended to read:

7574.18. (a) *(1)* Except for a person who has completed the course of training required by Section 7583.45, a person registered and hired as a proprietary private security officer shall complete training in security officer skills within six months from the date upon which registration is issued, or within six months of their employment with a proprietary private security employer.

(2) Notwithstanding paragraph (1), a person who has completed a course in the exercise of the power to arrest and the appropriate use of force may complete training in security officer skills before registration is issued.

(b) (1) Except as provided in paragraph (2), a course provider shall issue a certificate to a proprietary private security officer upon satisfactory completion of a required course, conducted in accordance with the department's requirements.

(2) If a proprietary private security employer administers a course of training pursuant to this section, that proprietary private security employer shall issue a certificate to a proprietary private security officer for the completion of training in security officer skills that each proprietary private security officer is required to complete, as determined by the department, including, but not limited to, training in the exercise of the power to arrest and the appropriate use of force. However, the employer shall not be required to provide a certificate for training courses provided pursuant to a curriculum adopted by the department that are specific to that employer's business and where the subject of training is not specifically required by the department.

(c) An employer of a proprietary private security officer may provide training programs and courses in addition to the training required in this section.

(d) The department shall develop and establish by regulation a standard course and curriculum, which shall include a minimum number of hours of instruction, for the skills training required by subdivision (a) to promote and protect the safety of persons and the security of property. For this purpose, the regulations adopted by the department pursuant to Section 7574.5, as added by Chapter 721 of the Statutes of 2007, are continued in existence, and shall be amended by the department as necessary.

(e) The course of training required by subdivision (a) may be administered, tested, and certified by any proprietary private security employer, organization, or school approved by the department. The department may approve any proprietary private security employer, organization, or school to teach the course.

(f) (1) A proprietary private security employer shall annually provide each employee registered pursuant to this chapter with specifically dedicated review or practice of security officer skills prescribed in the training required in this section. The bureau shall adopt and approve by regulation the minimum number of hours required for annual review.

(2) A proprietary private security employer shall maintain at the principal place of business or branch office a record verifying completion of the review or practice training for a period of not less than two years. The records shall be available for inspection by the department upon request.

(g) This section does not apply to a peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code, who has successfully completed a course of study in the exercise of the power to arrest and the appropriate use of force approved by the Commission on Peace Officer Standards and Training. This section does not apply to armored vehicle guards.

(h) A person registered and hired as a proprietary private security officer may submit Verification of Military Experience and Training (VMET) records that document that the person has completed equivalent military training in lieu of completing a course of training in security officer skills pursuant to subdivision (a). The department shall determine the type of equivalent military training that qualifies to serve as a substitute.

(i) This section shall become operative on July 1, 2023.

~~SECTION 1.~~

SEC. 2. Section 7583.6 of the Business and Professions Code is amended to read:

7583.6. (a) Each applicant for a security guard registration shall complete a course in the exercise of the power to arrest and the appropriate use of force as a condition for the issuance of the registration. A course provider authorized to provide the training pursuant to Section 7583.7 shall issue a certificate of completion to the person upon satisfactory completion of the training. The course provider shall conduct the training in accordance with Section 7583.7 and any applicable regulations adopted by the bureau. The training shall be administered and certified by a single course provider, pursuant to subdivision (f), and shall be completed within six months preceding the date the application is submitted to the bureau.

(b) *(1)* Except for a registrant who has completed the course of training required by Section 7583.45, a security guard registrant shall complete not less than 32 hours of training in security officer skills ~~before, or~~ within six months ~~from,~~ *from* the date an initial registration is issued. A security guard registrant shall complete 16 of the 32 hours b~~efore, or~~ within 30 days ~~from,~~ *from* the date the registration is issued.

(2) Notwithstanding paragraph (1), a person who has completed a course in the exercise of the power to arrest and the appropriate use of force may complete training in security officer skills before registration is issued.

(c) A course provider, which is authorized to provide the training required by subdivision (b) pursuant to subdivision (f), shall issue a certificate of completion to a registrant after the registrant completes each training course. The course provider shall conduct the trainings in accordance with any applicable regulations adopted by the bureau subject to this chapter.

(d) (1) A registrant who is unable to provide their employing licensee the certificate of satisfactory completion of the training required by subdivision (a) shall complete the training within six months of the registrant's employment date.

(2) A registrant who is unable to provide their employing licensee the certificate of satisfactory completion of the training required by subdivision (b) shall complete 16 hours of the training within 30 days of the registrant's employment date and shall complete the 16 remaining hours within six months of the registrant's employment date.

(e) A registrant shall annually complete eight hours of specifically dedicated review or practice of security officer skills prescribed in this section, Section 7583.7, or by the bureau by regulation.

(f) The trainings specified in this section may be administered, tested, and certified by one of the following:

(1) Any licensee, provided that the licensee shall provide the training only to their applicants for employment and direct employees.

(2) Any training facility certified pursuant to this chapter.

(3) Any organization or school approved by the bureau. The bureau shall approve any instructor of an organization or school who will administer the trainings specified in this section to ensure that the organization or school complies with the requirements of this chapter, as well as any applicable regulations.

(g) (1) A registrant shall maintain the certificate of completion the registrant received for each training course prescribed in this section until the registration expires or has been canceled. The registrant shall provide the records to the bureau upon request.

(2) A licensee shall maintain at the principal place of business or branch office a record for each of its registrant employees verifying completion of the trainings required by this section for the duration of the registrant's employment. The records shall be available for inspection by the bureau upon request.

(h) This section does not apply to a peace officer as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has successfully completed a course of study in the exercise of the power to arrest and the appropriate use of force approved by the Commission on Peace Officer Standards and Training or a federal qualified law enforcement officer, as defined in Section 926B of Title 18 of the United States Code, who has successfully completed a course of study in the exercise of the power to arrest and the appropriate use of force.

(i) This section does not apply to armored vehicle guards.

(j) (1) The bureau shall develop and approve by regulation a standard course and curriculum for the skills trainings required by this section to promote and protect the safety of persons and the security of property.

(2) The bureau shall develop an outline for the course and curriculum described in paragraph (1) in consultation with the Commission on Peace Officer Standards and Training.

REGISTERED SUPPORT:

Securitas Security Services USA

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Kaitlin Curry / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1302 (Wahab) – As Amended April 23, 2026

SENATE VOTE: 38-0

SUBJECT: Nursing

SUMMARY: Makes various changes to the regulation of registered nurses (RNs) and advanced practice registered nurses (APRNs) recommended as part of the joint sunset review oversight of the Board of Registered Nursing (BRN).

EXISTING LAW:

1) Regulates the practice of nursing through the licensure of RNs and the approval of RN training programs under the Nursing Practice Act. (Business and Professions Code (BPC §§ 2700-2838.4)

2) Establishes the BRN within the Department of Consumer Affairs to administer and enforce the Nursing Practice Act until January 1, 2027. (Business and Professions Code (BPC §§ 2700-2717*)*

3) Declares that protection of the public shall be the highest priority for the BRN in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC § 2708.1)

4) Requires the BRN to meet at least once every three months, and meetings must be held in both Northern and Southern California, as specified. (BPC § 2709)

5) Defines an APRN, as those licensed RNs who have met specified requirements for registration as Nurse Practitioners, Nurse Anesthetists, Nurse Midwives, and Clinical Nurse Specialists, as specified. (BPC § 2725.5)

6) Requires written examinations for licensure, but in the discretion of the BRN may be supplemented by an oral examination in subjects determined by the BRN, as specified. (BPC § 2740)

7) Permits nursing services to be rendered by a student when those services are incidental to the course of study when a student is enrolled in a BRN-approved prelicensure program or school of nursing, or a nurse licensed in another state is taking a BRN-approved CE course or post-licensure course. (BPC § 2729)

8) Authorizes an RN whose license has been suspended, revoked, or placed on probation to petition the BRN for reinstatement or modification, after a period not less than the following minimum periods has elapsed from the effective date of the decision, as specified:

a) At least three years for reinstatement of a license that was revoked, except that the board may, in its sole discretion, specify in its order a lesser period of time provided that the period shall be not less than one year.

b) At least two years for early termination of a probation period of three years or more.

c) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years. (BPC § 2760.1)

9) Requires the BRN to establish one or more Intervention Evaluation Committees (IEC), and each IEC must have five members, who cannot be a member of the BRN. (BPC § 2770.2)

10) Requires whenever the Governor declares a state of emergency for a county in which an agency or facility used by an approved nursing program for direct patient care clinical practice is no longer available, the director may submit a request to the BRN to, among other accommodations, reduce the number of direct patient care hours to 50% in geriatrics and medical-surgical and to 25% in mental health-psychiatric nursing, obstetrics, and pediatrics if specified conditions are met. (BPC § 2786.3(a)(3))

11) States that it is the duty of the BRN, through its EO, to inspect all schools of nursing in this state at such times the BRN deems necessary; and written reports of the EO's visits are to be made to the BRN, as specified. (BPC § 2788)

12) Requires an NP to obtain a furnishing number from the BRN to furnish drugs or devices, as specified and permits the BRN issue a furnishing number upon initial application and, if approved by the board, the applicant is not required to make a separate application. (BPC § 2836.3)

13) Defines a "transition to practice" to means additional clinical experience and mentorship provided to prepare a NP to practice independently, and includes, but is not limited to, managing a panel of patients, working in a complex health care setting, interpersonal communication, interpersonal collaboration and team-based care, professionalism, and business management of a practice. (BPC § 2837.101(c))

THIS BILL:

1) Extends the operations of the BRN and its authority to appoint an executive officer by four years, until January 1, 2031.

2) Requires the BRN to make a list of approved schools of nursing available on its website.

3) Revises the requirement for the BRN to meet in northern and southern California and allows the BRN to meet in appropriate locations that are necessary to transact its business.

4) Requires the BRN's inspection criteria to be consistent with the 2020 Nursing Education Approved Guidelines established by the National Council of State Board of Nursing

(NCSBN) or its successor as approved by the BRN.

5) Deletes the requirement for licensure examinations to be written and the authorization for the BRN to offer a supplemental oral or practical examination.

6) Combines the renewal and furnishing application for CNMs, and NPs.

7) Replaces the percentage requirement for clinical experience with an hourly requirement during a declared state of emergency, as specified.

8) Requires any clinical practice hours that are not required to be in direct patient care and are provided using simulation experience to be based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards approved by the BRN.

9) Allows the transition to practice qualification for NPs to be completed in another state, in addition to California.

10) Repeals outdated references to fee floors, as specified.

11) Makes additional technical and clarifying changes.

FISCAL EFFECT: According to the Senate Appropriations Committee, the 2026-27 Governor's Budget provides approximately $64.53 million (BRN Fund) and 219.8 positions to support the continued operation of the BRN's licensing and enforcement activities.

BRN does not anticipate any additional fiscal impacts.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author, "this bill is necessary to make changes to the BRN to improve oversight of the regulated professions under its jurisdiction."

Background. Each year, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions, and Economic Development hold joint sunset review oversight hearings to review the licensing entities under the Department of Consumer Affairs (DCA). The DCA boards, bureaus, and other entities are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process provides an opportunity for the legislature, DCA, licensing entities, and stakeholders to discuss the entities' performance and make recommendations for improvements.

Each licensing entity subject to review has an enacting statute with a repeal date, meaning their authority must be extended by the legislature before the repeal date, otherwise the entity will lose its statutory mandate. This bill is a "sunset" bill, intended to extend the repeal date of the RCB, as well as incorporate the recommendations from the sunset review oversight hearings. This year there are ten boards up for review, each with their own sunset bill. This year, five of the sunset

review bills are authored by the chair of the Assembly Committee on Business and Professions and the other five are authored by the chair of the Senate Committee on Business, Professions, and Economic Development.

BRN. The BRN is responsible for administering and enforcing the Nursing Practice Act, which establishes the board and contains the regulatory framework for the practice of nursing. The BRN licenses and regulates over 500,000 nurse-licensees in California, which is typically one of the highest population of nurses in any state. In addition to licensing RNs, the BRN issues certificates to APRNs which include NPs, Certified Registered Nurse Anesthetists (CRNAs), Certified Nurse Midwives (CNMs), and Clinical Nurse Specialists (CNSs).

The BRN is responsible for determining educational standards for all prelicensure nursing programs, approving such programs, approving continuing education providers, evaluating and licensing applicants, administering discipline, managing an intervention program for licensees with substance use disorders or mental illness, and providing stakeholder information and outreach. The BRN is a special fund agency that obtains its revenues from licensing, renewal and other fees. The BRN does not receive funding from the General Fund.

To be eligible for licensure in California, an individual must complete an education program approved by the BRN. Today, approved RN programs are offered at various academic institutions throughout California including Community Colleges, California State Universities, California Universities, and private for-profit institutions regulated by the Bureau of Private Postsecondary Education. All programs are required to meet the BRN's regulatory requirements for approved programs and curriculum and the BRN must determine the areas of course work required for each program through regulations.

Current Related Legislation. AB 2771 (Committee on Business and Professions) is the sunset review bill for the Bureau of Private Postsecondary Education. *AB 2771 is pending in the Senate.*

AB 2772 (Committee on Business and Professions) is the sunset review bill for the California Council for Interior Design Certification. *AB 2772 is pending in the Senate.*

AB 2773 (Committee on Business and Professions) is the sunset review bill for the California Board of Occupational Therapy. *AB 2773 is pending in the Senate.*

AB 2774 (Committee on Business and Professions) is the sunset review bill for the Physical Therapy Board of California. *AB 2774 is pending in the Senate.*

AB 2775 (Committee on Business and Professions) is the sunset review bill for the State Board of Chiropractic Examiners BCE. *AB 2775 is pending in the Senate.*

SB 1303 (Wahab) is the sunset review bill for the California Board of Naturopathic Medicine. *SB 1303 is pending in this Committee*.

SB 1304 (Wahab) is the sunset review bill for the California Respiratory Care Board. *SB 1304 is pending in this Committee*.

SB 1363 (Wahab) is the sunset review bill for the California Board of Barbering and Cosmetology. *SB 1363 is pending in this Committee*.

SB 1368 (Wahab) is the sunset review bill for the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. *SB 1368 is pending in this Committee*.

Prior Related Legislation. AB 876 (Flora), Chapter 169, Statutes of 2025, defined anesthesia services for purposes of clarifying the authority of a CRNA to practice pursuant to an order in a patient's chart, as specified.

SB 1451 (Ashby), Chapter 481, Statutes of 2024, among other things unrelated to nursing, made changes to the requirements for NPs practicing independent of standardized procedures, as specified.

AB 2578 (Flora) of 2024 would have authorized a student who is a resident of the state and enrolled in a prelicensure distance education nursing program based at an out-of-state private postsecondary educational institution to provide supervised nursing services that are incidental to the course of study for the purpose of gaining clinical experience in a clinical setting if specified criteria are met. *AB 2578 was held on the Senate Committee on Appropriations suspense file*.

SB 1042 (Roth) of 2024, among various other provisions, would have required a defined health facility that offers clinical placement slots, upon the request of an approved school of nursing or an approved program, to meet with representatives of the school or program to discuss the clinical placement needs, among other provisions. *SB 1042 was held on the Assembly Committee on Appropriations suspense file*.

SB 1015 (Cortese) Chapter 776, Statutes of 2024, required the BRN to study and recommend standards regarding how approved schools of nursing or nursing programs manage or coordinate clinical placements and to annually collect, analyze, and report information related to the coordination of clinical placements.

AB 2015 (Schiavo) Chapter 370, Statutes of 2024, authorized the BRN to approve an individual to serve as a member, director, or assistant director of faculty of a school of nursing or nursing program.

AB 1577 (Low), Chapter 680, Statutes of 2023, required hospitals that offer pre-licensure clinical training slots to work in good faith with community college nursing programs to meet their clinical training needs.

AB 2684 (Berman), Chapter 413, Statutes of 2022, made changes to address the lack of clinical placements, including establishing a lower 500 minimum number of clinical experience hours, authorizing clinical placements to take place in the academic term immediately following theory, prohibiting nursing schools and programs from paying for clinical placements, and requiring the BRN to utilize data from available regional or individual institution databases in collecting information related to the number of clinical placement slots available to nursing students.

AB 2288 (Low), Chapter 282, Statutes of 2020, authorized the director of an approved nursing program, during a state of emergency, to make requests to the BRN for the following: 1) use of a

clinical setting without meeting specified requirements; 2) use of preceptorships without having to maintain specified written policies; 3) use of clinical simulation up to 50% for medical-surgical and geriatric courses; 4) use of clinical simulation up to 75% for psychiatric-mental health nursing, obstetrics, and pediatrics courses; and 5) allowing clinical placements to take place in the academic term immediately following theory.

AB 1015 (Blanca Rubio), Chapter 591, Statutes of 2021, required the BRN to incorporate regional forecasts into its biennial analyses of the nursing workforce, develop a plan to address regional areas of shortage identified by its nursing workforce forecast, as specified, and annually collect, analyze, and report information related to the number of clinical placement slots that are available and the location of those clinical placement slots within the state.

ARGUMENTS IN SUPPORT:

The *California Association of Nurse Anesthesiology* writes in support:

> CANA is grateful for the BRN's hard work, transparency, and thoughtful stakeholder engagement throughout the sunset review process. The Board plays a critical role in protecting the public while ensuring that California's nursing workforce can meet the growing and evolving health care needs of our communities. The proposals included in the Sunset Bill reflect careful consideration of operational realities, workforce demands, and patient safety.
>
> CANA is especially supportive of including clarification related to APRN to RN Delegation [Sunset Issue #13]. This provision clarifies current practice and provides explicit statutory authority to ensure that Advanced Practice Registered Nurses (APRNs) may continue to direct Registered Nurses (RNs) in a manner consistent with safe, efficient, and modern clinical practice.

The *California Association for Nurse Practitioners* writes in support of the BRN and several issues that have been raised in sunset review. Of those that are included in the bill:

> **Merging the NP and NP Furnishing Certificates**
>
> CANP supports the Board's recommendation to remove the requirement for a separate furnishing certificate and allow prescriptive authority to be granted upon licensure for NPs. The integration of prescriptive authority into the core licensure process will streamline regulatory requirements, reduce administrative burden, and better reflect the advanced education and clinical training practitioners receive. Both the furnishing certificate and the nomenclature used to describe it (i.e., "furnishing") have become antiquated and are no longer necessary.
>
> **[Out-of-State Transition to Practice]**
>
> CANP recommends that if an NP who was educated and trained outside of California can demonstrate that they have the requisite information and can attest to such, those out-of-state NPs should also qualify to apply for a BRN 103 NP certificate. Nurse Practitioners should be recognized for their hands-on patient

care experience, and that experience should be recognized in other states, not discarded by California.

ARGUMENTS IN OPPOSITION:

The *California Medical Association* is opposed to this bill unless it is amended to delete an NP's ability to complete a transition to practice (Sunset Issue #7) in another state, writing:

> California has a unique regulatory framework for nurse practitioner independent practice that seeks to prioritize patient safety, education and training. California established a phased transition process intended to ensure that practitioners seeking expanded authority gain experience within the state's health care delivery system, regulatory environment, patient safety standards, prescribing requirements, and referral networks. Allowing out-of-state experience to automatically satisfy these requirements undermines the purpose of that transition.
>
> California standards differ from other states. Nurse practitioner scope-of-practice laws vary significantly across the country. Clinical experience accumulated under a different regulatory structure may not adequately prepare a practitioner for California's requirements, standards of care, or patient population. A California-specific transition period remains important to ensure consistency and accountability.
>
> This bill lacks a sufficient clinical experience verification mechanism. An individual nurse practitioner attesting to completion of the transition period is not required to verify competence, clinical expertise, or other professional standards and is only attesting that the required three years of experience was completed. Time in practice alone should not be viewed as a substitute for meaningful evaluation of clinical competency.
>
> Additionally, this bill may encourage applicants to obtain qualifying experience in states with less rigorous oversight and then use that experience to obtain broader authority in California. This could create inconsistencies in preparation and training among practitioners exercising the same authority.
>
> Due to the concerns listed above we respectfully request amendments to remove the provision which would allow nurse practitioners to use practice experience completed outside California to count toward the transition-to-practice requirement in California.
>
> California patients deserve assurance that health care professionals receiving expanded practice authority have demonstrated competency under California's standards, not merely accumulated hours in another state.

SUNSET ISSUES FOR CONSIDERATION:

In preparation for the sunset hearings, committee staff publish background papers that identify outstanding issues related to the entity being reviewed. All background papers are available on the committee's website: https://abp.assembly.ca.gov/hearings/joint-sunset-review-oversight-hearings. While every issue discussed in the background papers remain available for discussion, the following are being addressed in the amendments to this bill or are being actively discussed.

1) *Issue #2: Geographic Meeting Requirements*. Existing law requires the BRN to meet at least once every three months in both Northern and Southern California. The mandate for the BRN to meet once every three months has been in statute since inception of the board. However, the requirement to meet in specific regions of the state was added by SB 122 (Price), Chapter 789, Statutes of 2012. In the mid-2000s, regulatory board meetings were conducted in-person, with limited web access or availability. Requiring board meetings to be available in different regions of the state was likely to ensure that a wide representation of stakeholders would be able to attend and participate.

   The BRN reports that meetings outside of Sacramento cost approximately $38,000 per meeting for travel, lodging, and hotel contracts (normally for rooms to host the meetings). Eliminating the traveling requirement for meetings may reduce BRN expenditures.

   Staff Background Paper Recommendation: The BRN should advise the Committees of any potential fiscal and/or administrative savings by moving to remote meetings and should note whether this could limit public participation and public access to the BRN's important work.

   BRN Response:

   > The BRN has evaluated the fiscal, administrative, and public-access implications of transitioning away from the statutory requirement that meetings be held in both Northern and Southern California. Based on recent experience, the Board anticipates that moving to a model that does not require statewide travel, while maintaining a virtual attendance option, would result in meaningful cost savings and improved operational efficiency.
   >
   > Virtual meeting options have significantly broadened public access and engagement. Remote attendance allows working nurses, educators, and consumers to participate more consistently without the barriers of travel, cost, or scheduling conflicts. Because most stakeholders are working professionals who rely on the ability to join meetings while fulfilling their responsibilities, virtual participation has become the most practical and accessible way for the public to engage with the Board's work.
   >
   > As noted, meetings held outside Sacramento cost approximately $38,000 per meeting due to travel, lodging, and facility expenses. Eliminating the requirement to alternate between Northern and Southern California would allow these funds, and the associated staff time, to be redirected toward initiatives that more directly support the Board's mission of public protection. Additionally, the BRN does not believe that eliminating the regional meeting requirement would diminish public

> participation. In fact, current attendance patterns demonstrate that remote participation far exceeds in-person attendance. The Board remains committed to ensuring transparency, accessibility, and robust public participation regardless of the meeting format.

Sunset Recommendation: This bill modifies the BRN's existing mandate to allow the BRN flexibility to determine when and where it is appropriate to meet to help ensure the greatest amount of public participation. To accommodate stakeholders that still prefer a physical location, the amendment regarding meeting locations at the end of this analysis clarifies that, while the BRN does not have to meet in any specific region, it should attempt, to the extent practicable, to meet in geographically diverse areas of the state. Committee staff will continue to discuss this language with the BRN to ensure it still reduces the burden on the BRN while preserving physical access.

2) *Issue #7: Transition to Practice Acceptance: Experience Gained in Another State*. AB 890 (Wood), Chapter 256, Statutes of 2020, authorized certain NPs to practice independently of physician supervision. AB 890 created a tiered framework for NPs to practice in California. Under current law, NPs may practice independent of physician supervision in a defined health care setting (i.e. general acute care hospital, intermediate care facility, nursing facility), outside of one of those defined settings (a private practice), or NPs may practice in any healthcare facility under established protocols and procedures with physician supervision.

   AB 890 specified education and experience requirements for an NP to be eligible to practice independent of physician supervision. NPs who seek independent practice in a defined healthcare setting are referred to as "103 NPs". Applicants for a 103 NP designation are required to pass a national NP examination, obtain certification as an NP from an accredited national certifying body, and complete a transition to practice (TTP). Notably, the law limits these individuals to having to complete the TTP in California. The TTP consists of a minimum of three full-time equivalent years of practice or 4,600 hours. NPs who want to practice independently outside of a defined healthcare setting, are referred to as "104 NPs." 104 NPs are required to meet additional requirements and provide proof of practice for three-years as a 103 NP in good standing, in addition to satisfying the TTP requirement. Twenty-seven states allow NPs to practice independently of physician supervision. However, the scope and level of independence of each state varies.

   Staff Background Paper Recommendation: The BRN should advise the Committees on how NPs from other states complete the TTP requirements in California. The Committees may wish to delete the requirement that the TTP be completed in California in order to facilitate additional practice opportunities for qualified NPs.

   BRN Response:

   > Currently, under Business and Professions Code (BPC) section 2837.103(a)(1)(D), nurse practitioners (NP) licensed in other states must complete 4,600 hours or three years of clinical experience in California within five years of applying. This direct patient care mentorship-based experience must occur in California and be attested to by a physician or a 103/104 NP. At this time,

California does not permit completion of the transition-to-practice (TTP) requirement in another state. However, the BRN would support removing this restriction and allowing NPs to satisfy TTP requirements through equivalent supervised experience obtained outside California. Allowing NPs to meet TTP requirements through equivalent experience obtained in other states would expand practice opportunities for qualified NPs and reduce unnecessary barriers to licensure.

However, it's important to note the Board's current process for attesting to the completion of TTP hours is completed through a system that only recognizes California based licensees. Currently the 103 NP applicant is asked to submit information of the provider(s) who can attest to the completion of the 4,600 hours of direct patient care that meet the TTP requirements. The Board then verifies the attesting provider has an active California license using the California Medical Board's Identify Verification and License Access (IDEAL) system. The IDEAL system then sends an email to the attesting provider(s) asking them to validate that the applicant completed the required hours.

The system is only used for healthcare providers with California licenses. It cannot be accessed by the general public or healthcare providers from other states.

Therefore, the only way the Board could utilize this current attestation system to validate transition to practice experience obtained in another state would be to require the applicant who worked out of state to find a California licensed physician or 103/104NP to review their portfolio and attest to the completion of the required hours.

Sunset Recommendation: This bill authorizes TTP to be completed in California or another state. In response to concerns from the opposition around varying standards across states, the amendments to this provision at the end of this analysis require the BRN to maintain an up-to-date list of states that it determines have independent practice standards that would meet the requirements of an in-state transition to practice.

3) *Issue #10*: *CE Documentation Verification*. The Nursing Practice Act requires all RNs to complete 30-hours of CE every two years to be eligible for licensure renewal. The BRN is required to establish the standards for CE through regulations. Current regulations include a variety of formats to complete CE such as online, academic studies, in-service education, institutes, seminars, lectures, conferences and workshops among others. CE courses must be relevant to the practice of nursing or related to the direct patient care of a client and enhance the knowledge of the RN at a level above that required for licensure. The BRN is responsible for both approving CE providers and auditing CE providers to ensure that coursework providers are adhering to the BRN's regulatory requirements. Certain APRNs (NPs) who provide primary care to a patient population which 25% is 65 years of age or older, must complete at least 20% or 7.5 hours of CE coursework in gerontology, the special care needs of patients with dementia, or the care of older patients at the time of renewal. Otherwise, licensees have discretion in the types and subject of the CE they obtain.

During the licensure renewal process, licensees must submit proof to the BRN of successful completion of the required CE hours. Currently, licensees provide "proof" to the BRN by signing a statement under penalty of perjury indicating compliance. Licensees are required to keep certificates of completion or other records of attendance for four years. Licensees do not need to submit completion records at the time of renewal; however, if the BRN requests the documentation, a licensee is required to submit upon request.

To ensure compliance with the CE mandates, the BRN conducts random audits of its licensee population. At the time of an audit (after the renewal license has been issued) the BRN may request the records of CE compliance from the licensee. Unfortunately, the BRN has not been successful in the last four FYs with conducting audits and verifying completion of CE. As reported in the BRN's 2026 Sunset Review Report, "The Board is unable to provide a complete set of statistics for its CE audits because staffing issues/limitations and management constraints impeded data collection. These operational challenges restricted the board's ability to validate audit results, leaving verified counts and outcomes available only for March 2025 forward."

In the BRN's 2020 Sunset Review Report, the BRN reported more consistent audit numbers, averaging over 8,700 CE audits for the FYs 2016/17-2019/2020. According to these past figures, the BRN was conducting audits of only slightly over 2% of its licensing population.

If a licensee fails an audit of CE compliance (which may occur after the licensure renewal), they may be subject to a citation and or fine. Since 1996, the BRN has issued citations and fines to RNs who violate the CE requirements. The fine amounts are $1,500 for submitting fraudulent CE certificates and $250 for RNs who cannot provide evidence of CE course completion; however, current statue and regulations do not provide clear language on how fines are assessed so the BRN reports that it has been issuing citations without fines. Serious violations are referred to the AG for disciplinary action.

Given that audits are time consuming for the BRN to conduct when there are multiple steps in the process including contacting a licensee, waiting for a response, receiving documentation that must be verified, could the process be streamlined if licensees were required or allowed to submit completion of CE at the time of renewal? This would likely eliminate the need for audits as CE would be verifiable at the time of renewal.

Staff Background Paper Recommendation: The BRN should advise the Committees on any process updates that might ensure greater compliance and accountability with CE mandates. Would it be beneficial for licensees to submit proof of completion at the time of renewal? Should fine amounts for CE compliance violations be increased in statute?

BRN Response:

> The BRN supports process improvements that would strengthen compliance and accountability with continuing education (CE) requirements. Currently, BreEZe allows, but does not require, licensees to upload CE documentation at the time of renewal. Making this submission mandatory would meaningfully enhance oversight and may require a regulatory update. The California Code of Regulations (CCR), title 16, section 1451(d) specifies that licensees must retain

CE certificates for four years and provide them to the Board upon request. Requiring CE documents to be uploaded at renewal would allow staff to conduct random audits directly through BreEZe without requesting additional materials from licensees. It would also allow BreEZe to serve as the official repository for the four-year retention period, improving efficiency, reducing administrative burden, and ensuring more consistent verification of CE compliance.

With respect to fine amounts, the BRN is willing to work with the Committees to assess whether statutory fines would further support compliance; however, the Board does not believe such changes are necessary at this time. Strengthening the documentation process through BreEZe would address the primary operational challenges, and any adjustments to fine levels could serve only as a supplemental measure to reinforce the importance of meeting CE requirements.

Sunset Recommendation: The amendments regarding CE proof at the end of this analysis will require licensees to submit their CE documentation at the time of renewal as requested by the BRN. In addition to allowing the BRN to more easily audit, actively uploading documentation may help incentivize compliance and deter fraud.

Separately, Committee staff continue to engage the BRN on improvements to its approval process in response to stakeholder concerns around the BRN's ability to effectively screen the individual courses offered by course providers for evidence-based content. Due to issues stemming from prior executive leadership, BRN staff report having to restart the process it began in 2019 as a result of an identical issue identified in an earlier sunset review. Currently, the BRN reports the following progress:

- The first step was to ensure regulatory alignment to require coursework offered to be evidenced based – This was completed with two regulatory packages on the topic of CEs 16 CCR 1452 effective July 1, 2024, and 16 CCR 1450, 1456 effective Oct 1, 2022.

- The second step is to map current processes. Board staff is in the process of mapping the current CE audit process with the Department of Consumer Affairs Organizational Improvement Office to help identify the best path forward.

- The third step is to create a CE unit that can complete the work and have the structure and internal monitoring that is needed (the reorg is with OHR). The Board received approval to change the SNEC in the unit to a SSM I who can hire in staff to do the work and help to envision and set up the structure. This position is currently being advertised.

BRN staff notes that, once the business mapping is complete, the goal would be to establish a CE registry that will make it easier for licensees to verify content and BRN approval.

4) *Issue #11*: *Furnishing Number and Streamlining the renewal process for NPs and CNMs*. In California, CNMs and NPs may prescribe or furnish certain drugs and substances. CNMs and NPs may prescribe according to specified protocols and procedures while 103 and 104 NPs

are authorized to prescribe independently. Both CNMs and NPs are restricted to only furnish those drugs or substances which fall within the scope of practice of their respective certification level. Furthermore, for an NP whose furnishing is subject to standardized procedures and protocols, they must be supervised by a physician and surgeon.

NPs and CNMs must also register with the DEA to prescribe schedule II medications and for all prescriptions to be filled by pharmacies. Those seeking furnishing authority must meet specified coursework in pharmacology covering the drugs or devices to be furnished by the licensee. Current law requires NPs that hold a furnishing number to register with the DEA and authorizes them to furnish Schedule II controlled substances either through protocols and procedures or by holding a 103 or 104 designation, and also requires them, as part of CE, to complete a course that includes Schedule II controlled substances and the risks of addiction associated with their use based on the standards developed by the BRN. CNMs must also complete this Schedule II substances CE. CNMs are authorized to furnish or order schedule II or III controlled substances pursuant to policies and procedures mutually agreed upon with a physician and surgeon.

AB 2684 (Berman), Chapter 413, Statutes of 2022, authorized the BRN to combine the application for a furnishing number into the same application for BRN-certification as an NP and CNM. Pursuant to BPC §§ 2746.51 and 2836.3, the BRN may issue a furnishing number upon initial application and, if approved by the BRN, the applicant is not required to make a separate application. However, the change does not affect renewal applications.

The BRN would like to streamline the application process to allow for furnishing upon NP and CNM licensure without issuing a separate furnishing number with their appropriate APRN application. The BRN notes that this would align with all other states and DEA, as the DEA currently utilizes the NP license number and not the furnishing license number, as they are the same in their system.

Staff Background Paper Recommendation: The BRN should advise the Committees on the cost saving and time saving efficiencies associated with combining the renewal application. The BRN should advise the Committee on any potential stakeholder concerns.

BRN Response:

> Currently, APRNs must renew their RN license, their APRN certification, and their furnishing number separately, which requires multiple applications and multiple fee payments. Although the BRN consolidated the initial NP application and furnishing application during the last sunset review to streamline the licensing process, the corresponding renewal processes were inadvertently left off. Combining the APRN renewal and furnishing number renewal into a single application would extend the same efficiencies achieved on the initial application and could provide meaningful cost-saving and time-saving benefits for both licensees and the Board. When the initial application was combined, applicants saved $400. Combining of the renewal application would provide an additional savings of $150. The BRN would continue to collect the Controlled Substance Utilization Review and Evaluation System (CURES) fee on renewal.

From an operational standpoint, combining these processes would reduce the number of separate transactions processed by the BRN, simplify data management, and decrease duplicative administrative workload associated with issuing and tracking multiple renewals for the same licensee. Streamlining these functions can improve processing times, reduce the likelihood of errors or incomplete submissions, and allow staff resources to be allocated more efficiently across licensing program. Additionally, a single, unified application can lower printing, mailing, and system maintenance costs, particularly as the BRN continues to expand and rely on the BreEZe system. For APRNs, a unified renewal process would create a clearer and more predictable renewal cycle, reduce the risk of missed deadlines, and minimize the need to submit overlapping documentation across multiple applications.

Overall, the BRN is supportive of efforts to streamline the renewal process and would work closely with stakeholders to ensure that any transition to a combined renewal process maintains clarity, minimizes disruption, and preserves necessary regulatory oversight.

Sunset Recommendation: This bill authorizes the BRN to combine the renewal application for both furnishing and licensing into one application, similar to what is permitted for initial authorization. This bill would also remove unnecessary fees.

5) *Issue #13*: *Authority for RNs to Delegate*. RNs are required to operate pursuant to standardized procedures as defined in the Act. This allows RNs and APRNs to delegate certain tasks, including the ordering of nursing services, as determined through the standardized procedures both at a facility and the standardized procedures between some NPs and supervising physicians. However, as recent legislative changes have granted authority for APRNs, including NPs, CRNAs, and CNMs to operate independent of standardized procedures, BRN believes there is ambiguity related to independently practicing APRNs and their authority to delegate or order tasks to other RNs. The BRN noted in its 2026 Sunset Review Report, "From both an operational and access-to-care standpoint, the ability for APRNs to direct RNs is critical. Consequently, nurse scope of practice needs to be updated to make clear that APRNs can still direct RNs without the use of standardized procedures."

   The BRN recommends the Act be amended to allow an APRN to direct the RN to provide direct and indirect patient care services including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen. It would be helpful for the Committees to understand how current law limits the ability for APRNs to work with partner RNs in practice settings governed by various employment requirements and other facility-specific rules.

   Staff Background Paper Recommendation: The BRN should advise the Committees on discussions with stakeholders and provide the proposed statutory updates that would provide clarity.

BRN Response:

BPC section 2725 establishes RN scope of practice. It states that RNs can provide direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen, but only when ordered by a physician, dentist, podiatrist, or clinical psychologist. Historically NPs and nurse midwives (NMW) could also initiate orders to RNs using standardized procedures which allowed the NP and NMW to act as an "agent of the physician." This is not an employer-based decision, it is the only way that is currently outlined in statute that allows the RN to practice nursing. An RN may perform specified functions only after receiving an appropriate order. Updating this section to clarify that an RN may also follow an order issued by an APRN who currently has the ability to order or under the direction of an APRN that does not currently possess that authority is necessary for the RN to continue to practice within their scope.

The passage of Assembly Bill (AB) 890 (Wood, Chapter 265, Statutes of 2020) provided 103 NPs and 104 NPs with the ability to order, perform, and interpret diagnostic procedures, prescribe, order, administer, dispense, procure, and furnish therapeutic measures without the use of standardized procedures. Passage of Senate Bill 1237 (Dodd, Chapter 88, Statutes of 2020) provided NMWs with the ability to order drugs and devices, laboratory and diagnostic testing without the use of standardized procedures. Consequently, statute needs to be updated to make clear that RNs can receive orders from NPs and NMWs that are no longer working under standardized procedures and acting as an agent of the physician.

Relatedly, passage of AB 876 (Flora, Chapter 169, Statues of 2025) codified that Certified Registered Nurse Anesthetists (CRNA) can select and administer medication, including controlled substances, for preoperative, intraoperative, and postoperative care and for pain management purposes pursuant to an order by a physician, dentist, or podiatrist. While CRNAs are technically still acting as the "agent of the physician," it would reduce confusion to clarify they also can direct an RN provide treatment for conditions related to the administration of anesthesia, pursuant to an order for anesthesia services by a physician, dentist, or podiatrist. Although these statutory updates have advanced APRN practice, they have created an unintended risk for RNs by leaving gaps in the structures that guide RN practice. Without corresponding updates, RNs may be placed in situations where they are expected to act without the statutory clarity needed to ensure they remain within their legal scope, potentially exposing them to disciplinary action.

The BRN is in ongoing conversations with stakeholders around proposed text that would maintain the existing level of care without inadvertently expanding APRN scope of practice.

Sunset Recommendation: Committee staff continue to work with the BRN and stakeholders on a statutory change that avoids expanding scope of practice while clarifying that an order from an APRN authorized to do so under the Nursing Practice Act and the Pharmacy Law is

sufficient authority for another RN to rely on when providing care and administering medication. The following language is being proposed:

> **2725.** (b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:
>
> (1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.
>
> (2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, *nurse practitioner practicing pursuant to Section 2837.103 or 2837.104, certified nurse midwife practicing pursuant to 2746.5, 2746.51, or 2746.52,* or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.
>
> (3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.
>
> (4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.
>
> *(5) Administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen as directed by an advanced practice registered nurse to the extent allowable within the advanced practice registered nurse's scope of practice as established under Article 2.5 (commencing with Section 2746), Article 7 (commencing with Section 2825), Article 8 (commencing with Section 2834), or Article 9 (commencing with Section 2838).*

The goal of the proposal is to effectuate the intent of existing law, that an RN may administer medications upon lawful order of an independent NP or CNM, who are authorized to prescribe and order under their respective APRN acts and the Pharmacy Law. An RN may also act under the direction of other APRNs who are not authorized to order but may nonetheless be providing care to a patient who has a diagnosis but there is no order specific to that episode of care. Committee staff are in discussion with stakeholders regarding the necessity of outstanding requests, including from the *California Society of Anesthesiologists*, who are support if amended to this bill.

6) *Issue #19*: *Uniform Standards for Clinical Practice Hours and Simulation-based Learning Guidelines*. During the COVID-19 pandemic, when education and access to clinical settings became unattainable, AB 2288 (Low, Chapter 282, Statutes of 2020), authorized the director of an approved nursing program, during a state of emergency, to make requests to the BRN to revise the number of required clinical experience needed and allow greater flexibility to use clinical simulation. AB 2288 permitted the following: use of clinical simulation up to 50% for medical-surgical and geriatric courses; and up to 75% for psychiatric mental health nursing, obstetrics, and pediatrics courses, among other provisions. The goal was to provide nursing programs with flexibility in meeting clinical placement needs during a declared state of emergency. The designation in percentages was because at the time, the BRN's regulations required that 75% of a nursing student's clinical hours had to be in a direct patient care model. Direct patient care means providing services to a live patient, which can include both in-person and telehealth. The changes in AB 2288 are specific to a state of emergency and do not affect overall requirements when there is no state of emergency declaration. In addition, AB 2288 required for the substitute clinical practice hours that are simulation experiences to be based on the best practices published by the International Nursing Association for Clinical Simulation and Learning, the National Council of State Boards of Nursing, the Society for Simulation in Healthcare, or equivalent standards approved by the BRN.

   The following year, during the BRN's sunset review discussions, the issue of simulation learning was once again raised. As a result, AB 2684 (Berman), Chapter 413, Statutes of 2022, revised the acceptance of simulation learning by replacing the percentage requirement of direct patient care clinical hours with a new 500-hour minimum number of direct patient care clinical hours that an approved nursing school or nursing program must meet with a minimum of 30 hours of supervised direct patient care clinical hours dedicated to each nursing area.

   The changes based on AB 2684 have made the emergency provisions specified in statute inconsistent with existing practice. The BRN no longer has a "percentage based" mechanism for direct clinical care requirements and instead relies on hours.

   Also, when AB 2864 was contemplated, matching language that simulation learning meets national association standards, which is currently required for simulation used during a state of emergency, was not included for general simulation learning. In the BRN's 2026 Sunset Review Report, the BRN requested updates to the Act to replace percentages with actual clinical hours permitted during a state of emergency for consistency purposes, and also specify that any and all clinical simulation reflect national standards for simulation learning from International Nursing Association for Clinical Simulation and Learning, the NCSBN, the Society for Simulation in Healthcare, or equivalent standards approved by the BRN (regardless of when the simulation is being utilized during a state of emergency or for general education purposes.

   Staff Background Paper Recommendation: The BRN should provide the Committees and stakeholders with the statutory updates needed to align simulation requirements and ensure that all authorized clinical simulation follows national guidelines.

BRN Response:

> The BRN acknowledges the need to align California's simulation-based learning requirements with current practice and national standards. Updating the statutory framework is essential to ensure that all simulation experiences used for nursing education follow nationally recognized guidelines, such as those developed by the International Nursing Association of Clinical Simulation and Learning (INACSL), the Society for Simulation in Healthcare (SSH) and the National Council of State Boards of Nursing (NCSBN). These updates should clarify expectations related to scenario design, duration, fidelity, debriefing, instructor qualifications, and integration of simulation into program curricula.
>
> The BRN is currently reviewing the Nursing Practice Act and developing proposed statutory language to better align and standardize simulation requirements, which will be provided to the Committees as recommended revisions once complete. These updates will help ensure consistent, high-quality simulation experiences across programs, strengthen educational standards, and enhance overall patient safety.

Sunset Recommendation: This bill specifically requires that anytime simulation is used for clinical experience, simulated learning meets the best practices published by the International Nursing Association for Clinical Simulation and Learning, the NCSBN, the Society for Simulation in Healthcare, or equivalent standards approved by the BRN. In addition, this bill removes any references to percentages for simulation learning and instead replaces those numbers with the corresponding hours necessary to meet the BRN's requirements.

7) *Issue #21*: *Nursing Program Directors*. If an approved prelicensure nursing program does not hold national accreditation, they must obtain BRN faculty approval prior to hiring. Pursuant to current regulations, the BRN requires nursing program faculty, the director, and the assistant director be approved by the BRN. Nursing education programs are required to report to the changes in the nursing program's director and assistant director of nursing positions to the BRN. Faculty members, program directors, and assistant directors must have an active license, in good-standing, and meet certain qualifications, of which they may need additional time to meet the qualifications.

   In acknowledgement of friction around the prior faculty and program director approval process, the BRN sponsored AB 2015 (Schiavo), Chapter 370, Statutes of 2023. AB 2015 did two things: it provided a pathway for an RN to proactively be approved by the BRN as a faculty, director, or assistant director and established a temporary faculty approval process, allowing an RN up to one year to remediate any deficient requirements under a plan accepted by the BRN.

   However, AB 2015 did not include in a similar remediation pathway or any conditional approval process for nursing program directors or assistant directors even though they have similar approval requirements. This issue was raised this year as part of the comprehensive sunset review oversight process.

The Committees have been advised that some programs located in smaller, rural colleges offering prelicensure programs face challenges finding program directors that meet all four of the BRN requirements. Although the BRN does consider equivalent experience, there is no further remediation process for those who still do not meet the standards, essentially precluding that candidate until they can meet the criteria on their own.

Staff Background Paper Recommendation: The BRN should advise the Committees on efforts to assist colleges when program directors' qualifications are insufficient.

BRN Response:

The California Code of Regulations (CCR), title 16, section 1425(a) outlines the requirements for nursing program directors, including a master's degree in nursing, education, or administration; one year of administrative experience; and two years of teaching experience in a pre- or post-licensure RN program. Most nursing programs are able to grow internally through their faculty development processes. Faculty members who hold an instructor-level designation become eligible for the assistant director role after two years of teaching. After serving as an assistant director for one year, they then qualify to advance into the director position. This creates a structured, step-in progression: two years of instructional experience to qualify as an assistant director, followed by one year of administrative experience to qualify as a program director.

The NECs encourage academic institutions to maintain strong succession plans, including having more than one approved assistant director in training at all times to allow for smooth employment transitions. The assistant director role is typically a faculty member with a set release time to learn the administrative duties.

When an academic institution is unable to identify an internal candidate, the BRN's existing regulatory framework and support processes allow for a nursing program to remain operational. During this time, an assistant director may step into the program director role or a program director can be temporarily loaned from another academic institution, as there is no regulatory requirement for the program director to be physically present or on campus.

When a proposed external candidate for director or assistant director does not fully meet the required qualifications, the BRN allows programs to work directly with their assigned Nursing Education Consultant (NEC) to determine whether the candidate may qualify through equivalent education or experience under CCR, title 16, section 1425(a)(5). In situations where a prospective leader does not yet meet all criteria, the NEC will meet with the program director applicant to discuss other viable options for approval. These conversations focus on identifying viable options the candidate can pursue to gain the necessary qualifications, including potential training, experience, or developmental steps that would allow them to meet the requirements for program director approval.

These established processes enable the Board to assist colleges proactively who may be facing shortages of fully qualified director candidates, helping them stay on track for compliance without compromising regulatory standards.

Sunset Recommendation: To accommodate situations where the existing exceptions are insufficient, this bill creates a remediation pathway for director candidates.

8) *Issue #22*: *School Approval Standards and Conformance with NCSBN Guidelines*. The BRN has received criticism for using outdated, inefficient, and inconsistent standards when providing initial and continuing approval to nursing programs. To help establish more consistency and efficiency in the program approval process, the BRN seeks to revise some of its current standards and replace them with evidence-based standards that are recognized at the national level developed through the NCBSN.

   Nationally, all state boards of nursing are engaged in the initial approval and subsequent review of prelicensure nursing education programs. States are similar in approach, however, each state board of nursing is individually responsible for the core elements required for each program and thus determines the curriculum requirements, faculty requirements, clinical and simulation standards, among others. This led to multiple approaches for initial approval, continued approval or enrollment increases. The core indicators of a prelicensure educational program's success include NCLEX pass rates, graduation rates, and employment rates.

   In response to state boards of nursing searching for consistency of educational programs approval process and success rates, the NCSBN conducted three national studies of nursing education outcomes and a literature review. Based on the NCSBN's work, a panel of representatives from state boards of nursing, the College of Nurses Ontario, the National League for Nursing, the American Association of Colleges for Nursing, the Organization of Associate Degree Nursing and NCSBN staff developed guidelines to help guide state boards of nursing in their approval of prelicensure programs and to understand potential warning signs in the process. In 2020, the NCSBN published Guidelines for Prelicensure Nursing Approval. The guidelines were created to help regulatory boards identify quality indicators while recognizing warning signs at the same time and when they should intervene and provide technical assistance to a program prior to them falling below standards.

   Staff Background Paper Recommendation: The BRN should specify the statutory changes necessary to implement recommendations from the NCSBN. The BRN should advise the Committees on its communication plans with nursing education providers if there are any changes or updates.

   BRN Response: The BRN did not include this issue in its responses.

   Sunset Recommendation: This bill requires the BRN, in its inspection and oversight authority of prelicensure nursing programs, to be sure any inspections are consistent with the national guidelines established by the NCSBN.

9) *Issue #25*: *Intervention Program and Uniform Standards*. In 1984, state law established the Diversion Program (now Intervention Program) as an alternative to discipline. The law charges the BRN to seek ways and means to identify and rehabilitate registered nurses whose

competency may be impaired due to substance use disorder or mental illness, rehabilitate those nurses, and return them to practice in a manner that does not endanger public health and safety. The IP is a voluntary and confidential recovery and monitoring program for RNs whose practice may be impaired by substance use disorder or mental illness. BRN says that the IP protects the public by providing RNs access to effective treatment services, monitoring their recovery through an individualized plan, and returning them to safe practice.

SB 1441 (Ridley-Thomas), Chapter 548, Statutes of 2008, required the DCA to develop uniform and specific standards to be used by each health professional licensing board in dealing with licensees facing substance use disorders in the following 16 specified areas: (1) clinical and diagnostic evaluation of the licensee; (2) temporary removal of the licensee from practice; (3) communication with licensee's employer about licensee status and condition; (4) testing and frequency of testing while participating in a diversion program or while on probation; (5) group meeting attendance and qualifications for facilitators; (6) determining what type of treatment is necessary; (7) worksite monitoring; (8) procedures to be followed if a licensee tests positive for a banned substance; (9) procedures to be followed when a licensee is confirmed to have ingested a banned substance; (10) consequences for major violations and minor violations of the standards and requirements; (11) return to practice on a full-time basis; (12) reinstatement of a health practitioner's license; (13) use and reliance on a private-sector vendor that provides diversion services; (14) the extent to which participation in a diversion program shall be kept confidential; (15) audits of a private-sector vendor's performance and adherence to the uniform standards and requirements; and (16) measurable criteria and standards to determine how effective diversion programs are in protecting patients and in assisting licensees in recovering from substance abuse in the long term.

As part of the SB 1441 implementation, the DCA convened the Substance Abuse Coordination Committee (SACC), which consisted of representatives from all of the health professional licensing boards. A series of meetings, subject to the Bagley-Keene Open Meeting Act, were held from 2009 to 2011 to discuss and develop the standards. The "Uniform Substance Abuse Standards" (Uniform Standards) were finally adopted in early 2010, with the exception of the frequency of drug testing. The DCA reconvened the SACC in March 2011, where a final vote was taken on an amended schedule for drug testing frequency.

At that time, all of the health care boards were asked to adopt and implement the standards. In response to questions regarding whether adoption of the standards was optional or mandatory, three different legal opinions were issued that opined that the boards were mandated to adopt all of the standards. The only standard that needed statutory authority dealt with the cease practice requirement. SB 1172 (Negrete McLeod, Chapter 517, Statutes of 2010) was enacted, and among other provisions, required healing arts boards to order a licensee to cease practice if the licensee tests positive for any prohibited substance under the terms of the licensee's probation or diversion program.

Concerns have been raised to the BRN that pertain specifically to Uniform Standard 12 which specifies the criteria that a licensee must meet to petition the board for reinstatement of their license. As specified under Uniform Standard 12, a licensee must meet the following criteria to request the return to a full and unrestricted license:

- Demonstrated sustained compliance with the terms of the disciplinary order, if applicable.

- Demonstrated successful completion of recovery program, if required.

- Demonstrated consistent and sustained participation in activities that promote and support their recovery including, but not limited to, ongoing support meetings, therapy, counseling, relapse prevention plan, and community activities.

- Demonstrated that they can practice safely.

- Continuous sobriety for three (3) to five (5) years.

The BRN notes concerns pertaining to demonstration of safe practice, and reports variances in how a licensee may demonstrate that they can practice safely. The BRN notes there are variances in determining what may constitute sufficient evidence of safe practice without specific criteria. In addition, under current law, IEC members are required to evaluate RNs who request participation in the program, review and designate treatment services for participants, review information about RNs, consider the case of each RN participant and whether they may continue with safety or resume the practice of nursing. The consideration of what constitutes "resume to practice safely" with limited specification as to what acts may qualify likely leads to varying determinations by the IECs. In addition, under current law (BPC § 2770.8) which specifies the duties of the IEC members, IEC members are charged with "considering cases of RNs in the IP and whether they may safety continue or resume the practice of nursing. Consistency may be needed to identity the standards necessary to determine what is "safe to resume practice".

In the BRN's *Sunset Review 2026* report, the BRN recommends updating statute to clarify that successful completion of the IP "may or may not require a participant to work as a RN in a direct patient care role or if, upon review, a participant is found to have mitigating circumstances, such as a disability, health condition, retirement, or a career path that does not involve direct patient care, program completion may still be granted without employment. This clarification would provide greater flexibility in evaluating participant progress and ensure the program accommodates a broader range of professional circumstances while maintaining its rehabilitative intent."

Staff Background Paper Recommendation: The BRN should advise the Committees of its work to broadly discuss provisions in the Uniform Standards to ensure they remain Uniform. The BRN should provide an update on the IP and how it balances patient safety and public protection with program administration.

BRN Response:

> The Board currently attends a monthly meeting with the Intervention Program vendor and all other Boards under DCA that have a recovery program to discuss cross-board issues and alignment of policies and procedures.

> The Board also holds weekly meetings with the Intervention Program vendor to discuss BRN-specific updates, best practices, training needs, and case collaboration. A common topic of discussion at these meetings is how to ensure that the Board's IP program is flexible enough to accommodate participants in their individual recovery journeys, while still having the level of structure and consistency necessary to protect the public.
>
> The Board agrees that any amendments or changes to the Uniform Standards require cross-board collaboration, since the implications are wide reaching. Therefore, rather than amending the Uniform Standards to address work requirements, the Board proposes to instead amend Article 3.1 of the Nursing Practice Act which establishes statutory guidance for the Board's IP. One option is to update BPC section 2770.12 to state that it is up to the committee's discretion as to whether a participant must practice nursing prior to successful completion of the program.

Sunset Recommendation: The intervention program amendment at the end of this analysis authorizes the intervention committee to determine whether the requiring the participant to practice nursing is in the interest of patients and the recovery of the participant.

10) *Issue #26*: *Timeline for Reinstatement*. The Nursing Practice Act establishes mandatory wait periods for RNs seeking reinstatement after revocation: 1) at least three years for reinstatement of a license that was revoked, except that the board may, in its sole discretion, specify in its order a lesser period of time provided that the period shall be not less than one year; 2) at least two years for early termination of a probation period of three years or more; or, 3) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years. The typical outcome is that a licensee must wait at least three years before they can attempt to get their license reinstated if the license was revoked.

    As noted by the BRN in its *Sunset Review 2026* report, "while in most cases the three-year timeline is both sufficient and appropriate, the BRN is experiencing a growing number of cases where a licensee is revoked by default." This means their license was revoked by the BRN because the licensee failed to respond to the accusation or participate in a legal hearing to challenge the BRN's action against them, leading to a ruling against the licensees without their input.

    Under the current disciplinary procedures in California, the disciplinary process begins with the filing of an accusation. The accusation provides the licensee with the acts or omissions engaged by the licensee for which the board seeks to discipline. When a licensee receives the accusation, they are advised to respond to the BRN within 15-calendar days if they seek to have a hearing over the accusations. If the license holder fails to respond within the fifteen days, the BRN is authorized to revoke the license through the "default decision" process. Once the license is revoked, the license holder is subject to the timeframes specified above for reinstatement.

    The license remains revoked unless a petition for reinstatement is granted. Occasionally, a license holder will contact the BRN shortly after their license has been revoked through a

default decision, stating they were unaware of the disciplinary action until after the revocation became effective. According to the BRN, this typically occurs when the licensee did not receive mailings from the BRN regarding the accusation, often due to being on a traveling contract assignment, an extended leave/vacation, or having recently moved without yet updating their address of record with the Board, etc. Unlike various other boards under the DCA, the BRN does not have statutory authority to require licensees to provide their email address (if available) to the BRN for ease of communication; however, the BRN does require licensees to provide the BRN with address changes within 30 days.

According to the BRN, due to the increasing ways that modern RN practice can lead to revocations by default, particularly when the license is obtained through a travel nurse agency, three years is excessive. In these types of scenarios, the BRN would prefer to have the discretion to engage with the licensee and proceed through the standard disciplinary process. However, the BRN currently lacks the statutory authority to set aside a default revocation and reopen the case administratively to allow for a potential lesser enforcement action (maybe probation instead of revocation).

Staff Background Paper Recommendation: The BRN should advise the Committees on the number of individuals that would be eligible for licensure reinstatement earlier than three years if current law was updated. In addition, the BRN should advise the Committees what the eligibility criteria would be to reinstate a license earlier than three years.

BRN Response:

> The Board is requesting additional flexibility for reinstatements when a license is revoked by default because the licensee was not aware of the disciplinary action against them.
>
> The Board estimates that approximately 175 licensees would be eligible each year to seek relief under this type of scenario. Of that number, the BRN estimates around 50-75 may request to pursue this option.
>
> In evaluating these petitions, the BRN would apply similar criteria to what is established under Government Code section 11520(c) for vacating a decision and granting a hearing. These criteria could include, but are not limited to:
>
> - Failure of a licensee to receive notice served by the Board.
> - Mistake, inadvertence, surprise, or excusable neglect.

Sunset Recommendation: The amendment to the reinstatement timelines at the end of this analysis specify that the one- to three-year timelines only apply when the discipline is "for cause," allowing those disciplined for procedural reasons, such as default, to petition immediately.

11) *Issue #32*: *Technical Changes may Improve the Act*. There are likely a number of provisions contained in the Act which need updates, revisions or technical changes to address outdated, unnecessary or inconsistent language.

For example, Pursuant to BPC § 2788, the BRN is required, through its EO, to inspect all schools of nursing at the times deemed necessary. The EO is required to provide written reports of those visits to the BRN.

Although the BRN should maintain the requirement to inspect schools, this is no longer a task that the BRN's EO conducts on their own. NECs and other education staff are delegated the authority to conduct school visits, education and curriculum review, faculty approval, etc., while the nursing education and licensing committee and the full board consider the approvals, denials, reapprovals, enrollment increases and decreases, and any curriculum changes of BRN-approved educational providers. As a result, this statute, which was last amended in 1983, should be revised to more appropriately clarify the BRN's EO role in school approvals.

BPC § 2796 states that it is unlawful for any person or persons not licensed or certified as provided in this chapter to use the title "registered nurse," the letters "R.N.," or the words "graduate nurse," trained nurse," or "nurse anesthetist." The BRN reports that investigators have recently encountered cases where unlicensed individuals use the designation "RN" without periods, rather than "R.N." as specified in BPC § 2796. To ensure effective enforcement of existing laws prohibiting unlicensed practice, it is important to clarify that any variation of the title, such as "RN," "R.N.," or similar representations, is unlawful when used by individuals who are not licensed nurses. This bill makes a number of technical updates to improve the Act.

12) *Issue #33*: *Continued Regulation by the BRN*. The health, safety and welfare of consumers are protected by the presence of a strong licensing and regulatory BRN with oversight of RN and APRN professions. The BRN's role in school approval processes should remain but continue to be periodically assessed to ensure that students are able to enter and graduate from a prelicensure nursing program with the credentials and training necessary for licensure and the requisite preparedness for gainful employment in the nursing workforce.

Sunset Recommendation. This bill extends the sunset of the BRN and its authority to appoint an executive officer by four years, until January 1, 3031.

AMENDMENTS:

1) *Issue #2: Geographic Meeting Requirements*. To accommodate stakeholders around the state that still prefer a physical location, amend the bill as follows:

SEC. [X] Amend Section 2709 of the Business and Professions Code to read:

2709. The ~~board~~ *board,* for the purpose of transacting its ~~business~~ *business,* shall meet at least once every three months in *locations that are, to the extent practicable, geographically diverse.* ~~appropriate locations necessary to transact its business.~~

2) *Issue #7: Transition to Practice Acceptance: Experience Gained in Another State*. To address concerns from the opposition around varying standards across states, amend the bill to require the BRN to maintain an up-to-date list of states that it pre-determines have

independent practice standards that would meet the requirements of an in-state transition to practice:

SEC. [X] Amend Section 2837.103 of the Business and Professions Code to read:

2837.103(a)(1)(D) Has completed a transition to practice in ~~California~~ *California,* or another state *identified by the board pursuant to clause (v) of this subparagraph,* of a minimum of three full-time equivalent years of practice or 4600 hours. A nurse practitioner who has been practicing as a nurse practitioner in direct patient care for a minimum of three full-time equivalent years or 4,600 hours within the last five years, as indicated on the application, may be deemed to have satisfied this requirement. For purposes of this subparagraph:

[i-iv omitted]

(v) For purposes of transition to practice completed in another state, the board shall do all of the following:

(I) By July 1, 2027, identify the states where practice experience would meet or exceed the requirements under this article if obtained in this state.

(II) Maintain the list of identified states on its website.

(III) Establish a process for identifying changes to the relevant laws in the identified states.

(IV) Periodically review the list and add or remove states as necessary.

3) *Issue #10*: *CE Documentation Verification*. To authorize the BRN to more easily audit CEs, amend the bill to require licensees to submit their CE documentation at the time of renewal as requested by the BRN:

SEC. [X] Amend Section 2811.5 of the Business and Professions Code to read:

2811.5. (a) *(1)* Each person renewing their license under Section 2811 shall submit proof satisfactory to the board that, during the preceding two-year period, they have been informed of the developments in the registered nurse field or in any special area of practice engaged in by the licensee, occurring since the last renewal thereof, either by pursuing a course or courses of continuing education in the registered nurse field or relevant to the practice of the licensee, and approved by the board, or by other means deemed equivalent by the board.

(2) Beginning January 1, 2029, both of the following apply:

(A) The board shall require each licensee to submit the proof specified in paragraph (1) at the time of renewal.

(B) The proof shall include, but not be limited to, documentation verifying the completion of continuing education requirements during the preceding renewal period or the preceding two years.

4) *Issue #25: Intervention Program and Uniform Standards*. To authorize the BRN intervention committees to determine whether a practice requirement is in the best interest of patients and the recovery of participants, amend the bill as follows:

SEC. [X] Amend Section 2709 of the Business and Professions Code to read:

2770.11. (a) Each registered nurse who requests participation in an intervention program shall agree to cooperate with the rehabilitation program designed by the committee and approved by the program manager. *In developing the rehabilitation program, the committee shall determine whether a participant is required to practice nursing prior to completion of the program.* Any failure to comply with a rehabilitation program may result in termination of the registered nurse's participation in a program. The name and license number of a registered nurse who is terminated for any reason, other than successful completion, shall be reported to the board's enforcement program.

5) *Issue #26*: *Timeline for Reinstatement*. To allow RNs disciplined for procedural reasons, such as default, to petition immediately, amend the bill to limit the mandatory wait periods to discipline for cause:

SEC. [X] Amend Section 2709 of the Business and Professions Code to read:

2760.1 (a) A registered nurse whose license has been revoked or suspended or who has been placed on probation *who, for cause, has had their license revoked or suspended, or has been placed on probation,* may petition the board for reinstatement or modification of penalty, including reduction or termination of probation, after a period not less than the following minimum periods has elapsed from the effective date of the decision ordering that disciplinary action, or if the order of the board or any portion of it is stayed by the board itself or by the superior court, from the date the disciplinary action is actually implemented in its entirety, or for a registered nurse whose initial license application is subject to a disciplinary decision, from the date the initial license was issued:

(1) Except as otherwise provided in this section, at least three years for reinstatement of a license that was revoked, except that the board may, in its sole discretion, specify in its order a lesser period of time provided that the period shall be not less than one year.

(2) At least two years for early termination of a probation period of three years or more.

(3) At least one year for modification of a condition, or reinstatement of a license revoked for mental or physical illness, or termination of probation of less than three years.

REGISTERED SUPPORT:

California Association for Nurse Practitioners
California Association of Nurse Anesthesiology

1 individual

REGISTERED OPPOSITION:

The California Medical Association (unless amended)

Analysis Prepared by: Vincent Chee / B. & P. / (916) 319-3301Analysis Prepared by: Vincent Chee / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1303 (Wahab) – As Amended April 28, 2026

SENATE VOTE: 39-0

SUBJECT: Naturopathic Doctors Act

SUMMARY: Extends the sunset date for the California Board of Naturopathic Medicine (Board) until January 1, 2031 and makes additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

EXISTING LAW:

1) Establishes the Naturopathic Doctors Act for the purpose of licensing and regulating naturopathic doctors (NDs). (Business and Professions Code (BPC) §§ 3610 *et seq.*)

2) Establishes the Board to administer and enforce the Naturopathic Doctors Act. (BPC § 3612)

3) Provides that the Board shall consist of five NDs, two physicians and surgeons, and two public members, with members appointed by the Governor, the Senate Committee on Rules, and the Speaker of the Assembly. (BPC § 3621)

4) Authorizes the Board to employ officers and employees as necessary to discharge its duties. (BPC § 3626)

5) Specifies various fees that may be charged by the Board to applicants and licensees. (BPC § 3680)

6) Provides that the Naturopathic Doctors Act shall be repealed on January 1, 2027 unless extended by the Legislature. (BPC § 3686)

THIS BILL:

1) Extends the Board's sunset date until January 1, 2031.

2) Staggers the terms of members appointed by the Governor after the bill's effective date as follows:

   a) Two members shall serve an initial term of two years.

   b) Two members shall serve an initial term of three years.

   c) Three members shall serve an initial term of four years.

   d) Thereafter, all appointments shall be for four-year terms.

3) Repeals obsolete language exempting applicants who graduated prior to 1986 from specified application requirements for applications received prior to December 31, 2007.

4) Authorizes the Board to accept the voluntary cancellation of an ND license upon the written request of the licensee, provided that the cancellation is not in lieu of an administrative enforcement action.

5) Establishes a process for an ND to obtain a fictitious-name permit, which would allow for ND to practice under a name other than their own.

6) Provides that the use of any fictitious, false, or assumed name, or any name other than their own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of their practice without a fictitious-name permit constitutes unprofessional conduct.

FISCAL EFFECT: According to the Senate Committee on Appropriations, extending the operation of the Board would maintain approximately $679,000 in ongoing costs to support the continued operation of the Board's licensing and enforcement activities; the Board projects a revenue increase, from $727,000 to $805,000, from biennial license renewal cycles and the new fictitious name permit; the DCA's Office of Information Services notes absorbable IT costs.

COMMENTS:

Purpose. This bill is the sunset review vehicle for the California Board of Naturopathic Medicine, authored by the Chair of the Senate Committee on Business, Professions, and Economic Development. The bill extends the sunset date for the Board and enacts technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

Background.

Sunset review. In order to ensure that California's myriad professional oversight entities are meeting the state's public protection priorities, authorizing statutes for these regulatory bodies are subject to statutory dates of repeal, at which point the entity "sunsets" unless the date is extended by the Legislature. The sunset process provides for a regular forum for discussion around the successes and challenges of various programs and the consideration of proposed changes to laws governing the regulation of professionals. Currently, the sunset review process applies to approximately three dozen different boards, bureaus, and commissions housed within the DCA, as well as the Department of Real Estate and three nongovernmental nonprofit councils.

On a schedule averaging every four years, each entity is required to present a report to the Legislature's policy committees, which in return prepare a comprehensive background paper on the efficacy and efficiency of their licensing and enforcement programs. Both the Administration and regulated professional stakeholders actively engage in this process. Legislation is then subsequently introduced extending the repeal date for the entity along with any reforms identified during the sunset review process.

California Board of Naturopathic Medicine. The Board is responsible for licensing and regulating NDs under the Naturopathic Doctors Act. The foundational principle of naturopathy is a belief that the human body is capable of healing itself with the assistance of natural therapies and treatments. Naturopathic medicine is a system of primary health care that integrates the values and practices of traditional naturopathy with modern methods and modalities for the diagnosing, treating, and preventing of health conditions, injuries, and disease. As of June 30, 2025, there were 1,057 active ND licensees in California. NDs provide care in a variety of settings, including solo practices, integrative clinics, and academic institutions.

Issues Raised during Sunset Review. The background paper for Board's sunset review oversight hearing contained a total of 16 issues and recommendations, each of which is eligible to result in statutory changes enacted through Board's sunset bill.[1]

Board Expiration Dates. Issue #2 in the sunset background paper for the Board noted that four of the seven members' terms expired on January 1, 2026, and those members are serving their grace year. The sunset background paper considered whether Board member terms need to be staggered. Board members serve four-year terms, and members may not serve more than two consecutive terms. Members may continue to serve after their term's expiration date until a replacement is appointed or one year has elapsed, whichever occurs sooner. Appointments for prematurely vacated positions are initially for the remainder of the term only.

At the time that the sunset background paper was published, the Board had two vacancies and six of its seven appointed members serving in their second term or ineligible for a second term and serving in their grace year, including the Board President. Without staggering member terms, the Board could have effectively been left with one remaining Board member. Without amending member terms, nearly the entire Board roster could need to be replaced at one time, which would place undue pressure on the appointments process and introduce instability to program operations that would be avoidable under a coordinated term expiration calendar. This bill would stagger the terms of future members of the Board to ensure greater stability and continuity in the future.

Fictitious Name Permit Program. Issue #6 in the sunset background paper for the Board posed the question of whether the Board should be authorized to issue fictitious name permits to ensure naturopathic practices are complying with Naturopathic Doctors Act naming requirements for corporations. The Board has requested authority to establish a fictitious name permit program during two prior sunset reviews and submitted this request in its current sunset report. During the 2021 sunset review, legislative staff recommended that the Board expand upon its request, providing a clear rationale for how the program would better serve the public.

A fictitious name, also known as a "DBA" (doing business as), is a business name that differs from the legal name of the individual or entity that owns the business and who is licensed by the Board. Currently, consumers may only know a practice by its business or fictitious name. When a consumer files a complaint, this lack of transparency adds a level of complexity to investigations that are meant to be filed against the responsible doctor in the corporation.

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[1] https://abp.assembly.ca.gov/media/1284

For example, if Dr. Jane Smith operates a clinic under the name "Wellness First Medical Group," a consumer will likely file a complaint against the Wellness First Medical Group, not Dr. Smith. According to the Board, a fictitious name permit program would improve the Board's ability to protect the public by enhancing ownership transparency. Establishing a fictitious name permit program would allow both the consumer and the Board to identify the naturopathic doctor who is responsible for the corporation.

Additionally, statute prescribes naming conventions of naturopathic corporations, requiring they contain the words, "naturopathic" or "naturopathic doctor" and words to communicate its status as a corporation. Absent a fictitious name permit program, the Board is unable to proactively ensure compliance with that law during the licensure process and instead, must enforce naming conventions on a reactive basis while investigating a complaint. The process of investigating and educating or citing and issuing an order of abatement for the licensee to correct the deficiency is less effective and more costly for the Board and licensees alike.

Based on the above, the Board strongly believes there is a demonstrated need for a fictitious name permit program. The Board additionally cites the benefit to consumers from preventing misleading or deceptive names, such as those: referring to an individual practice as a "center" or "institute"; referencing a type or scope of practice, including implying a board certification when none exists; using names that are nearly identical to well reputed practices, which is intended to fraudulently siphon off clients; among other forms of deceptive practices that can lead to consumer harm. This bill would establish a framework for the Board to implement a fictitious name permit program.

Technical Changes. Issue #15 in the sunset background paper for the Board suggested that there may be instances where nonsubstantive and technical changes to the Naturopathic Doctors Act are needed to correct deficiencies or other inconsistencies in the law. Because of numerous statutory changes, code sections can become confusing, contain provisions that are no longer applicable, make references to outdated report requirements, and cross-reference code sections that are no longer relevant. The Board's sunset review is an appropriate time to review, recommend, and make necessary statutory changes. This bill includes changes of this nature.

Continued Regulation. Issue #16 in the sunset background paper for the Board considered whether the licensing and regulation of NDs should be continued and regulated by the Board. The sunset background paper concluded that the welfare of consumers is best preserved under the presence of a strong licensing and regulatory program to oversee NDs that can sustain its existence through license fees. The sunset background paper recommended that the Board should be continued and reviewed again on a future date to be determined. This bill would extend the Board's sunset date by an additional four years.

Current Related Legislation. AB 2771 (Committee on Business and Professions) is the sunset review vehicle for the California Board of Private Postsecondary Education. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2772 (Committee on Business and Professions) is the sunset review vehicle for the California Council for Interior Design Certification. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2773 (Committee on Business and Professions) is the sunset review vehicle for the California Board of Occupational Therapy. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2774 (Committee on Business and Professions) is the sunset review vehicle for the Physical Therapy Board of California. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2775 (Committee on Business and Professions) is the sunset review vehicle for the State Board of Chiropractic Examiners. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

SB 1302 (Wahab) is the sunset review vehicle for the California Board of Registered Nursing. *This bill is currently pending in this committee.*

SB 1304 (Wahab) is the sunset review vehicle for the California Respiratory Care Board. *This bill is currently pending in this committee.*

SB 1363 (Wahab) is the sunset review vehicle for the Board of Barbering and Cosmetology. *This bill is currently pending in this committee.*

SB 1368 (Wahab) is the sunset review vehicle for the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. *This bill is currently pending in this committee.*

SB 1333 (Jones) would expand the scope of an ND licensed by the Board by authorizing an ND to perform minor office procedures, as defined, as well as furnish, order, or prescribe legend drugs, including Schedule II to Schedule V drugs inclusive and controlled substances under the California Uniform Controlled Substances Act independent of physician and surgeon supervision. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

Prior Related Legislation. AB 2485 (Committee on Business and Professions) extended the sunset date for the Board until January 1, 2027 and made additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

ARGUMENTS IN SUPPORT:

The *California Naturopathic Doctors Association* (CNDA) supports this bill, writing: "Licensure and regulation of naturopathic doctors ensure that only individuals who meet all the education and competency standards set forth in law (SB 907) are eligible for licensure. The CBNM also verifies that those granted a license continue to meet the ongoing continuing medical education requirements outlined in statute, as well as practice naturopathic medicine in accordance with the scope requirements of SB 907, thereby assuring public safety. Licensure and regulation of the California naturopathic doctor profession by the California Board of Naturopathic Medicine provides California citizens with safe access to a licensed and regulated workforce that helps expand access to primary and preventive care, and an appropriate regulatory structure for the profession."

ARGUMENTS IN OPPOSITION:

There is no opposition on file to the most recent version of this bill.

POLICY ISSUES:

Authorization of Additional Services. Uncodified language contained in this bill declares that it is the intent of the Legislature "to work with stakeholders and the California Board of Naturopathic Medicine to evaluate opportunities to authorize naturopathic doctors to provide additional services to patients for which they are trained, educated, and qualified and that will expand access to safe, holistic, and preventive care for California's consumers." However, there is no language on this topic currently contained in this bill. If there is subsequent agreement among legislative and professional stakeholders to expand the types of services that may be provided by an ND, that language may be amended into this bill.

Naturopath Title Protection. Issue #8 in the sunset background paper for the Board noted that the Board reports that complaints about unlicensed activity accounts for 71 percent of its complaints received. Complainants frequently report confusion when individuals use these titles without licensure, leading consumers to mistakenly believe they are receiving care from a licensed naturopathic doctor. The sunset background paper concluded that the Board should advise the Committees of necessary changes to increase its efficacy in protecting the public from the complaints about unlicensed naturopaths and unlicensed activity in general while simultaneously reducing its enforcement expenditures. The author has indicated that language on this topic is currently in development, which may subsequently be amended into this bill.

REGISTERED SUPPORT:

California Naturopathic Doctors Association

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1304 (Wahab) – As Amended April 15, 2026

SENATE VOTE: 38-0

SUBJECT: Respiratory Care Practice Act

SUMMARY: Makes various changes to the regulation of licensed respiratory care practitioners (RCPs) and the practice of respiratory care by licensed vocational nurses (LVNs) recommended as part of the joint sunset review oversight of the Respiratory Care Board of California (RCB).

EXISTING LAW:

1) Regulates the practice of respiratory care through the licensure of RCPs under the Respiratory Care Practice Act (RC Act). (Business and Professions Code (BPC) §§ 3700-3779)

2) Establishes the RCB, until January 1, 2027, to administer and enforce the RC Act. (BPC §§ 3710, 3716).

3) Declares that protection of the public shall be the highest priority for the RCB in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC § 3710.1)

4) Defines the practice of respiratory care as a health care profession employed under the supervision of a medical director in the therapy, management, rehabilitation, diagnostic evaluation, and care of patients with deficiencies and abnormalities which affect the pulmonary system and associated aspects of cardiopulmonary and other systems functions, as specified. (BPC § 3702)

5) Prohibits the practice of respiratory care unless licensed under the RC Act or otherwise authorized. (BPC § 3760)

6) Specifies that the RC Act is not intended to limit, preclude, or otherwise interfere with the practices of other licensed personnel in carrying out authorized and customary duties and functions. (BPC § 3762)

7) Specifies that the RCB is the only state agency that may define or interpret the practice of respiratory care for RCPs or develop standardized procedures or protocols pursuant to the RC Act unless authorized by the act or specifically required by state or federal statute. (BPC § 3702.5)

8) Authorizes the RCB to adopt regulations to define, interpret, or identify all of the following:

    a) Basic respiratory tasks and services that do not require a respiratory assessment and only require manual, technical skills, or data collection. (BPC § 3702.5(a))

b) Intermediate respiratory tasks, services, and procedures that require formal respiratory education and training. (BPC § 3702.5(b))

c) Advanced respiratory tasks, services, and procedures that require supplemental education, training, or additional credentialing consistent with national standards, as applicable. (BPC § 3702.5(c))

9) Establishes a list of basic respiratory tasks and services and exclusions identified by the RCB. (California Code of Regulations (CCR) Title 16, § 1399.365)

10) Defines "assessment," for purposes of basic respiratory tasks and services, as making an analysis or judgment and making recommendations concerning the management, diagnosis, treatment, or care of a patient or as a means to perform any task in regard to the care of a patient that is beyond documenting observations, and gathering and reporting data to a licensed respiratory care practitioner, registered nurse, or physician. (CCR tit. 16, § 1399.365(a))

11) Specifies that basic respiratory tasks and services do not require a respiratory assessment. (CCR tit. 16, § 1399.365(b))

12) Specifies that basic respiratory tasks and services include the following:

a) Patient data collection. (CCR tit. 16, § 1399.365(b)(1))

b) Application and monitoring of a pulse oximeter. (CCR tit. 16, § 1399.365(b)(2))

c) Medication administration by aerosol that does not require manipulation of an invasive or non-invasive mechanical ventilator. (CCR tit. 16, § 1399.365(b)(3))

d) Heat moisture exchanger (HME) and oxygen tank replacement for patients who are using non-invasive mechanical ventilation. (CCR tit. 16, § 1399.365(b)(4))

e) Hygiene care, including replacement of tracheostomy ties and gauze and cleaning of the stoma sites. (CCR tit. 16, § 1399.365(b)(5))

f) Use of a manual resuscitation device and other cardio-pulmonary resuscitation technical skills (basic life support level) in the event of an emergency. (CCR tit. 16, § 1399.365(b)(6))

g) Documentation of care provided, which includes data retrieved from performing a breath count or transcribing data from an invasive or non-invasive ventilator interface. (CCR tit. 16, § 1399.365(b)(7))

h) Observing and gathering data from chest auscultation, palpation, and percussion. (CCR tit. 16, § 1399.365(b)(8))

13) Excludes the following tasks and services from the list of basic respiratory tasks and services:

a) Manipulation of an invasive or non-invasive ventilator. (CCR tit. 16, § 1399.365(c)(1))

b) Assessment or evaluation of observed and gathered data from chest auscultation, palpation, and percussion. (CCR tit. 16, § 1399.365(c)(2))

c) Pre-treatment or post-treatment assessment. (CCR tit. 16, § 1399.365(c)(3))

d) Use of medical gas mixtures other than oxygen. (CCR tit. 16, § 1399.365(c)(4))

e) Preoxygenation, or endotracheal or nasal suctioning. (CCR tit. 16, § 1399.365(c)(5))

f) Initial setup, change out, or replacement of a breathing circuit or adjustment of oxygen liter flow or oxygen concentration. (CCR tit. 16, § 1399.365(c)(6))

g) Tracheal suctioning, cuff inflation or deflation, use or removal of an external speaking valve, or removal and replacement of the tracheostomy tube or inner cannula. (CCR tit. 16, § 1399.365(c)(7))

14) Specifies that the definitions and lists regarding basic respiratory tasks and services do not apply to LVNs performing respiratory care services identified by the RCB while providing specified home and community-based care exempt from the RC Act, as specified. (CCR tit. 16, § 1399.365(d))

15) Exempts an LVN from the licensing requirements of the RC Act when providing home and community-based care under two pathways:

a) Performing respiratory care tasks identified by the RCB while employed by a licensed home health agency if the LVN completes specified patient-specific training provided by the employer. (BPC § 3765(i))

b) Performing respiratory care tasks identified by the RCB in specified congregate, day center, and home health settings if the LVN completes patient-specific training satisfactory to their employer and holds a current and valid certification of competency for each respiratory task to be performed from the California Association of Medical Product Suppliers, the California Society for Respiratory Care, or another organization identified by the RCB. (BPC § 3765(j))

16) Regulates the practice of vocational nursing under the Vocational Nursing Practice Act (VN Act). (BPC §§ 2840-2895.5)

17) Establishes the Board of Vocational Nursing and Psychiatric Technicians (BVNPT) to administer and enforce the VN Act. (BPC §§ 2840-2858)

18) Declares that protection of the public shall be the highest priority for the BVNPT in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount. (BPC § 2841.1)

19) Defines the practice of vocational nursing within the meaning of the VN Act is the performance of services requiring those technical, manual skills acquired by means of a course in an approved school of vocational nursing, or its equivalent, practiced under the direction of a licensed physician and surgeon or registered nurse, or naturopathic doctor, as specified. (BPC § 2859(a))

20) Specifies that the VN Act confers no authority to practice medicine or surgery, to provide respiratory care services and treatment, or to undertake the prevention, treatment, or cure of disease, pain, injury, deformity, or mental or physical condition in violation of any provision of law. (BPC § 2860(a))

21) Specifies that, notwithstanding the prohibition against practicing respiratory care, an LVN who has received training and who demonstrates competency satisfactory to their employer may, when directed by a physician and surgeon, perform respiratory care tasks identified by the RCB as basic. (BPC § 2860(b))

THIS BILL:

1) Extends the operation of the RCB until January 1, 2031.

2) Updates title of the national examination and makes a conforming change to the cut-off level.

3) Authorizes the RCB to automatically suspend and revoke licenses for specified serious felony convictions.

4) Makes the following changes to the exempted congregate, day center, and home health settings where LVNs may practice respiratory care:

   a) Changes the required training from patient-specific to task-specific.

   b) Combines the employer-provided training and the organization-based training into one list of options.

   c) Increases the bed limit for intermediate care facilities to 15 and removes the 6-bed limit for others.

   d) Deletes the home health employment pathway and instead adds home health agency to the list of settings licensed by the California Department of Public Health (CDPH) along with hospice agencies and hospice facilities.

   e) Expands the facilities licensed by the Department of Social Services to include adult residential facilities, adult residential facilities for persons with special health care needs, group homes, group homes for children with special health care needs, enhanced behavioral supports homes, community crisis homes, residential care facilities for the elderly, residential care facilities for the chronically ill, adult day programs, and therapeutic day services facilities.

   f) Adds medical foster homes for veterans approved by the United States Department of Veterans Affairs.

   g) Adds family home agencies and regional centers.

5) Defines, for purposes of all respiratory care exempted from the RC Act, “employer” as:

   a) A person, agency, facility, organization, or entity responsible for assigning, directing, or coordinating the care provided by the licensed vocational nurse.

b) When applicable, a family member or legal guardian authorized under the patient's plan of care to perform that function.

6) Deletes the exemption to the RC Act for performance of pulmonary function testing by persons who are currently employed by Los Angeles County hospitals and have performed pulmonary function testing for at least 15 years.

7) Deletes the $300 fee for issuance of an initial license.

8) Increases the license renewal fee from $230 to $330 and authorizes the RCB to increase the fee to $375 through rulemaking.

FISCAL EFFECT: According to the Senate Appropriations Committee, the 2026-27 Governor's Budget provides:

- Approximately $4.15 million (Respiratory Care Fund) and 16.4 positions to support the continued operation of the RCB's licensing and enforcement activities.

The RCB anticipates:

- An increase in annual fee revenue of approximately $450,000 resulting from the raised renewal fee cap.

- Unknown costs to promulgate regulations to increase fees within the new statutory limit.

- Minor annual cost savings of approximately $15,000 in Attorney General enforcement costs due to RCB's new authority to automatically suspend or revoke licenses for certain felony convictions.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author, "This bill is necessary to make changes to the Board of Respiratory Care to improve oversight of the regulated professions under the jurisdiction of the Board."

Background. Each year, the Assembly Committee on Business and Professions and the Senate Committee on Business, Professions, and Economic Development hold joint sunset review oversight hearings to review the licensing entities under the Department of Consumer Affairs (DCA). The DCA boards, bureaus, and other entities are responsible for protecting consumers and the public and regulating the professionals they license. The sunset review process provides an opportunity for the legislature, DCA, licensing entities, and stakeholders to discuss the entities' performance and make recommendations for improvements.

Each licensing entity subject to review has an enacting statute with a repeal date, meaning their authority must be extended by the legislature before the repeal date, otherwise the entity will lose its statutory mandate. This bill is a "sunset" bill, intended to extend the repeal date of the RCB, as well as incorporate the recommendations from the sunset review oversight hearings. This year there are ten boards up for review, each with their own sunset bill. This year, five of the sunset review bills are authored by the chair of the Assembly Committee on Business and Professions and the other five are authored by the chair of the Senate Committee on Business, Professions, and Economic Development.

RCB. The RCB is responsible for administering and enforcing the RC Act, which establishes the board and contains the regulatory framework for the practice of respiratory care. According to the RCB:

> RCPs are one of three licensed healthcare professionals typically found at patients' bedsides, alongside physicians and nurses. RCPs work under the direction of a medical director and specialize in providing evaluation of, and treatment to, patients with breathing difficulties as a result of heart, lung, and other disorders, as well as providing diagnostic, educational, and rehabilitation services. RCPs are needed in virtually all health care settings.
>
> On a daily basis, RCPs provide services to patients ranging from premature infants to older adults. RCPs provide treatments for patients who have breathing difficulties and care for those who are dependent upon life support and cannot breathe on their own. RCPs treat patients with acute and chronic diseases including chronic obstructive pulmonary disease (COPD), trauma victims, and surgery patients.

The RCB's primary function is to run the licensing, education, and disciplinary programs for RCPs. At the end of fiscal year (FY) 2024-25, the RCB reported a total of 21,390 active, in-state licensees. It also reported 36 respiratory care education programs in California that are approved by the RCB by virtue of their accreditation status.

The RCB's mission statement, as stated in its *2023-2027 Strategic Plan*, is: "To protect and serve consumers by licensing qualified respiratory care practitioners, enforcing the provisions of the Respiratory Care Practice Act, expanding the availability of respiratory care services, increasing public awareness of the profession, and supporting the development and education of respiratory care practitioners."

Current Related Legislation. AB 2771 (Committee on Business and Professions) is the sunset review bill for the Bureau of Private Postsecondary Education. *AB 2771 is pending in the Senate.*

AB 2772 (Committee on Business and Professions) is the sunset review bill for the California Council for Interior Design Certification. *AB 2772 is pending in the Senate.*

AB 2773 (Committee on Business and Professions) is the sunset review bill for the California Board of Occupational Therapy. *AB 2773 is pending in the Senate.*

AB 2774 (Committee on Business and Professions) is the sunset review bill for the Physical Therapy Board of California. *AB 2774 is pending in the Senate.*

AB 2775 (Committee on Business and Professions) is the sunset review bill for the State Board of Chiropractic Examiners (BCE). *AB 2775 is pending in the Senate.*

SB 1302 (Wahab) is the sunset review bill for the California Board of Registered Nursing. *SB 1302 is pending in this Committee*.

SB 1303 (Wahab) is the sunset review bill for the California Board of Naturopathic Medicine. *SB 1303 is pending in this Committee*.

SB 1363 (Wahab) is the sunset review bill for the California Board of Barbering and Cosmetology. *SB 1363 is pending in this Committee*.

SB 1368 (Wahab) is the sunset review bill for the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. *SB 1368 is pending in this Committee*.

Prior Related Legislation. SB 389 (Ochoa Bogh), Chapter 389, Statutes of 2025, authorized LVNs to perform suctioning and other basic respiratory tasks and services under the supervision of a credentialed school nurse.

SB 1451 (Ashby), Chapter 480, Statutes of 2024, among other things unrelated to respiratory care, extended the dates by which LVNs employed by home health agencies would need to meet additional training specified by the RCB in collaboration with the BVNPT from January 1, 2025, to January 1, 2028, and established the settings-specific exemptions for congregate, day center, and home health settings that will take effect January 1, 2028.

SB 1436 (Roth), Chapter 624, Statutes of 2022, was the RCB's prior sunset bill which, among other things: established the initial RC Act exemption for LVNs employed by home health agencies if, prior to January 1, 2025, patient-specific training satisfactory to their employer and, after January 1, 2025, patient-specific training by the employer in accordance with guidelines promulgated by the RCB in collaboration with the BVNPT; amended the VN Act to specifically restrict the practice of respiratory care by LVNs; and made other conforming or otherwise related changes.

ARGUMENTS IN SUPPORT:

The *California Assisted Living Association* writes in support:

> The California Assisted Living Association (CALA), representing Residential Care Facilities for the Elderly (RCFEs) and Continuing Care Retirement Communities (CCRCs) throughout the state, is pleased to support [this bill].
>
> Prior to implementation on October 1, 2025 of the Respiratory Care Board's regulations defining basic respiratory tasks, Licensed Vocational Nurses (LVNs) had been safely providing care in Assisted Living communities, among other settings, that generally included assisting residents with CPAP and BiPAP machines and with oxygen. While RCFEs are not required to provide nurses, many choose to employ nurses for these types of basic services and for medication administration so that residents don't have to live in a skilled nursing facility simply due to the need for assistance with these basic tasks. The updated regulations created challenges for existing residents and prospective residents not capable of managing these systems on their own.
>
> We appreciate the amendments to [this bill] that allow current staff working in RCFEs to resume providing these basic tasks, for which they have been adequately trained, and allow residents to remain in the least restrictive setting.

The *California Association of Medical Product Suppliers* writes in support:

> We appreciate that [this bill], as amended on April 15, 2026, includes clear authorization for LVNs who have received training from their employer to continue performing intermediate tasks & services so as not to disrupt the continuity of care for medically fragile children and adults who choose to receive respiratory care services and the normalcy of life at home and in community-based settings with their families instead of in a hospital or other institutional setting.
>
> With regard to the requirements that take effect on or after January 1, 2028, we ask that the Committee consider an amendment to give employers a 12 month "training and compliance window" after the release of the RCB's guidelines. This will allow a sufficient amount of time for LVNs to complete the required training, and for facility administrators to ensure full compliance and a smooth transition before implementation deadlines take effect. Establishing a "training and compliance window" will also enable facility administrators to coordinate schedules, maintain staffing levels, and minimize disruption to daily operations while LVNs under their employ work toward meeting the new training requirements.
>
> To this end, we request that the date in B & P §3765 (a)(9)(B) be removed as we cannot be sure if the guidelines will be completed sooner or later than the data specified.
>
> We note that Sections (C) (iv) and (iiv) allow for LVNs to provide respiratory care tasks and services for adults with developmental disabilities as part of services provided through a family home agency, as defined in Section 4689.1 of the Welfare and Institutions Code, and as part of supported living services provided pursuant to Section 4689 of the Welfare and Institutions Code.
>
> The Legislature and Governor have consistently supported the expansion of home and community-based services which allow patients with complex medical conditions to remain in familiar environments with family and community members, promoting emotional well-being and stability alongside their medical treatment. Some examples include:
>
> - The California Program of All-Inclusive Care for the Elderly (PACE) program serves individuals with significant health needs with the intent to provide preventive, primary, acute, and LTC services so older individuals can continue living in the community and avoid hospitalization and skilled nursing facility (SNF) services. PACE organizations provide care for dually enrolled Medi-Cal and Medicare beneficiaries.
>
> - The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides care for critically ill children in California suffering from complex medical conditions, such as spastic quadriplegic cerebral palsy, muscular dystrophy, and anoxic brain injury.

- The "Home- and Community-Based Services" (HCBA) Waiver allows individuals who would medically qualify to receive hospital or skilled nursing facility care to instead receive similar services at home or in community settings.

It is unclear whether [this bill] allows for LVNs to provide respiratory care tasks and services under these programs. Therefore we are requesting clarification to ensure the provisions of [this bill] cover the services provided in these programs in addition to the supported living services provided pursuant to Section 4689 and 4689.1 of the Welfare and Institutions Code.

The *California Society for Respiratory Care* writes in support:

CSRC supports the RCB's efforts to clarify a pathway for LVNs to provide basic respiratory tasks for nonacute patients in certain settings. We look forward to working with the committee to resolve any outstanding issues on that topic.

CSRC supports the New Issues outlined in RCB's report. Particularly item #5 to create a cardiopulmonary specific graduate level practitioner, the Advanced Practice Respiratory Therapist (APRT).

The APRT continues to advance nationally. CoARC, the Commission on Accreditation of Respiratory Care, has already approved curriculum. Ohio State has a formal APRT program. The APRT would add a much-needed advanced practice provider already specialized in cardiopulmonology to care for patients with cardiopulmonary disease, and a new option within the respiratory care profession for those therapists and students who are already interested in a graduate position.

Respiratory care practitioners, already trained to manage complex cardiopulmonary conditions such as COPD, asthma, and respiratory failure, are uniquely positioned to help close critical gaps in care. Establishing the APRT role will create a pathway for graduate-level trained RCPs to serve as physician extenders, deliver advanced assessments, ordering and interpreting diagnostic tests, prescribing medications, managing treatment plans, and supporting patients with complex needs, particularly in critical care, pulmonary medicine, and underserved regions where workforce shortages are most acute.

The *Pediatric Day Health Care Coalition* writes in support:

On behalf of the Pediatric Day Health Care Coalition [PDHCC], we would like to express our support for [this bill], as amended on 04/15/26. These amendments streamline and simplify the process whereby LVNs working for employers in exempted settings may perform specific respiratory care tasks and services ensuring competency through employer-based training.

Pediatric Day Health Care centers have provided skilled nursing, including respiratory care, to children with defined diagnoses that result in medically fragile and/or technology-dependent health conditions. LVNs have safely provided respiratory care for decades. We acknowledge that some respiratory care tasks

should only be performed by a respiratory care professional as indicated by the Respiratory Care Board of California [RCB].

The bill also requires the RCB to develop Training Guidelines for employers and other entities to use when training LVNs on task-specific and patient specific respiratory care. Under the current version of [this bill], the Board has until January 1, 2028, to release those Guidelines. However, the bill does not allow for time between this release and the effective date by which employers must review their curriculum, revise if necessary, and train nursing staff according to the Guidelines. We do have one suggestion to ensure smooth implementation. We also suggest that employers, in exempt settings, have six months after the release of the guidelines to review their curriculum using the guidelines, revise the curriculum and complete the training.

ARGUMENTS IN OPPOSITION:

A coalition comprised of the *California Association of Health Facilities*, *LeadingAge California*, the *California Hospital Association*, the *Association of California Healthcare Districts*, and the *American Nurses Association\California* is opposed to this bill unless it is amended to:

- Delete the setting-specific framework in the [existing law] that establishes different tasks that LVNs can do in different settings or include additional settings where an LVN may perform respiratory care tasks to include skilled nursing facilities (SNFs), intermediate care facilities for the developmentally disabled, pediatric and adult subacute facilities, and hospitals.

- Clarify that LVNs can perform respiratory tasks as part of their formal training and education program and under the supervision of the training program in any setting, as part of their required training.

- Specify the basic respiratory tasks that are within the data collection and observation roles of their scope and can be performed by LVNs in any setting based on their existing licensure and without additional training.

Specifically, the coalition writes:

> [This bill] does not authorize LVNs working in non-exempted settings, to perform respiratory care tasks in those settings even if they were to obtain the same training provided to LVNs practicing in exempted settings. Establishing a different scope of practice for LVNs based on the setting in which they are practicing is inconsistent with how scope of practice has been historically determined for other licensed health professionals….
>
> The LVN scope of practice is defined in state law and oversight for LVN licensing is under the oversight of the [BVNPT]. LVNs are trained and licensed to perform a range of practical nursing tasks as part of a health care team under the direct supervision of registered nurses and physicians, regardless of setting type. As part of their scope of practice to provide direct patient care, basic nursing care, and administer medications, LVNs are trained and have historically provided basic respiratory services related to oxygen delivery and tracheostomy care

(suctioning, cleaning, etc.) consistent with their training. LVNs have been trained in and evaluated on all tasks, including basic respiratory care, in their scope of practice and have performed these tasks for decades.

Existing statute and regulations that authorize the RCB to oversee and enforce LVN scope of practice with regard to the performance of respiratory care tasks have resulted in confusion, major care disruptions, and unanticipated cost increases in health care, social service and educational settings. [This bill], through its delineation of expanded settings, does not address these issues. For example, an LVN that works for a hospice agency and provides hospice care to residents in a SNF, they would be able to perform basic respiratory tasks, but if that same LVN works directly for a SNF and receives the same employer-provided training in respiratory care, they would not be allowed to perform respiratory tasks. LVNs in licensed health facilities, such as SNFs and hospitals, practice under the close supervision of physicians and registered nurses in a highly regulated setting. Establishing a different LVN scope of practice that is more restricted than the scope of practice of an LVN working in a non-healthcare facility environment, is contrary to the State's goals for patient safety and public protection.

Existing framework for oversight of LVN respiratory tasks has not improved patient care. There have been serious negative impacts on patient safety and access to care in a wide range of healthcare and non-healthcare settings because of the impact of California Code of Regulations, Title 16, §1399.365, which significantly limited the basic respiratory tasks that LVNs could perform and negatively impacted health care delivery including:

- Delays in addressing immediate breathing issues for vulnerable individuals.
- Unnecessary denied admissions, transfers and discharges of patients from service settings that have not been able to hire additional RNs or RCPs to provide respiratory care previously provided by LVNs.
- Inefficient reallocation of care workload that diverts RNs and other clinical staff to perform tasks that were previously performed by LVNs.
- Increased costs and diversion of limited public funding to hire additional clinical staff to perform respiratory tasks previously performed by LVNs.
- Disruptions in the health care workforce training pipeline for LVNs.
- Confusion among LVNs, employers and other healthcare professionals about the legal scope of practice for LVNs.

We request that [this bill] be amended to allow LVNs in the requested licensed health facility settings to continue to provide critical patient care, including performing respiratory tasks in which they have been trained and evaluated, and across the wide variety of settings in which that they have historically practiced under appropriate clinical supervision.

SUNSET ISSUES FOR CONSIDERATION:

In preparation for the sunset hearings, committee staff publish background papers that identify outstanding issues related to the entity being reviewed. All background papers are available on the committee's website: https://abp.assembly.ca.gov/hearings/joint-sunset-review-oversight-hearings. While every issue discussed in the background papers remain available for discussion, the following are being addressed in the amendments to this bill or are being actively discussed.

1) *Issue #1: Fees*. The RCB is requesting three changes to its statutory fees. The first request is an increase to the statutory floor and ceiling on its license renewal fee. While the board reports that it "does not anticipate the need for a fee increase in the near future," it is requesting the increase proactively. It would like the option of increasing its fees in regulation in the event it cannot absorb unanticipated costs, such as legislative or regulatory mandates, fee increases imposed by other agencies, significant enforcement actions, or litigation.

   According to the RCB's March 31, 2026, budget update, its reserve has been growing, from approximately $2,408,000 (7.3 months in reserve) in fiscal year (FY) 2023-24 to a projected $2,887,000 (8.2 months) by June 30, 2026.[1] However, it projects that it may experience a slight structural imbalance beginning FY 2026-27, with the reserve dropping back down to $2,622,000 (7.3 months) in 2027-28.

   The RCB's renewal fee is currently set to the $330 statutory maximum in regulation. The RCB is requesting to increase the fee floor from $230 to match the fee. It is also requesting to increase the statutory limit on the fee from the current $330 to $375.

   The second request is to delete the requirement that the RCB adjust its fees to maintain no more or less than approximately six months of fund reserve. The RCB believes the six-month reserve is not sustainable and refers to the general requirement that DCA boards and bureaus maintain no more than two-years operating budget in any FY.

   The third request is to delete the obsolete initial license fee from the RC Act. The RCB eliminated that fee via regulation in 2012 to reduce the financial burden on new RCPs.

   Staff Background Paper Recommendation: The RCB should inform the Committees on the necessity of increasing the renewal ceiling fee. The RCB should update the Committees on whether it believes the reserve limit should be increased from 6 months to 24 months consistent with many other boards and bureaus under the DCA. The Committees may wish to amend the Act to ensure the RCB is solvent and to allow the RCB to eliminate burdensome fees by licensees and applicants.

   RCB Response:

   > The Board's fee authority… has historically provided sufficient flexibility to maintain fiscal stability. After nearly two decades without a fee increase, the Board implemented a phased adjustment to the renewal fee—from $230 to the

[1] Respiratory Care Board of California, "Board Budget Update (as of 3/31/26)," March 2026, https://rcb.ca.gov/about_us/forms/03_26_budget_update.pdf.

current statutory maximum of $330—primarily due to rising costs outside of the Board's control. As a result of these increases, the Board's fund condition has stabilized, and at this time, the Board does not anticipate the need for additional fee increases in the foreseeable future.

However, the Board believes it is both prudent and necessary to recommend a modest increase to the statutory renewal fee ceiling as a proactive safeguard. This recommendation is not driven by an immediate need to raise fees, but rather to ensure the Board has the flexibility to respond to unforeseen fiscal pressures, such as increased pro rata assessments, new legislative or regulatory mandates, significant enforcement actions, or unexpected litigation costs. Having an increased statutory ceiling in place allows the Board to implement a regulatory fee adjustment in a timely manner should circumstances require, thereby avoiding potential fund insolvency and disruption to Board operations.

In addition, the Board supports permanently eliminating the initial license fee, which it discontinued in 2012 to streamline application processing and reduce barriers to entry for applicants. Maintaining the elimination of this fee aligns with the Board's commitment to reducing unnecessary financial burdens while continuing to ensure efficient licensure processes.

With respect to the fund reserve, the Board supports repealing the existing six-month reserve cap and aligning with the broader Department of Consumer Affairs framework under BPC § 128.5, which allows for a reserve of up to 24 months of operating expenditures. The current six-month limitation no longer reflects the fiscal realities of Board operations and does not provide sufficient cushion to address fluctuations in revenue or unexpected expenditures. Aligning with the 24-month reserve standard would provide the Board with greater financial stability and flexibility, while still maintaining appropriate safeguards, as BPC § 128.5 requires fee reductions if reserves approach or exceed the allowable threshold.

The Board respectfully requests that the Committees consider [deleting the initial license fee, increasing the renewal fee to $330, authorizing the RCB to increase the renewal fee in regulation up to $375, and deleting the reserve limit of six months].

In summary, the Board's proposals are intended to ensure long-term fiscal solvency, operational stability, and continued consumer protection, while minimizing unnecessary financial burdens on licensees and applicants.

Sunset Recommendation: This bill contains all three of the RCB's fee requests.

2) *Issue #7: Basic Respiratory Care Services by LVNs*. As noted in the staff sunset review background paper, the RCB and BVNPT have had different views of whether LVNs are legally authorized or even trained to provide certain respiratory services in varying degrees for over 20 years, with particular focus on ventilator care.

   However, more recent discussions around the use of LVNs in home and community-based settings to perform respiratory functions, namely that it was happening to a significant degree but without agreement on the legal authority to do so. In recognition of this absence of a

regulatory framework to govern ongoing practices, in 2019 the RCB and the BVNPT began to work collaboratively and issued a joint statement clarifying RCP and LVN roles relating to patient care, particularly for patients reliant on mechanical ventilators. However, that process ultimately led to disagreement between the boards.

Further, the VN Act is unhelpfully vague as to what an LVN's scope of practice includes, aside from specific services that require additional training, such as injections. It simply says, "the performance of services requiring those technical, manual skills acquired by means of a course in an approved school of vocational nursing, or its equivalent, practiced under the direction of a licensed physician and surgeon or registered nurse." At the time of the disagreement, naturopathic doctors were not included as being able to direct an LVN.

For purposes of what is taught in approved LVN training programs, the curriculum must, at a minimum, prepare LVNs for the NCLEX-PN administered by the National Council of State Boards of Nursing (NCSBN). The NCSBN develops and administers the licensing examination for both LVNs and registered nurses. To pass the NCLEX-PN, modern LVNs must understand the concept of physiological adaptation for purposes of identifying clinical changes (decompensation) in patients with acute, chronic, or life-threatening physical health conditions.[2] In patients requiring respiratory care, the NCLEX-PN establishes competency by requiring LVNs to demonstrate the ability through several respiratory-related tasks:

- Respond and intervene to a client life-threatening situation (e.g., cardiopulmonary resuscitation).
- Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning).
- Provide care for a client with a tracheostomy.
- Provide care to client on ventilator.[3]

However, the NCLEX-PN is a computer test. It tests an LVN's clinical understanding and cognitive application of these tasks, but does not necessarily reflect the ability to apply this ability to a variety of patients in any given setting. That depends on the clinical experience gained in school and on the job. Further, a newly licensed practitioner may have trouble distinguishing the threshold between the manual or technical skill, the identification of decompensation, and the respiratory task beyond their scope without any clearly delineated legal boundaries.

In 2022, the RCB's sunset bill amended the VN Act in an attempt to draw those boundaries. It authorized LVNs, with additional training, to perform specific basic respiratory tasks identified by the RCB. The intent was to ensure that LVN involvement in respiratory care was distinct from the specialized judgement and skills of RCPs.

The bill also attempted to address the unique needs in home settings by authorizing additional tasks pursuant to employer training that would not be considered the practice of

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[2] National Council of State Boards of Nursing, *2026 NCLEX-PN Test Plan* (Chicago: National Council of State Boards of Nursing, 2026), 18.
[3] *Id*.

respiratory care. By the time the sunset bill took effect, the RCB had presented the topic and issue at public board meetings and the language in the bill had been considered at numerous public Legislative hearings.

Since then, the RCB was made aware of licensed home and community-based facilities and patients not covered in the exemptions outlined by that bill. Settings with only one or a few patients requiring respiratory services make it impracticable to hire a full-time RCP, so the RCB identified additional types of facilities, like small facilities outside of acute care facilities and independent providers who provide for transport or overseeing care of patients during daily activities, such as an outing, attending school, or providing a few hours of relief for parents' in-home care.

Follow-up legislation amended added the new exemptions, authorizing LVNs employed by exempt home health agencies or working in designated home and community based "exempt" settings to perform additional respiratory tasks, beyond basic level, if they have received appropriate task and patient specific employer training and obtained valid competency certification for each respiratory task from a board-recognized organization.

In March 2024, the RCB initiated the first of several new regulatory packages to define RCB-approved basic respiratory tasks and services that LVNs may lawfully perform. The regulatory language, which was discussed extensively at public meetings, listed the tasks that the RCB considered "basic" and listed those that were categorically not basic. The regulation became effective on October 1, 2025.

While the basic respiratory tasks and services regulation provided clarity for licensed health care facilities, it erroneously did not include the additional exempt settings. This oversight prompted questions and concerns regarding the level of care permitted in home health and community-based settings where LVNs have historically provided respiratory care beyond respiratory care services. To address these concerns, on January 12, 2026, the OAL approved an emergency amendment that clarified that the LVNs performing respiratory care services identified by the RCB while working in the specified home and community based exempt settings are not engaging in respiratory care.

The RCB continued to receive questions from stakeholders specifically related to how its regulatory definition of basic respiratory services impacts suctioning-related tasks involving oral, nasal and tracheostomy-related care. According to the RCB, the questions generally related to tasks that were typically viewed as basic nursing or caregiving functions and were not intended to be regulated as respiratory care services by RCB. To address this concern, on January 23, 2026, the RCB held a Professional Qualifications Committee (PQC) meeting to discuss stakeholder feedback, examine how certain suctioning tasks are described and categorized and consider whether additional clarification is necessary. As discussed during the PQC meeting, the RCB's regulatory concerns were focused on suctioning that involves entry into the airway and carries associated respiratory risks, such as bronchospasm, hypoxemia, mucosal trauma, or hemodynamic instability. The RCB states that the regulation was structured to address suctioning procedures that rise to the level of respiratory care because they involve airway entry and require clinical respiratory assessment.

The PQC has determined that superficial nasal suctioning, within the nasal cavity only, is commonly treated as a basic nursing or caregiver task and does not involve airway entry, and therefore, does not rise to the level of requiring a clinical respiratory assessment. Nasal

suctioning becomes a respiratory task when it enters the pharynx or airway therefore requiring a clinical respiratory assessment.

The PQC has determined that suctioning that remains confined to the interior of the tracheostomy tube and does not pass beyond the distal end of the tube is commonly treated as a basic nursing or caregiver task and does not involve airway entry, and therefore, does not rise to the level of requiring a clinical respiratory assessment.

The regulation does not address oral suctioning. Currently, oral suctioning is permissible when it is limited to the visible oral cavity and does not enter the airway or the oropharynx The PQC has determined that oral suctioning becomes a respiratory task when it enters beyond the oral cavity into the oropharynx or airway therefore requiring a clinical respiratory assessment.

At the March 2025 RCB meeting, initial conceptual regulatory language was presented for three proposed sections implementing the original intent of the exempt settings framework. The RCB received feedback from board members and stakeholders to help refine the draft language. The clarified task lists aligned the terminology with national respiratory care standards, and separated the rulemaking package into three coordinated components:

- 1399.361 - Define the scope of respiratory care tasks and services LVNs may perform in home health and community-based settings.

- 1399.362 – Establish training guidelines (to be developed in collaboration with the BVNPT) including certification requirements, for LVNs practicing under the new exemptions.

- 1399.363 - Set forth guidelines for Demonstrated Limited-Competency Certification issued by the California Society for Respiratory Care, California Association of Medical Suppliers or another organization identified by the Board.

This framework was designed to ensure that any expansion of LVN performance of respiratory care is coupled with consistent training, supervision, and competency safeguards as required per statute. At the November 2025, RCB meeting the regulatory language clarifying the scope of respiratory tasks that LVNs may perform in exempt settings was approved. The rulemaking process is anticipated to be completed by January 2027. The RCB reports that board staff have initiated coordination with training providers and will continue working closely with the BVNPT and other stakeholders to refine the regulatory language establishing corresponding training standards. The final regulatory package is expected to be completed and adopted by or prior to the existing January 1, 2028, implementation date, barring any unforeseen obstacles.

Staff Background Paper Recommendation: The RCB should update the Committees on outstanding issues and whether additional statutory changes need to be made to reflect the robust and ongoing public stakeholder discussions that have taken place in the past two years.

RCB Response:

The work the Board has undertaken regarding the unauthorized practice of respiratory care by LVNs has been guided by a single principle: protecting respiratory patients.

Respiratory care often involves medically fragile individuals who rely on oxygen therapy, ventilatory support, and other life-sustaining treatments. These services require clinical assessment, ongoing monitoring, and the ability to respond rapidly to changes in a patient's condition. Ensuring that these responsibilities remain with appropriately trained and licensed professionals is a critical component of consumer protection.

In this context, respiratory care education and training for licensed RCPs and LVNs differ significantly in both scope and depth. RCP programs are specifically designed to prepare practitioners to assess, treat, and manage cardiopulmonary conditions, including advanced airway management, mechanical ventilation,

physiology, pathophysiology, pharmacology, and evidence-based practice, as well as substantial clinical training dedicated to respiratory care across a range of patient populations and acuity levels.

By comparison, LVN programs are not designed to provide comprehensive training in respiratory care and include only limited respiratory-related content. A review of California programs confirms that respiratory instruction within LVN programs is minimal and not comparable in scope to respiratory care programs.

For example, at Butte College, the LVN program includes a single 3-unit course covering cardiovascular and respiratory nursing, which introduces the nursing process related to adult clients with respiratory and cardiovascular disorders and provides a general overview of pathophysiology and medical treatment. In contrast, the respiratory care program consists of a full sequence of dedicated coursework, including instruction in cardiopulmonary anatomy and physiology, blood gas analysis, ventilatory dynamics, respiratory pharmacology, and mechanical ventilation, along with extensive laboratory and clinical training focused exclusively on respiratory care.

At Hartnell College, the LVN program totals approximately 67 units and is structured around general nursing theory and clinical practice across multiple body systems and patient populations. By comparison, the respiratory care program requires approximately 89 units and includes specialized coursework such as cardiopulmonary anatomy and physiology, respiratory therapeutics, diagnostic studies, pharmacology, and supervised clinical experience specifically focused on respiratory care.

Similarly, at Gurnick Academy of Medical Arts, LVN students receive instruction in general nursing topics, including basic physiology, pharmacology, and limited respiratory-related skills such as oxygenation within broader coursework. In contrast, the respiratory therapy program includes a dedicated sequence of courses focused entirely on respiratory care, including airway management, aerosol

therapy, arterial blood gas analysis, patient assessment, mechanical ventilation, and clinical practicum experience in hospital settings.

These differences are not simply a matter of total units, but of specialization. LVN programs introduce respiratory concepts within a broader nursing framework, while respiratory care programs provide in-depth, focused education and clinical training dedicated to cardiopulmonary assessment, treatment, and management. As a result, LVN training does not include the level of focused education, clinical training, or competency validation required to independently assess, manage, or make clinical decisions regarding respiratory care.

At the same time, the Board recognized that in practice, certain limited respiratory-related tasks were occurring and that there was significant confusion regarding what activities constitute the practice of respiratory care. The Board's efforts have therefore focused on establishing clear guardrails so that providers, employers, and regulators understand what tasks require a licensed RCP and what limited activities may be performed by LVNs under narrowly defined circumstances.

This framework is particularly important across care settings. In home and community-based settings, patients often choose to remain in their homes to maintain independence and participate in daily activities. The statutory framework appropriately recognizes this reality by allowing limited, well-defined exemptions supported by training and competency safeguards.

By contrast, patients receiving care in licensed health care facilities—such as skilled nursing or subacute settings—are in environments specifically designed to provide a higher level of clinical oversight. In those settings, there is a reasonable expectation that respiratory care services will be delivered by licensed professionals with the training and expertise to perform clinical assessments and manage complex respiratory conditions.

Through prior legislation and rulemaking, including SB 1436 (2022), SB 1451 (2024), and the Board's adoption of CCR, Title 16, § 1399.365, significant progress has been made in clarifying the boundaries of LVN involvement in respiratory-related tasks. However, despite these efforts, confusion persists among stakeholders, in part due to inconsistent interpretation and application across settings. Accordingly, the Board believes that targeted statutory refinements are still necessary to improve clarity, support compliance, and ensure consistent application of the law while maintaining patient safety. To address remaining gaps identified through stakeholder engagement, the Board is proposing limited amendments that would: •Streamline and consolidate existing exempt settings into a clearer, more cohesive structure; Align training and competency requirements across all exempt settings; and •Add a limited number of additional home and community-based settings where similar patient care circumstances exist. These refinements are based on feedback the Board has received during implementation of recent legislation and ongoing stakeholder discussions. Some of the changes are intended to clarify or better align existing facility categories so the law is

> applied consistently. Others reflect care settings where similar services are already being provided but were not previously included in statute.
>
> [The changes currently in this bill] are intended to maintain the existing statutory structure while improving clarity, consistency, and compliance across settings where respiratory-related tasks are performed.
>
> The Board looks forward to working with the Committees to refine these statutory changes and ensure that the framework continues to support both patient safety and access to care.

Ongoing Policy Discussion—Setting-Specific Exemptions for Respiratory Care Tasks. Existing law, via the RCB's prior sunset review bill and subsequent regulations, limits the respiratory tasks that an LVN can perform to those identified by the RCB as "basic respiratory tasks" unless the LVN is working in home health setting or educational setting. The RCB regulations for home health were approved by the board for submission for rulemaking in November 2025.[4]

As noted by both the support and opposition, there is disagreement amongst stakeholders as to whether the list of settings in the bill is sufficiently comprehensive. The opposition also questions whether it is appropriate to limit LVN practice based on setting.

As discussed earlier, the RCB's rationale for the current list is founded on a specific need and access gap identified in congregate, day center, and home health settings. In these settings, the RCB is weighing what it perceives as the risks of a scope expansion with the smaller training gap in settings with smaller patient populations, less turnover, and more homogenous acuity.

The opposition's rationale is that it is paradoxical to authorize more services in settings with arguably less oversight. Another common mechanism for authorizing additional scope of practice are the creation of standardized procedures or facility protocols, both of which become more comprehensive in settings with greater levels of organization.

The opposition further argues that the acuity in some of the exempted settings can be higher than the acuity expected of the settings excluded. For example, the CPDH describes congregate living health facilities as providing "skilled nursing care on a recurring, intermittent, extended, or continuous basis. This care is generally less intense than that provided in general acute care hospitals but more intense than that provided in skilled nursing facilities."[5] In addition, congregate living health facilities can be quite large, reaching up to 59 beds when operated by a city and county.

Lastly, the opposition argues that this distinction between settings will make it confusing for employers who have both exempted and non-exempted settings. They have raised a concern

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[4] Respiratory Care Board of California, "Agenda Item 3: Consideration and Possible Action to Initiate a Rulemaking for the Proposed Regulation to Adopt California Code of Regulations, Title 16, Section 1399.361, Home and Community-Based Respiratory Tasks and Services," November 14, 2025, https://www.rcb.ca.gov/board_meetings/forms/nov25/3_1399.361.pdf.

[5] California Department of Public Health, "Congregate Living Health Facility Initial Application Packet," last modified May 27, 2025, https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/AppPacket/CLHF-Initial.aspx.

where the LVNs may move between facilities and is limited in the services they can provide despite being qualified to provide the services

For purposes of this bill, the exempt settings model is existing law, and the changes are intended to reduce barriers identified by the RCB in that model. However, because there is still disagreement, the Committees continue to work with the RCB and stakeholders on this issue.

Ongoing Implementation Discussions:

1) *Implementation Date*. Two supporters of this bill have requested a delayed implementation date to comply with the new training requirements after January 1, 2028. However, it is currently unclear how to craft the exemption without authorizing an LVN to provide respiratory services without the required training.

2) *Basic Respiratory Tasks vs. Exempt Settings*. Currently the VN Act only authorizes LVNs to provide respiratory tasks identified by the RCB as basic. However, the intent of the exempt settings is to allow more than basic services in those settings.

3) *Overlapping LVN Functions vs. Non-Respiratory Care*. As alluded to in the opposition's letter, stakeholders have cited confusion and disruptions over varying interpretations of the RCB's regulations and the statutes established in the RCB's prior sunset review. One aspect of this confusion stems from the fact that basic services appear to be an exhaustive list of all respiratory and respiratory adjacent tasks. The opposition has noted anecdotal reports of CDPH inspectors telling facilities that if the task is not listed, it is not authorized, regardless of whether the task requires a respiratory assessment or is clearly authorized as basic pursuant to the RCB's subsequent guidance.

Sunset Recommendation: This bill updates the exempt settings that LVN's may perform respiratory care services, as specified, and requires LVN's complete patient-specific and task-specific training, and competency standards, as specified. The recommended amendment at the end of this analysis amends both practice acts to clarify the three categories of LVN respirator-related practices at issue in this bill: 1) those that do not fall within the practice of respiratory care, 2) basic respiratory tasks, and 3) those that will be identified for exempt home care settings. The details of this clarification and the other questions around settings are still being discussed.

3) *Issue #: Enforcement—Automatic Revocation*. The RCB is requesting authority similar to that of the Medical Board of California, which authorizes automatic license suspension upon felony conviction for specified offenses and automatic license revocation for licensees convicted of specified felony offenses involving sexual misconduct or serious violence. The RCB states this proposal balances protecting patients with an enforceable mechanism while maintaining due process for licensees through limited hearings on procedural issues.

Staff Background Paper Recommendation: The Committees may wish to amend the disciplinary authority in the RC Act to ensure that specified felony offenses are swiftly adjudicated.

RCB Response:

The Board agrees that additional statutory authority is warranted to allow for timely action in cases involving the most egregious criminal conduct.

As outlined, the current enforcement process requires full administrative adjudication before final discipline can be imposed, even after a qualifying felony conviction. In practice, this creates a delay between conviction and Board action during which a licensee may potentially continue to practice. Existing tools, such as interim suspension orders and Penal Code § 23 suspensions, are limited and do not fully address this gap once a conviction has been entered and becomes final.

Since its last Sunset Review, the Board has handled four cases involving convictions for serious and violent felony offenses, including possession of child pornography, murder of a minor, rape of a minor, and possession of a controlled substance for sale while armed with a loaded firearm. In each of these cases, the outcome ultimately resulted in revocation or surrender of the license. However, the Board was required to pursue full administrative discipline in every instance. The Office of the Attorney General costs for these four cases exceeded $40,000, not including the costs associated with pursuing the initial Penal Code § 23 suspension process, which are not recoverable.

The Board currently has two additional cases for which it must now initiate the full disciplinary process despite the finality of the egregious convictions. Under the proposed statutory authority, the Board would be able to act immediately to revoke these licenses.

While the Board is grateful that the number of these cases is low, the nature of the underlying conduct is exceptionally serious. These are not borderline or technical violations, they involve conduct that presents a clear and immediate risk to public safety. The current process requires significant time and resources to reach outcomes that are ultimately consistent across cases: revocation or surrender.

To address this issue, the Board is proposing a targeted statutory amendment modeled after Business and Professions Code § 2232.5 (Medical Board). The proposal is limited to specified felony convictions involving serious misconduct, such as sexual offenses or acts of violence, where the underlying conduct is directly relevant to public protection.

The proposal would authorize automatic suspension upon conviction, followed by automatic revocation once the conviction becomes final. It is not intended to apply broadly, but rather to a defined set of offenses where the conviction itself establishes a clear risk to patient safety.

The Board’s intent is to close a narrow but significant timing gap while maintaining appropriate due process. Any hearing would be limited to confirming that the statutory criteria for automatic action have been met.

The Board respectfully requests that the Committees consider [the language currently in the bill].

This approach aligns the Board with other healing arts boards and ensures the Board can act without unnecessary delay in cases where patient safety is clearly at risk. The Board looks forward to working with the Committees to further refine the scope of qualifying offenses and statutory language.

Sunset Recommendation: This bill allows the RCB to automatically suspend and revoke licenses for certain felony convictions.

4) *Issue #10: Technical Changes*. The RC Act currently requires the National Board for Respiratory Care's (NBRC) Registered Respiratory Therapist (RRT) examinations, which include both the Therapist Multiple-Choice (TMC) Examination and the Clinical Stimulation Examination (CSE).

   In January 2027, the NBRC plans to launch a redesigned examination with the goal of simplifying the process for entering respiratory care. This will merge the existing examinations and implement new clinical judgment testing components.

   Sunset Recommendation: This bill updates the NBRC examinations title to reflect the consolidation of the examinations.

AMENDMENTS:

1) To address the second implementation concern raised on page 20 of this analysis and clarify that the basic services restriction applies to all settings except the exempt settings, which are intended to have separate regs that are not necessarily limited to basic functions, amend the bill as follows:

   SECTION 1. *Section 2860 of the Business and Professions Code is amended to read:*

   2860. (a) This chapter confers no authority to practice medicine or surgery, to provide respiratory care services and treatment, or to undertake the prevention, treatment, or cure of disease, pain, injury, deformity, or mental or physical condition in violation of any provision of law.

   (b) Notwithstanding subdivision (a), *the following apply:* ~~a~~

   (1) A licensed vocational nurse who has received training and who demonstrates competency satisfactory to their employer may, when directed by a physician and surgeon, perform respiratory tasks and services expressly identified by the Respiratory Care Board of California pursuant to subdivision (a) of Section 3702.5.

   (2) Notwithstanding paragraph (1), a licensed vocational nurse may perform the respiratory tasks and services as authorized under paragraph (9) of subdivision (a) of Section 3765.

2) To partially address the third implementation concern raised on page 20 of this analysis regarding non-respiratory overlapping LVN functions, amend the bill to authorize suctioning as follows:

(c) In accordance with subdivision (a) of Section 2859, but notwithstanding any other law, the practice of vocational nursing includes the following:

(1) Oral suctioning performed within the oral cavity that does not enter the oropharynx or beyond.

(2) Nasal suctioning performed within the nasal cavity that does not enter the nasopharynx or beyond.

(3) Tracheostomy tube suctioning when the suctioning device remains within the tracheostomy tube and does not pass beyond the distal end of the tube.

(4) Removal and replacement of an external speaking valve for purposes of suctioning the tracheostomy tube.

3) To partially address the third implementation concern raised on page 20 of this analysis regarding non-respiratory overlapping LVN functions, amend the bill to exempt 1) clerical documentation and 2) tasks that are not specifically identified by the RCB and do not require respiratory assessment as follows:

SEC. [X]. *Section 3762 of the Business and Professions Code is amended to read:*

3762. *(a)* Nothing in this chapter is intended to limit, preclude, or otherwise interfere with the practices of other licensed personnel in carrying out authorized and customary duties and functions.

(b) For purposes of this chapter, the following are not considered the practice of respiratory care:

(1) Documenting observations and gathering and reporting data to another health care provider, without analysis, interpretation, or independent clinical decision-making.

(2) (A) Notwithstanding subdivision (c) of section 1399.365 of title 16 of the California Code of Regulations, a service or task requiring a license issued under this division if it does not involve either of the following:

(i) Any task or service defined as respiratory care pursuant to Sections 3702, 3702.5, or 3702.7, except as specified in subdivision (c) of Section 2860 or paragraph (1).

(ii) Any task requiring respiratory assessment at the time of the task.

(B) For purposes of this paragraph, "respiratory assessment" means conducting analysis to make recommendations concerning the respiratory management, diagnosis, treatment, or care of a patient or as a means to perform any task in regard to the respiratory care of a patient.

REGISTERED SUPPORT:

California Assisted Living Association
California Association of Medical Product Suppliers
California Society for Respiratory Care
Pediatric Day Health Care Coalition
Respiratory Care Board of California

REGISTERED OPPOSITION:

American Nurses Association/California (unless amended)
Association of California Healthcare Districts (unless amended)
California Association of Health Facilities (unless amended)
California Hospital Association (unless amended)
LeadingAge California (unless amended)
1 individual (unless amended)

Analysis Prepared by: Vincent Chee / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1311 (Wahab) – As Amended March 26, 2026

SENATE VOTE: 38-0

SUBJECT: Licensed professions

SUMMARY: Expands the pathways for an unlicensed dental assistant (DA) to meet existing infection control coursework requirements, revises application deadlines for participation in the Licensed Physicians from Mexico Program, adds an additional registered veterinary technician (RVT) to the Veterinary Medical Board of California (VMB), and exempts certain agreements for private investigation services from having include approximate start and completion dates.

EXISTING LAW:

1) Establishes the Dental Board of California (DBC) within the Department of Consumer Affairs (DCA) to administer and enforce the Dental Practice Act. (Business and Professions Code (BPC) §§ 1600 *et seq.*)

2) Declares the intention of the Legislature to permit the full utilization of dental assistants in order to meet the dental care needs of all the state's citizens and for the DBC to consider the recommendations of the Dental Assisting Council. (BPC § 1740)

3) Establishes a Dental Assisting Council within the DBC to consider all matters relating to dental assisting professionals and make appropriate recommendations to the DBC and the standing committees of the DBC. (BPC § 1742)

4) Defines a "dental assistant" as an individual who, without a license, may perform basic supportive dental procedures, as defined, under the supervision of a licensed dentist; requires the employer of a DA to ensure that the DA has completed specified courses approved by the DBC, including courses specifically required to perform certain functions. (BPC § 1750(a))

5) Specifies that a DA must complete a DBC-approved eight-hour course in infection control prior to performing any basic supportive dental procedures involving potential exposure to blood, saliva, or other potentially infectious materials. (BPC § 1750(c))

6) Authorizes a DA to perform specified duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist. (BPC § 1750.1)

7) Establishes the education and training requirements for licensure by the DBC as a registered dental assistant (RDA) through several available pathways. (BPC § 1752.1)

8) Establishes the requirements for licensure by the DBC as a registered dental assistant in extended functions (RDAEF). (BPC § 1753)

9) Requires a DA who is not enrolled in a DBC-approved program for registered dental assisting or an alternative dental assisting program to complete one of the following infection control certification courses:

   a) A DBC-approved eight-hour course, with six hours being didactic instruction and two hours being laboratory instruction.

   b) A DBC-approved eight-hour course, with six hours of didactic instruction and at least two hours of laboratory instruction using video or a series of video training tools, all of which may be delivered using asynchronous, synchronous, or online learning mechanisms or a combination thereof.

   (BPC § 1755)

10) Establishes the MBC within the (MBC) within the DCA to administer and enforce the Medical Practice Act. (BPC) §§ 2000 *et seq.*)

11) Establishes the Licensed Physicians from Mexico Program, which establishes a framework for the MBC to issue a nonrenewable three-year license to physicians from Mexico who meets specified criteria and who will be employed in a federally qualified health center (FQHC). (BPC § 2125)

12) Establishes the VMB within the DCA to administer and enforce the Veterinary Medicine Practice Act. (BPC §§ 4800 *et seq*.)

13) Requires each member of the VMB to be a bona fide resident of California for a period of at least five years immediately preceding their appointment. (BPC § 4801)

14) Provides that the VMB shall comprise of four veterinarian members, one RVT member, and one public member appointed by the Governor; and two additional public members appointed by the Senate Committee on Rules and the Speaker of the Assembly, respectively. (BPC § 4802)

15) Requires applicants for an RVT license to demonstrate, among other requirements, that they have obtained education accredited by the American Veterinary Medical Association, or the Accrediting Commission for Community and Junior Colleges, or approved by the Bureau for Private Postsecondary Education (BPPE). (BPC § 4841.5)

16) Establishes the Bureau of Private Security and Investigative Services (BSIS) within the DCA to administer and enforce various practice acts, including the Private Investigator Act, which provides for the regulation of private investigators. (BPC §§ 7512 *et seq*.)

17) Requires that every agreement between a licensed private investigator and a client, including, but not limited to, contract agreements and investigative agreements, including all labor, services, and materials to be provided for the scope of work conducted by the private investigator, shall be in writing, and shall contain specified information, including but not limited to the approximate start and completion dates of the work to be provided. (BPC § 7524)

THIS BILL:

1) Allows for a DA to satisfy their infection control coursework requirements by successfully completing either the Dental Assisting National Board's Infection Control examination or one of the several infection control certification course options.

2) Establishes additional course options for a DA to satisfy their infection control coursework.

3) Revises the application timeline for applicants to participate in the Licensed Physicians from Mexico Program to require an applicant to submit an application to the MBC between October 1, 2025 and July 1, 2026, except that the MBC may accept up to 15 applications between July 1, 2026 and January 1, 2028.

4) Adds one additional RVT member to the VMB.

5) Specifies than an RVT may obtain their required education from a California public school.

6) Exempts from the requirements that a written agreement to provide private investigation services include approximate start and completion dates a master agreement for frequently contracted services over a specified period of time, if the agreement includes the beginning and termination dates.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author:

> SB 1311 responds to implementation concerns of existing law by streamlining the ability for unlicensed dental assistants to successfully complete important infection control coursework.

Background.

Dental Board of California. The DBC is responsible for licensing and regulating dental professionals in California. The DBC was originally created as the Board of Dental Examiners in 1885 during the twenty-sixth session of the California Legislature. Today, the DBC licenses an estimated 112,000 dental professionals, of which approximately 43,500 are licensed dentists; 46,000 are RDAs; and 2,300 are RDAEFs. The DBC is also responsible for setting the duties and functions of unlicensed DAs. Dental hygienists are licensed and regulated by a separate and distinct regulatory body, the Dental Hygiene Board of California.

The Dental Assisting Council within the DBC makes recommendations regarding the DBC's regulation of dental assistants. Three categories of dental assistants are regulated by the DBC, distinguished by what duties they may perform based on their training. This includes unlicensed dental assistants, authorized to perform "basic supportive dental procedures"; RDAs, authorized to perform more complex duties; and RDAEFs, authorized to perform additional restorative procedures following diagnosis and intervention by a dentist.

Dental Assistant Training. DAs are one of three types of dental practitioners that assist licensed dentists, the other two being RDAs and RDAEFs. RDAs and RDAEFs are licensed by the DBC and can perform relatively complex services. DAs are unlicensed and may perform "basic supportive dental procedures," which are procedures that are elementary from a technical standpoint, are completely reversible, and are unlikely to result in hazardous conditions for the patient.

While DAs are not licensed, they are indirectly regulated by the DBC through requirements on their dentist employers. Dentist employers are responsible for the services provided by their DA employees, so they must provide proper training and oversight. They must also document compliance with all relevant requirements. When there is an adverse event, the employing or supervising dentist's license may be subject to discipline by the DBC.

In addition to any training needed to successfully incorporate a DA into a dental practice, employers of dental assistants also have statutorily and regulatorily required training requirements. The Dental Practice Act specifies that dental assistant employers are responsible for dental assistants completing a DBC-approved two-hour course on the Dental Practice Act and maintaining certification in basic life support. The act also requires dental assistant employers to ensure dental assistant employees complete other DBC-approved courses prior to performing certain functions, including courses in radiation safety.

The Dental Practice Act also requires DA employers to ensure DA employees complete a DBC-approved eight-hour course in infection control that meets various statutory requirements prior to performing any service that involves potential exposure to blood, saliva, or other potentially infectious materials. This bill would alternatively allow a DA to the Dental Assisting National Board's Infection Control examination. For DAs that do choose to complete an infection control course, this bill would specify and expand the various courses that would count toward the requirement.

Licensed Physicians from Mexico Program. The concept of allowing physicians from Mexico to temporarily practice in California was purportedly first proposed in 1998 by board members at the Clinica de Salud del Valle de Salinas (CSVS), an FQHC in Monterey County. As described in reporting by the CHCF, "the clinic was having a hard time finding enough physicians to work in Salinas, let alone doctors who spoke Spanish and understood the culture." CSVS's chief executive officer worked with a policy consultant to develop and advocate for the proposal, which reportedly received "pushback from some California medical school officials, physicians, and the California Medical Association."

In 2000, the Legislature enacted AB 2394 by Assemblymember Marco A. Firebaugh, sponsored by the California Hispanic Healthcare Association. As amended in the Senate, the bill established the Task Force on Culturally and Linguistically Competent Physicians and Dentists. The bill briefly included language that would have created a Doctors and Dentists from Mexico Exchange Pilot Program; however, this language was subsequently removed from the bill. Instead, a Subcommittee of the Task Force, chaired by the Director of Health Services, was charged with examining "the feasibility of establishing a pilot program that would allow Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in California's medically underserved areas."

Amendments were subsequently made to AB 1045 (Firebaugh) in May 2002 to effectuate the recommendations of the Subcommittee, which was signed into law by Governor Gray Davis. The final amended version of the bill established the Licensed Physicians and Dentists from Mexico Pilot Program. The bill allowed up to 30 physicians and 30 dentists from Mexico to participate in the program for three-year periods—a compromise from the 150 physicians and 100 dentists that were previously proposed. Participants in the pilot program were required to hold a license in good standing in Mexico, pass a board review course, complete a six-month orientation program, and enroll in adult English-as-a-second-language (ESL) classes. The bill additionally required the MBC and the Dental Board of California to provide oversight, in consultation with other entities, to provide oversight of these entities and submit reports to the Legislature.

While AB 1045 was enacted in 2002, its vision was not effectuated for over two decades. The first annual progress report on the pilot program was submitted to the Legislature by the University of California, Davis in August of 2022. The report found that many patients had substantially positive experiences communicating with their doctor, and frequently felt welcome. UC Davis submitted its second annual progress report on the pilot program to the Legislature in October of 2023. As stated in the report summary, the goal of the evaluation was to provide recommendations on the pilot program and opine on "whether it should be continued, expanded, altered, or terminated." The report summary concluded with a finding that the pilot program "has strong positive feedback from all. Physicians integrated seamlessly, making healthcare more accessible, and increasing patient trust. Staff reported excellent patient care processes and a supportive environment." The report further concluded that physicians in the program "demonstrated a solid understanding of California Medical Standards."

Current law establishes various timelines for physicians from Mexico to apply to the MBC for a license under the program. One statutory timeline requires applicants to submit an application to the MBC between October 1, 2025 and December 31, 2025, except that the MBC may accept up to 15 applicants after December 31, 2025 and before January 1, 2028. This bill would extend those timelines to allow applications to be submitted up to July 1, 2026.

Veterinary Medical Board. The VMB traces its origins back to 1893, originally established as the State Board of Veterinary Examiners. Today, the VMB licenses and regulates veterinarians, RVTs, Veterinary Assistant Controlled Substances Permit (VACSP) holders, veterinary schools, and veterinary premises. The Veterinary Medicine Practice Act BPC § 4800 establishes the composition of the VMB members, which shall consist of four licensed veterinarians, three public members, and one registered veterinary technician (RVT). The RVT member has historically been one of the most active on the VMB: they are automatically assigned to the Multidisciplinary Advisory Committee (MDC), make regular reports at each VMB meeting, and represent the VMB and its RVT population on many state and national organizations. The VMB has reported that the workload for this sole RVT member is extensive.

Considering the disproportionate workload that is currently expected of the RVT voard member, and the increased need for RVT perspectives in VMB deliberations and decision-making as the profession grows, the VMB requested an additional RVT member be added to their composition during its most recent sunset review. This bill would effectuate that request an add an additional RVT member to the VMB.

Bureau of Security and Investigative Services. A private investigator is an individual who investigates crimes; the identity, business, occupation, or character of a person; the location of lost or stolen property; or the cause of fires, losses, accidents, damage, or injury. In addition, a private investigator secures evidence for use in court. Private investigators may protect persons only if such services are incidental to an investigation, and they may not protect property. As specified in the Private Investigator Act, individuals performing private investigation activities must hold a private investigator license issued by the BSIS.

In the course of the BSIS's 2024 sunset review, it was raised that the Private Investigator Act did not provide any standard regarding agreements between a private investigator and their client. Most notably, there was no standard that an agreement—including the scope, terms, and fees for a contract—be in writing. As a result, the BSIS argued that when they received a complaint from a consumer related to a private investigator breaching an agreement, it was difficult for staff to investigate the complaint, often resulting in back-and-forth accusations between the licensee and client with little resolution. According to statistics from the BSIS provided to the Committees at the time, 27% of all consumer complaints regarding private investigators alleged that the investigator failed to render services or report to the consumer as agreed.

As a result, SB 1454 (Ashby), the 2024 sunset bill for the BSIS, added language that specifically mandates private investigators enter into a written agreement with clients that details, among other things, the estimated length of work, the scope of investigation, and an explanation of all fees agreed upon by the parties. Upon completion of the investigation, any written report must be provided to the client within 30 days, and the licensee must retain a copy of the agreement and any subsequent findings, amendments, or reports for a minimum of two years. This bill would exempt a master agreement for frequently contracted services over a specified period of time from the requirement for a written agreement to include the approximate start and completion dates of the work to be provided, if the agreement includes the beginning and termination dates.

Current Related Legislation. AB 873 (Alanis) would update requirements for an unlicensed dental assistant to complete an infection control and radiation safety courses and makes numerous other conforming changes to the Dental Practice Act. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

AB 1760 (Arambula) would make numerous minor changes and technical corrections to various provisions of the Dental Practice Act. *This bill is pending in the Senate Committee on Appropriations.*

AB 2386 (Alvarez) would allow for a physician who successfully participated in the existing three-year Licensed Physicians from Mexico Program to obtain a full and unrestricted license from the MBC. *This bill is pending in the Senate Committee on Appropriations.*

AB 2485 (Ahrens) require that a licensed private investigator, when providing a copy of an initial service agreement or an amendment to an agreement to a client, must provide the copy in the preferred language of the client if the client primarily speaks a language other than English. *This bill is pending in the Assembly Committee on Appropriations.*

Prior Related Legislation. AB 1502 (Berman), Chapter 195, Statutes of 2025 extended the sunset date for the VMB and made various other technical changes, statutory improvements, and policy reforms in response to issues raised during the VMB's sunset review oversight process.

SB 1454 (Ashby), Chapter 484, Statutes of 2024 extended the sunset date for the BSIS and enacted various changes resulting from its sunset review, including the requirement that a private investigator provide a written copy of a service agreement to a client, as specified.

SB 1453 (Ashby), Chapter 483, Statutes of 2024 extended the sunset date for the DBC and made various technical changes, statutory improvements, and policy reforms in response to issues raised during the Legislature's joint sunset review of the DBC.

AB 481 (W. Carrillo) of 2023 would have made numerous changes to the education, scope of practice, and regulation of dental auxiliaries, including dental assistants, orthodontic assistants, and RDAs. *This bill was held on suspense in the Senate Committee on Appropriations.*

AB 2276 (W. Carrillo) of 2022 would have authorized unlicensed dental assistants to polish teeth and apply dental sealants. *This bill was held on suspense in the Assembly Committee on Appropriations.*

ARGUMENTS IN SUPPORT:

The *California Dental Association* (CDA) supports this bill, writing: "Dental practices across California are struggling to hire unlicensed dental assistants due to new statutory barriers. Currently, newly hired unlicensed dental assistants must complete an in-person, eight-hour infection control course before they can begin working in a dental office, a requirement that replaced the previous one-year completion window following the 2024 dental board sunset review. Both unlicensed medical and dental assistants must complete basic infection control training as required by Cal/OSHA. However, unlike medical assistants, who can begin working after completing their required training, unlicensed dental assistants must now also take a separate, state-mandated eight-hour infection control course before starting their roles. This is despite also receiving general onboarding and supervision from their dentist, who is ultimately responsible for ensuring the office complies with state-mandated infection control protocols." CDA further writes: "SB 1311 (Wahab) aims to resolve these issues by allowing an unlicensed dental assistant to complete a DBC-approved infection control course; a virtual course offered by a provider approved by CDA, the American Dental Association (ADA), or the Academy of General Dentistry (AGD); or the Dental Assisting National Board's Infection Control examination, which is offered virtually."

ARGUMENTS IN OPPOSITION:

The *California Dental Assisting Alliance* (CDAA) writes in opposition: "The COVID-19 pandemic reinforced the vital importance of properly educating and training healthcare professionals in infection control. When these safeguards are lacking, public health—and lives—are at risk. For this reason, California must remain committed to maintaining and continually strengthening its infection control education and training standards. Rather than improving these standards, this bill would significantly weaken them. These amendments make significant changes that undermine what was accomplished during the recent Sunset Review."

IMPLEMENTATION ISSUES:

Licensed Physicians from Mexico Program. This bill would make technical changes to existing law establishing the Licensed Physicians from Mexico Program within the MBC. An additional issue that has been identified related to that program relates to the requirement for applicants to satisfy complete the Test of English as a Foreign Language examination by scoring a minimum of 85 percent; however, this language includes a drafting error, as the passing rate is simply 85, not 85 percent. This bill should be amended to additionally resolve that issue.

AMENDMENTS:

Amend Section 3 of the bill to strike the word "percent" from Section 2125(e)(3)(B)(ii).

REGISTERED SUPPORT:

California Association of Licensed Investigators
California Association of Orthodontists
California Dental Association
Dental Board of California

REGISTERED OPPOSITION:

California Dental Assisting Alliance
Dental Hygiene Board of California

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1314 (Menjivar) – As Amended May 14, 2026

NOTE: This bill is double referred and previously passed the Assembly Committee on Health on a 14-0-2 vote.

SENATE VOTE: 30-2

SUBJECT: Smoke shops: locations, hours of operation, and sale of nitrous oxide

SUMMARY: Prohibits the retail location of a smoke shop, as defined, from being located within a 600-foot radius of a school or daycare center; limits the hours that a smoke shop may engage in the sale of tobacco products directly to the public to between 6:00 a.m. and 10:00 p.m.; and prohibits smoke shops from carrying or selling nitrous oxide and related products.

EXISTING LAW:

1) Establishes the California Department of Tax and Fee Administration (CDTFA) within the Government Operations Agency. (Government Code §§ 15570 *et seq.*)

2) Enacts the Cigarette and Tobacco Products Tax Law, which, among other provisions, requires distributors engaged in the sale of cigarettes or tobacco products to apply for and obtain a license from the CDTFA. (Revenue and Taxation Code §§ 30001 *et seq.*)

3) Establishes the California Department of Public Health (CDPH) within the California Health and Human Services Agency, which houses a California Tobacco Control Branch charged with leading state and local health program to promote a tobacco-free environment. (Health and Safety Code (HSC) §§ 131000 *et seq.*)

4) Prohibits a tobacco retailer from selling flavored tobacco products or flavor enhancers, requires the CDPH to notify the CDTFA of repeat violations of that prohibition, and requires the CDTFA to assess a civil penalty and suspend or revoke the violating retailer's license. (HSC § 104559.5)

5) Requires the CDPH to establish a program to reduce the availability of tobacco products to persons under 21 years of age through authorized enforcement activities, as specified, pursuant to the Stop Tobacco Access to Kids Enforcement Act (STAKE Act). (Business and Professions Code (BPC) 22952)

6) Authorizes specified enforcing agencies to assess civil penalties against any person, firm, or corporation that violates the prohibition against sales of tobacco products, instruments, or paraphernalia to persons under the age of 21. (BPC § 22958)

7) Prohibits the advertisement of tobacco products on any outdoor billboard located within 1,000 feet of any public or private elementary school, junior high school, or high school, or public playground. (BPC § 22961)

8) Enacts the Cigarette and Tobacco Products Licensing Act of 2003 to provide for the licensing of manufacturers, importers, distributors, wholesalers, and retailers of cigarettes and tobacco products. (BPC §§ 22970 *et seq.*)

9) Provides for specified application requirements for a retailer to obtain a license from the CDTFA to engage in the sale of cigarettes or tobacco products and specifies causes for denial of a license, including the conviction of specified felonies. (BPC § 22973.1)

10) Requires the forfeiture of unlawful flavored tobacco products or tobacco product flavor enhancers and requires the CDTFA to suspend or revoke the license of a retailer or wholesaler following multiple cases of forfeiture, as specified. (BPC § 22974.2; § 22978.3)

11) Requires the CDTFA to revoke the license of any retailer or any person controlling the retailer that has been convicted of specified felonies or had any permit or license revoked under the Cigarette and Tobacco Products Tax Law. (BPC § 22974.4)

12) Specifies additional causes for suspension or revocation of a retailer's license to engage in the sale of cigarettes or tobacco products by the CDTFA, including violations of laws relevant to the scope of the license. (BPC § 22980.3)

13) Enacts the Compassionate Use Act of 1996, which first allowed patients to engage in the medical use of cannabis, and for patients and their primary caregivers to cultivate and possess medicinal cannabis, without being subject to criminal prosecution or punishment. (HSC §§ 11362.5 *et seq.*)

14) Prohibits a medicinal cannabis cooperative, collective, dispensary, operator, establishment, or provider operating pursuant to the Compassionate Use Act of 1996 from being located within a 600-foot radius of a school. (HSC § 11362.768)

15) Makes it unlawful for any person to smoke cannabis or cannabis products within 1,000 feet of a school, day care center, or youth center while children are present at the school, day care center, or youth center, except in or upon the grounds of a private residence or in accordance with local control and only if such smoking is not detectable by others on the grounds of the school, day care center, or youth center while children are present. (HSC § 11362.3)

16) Enacts the Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA) to provide for a comprehensive regulatory framework for the cultivation, distribution, transport, storage, manufacturing, processing, and sale of medicinal and adult-use cannabis. (BPC §§ 26000 *et seq.*)

17) Establishes the Department of Cannabis Control (DCC) within the Business, Consumer Services, and Housing Agency to administer and enforce MAUCRSA. (BPC § 26010)

18) Prohibits a premises licensed under MAUCRSA from being located within a 600-foot radius of a school providing instruction in kindergarten or any grades 1 through 12, daycare center, or youth center that is in existence at the time the license is issued, unless the DCC or a local jurisdiction specifies a different radius. (BPC § 26054)

19) Requires the DCC to establish minimum security requirements for cannabis retailers, which currently includes regulations restricting the sale and delivery of cannabis goods to between the hours of 6:00 a.m. and 10:00 p.m. Pacific Time. (BPC § 26070)

20) Prohibits a person engaged in commercial cannabis activity, whether licensed or unlicensed, from advertising or marketing cannabis or cannabis products on an advertising sign within 1,000 feet of a day care center, school providing instruction in kindergarten or any grades 1 to 12, inclusive, playground, or youth center. (BPC § 26152)

21) Authorizes the Attorney General, on behalf of the people, a city attorney, or a county counsel to bring and maintain an action for violations of cannabis advertising prohibitions. (BPC § 26152.2)

22) Exempts from the prohibition against advertising within 1,000 feet of a day care, school, playground, or youth center the placement of advertising signs inside a licensed premises that are not visible by normal unaided vision from a public place, provided that such advertising signs do not advertise cannabis or cannabis products in a manner intended to encourage persons under 21 years of age to consume cannabis or cannabis products. (BPC § 26155)

23) Provides that any person who possesses nitrous oxide with the intent to breathe, inhale, ingest for the purposes of causing intoxication, elation, euphoria, dizziness, stupefaction, or dulling of the senses, or for the purposes of changing, distorting, or disturbing the audio, visual, or mental processes, or who is intentionally under the influence of nitrous oxide, is guilty of a misdemeanor punishable by imprisonment in county jail for up to six months, by a fine not to exceed $1,000, or by both imprisonment and a fine. (Penal Code (PEN) § 381b)

24) Defines "nitrous oxide" as N2O, dinitrogen monoxide, dinitrogen oxide, nitrogen oxide, or laughing gas; states that every person who sells, furnishes, administers, distributes, or gives away, or offers to sell, furnish, distribute, or give away a device, canister, tank, or receptacle either exclusively containing nitrous oxide, or exclusively containing a chemical compound containing nitrous oxide to a person under 18 years of age is guilty of a misdemeanor punishable by imprisonment in a county jail for up to six months, by a fine not to exceed $1,000, or by both imprisonment and a fine; requires the court to consider ordering community service as a condition of probation. (PEN § 381c)

25) Makes it a misdemeanor punishable by imprisonment in a county jail for up to six months, by a fine not to exceed $1,000, or both, for any person to dispense or distribute nitrous oxide to a person knowing or having reason to believe that the nitrous oxide will be ingested or inhaled by the person for the purposes of causing intoxication, euphoria, dizziness, or stupefaction, and that person proximately cause great bodily injury or death to themselves or any other person. (PEN § 381d)

26) Requires a person who distributes or dispenses nitrous to record each transaction involving nitrous oxide in a physical written document, which both that person and the purchaser must sign, and which that person must make available during normal business hours to members of law enforcement or to the California State Board of Pharmacy, with specified exemptions. (PEN § 381e)

THIS BILL:

1) Defines "smoke shop" as any retailer whose retail location has 20 percent or more of its net floor area devoted to the sale of tobacco products, substances intended for smoking or inhaling, or smoking or inhaling accessories, including, but not limited to, pipes, vaporizing devices, or other smoking or inhaling paraphernalia.

2) Exempts cigar lounges and cannabis retailers from the definition of smoke shop.

3) Defines "cigar lounge" as any retailer whose retail location has 70 percent or more of its net floor area devoted to the sale or onsite consumption of cigars, which are defined as meaning any roll of tobacco other than a cigarette wrapped entirely or in part in tobacco or any substance containing tobacco and weighing more than three pounds per thousand.

4) Defines "net floor area" as the sales area or customer area of a retailer, including register areas, bar areas, waiting areas, and display areas that may not be directly accessible to customers, but not including hallways, offices, restrooms, courtyards, break areas, the forecourt of a service station, or a kiosk of a service station.

5) Prohibits the retail location for a smoke shop from being located within a 600-foot radius of a school or daycare center, beginning July 1, 2027.

6) Prohibits a smoke shop from engaging in the retail sale of tobacco products directly to the public outside the hours of 6:00 a.m. to 10:00 p.m.

7) Prohibits a smoke shop from possessing, storing, owning, or selling nitrous oxide, including products derived from or containing nitrous oxide, or paraphernalia related to the consumption of nitrous oxide.

8) Expressly provides that the restrictions in the bill with respect to the operation of smoke shops do not preempt or otherwise prohibit the adoption of a local standard that imposes more restrictive requirements on the operation of smoke shops.

9) Prohibits the issuance or renewal of a license from the CDTFA to engage in the sale of cigarettes or tobacco products to smoke shops located within 600 feet of a school or daycare center.

10) Authorizes an enforcing agency to assess penalties against a person or entity in violation of the bill's prohibitions and requires the CDTFA to then assess a civil penalty and suspend or revoke the license of a smoke shop found to be in violation.

11) Provide that the provisions of the bill are severable.

12) Declares that the bill shall be known, and may be cited, as the Youth Over Smoke Act.

FISCAL EFFECT: According to the Senate Committee on Appropriations, the CDTFA indicates that it would incur annual administrative costs of up to $250,000 to implement the provisions of the bill, with reduced licensing fee revenues of an unknown amount and the potential increase in penalty revenue, the magnitude of which is unknown.

COMMENTS:

Purpose. This bill is sponsored by *Sacramento Mayor Pro Tem Eric Guerra*. According to the author:

> As a state, we are confronting a growing youth drug crisis—from the surge in vaping among teens to the recent rise of nitrous oxide use, commonly known as "whippets." In 2024 alone, 156 minors died from nitrous oxide use. The time to act is now. We must ensure that as a state, we are protecting our children by creating healthy and safe neighborhoods around our schools. It is unacceptable that there are schools across the state with smoke shops that are closer than the community centers, libraries, and public parks. We must do better. SB 1314 takes a common-sense approach to protecting the health and safety of minors by establishing reasonable guardrails on how and where these smoke shops operate to ensure that our kids' environments are not plagued with harmful vices.

Background.

Regulation of Cigarette and Tobacco Sales. According to the federal Centers for Disease Control and Prevention, smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease. The government has an established policy goal in preventing tobacco use, and there are multiple federally funded campaigns to not just educate consumers about tobacco health considerations, but to discourage smoking and encourage cessation. In California, the CDPH's California Tobacco Control Program states that its focus is to make tobacco "less desirable, less acceptable and less accessible."[1] The California Department of Education similarly provides assistance to schools, school districts, and county offices of education regarding the prevention and cessation of tobacco use.

The Cigarette and Tobacco Products Tax Law provides for the licensure of distributors engaged in the sale of cigarettes or tobacco products from the CDTFA. The Cigarette and Tobacco Products Licensing Act of 2003 provides for the licensure of manufacturers, importers, distributors, wholesalers, and retailers of cigarettes and tobacco products. Current law provides that specific violations of the law are cause for the CDTFA to deny an application for an initial or renewed license to engage in the sale of cigarettes and tobacco products, and that a license can be suspended or revoked for specified causes.

The Stop Tobacco Access to Kids Enforcement Act (STAKE Act) was enacted in 1994 to prohibit the sale of tobacco products to minors and require tobacco retailers to post age restriction warning signs. The minimum age to purchase tobacco products was increased from 18 to 21 in 2016 through the enactment of SBX2 7 (Hernandez). The STAKE Act enforces compliance through undercover youth decoy operations, imposes specific fines for violations, and mandates licensing requirements for sellers. The STAKE Act further prohibits advertising of tobacco products on any outdoor billboard located within 1,000 feet of any public or private elementary school, junior high school, or high school, or public playground.

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[1] https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/Welcome.aspx

In 2020, the Legislature enacted SB 793 (Hill), which prohibits retailers from selling flavored tobacco products or a tobacco product flavor enhancers, with some exceptions. This ban applied to combustible cigarettes and cigars as well as electronic cigarettes and other vaping products. SB 793 was challenged unsuccessfully in court, and a referendum was placed on the 2022 ballot in California that resulted in nearly two-thirds of voters choosing to uphold the legislation. In 2024, the Legislature enacted AB 3218 (Wood), which requires the Attorney General to establish and maintain a website containing a list of tobacco product brand styles that lack a characterizing flavor, known as the Unflavored Tobacco List.

Place and Time Restrictions on Smoke Shops. According to a study cited by the author, 63 percent of public schools located in 30 surveyed major cities are located within 1,000 feet of a tobacco retailer. The study found that the density of tobacco retailers is significantly greater in lower income neighborhoods. The study further found that 54 percent of tobacco retailers are within 500 feet of another tobacco retailer.[2]

While tobacco retailers must obtain a state license from the CDTFA, additional requirements and restrictions may be imposed at the local level through business license and land use regulations. Cities and counties in California have increasingly used local licensing and zoning ordinances to limit where tobacco retailers may operate, particularly in proximity to locations frequented by children. For example, the City of Los Altos prohibits issuance of a tobacco retailer license to a business located within 1,000 feet of a public or private school, and the City of Santa Rosa prohibits new tobacco retailer licenses within 600 feet of youth-oriented areas like schools and parks.

Similar buffer requirements are imposed on cannabis businesses. In 2010, the Legislature enacted AB 2650 (Buchanan), which prohibited any medical marijuana cooperative, collective, dispensary, operator, or establishment authorized under the Compassionate Use Act of 1996 from being located within 600 feet of a school. Following the passage of the Adult Use of Marijuana Act in 2016, this policy was incorporated into MAUCRSA, which prohibits the DCC from licensing a premises located within a 600-foot radius of a K-12 school, daycare center, or youth center that is in existence at the time the license is issued.

This bill would impose the same restrictions on certain tobacco retailers by prohibiting the retail location for a smoke shop licensed by the CDTFA, as defined, from being located within a 600-foot radius of a school or daycare center. This prohibition would go into effect beginning July 1, 2027. As with cannabis, local jurisdictions would retain the authority to specify a greater radius, and the bill would expressly provide that more restrictive local ordinances are not preempted by state law.

Additionally, this bill would prohibit a smoke shop from engaging in the retail sale of tobacco products directly to the public outside the hours of 6:00 a.m. to 10:00 p.m. There is a similar restriction on cannabis retailers; MAUCRSA requires the DCC to establish minimum security requirements for cannabis retailers, and regulations adopted by the DCC currently provide that "a licensed retailer shall sell and deliver cannabis goods only between the hours of 6:00 a.m. Pacific Time and 10:00 p.m. Pacific Time."

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[2] https://aspirecenter.org/tobaccoretailers/

Restriction of Nitrous Oxide Sales. Nitrous oxide, or dinitrogen monoxide, is a gaseous chemical compound. While most consumers interact with nitrous oxide through consumer products already containing a sprayable substance, pure nitrous oxide may be purchased separately in bulbs or canisters for purposes of recharging dispensers that can then be loaded with home-made whipped products. A popular brand of whipped cream chargers is marketed as "Whip-It!" and can be easily purchased at kitchen supply stores and online retailers. These containers are associated with the inappropriate use of nitrous oxide as a recreational drug, commonly referred to as "whippets."

There are serious health risks associated with the recreational use of nitrous oxide, which can result in serious injury or dangerous activity. Existing law makes it a misdemeanor to possess nitrous oxide with the intent to use it for the purposes of getting high. Additionally, it is a crime to sell, furnish, administer, distribute, give away, or offer nitrous oxide canisters to a person who is under 18 years of age, or to anyone the seller knows intends to use the canisters to get high. Current law also requires a person who dispenses or distributes nitrous oxide to record each transaction in a document signed by both the seller and the buyer, which must inform the buyer that recreational use of nitrous oxide is both a crime and dangerous.

Existing law makes it a misdemeanor to sell, furnish, administer, distribute, or give away a device, canister, tank, or receptacle either exclusively containing nitrous oxide or exclusively containing a chemical compound mixed with nitrous oxide, to a person under 18 years of age. The defendant can raise a defense that they honestly and reasonably believed that the minor involved in the offense was at least 18 years of age. Beginning in 2010, the court is required to order the suspension of the business license, for a period of up to one year, of a person who knowingly violates this misdemeanor after having been previously convicted of a violation of the same crime.

Additional provisions of law make it a misdemeanor for a retailer to dispense or distribute nitrous oxide to a person who the retailer knows or should know is going to use the nitrous oxide in violation of the law, and that person proximately causes great bodily injury or death to themselves or another person. Retailers are also required to record each transaction involving the dispensing or distribution of nitrous oxide and to make specified disclosures to purchasers, and a violation of required confidentiality relating to information obtained from purchasers is also punishable as a misdemeanor. Unlike the prohibition on sales of nitrous oxide to minors, repeated violations of these additional restrictions and requirements are not subject to mandatory suspension of a business license.

Beyond these legal restrictions and requirements, nitrous oxide products are legal to purchase and sell for legitimate reasons and are not federally regulated as a controlled substance. It has been contended that while many stores sell nitrous oxide for its intended use—to dispense whipped cream through an aerosol device—it is very unlikely that a consumer who purchases the product from a shop primarily selling cigarettes or tobacco products intends to use the canisters for any purpose other than getting high. However, it has also been noted that nitrous oxide can currently be purchased from myriad other retailers that are arguably less regulated, including online retailers that do not necessarily engage in age verification or other protections against abuse.

Current law provides that specific violations of the law are cause for the CDTFA to deny an application for an initial or renewed license under the Cigarette and Tobacco Products Licensing Act of 2003, and that a license can be suspended or revoked for specified causes. This bill would prohibit a smoke shop from possessing, storing, owning, or selling nitrous oxide, including products derived from or containing nitrous oxide. The bill would additionally prohibit smoke shops from carrying or selling paraphernalia related to the consumption of nitrous oxide.

Current Related Legislation. AB 762 (Irwin) would prohibit the sale of disposable, battery-embedded vapor inhalation devices and authorize the CDTFA to enforce this prohibition through the revocation or suspension of the respective licenses issued by those departments. *This bill is pending in the Senate Committee on Revenue and Taxation.*

AB 957 (Ortega) would prohibit a pharmacy from engaging in the sale of cigarettes or tobacco products. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

SB 758 (Umberg) would prohibit a retailer licensed to engage in the sale of cigarettes or tobacco products from selling nitrous oxide at a retail location. *This bill is pending in the Assembly Committee on Public Safety.*

SB 936 (Blakespear) would prohibit the sale of specified nitrous oxide products associated with a greater likelihood of being inappropriately used for direct inhalation of nitrous oxide by the purchaser and establishes penalties for the unlawful sale of those nitrous oxide containers. *This bill is pending in the Assembly Committee on Public Safety.*

Prior Related Legislation. AB 1107 (Flora) of 2025 would have authorized the CDTFA to deny, suspend, or revoke a license for a retailer to sell cigarettes or tobacco products if the retailer has been convicted of violating laws criminalizing the unlawful sale of nitrous oxide. *This bill died on suspense in the Assembly Committee on Appropriations.*

SB 793 (Hill), Chapter 34, Statutes of 2020 prohibited a tobacco retailer, or any of its agents or employees from selling, offering for sale, or possessing with the intent to sell or offer for sale, a flavored tobacco product or a tobacco product flavor enhancer.

SB 193 (Nielsen) of 2019 would have criminalized the sale of nitrous oxide by a tobacco retailer and requires the court to order the suspension of the retailer's business license if convicted. *This bill died on suspense in the Assembly Committee on Appropriations.*

SB 631 (Nielsen) of 2017 would have prohibited a retailer of tobacco products or tobacco-related products from selling or offering to sell nitrous oxide, and made a violation punishable by a civil penalty not to exceed $2,500. *This bill died in Assembly Committee on Judiciary.*

SB 94 (Committee on Budget and Fiscal Review), Chapter 27, Statutes of 2017 established a unified system for the regulation of cannabis which included a prohibition against cannabis retailers selling tobacco products.

SB 1927 (Hayden), Chapter 1009, Statutes of 1994 enacted the Stop Tobacco Access to Kids Enforcement (STAKE) Act.

ARGUMENTS IN SUPPORT:

This bill is sponsored by *Sacramento Mayor Pro Tem Eric Guerra*, who writes: "While the State of California has made considerable strides in curbing youth smoking by banning flavored tobacco products, there is still a pressing need for stronger restriction on the sale of tobacco to and around minors. In the City of Sacramento, buffer zone of 1,000 feet between tobacco retailers currently exists and staff is working to identify new buffers between schools and childcare facilities. Even with these buffers in place, we are still seeing a rise of young kids partaking in tobacco and Delta 9 THC vape consumption and selling these products to their classmates." Mayor Pro Tem Guerra further writes: "By requiring a statewide 600-foot buffer, the risk of children engaging with these retailers and their advertising decreases."

ARGUMENTS IN OPPOSITION:

The *Campaign for Tobacco-Free Kids*, the *American Cancer Society Cancer Action Network*, the *American Lung Association*, and the *American Heart Association* write jointly in opposition to this bill: "This bill would define and regulate smoke shops, establish a new definition of 'cigar,' and create a new definition of 'cigar lounges' in state law where none has existed before. While we recognize the author as a public health champion and applaud the intent to restrict smoke shop locations near schools and daycare centers and limit the hours of operation, we are deeply concerned that the bill, as currently written, would have the unintended consequence of expanding access and exposure to cigar smoking." The coalition further writes: "We remain committed to working with the author towards a resolution that achieves meaningful smoke shop regulation without inadvertently creating a pathway for the proliferation of cigar lounges throughout California."

POLICY ISSUES:

Unintended Consequences of New Definitions. This bill would currently only apply to cigarette and tobacco product retailers who meet the definition of "smoke shop" being established under the bill. Because the bill would exclude cigar lounges from that definition, the bill would further define the terms "cigar" and "cigar lounge." Multiple stakeholders have reached out in opposition to these new definitions. The Committee on Health's analysis of this bill recommended striking those definitions and applying the bill to all retailers licensed to sell cigarettes and tobacco products; those amendments should still be incorporated into the bill.

Applicability to Grocery Stores. When amendments were initially proposed to broaden the bill to all cigarettes and tobacco product retailers, rather than a narrow definition of "smoke shops," concerns were raised that the bill would apply to grocery stores licensed to sell cigarettes and tobacco products. Prohibiting grocery stores from operating in proximity to schools and daycares could contribute to food deserts in communities where families live and work. To avoid this unintended consequence, the bill should be amended to exempt grocery stores from the new buffer requirements.

Impact on Existing Retailers. The Committee on Health's proposed amendments additionally included an amendment to make the bill's buffer requirements applicable only to new licensees. That amendment should also be incorporated to ensure existing businesses with established locations are not inequitably impacted by the bill.

Hours of Operation Restrictions. The Committee on Health's analysis recommended striking the bill's limitations on a cigarette and tobacco product retailer's hours of operation. This amendment should be effectuated as well.

AMENDMENTS:

1) Strike the new definitions currently being established in the bill and make the bill generally applicable to retailers licensed to sell cigarettes and tobacco products.

2) Exempt grocery stores from the bill's retail location restrictions, as the term "grocery store" is defined in the Health and Safety Code.

3) Make the bill's retail location restrictions applicable only to new licensees by allowing existing retailers to remain licensed by the CDTFA and to renew their licenses while prohibiting the CDTFA from granting a new license to a retailer whose location would violate the bill's prohibitions.

4) Strike the bill's restrictions on operating hours for cigarette and tobacco product retailers.

5) Make additional conforming changes to align with these amendments.

REGISTERED SUPPORT:

Sacramento Mayor Pro Tem Eric Guerra *(Sponsor)*
Arcadia Police Officers' Association
Association of California School Administrators
Brea Police Association
Burbank Police Officers' Association
California Association of School Police Chiefs
California Coalition of School Safety Professionals
California Narcotic Officers' Association
California Reserve Peace Officers Association
California State Association of Counties
City of El Cerrito
Claremont Police Officers Association
Corona Police Officers Association
Culver City Police Officers' Association
Fullerton Police Officers' Association
League of California Cities
Los Angeles County District Attorney's Office
Los Angeles School Police Management Association
Los Angeles School Police Officers Association
Los Angeles Unified School District
Murrieta Police Officers' Association
Newport Beach Police Association
Palos Verdes Police Officers Association
Placer County Deputy Sheriffs' Association

Pomona Police Officers' Association
Riverside Police Officers Association
Riverside Sheriffs' Association

REGISTERED OPPOSITION:

American Cancer Society Cancer Action Network
American Heart Association
American Lung Association
California Asian Pacific Chamber of Commerce
Campaign for Tobacco-Free Kids
Capitol Business Alliance

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1363 (Wahab) – As Amended April 29, 2026

SENATE VOTE: 33-0

SUBJECT: Barbering and cosmetology

SUMMARY: Extends the sunset date for the Board of Barbering and Cosmetology (Board) until January 1, 2031 and makes additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

EXISTING LAW:

1) Establishes the Board within the Department of Consumer Affairs (DCA) to license and regulate barbers, cosmetologists, hairstylists, electrologists, estheticians, and manicurists pursuant to the Barbering and Cosmetology Act, subject to repeal on January 1, 2027. (Business and Professions Code (BPC) §§ 7301 *et seq.*)

2) Provides that protection of the public shall be the highest priority for the Board in exercising its licensing, regulatory, and disciplinary functions. (BPC § 7303.1)

3) Requires the Board to engage in specified activities, including the making of rules and regulations, the development and administration of examinations, and the issuance of licenses. (BPC § 7312)

4) Provides that the Board shall maintain a program of random and targeted inspections of establishments to ensure compliance with applicable laws relating to the public health and safety and the conduct and operation of establishments. (BPC § 7313)

5) Requires the Board to establish a Health and Safety Advisory Committee to provide the board with advice and recommendations on specified issues, including how to ensure licensees are aware of basic labor laws. (BPC § 7314.3)

6) Prohibits any person, form, or corporation from engaging in barbering, cosmetology, or electrolysis for compensation without a valid, unexpired license issued by the Board. (BPC § 7317)

7) Defines "apprentice" as any person licensed by the Board to engage in learning or acquiring a knowledge of barbering, cosmetology, skin care, nail care, or electrology in a licensed establishment under the supervision of a licensee approved by the Board. (BPC § 7332)

8) Authorizes the Board to license apprentices in barbering, cosmetology, skin care, or nail care to individuals who meet specified requirements. (BPC § 7334)

9) Provides that the examination of applicants for a license under the Board shall include written tests to determine the applicant's skill in, and knowledge of, the practice of the occupation for which a license is sought. (BPC § 7338)

10) Authorizes the Board to assess administrative fines for the violation of the Barbering and Cosmetology Act or any rules and regulations adopted by the Board. (BPC § 7406)

11) Requires the Board to determine by regulation when a fine shall be assessed to both the holder of the establishment license and the individual licensee for the same violation. (BPC § 7407.1)

THIS BILL:

1) Extends the Board's sunset date until January 1, 2031.

2) Requires the Board to license a federally recognized tribe that applies for licensure and is otherwise compliant with the Barbering and Cosmetology Act for the purpose of engaging in a regulated barbering or cosmetology business.

3) Specifies that it is unlawful for a partnership or limited liability company (LLC) to engage in barbering, cosmetology, or electrolysis for compensation without a license.

4) Subjects an establishment licensed to do business as a corporation or LLC that fails to be registered and in good standing with the Secretary of State after notice from the Board to automatic suspension of its license.

5) Clarifies that an establishment must at all times be in the charge of a licensed person when licensed servings are being performed in the establishment.

6) Provides that an apprentice is a person who both holds a license and is employed by the owner of a licensed establishment.

7) Establishes a framework for the Board to approve apprenticeship program sponsors.

8) Requires a joint apprenticeship committee, unilateral management committee, or labor apprenticeship committee, or an individual employer seeking approval as an apprenticeship program sponsor to submit specified information to the Board, including the following:

   a) An application and fee.

   b) Proof that the program sponsor is approved by the Division of Apprenticeship Standards.

   c) A detailed outline of the proposed training program that demonstrates compliance with the apprenticeship regulations adopted by the Board, including a training plan for both on-the-job training and classroom instruction.

   d) A copy of the agreement between the program sponsor and a local educational agency.

e) A copy of the agreement between the program sponsor and the apprentice in compliance with the Shelley-Maloney Apprentice Labor Standards Act of 1939.

f) A list of locations that have been approved by the local educational agency for the delivery of related training; any changes to this list must be reported within 10 days of notification to the local educational agency of intent to add or delete a location.

g) Each applicant, if an individual, or each officer, director, partner, or committee member shall not have committed acts or crimes which are grounds for denial of licensure.

9) Provides that Board approval of a program sponsor shall expire after two years unless renewed by submission of a renewal application and fee.

10) Authorizes the Board to revoke, suspend, or deny approval of a program sponsor in accordance with the Administrative Procedure Act for specified misconduct.

11) Prohibits an apprentice training program from charging fees to participants other than the actual cost of textbooks and minimum equipment and prohibits an approved program sponsor from franchising, sponsoring, or loaning their approval.

12) Requires an approved program sponsor to verify that the establishment where on-the-job training is being completed obtains workers' compensation insurance, provides all services that are within the scope of practice of the licensed profession, and ensures that the apprentice is paid according to the apprenticeship agreement.

13) Prohibits an approved program sponsor from entering into any financial contract with an apprentice for any reason.

14) Prohibits an apprentice from being paid by commission, being required to rent a station within the establishment, or acting as an independent contractor.

15) Requires applicants for an apprentice license to submit a copy of the apprentice agreement that was entered into between the approved program sponsor and the apprentice.

16) Authorizes the Board to approve a person licensed as a barber, cosmetologist, or electrologist to provide on-the-job training to an apprentice who agrees to do all of the following:

a) Be present at all times that the apprentice is providing services.

b) Follow the approved apprentice program sponsor's on-the-job training plan.

c) Maintain accurate records to document the training provided to the apprentice and make those records available upon request by the board.

17) Requires a trainer to certify they have no outstanding fines and no pending or past disciplinary actions.

18) Authorizes the Board to approve an establishment to employ a person licensed as a barber, cosmetologist, or electrologist to provide on-the-job training to an apprentice who agrees to ensure all of the following:

    a) The apprentice is in the establishment and in the presence of their assigned trainer at all

    b) The trainer maintains accurate records to document the training provided to the apprentice and makes those records available upon request by the board.

    c) The establishment possesses workers' compensation insurance for the entire duration that the apprentice is employed.

    d) The establishment pays the apprentice an hourly wage in accordance with the apprentice agreement. An apprentice shall not rent a booth, be classified as an independent contractor, have wages paid by commission, or be paid by the service.

19) Provides that failure to comply with the Barbering and Cosmetology Act and all laws and regulations applicable to apprenticeships by a trainer, establishment owner, or apprenticeship program sponsor is grounds for disciplinary action, citation and fines, and prohibition from hiring future apprentices.

FISCAL EFFECT: According to the Senate Committee on Appropriations, the continued operation of the Board represents the continuation of approximately $22 million annually to support the continued operation of the Board's licensing and enforcement activities; additional ongoing, absorbable costs of approximately $85,000 to administer the Remedial Education Program and track enrollment, completion, and compliance.

COMMENTS:

Purpose. This bill is the sunset review vehicle for the Board of Barbering and Cosmetology, authored by the Chair of the Senate Committee on Business, Professions, and Economic Development. The bill extends the sunset date for the Board and enacts technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

Background.

Sunset review. In order to ensure that California's myriad professional oversight entities are meeting the state's public protection priorities, authorizing statutes for these regulatory bodies are subject to statutory dates of repeal, at which point the entity "sunsets" unless the date is extended by the Legislature. The sunset process provides for a regular forum for discussion around the successes and challenges of various programs and the consideration of proposed changes to laws governing the regulation of professionals. Currently, the sunset review process applies to approximately three dozen different boards, bureaus, and commissions housed within the DCA, as well as the Department of Real Estate and three nongovernmental nonprofit councils.

On a schedule averaging every four years, each entity is required to present a report to the Legislature's policy committees, which in return prepare a comprehensive background paper on the efficacy and efficiency of their licensing and enforcement programs. Both the Administration and regulated professional stakeholders actively engage in this process. Legislation is then subsequently introduced extending the repeal date for the entity along with any reforms identified during the sunset review process.

Board of Barbering and Cosmetology. The Board is responsible for licensing and regulating barbers, cosmetologists, hairstylists, estheticians, electrologists, manicurists, apprentices, and establishments. The Board is one of the largest licensing boards in the country, with over 550,000 licensees. The Board annually issues approximately 275,000 initial and renewal licenses. The Board regulates the practices of six professions and issues individual licenses to the following:

- *Cosmetologists* – All chemical services, cut and style the hair, skin care, and nail care.
- *Barbers* – All chemical services, cut and style the hair, and shaving.
- *Electrologists* – Permanent hair removal using electrolysis.
- *Estheticians* – Skin care including treatments, superficial peels, dermaplaning, etc., as well as waxing and lash services.
- *Manicurists* – Nail care, including manicures and pedicures, artificial nails, and paraffin wax treatments for hands and feet.
- *Hairstylists* – Hair services that do not include any chemical services.

In additional to individual professional licenses, the Board also issues establishment licenses, mobile unit license, and personal service permits.

The Board is currently comprised of 13 members with seven public and six professional members. The Senate Committee on Rules and the Speaker of the Assembly each appoint one public member. The other 11 members (five public and six professional members) are appointed by the Governor. The professional members must represent the licenses issued by BBC – a cosmetologist, barber, esthetician, electrologist, manicurist, and an establishment owner. Board members may not serve more than two consecutive terms. Each year, BBC elects a president and vice president, who each serve a one-year term, and can serve for a total of two years.

The Board's Enforcement Program receives and investigates complaints from the public and various entities to determine if there has been a violation of the Act and its regulations, and if warranted, takes formal disciplinary action. Complaints involving allegations of health and safety violations are evaluated using a combination of desk investigations and field inspections. However, the more egregious cases, including allegations of consumer harm, may result in formal disciplinary action (including probation, suspension, or revocation) against the licensee.

Issues Raised during Sunset Review. The background paper for Board's sunset review oversight hearing contained a total of 14 issues and recommendations, each of which is eligible to result in statutory changes enacted through Board's sunset bill.[1]

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[1] https://abp.assembly.ca.gov/media/1274

Clean Up and Revision of Board Business Requirements. Issue #3 in the sunset background paper for the Board considered whether the Board should be authorized to issue licenses to LLCs and require Secretary of State (SOS) registration for its establishment applicants. The Board has historically issued establishment licenses to LLCs, but current statute is not clear if this business structure is allowed under the Barbering and Cosmetology Act. SB 323 (Vargas) in 2012 enacted the California Revised Uniform Limited Liability Company Act, which allows a business that is required to be licensed under the Business and Professions Code to form as an LLC so long as the practice act specifically authorizes its licensees to form as an LLC. However, the Act does not authorize an establishment to form as an LLC.

Prior to the revisions to the LLC requirements, the Beverly-Killea Limited Liability Company Act prohibited domestic and foreign LLCs from rendering professional services in California. Professional services were defined as "any type of professional services which may be lawfully rendered only pursuant to a license, certification, or registration authorized by the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act." In 2004, Attorney General Opinion No. 04-103 concluded that: "A business that provides services requiring a license, certification, or registration pursuant to the Business and Professions Code may conduct its activities as a limited liability company if the services rendered require only a nonprofessional, occupational license."

Following the Attorney General opinion, numerous DCA boards and bureaus that issued occupational licenses began issuing licenses to LLCs, including the Board. However, now that the question of whether "professional services" are being rendered is no longer a trigger and specific authority must be granted by the practice act, DCA programs have systematically requested authority to issue licenses to LLCs through amendments to their practice acts, most recently, the Home Furnishings and Thermal Insulation Act and Household Movers Act by SB 814 (Roth, Chapter 508, Statutes of 2023).

Separately, the Board issues licenses to corporations, but does not require the corporations to be in good standing with the SOS, provide its SOS identification number, or provide information about the Chief Executive Officer, Secretary, Chief Financial Officer, or any other corporate officer who will be active in the establishment being licensed.

The Corporations Code authorizes one or more natural persons, partnerships, associations or corporations, domestic or foreign, to form a corporation by executing and filing articles of incorporation with the SOS, at which time, the corporate existence begins unless expressly provided by law or in the articles of incorporation. The corporation must meet additional requirements, such as: choosing a name that is distinguishable and not misleading to the public, as determined by the SOS; including minimum information in the articles of incorporation; and set forth the number of directors of the corporation; among other requirements. Additionally, within 90 days of filing the articles of incorporation and every 24 months thereafter, the corporation must file a statement of information or be subject to suspension.

Many programs within the DCA that issue licenses to corporations require some form of information to demonstrate the corporation is in good standing with the SOS, whether it's the SOS identification number, the statement of information, or a copy of the articles of incorporation as a condition precedent to licensure. Additionally, most of these programs automatically suspend a license when a licensee fails to remain in good standing with the SOS.

Examples of other practice acts that require SOS registration for their corporations are locksmiths, alarm companies, contractors, repossessors, proprietary security services, private security services, automotive repair, electronic and appliance repair, and registered dispensing ophthalmic businesses. It is unclear why the Board's corporations do not follow suit.

The sunset background paper requested that the Board advise the Committees whether establishment licensees should demonstrate good standing with the SOS as a condition of licensure. The sunset background paper further proposed that the Committees may wish to implement this requirement along with explicit authority to license establishments formed as LLCs. This bill would effectuate those proposals.

Apprenticeships. Issue #10 in the sunset background paper for the Board discussed the important issue of apprenticeships and suggested that the Board be given authority to take disciplinary action when an apprenticeship program does not comply with Division of Apprenticeship Standards (DAS) rules and regulations. The Board currently offers apprenticeships as an alternative pathway toward licensure outside the traditional classroom education and training, which can be cost prohibitive for many students. The Legislature has evaluated multiple issues stemming from the apprenticeship program over previous sunset reviews, such as the quality of training received, the low examination pass rates of apprentices, and whether apprentices should be paid for their services while learning.

As noted in the Committees' previous background paper, the number of apprenticeship programs has increased significantly in the past number of years. A contributing factor is thought to be that apprenticeship programs do not have to be approved as schools and therefore, are not required to undergo the Bureau for Private Postsecondary Education's approval process. Instead, apprenticeships are approved by the DAS and must comply with the Shelley-Maloney Apprentice Labor Standards Act of 1939. Additionally, the program sponsor must be approved by the Board. Those seeking approval as an apprenticeship program sponsor must submit:

1. A written request for Board approval of its apprenticeship program and identifies the subject matter of the apprenticeship;

2. Proof that the program sponsor is approved by the California Apprenticeship Council to offer the apprenticeship;

3. A detailed outline of the proposed training program which demonstrates compliance with the apprenticeship regulations contained in this article; and

4. A copy of the agreement between the program sponsor and the apprentice.

An apprentice commits to working a minimum of 32 hours and no more than 42 ½ hours per week of on-the-job training (OJT) hours and must complete a minimum of 3,200 OJT hours over a 2-year period. The individual also completes related supplemental instruction (RSI) classes, a minimum of 220 hours over a two-year period. An individual interested in becoming an apprentice contacts a program sponsor who charges a fee or fees that usually cover the individual's kit, textbooks, and any related supplemental classes taken at a school, in addition to other administrative fees for adding or changing trainers, transferring to a different establishment, or extending the term of the apprenticeship.

Apprentices complete a 39-hour pre-apprentice training class with the program sponsor which focuses on basic sanitation and health and safety laws. Upon completion, the individual finds a trainer and establishment, both Board-licensed in good standing with no disciplinary actions in the prior two years. The individual also registers as an apprentice with DAS. Apprentices are paid at least minimum wage and cannot work for commission or rent a station in the establishment they are registered to work in. The training establishment obtains workers compensation for the individual. After completing at least 21 months of the apprenticeship program, the required OJT and RSI hours, the individual applies to take the same exam as individuals who completed the traditional school pathway.

The sunset background paper for the Board noted several ongoing issues associated with apprenticeships, including tuition and fee violations, low pass rates for Spanish speakers, and a failure to meet on-the-job training requirements. The Barbering and Cosmetology Act requires an apprentice to learn or acquiring knowledge under the supervision of a licensee approved by the Board and defines "under the supervision of a licensee" as "the apprentice shall be supervised at all times by a licensee approved by the board while performing services in a licensed establishment. At no time shall an apprentice be the only individual working in the establishment." Yet, Board staff find that apprentices are not receiving training and instead, are being used as a full-time employee and left alone to provide services, which the Act specifies is unlicensed activity.

Although there are supervision requirements, there are no requirements for the supervisor other than holding a valid license in good standing without any outstanding fines. The Board's report to the Committees suggested the trainer often does not understand they are agreeing to provide training and simply sign off to bring the apprentice on board. Consequently, Board staff are finding there are no on-the-job training logs as required, on-the-job training logs are being pre-filled out, or they are being completed at the end of the program as opposed to throughout the program.

In response to these issues, the Board submitted multiple legislative requests to implement significant reforms to the apprenticeship program focused on enhancing enforcement to improve the learning experience for apprentices, decrease costs to apprentices, increase the likelihood of successful outcomes, and increase compliance with the Barbering and Cosmetology Act and Labor Code. The sunset background paper recommended that the Board should work with the Committees to identify workable solutions to apprenticeship issues negatively impacting outcomes. The sunset background paper further proposed that the Committees may wish to implement reforms to the apprenticeship program in order to establish standards that define apprenticeship responsibilities, guardrails to protect apprentices from exploitation, and ensure proper training, while providing the Board with enforcement capability. This bill contains those reforms.

Technical Changes. Issue #13 in the sunset background paper for the Board suggested that there may be instances where nonsubstantive and technical changes to the Barbering and Cosmetology Act are needed to correct deficiencies or other inconsistencies in the law. This bill would enact a number of minor and noncontroversial changes relating to the Board and its licensing program. It would additionally clarify the ability of a tribe to apply for a license from the Board and the level of regulation that the Board may engage in over a tribal licensee.

Continued Regulation by the Board. Issue #14 in the sunset background paper for the Board considered whether the licensing and regulation of individuals providing beautification services and beautification services establishments be continued and be regulated by the current Board membership. The sunset background paper recommended that the Board should be continued, to be reviewed again on a future date to be determined. This bill would extend the Board's sunset date by four years.

Current Related Legislation. AB 2771 (Committee on Business and Professions) is the sunset review vehicle for the California Board of Private Postsecondary Education. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2772 (Committee on Business and Professions) is the sunset review vehicle for the California Council for Interior Design Certification. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2773 (Committee on Business and Professions) is the sunset review vehicle for the California Board of Occupational Therapy. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2774 (Committee on Business and Professions) is the sunset review vehicle for the Physical Therapy Board of California. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

AB 2775 (Committee on Business and Professions) is the sunset review vehicle for the State Board of Chiropractic Examiners. *This bill is currently pending in the Senate Business, Professions & Economic Development Committee.*

SB 1302 (Wahab) is the sunset review vehicle for the California Board of Registered Nursing. *This bill is currently pending in this committee.*

SB 1303 (Wahab) is the sunset review vehicle for the California Board of Naturopathic Medicine. *This bill is currently pending in this committee.*

SB 1304 (Wahab) is the sunset review vehicle for the California Respiratory Care Board. *This bill is currently pending in this committee.*

SB 1368 (Wahab) is the sunset review vehicle for the California Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board. *This bill is currently pending in this committee.*

Prior Related Legislation. SB 803 (Roth, Chapter 648, Statutes of 2021) extended the operation of the BBC and, among other things, reduced the required number of hours for courses in barbering and cosmetology to 1,000 hours and established a hairstylist license.

ARGUMENTS IN SUPPORT:

The *Board of Barbering and Cosmetology* supports this bill, writing: "The Board appreciates the thoughtful work that has gone into developing this bill and the collaborative approach taken throughout the process."

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

IMPLEMENTATION ISSUES:

As previously discussed, this bill would amend the Barbering and Cosmetology Act to establish additional oversight mechanisms and requirements for apprenticeship programs. The California Labor and Workforce Development Agency has offered technical amendments to ensure that provisions in the Barbering and Cosmetology Act align with language in the Labor Code. The author has agreed to accept these technical amendments.

AMENDMENTS:

To incorporate technical amendments to provisions of the bill related to apprenticeship programs, amend Sections 4 and 7 of the bill as follows:

> ***Section 7332.*** *(a) An apprentice is any person who is employed by the owner of a licensed establishment and is licensed by the board to engage in learning or acquiring a knowledge of barbering, cosmetology, skin care, nail care, or electrology in a licensed establishment under the supervision of a licensee approved by the board and is registered as an apprentice with the Division of Apprenticeship Standards.*
>
> ...
>
> ***Section 7333.*** *(a) The apprentice training program shall be conducted in compliance with the Shelley-Maloney Apprentice Labor Standards Act of 1939 (Chapter 4 (commencing with Section 3070) of Division 3 of the Labor Code), according to apprenticeship standards approved by the ~~administrator of apprenticeship~~ Chief of the Division of Apprenticeship Standards. A copy of the act shall be maintained on file with the board.*
>
> ~~*(b) The apprentice training program shall be conducted in compliance with the Shelley-Maloney Apprentice Labor Standards Act of 1939, Chapter 4 (commencing with Section 3070) of Division 3 of the Labor Code, according to apprenticeship standards approved by the administrator of apprenticeship. A copy of the act shall be maintained on file with the board.*~~
>
> ...

REGISTERED SUPPORT:

Board of Barbering and Cosmetology

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1368 (Wahab) – As Amended June 25, 2026

SENATE VOTE: 33-0

SUBJECT: Speech-language pathologists, audiologists, and hearing aid dispensers

SUMMARY: Extends the sunset date for the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board (SLPAHADB or Board) until January 1, 2031, and makes additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

EXISTING LAW:

1) Establishes the Speech-Language Pathologists and Audiologists and Hearing Aid Dispensers Licensure Act (Act) to regulate Speech-Language Pathologists, Audiologists, and Hearing Aid Dispensers (Business and Professions Code (BPC) §§ 2530 *et seq*.)

2) Establishes, until January 1, 2027, the Board within the Department of Consumer Affairs (DCA) to enforce and administer the Act. (BPC § 2531)

3) Authorizes, until January 1, 2027, the Board to appoint an executive officer and requires the executive officer to exercise the powers and perform the duties delegated by the Board and vested in them by the Act. (BPC § 2531.75)

4) Specifies that person represents themselves to be a Speech-Language Pathologist when they hold themselves out to the public by any title or description of services incorporating the words "speech pathologist," "speech pathology," "speech therapy," "speech correction," "speech correctionist," "speech therapist," "speech clinic," "speech clinician," "language pathologist," "language pathology," "logopedics," "logopedist," "communicology," "communicologist," "aphasiologist," "voice therapy," "voice therapist," "voice pathology," or "voice pathologist," "language therapist," or "phoniatrist," or any similar titles; or when they purport to treat stuttering, stammering, or other disorders of speech. (BPC § 2530.3(a))

5) Specifies that a person represents themselves to be an Audiologist when they hold themselves out to the public by any title or description of services incorporating the terms "audiology," "audiologist," "audiological," "hearing clinic," "hearing clinician," "hearing therapist," or any similar titles. (BPC § 2530.3(b))

6) Requires a supervising Speech-Language Pathologist or Audiologist to register with the Board the name of each applicant working under their supervision, and submit to the Board a description of the proposed professional responsibilities of the applicant working under their supervision. (BPC § 2530.5(f))

7) Requires continuing professional development (CPD) to be obtained by accredited institutions of higher learning, organizations approved as continuing education (CE)

providers by either the American Speech Language Hearing Association or the American Academy of Audiology, the California Medical Association's Institute for Medical Quality Continuing Medical Education Program, or other entities or organizations approved as CPD providers by the Board, in its discretion. (BPC § 2532.6(e)(1))

8) Exempts accredited institutions of higher learning, organizations approved as CE providers by either the American Speech Language Hearing Association or the American Academy of Audiology, and the California Medical Association's Institute for Medical Quality Continuing Education Program from any application or registration fees that the Board may charge for CE providers. (BPC § 2532.6(e)(4))

9) Requires the Board, until January 1, 2027, to deem a person who holds a valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech Language Hearing Association Council for Clinical Certification to have met the educational and experience requirements for Speech-Language Pathologists. (BPC § 2532.8(a))

10) Requires the Board, until January 1, 2027, to deem a person who holds a valid Certificate of Clinical Competence in Audiology issued by the American Speech Language Hearing Association Council for Clinical Certification or a valid American Board of Audiology certificate issued by the American Academy of Audiology to have met the educational and experience requirements for Audiologists. (BPC § 2532.8(b))

11) Requires an applicant for licensure as a Speech-Language Pathologist or Audiologist to possess at least a master's degree in speech-language pathology or audiology from an educational institution approved by the Board or qualifications deemed equivalent by the Board. (BPC § 2535.2(a))

12) Specifies that a speech-language pathology corporation or an audiology corporation is authorized to render professional services so long as that corporation and its shareholders, officers, directors, and employees rendering professional services who are Speech-Language Pathologists or Audiologists comply with the Moscone-Knox Professional Corporation Act and the Act. (BPC § 2536)

13) Prohibits the Board from renewing any license or registration unless the applicant certifies that they have completed the minimum number of CPD hours established by the Board. (BPC § 2535.6(b))

14) Establishes a $100 fee for an out-of-state Hearing Aid Dispenser to apply for a temporary license. (BPC § 2537.57(c))

15) Requires a person applying for approval as a Speech-Language Pathology Assistant to have graduated from a Speech-Language Pathology Assistant associate degree program, or equivalent course of study, approved by the Board. A person who has successfully graduated from a Board-approved bachelor's degree program in speech-language pathology or communication disorders shall be deemed to have satisfied an equivalent course of study. (BPC § 2538.3)

16) Specifies that the Act shall not be construed to limit the utilization of a speech aide or other personnel employed by a public school working under the direct supervision of a credentialed Speech-Language Pathologist, as specified. (BPC § 2538.5)

17) Prohibits any person who is not registered as a Speech-Language Pathology Assistant from utilizing the title Speech-Language Pathology Assistant or a similar title that includes the words speech or language when combined with the term assistant. (BPC § 2538.7(a))

18) Prohibits any person who is not registered as a Speech-Language Pathology Assistant from performing the duties or functions of a Speech-Language Pathology Assistant, except as provided. (BPC § 2538.7(b))

19) Specifies that, as it relates to hearing air dispensers, "license" means a Hearing Aid Dispenser license and includes a temporary or trainee license, and "licensee" means a person holding a license. (BPC § 2538.10(b)-(c))

20) Defines "Dearing Aid Dispenser" to mean a person engaged in the practice of fitting or selling hearing aids to an individual with impaired hearing. (BPC § 2538.14)

21) Requires all holders of licenses to sell or fit hearing aids to continue their education after receiving the license. (BPC § 2538.18)

22) Provides that hearing aids may be sold by catalog or direct mail, provided that:

    a) The seller is licensed as a Hearing Aid Dispenser in this state.

    b) There is no fitting, selection, or adaptation of the instrument and no advice is given with respect to fitting, selection, or adaptation of the instrument and no advice is given with respect to the taking of an ear impression for an earmold by the seller.

    c) The seller has received a statement signed by a physician and surgeon, Audiologist, or a Hearing Aid Dispenser, licensed by the State of California, verifying compliance with requirements related to referral for medical opinion and direct observation of the purchaser's ear canals.

THIS BILL:

1) Specifies that a person represents themselves to be a Speech-Language Pathologist when they hold themselves out to the public by any business name incorporating the words "speech pathology," among others.

2) Specifies that a person represents themselves to be an Audiologist when they hold themselves out to the public by any business name incorporating the word "audiologist," among others.

3) Repeals the requirement that a supervising Speech-Language Pathologist or Audiologist submit to the Board a description of the proposed professional responsibilities of the applicant working under their supervision.

4) Authorizes master's degrees in communication disorders, communication sciences and disorders, communicative disorders, and speech, language, and hearing sciences from an educational institution approved by the Board to count towards licensure as a Speech-Language Pathologist or Audiologist.

5) Clarifies that Speech-Language Pathology and Audiology Aides, and Speech-Language Pathology Assistants, cannot be the sole proprietors of, manage, or independently operate a business that engages in the practice of speech-language pathology or audiology.

6) Authorizes CPD services to be obtained from the following:

   a) Organizations approved as CE providers by the California Academy of Audiology, the California Speech Language Hearing Association, or the American Medical Association.

   b) A federal, state, or local governmental entity.

7) Exempts the California Academy of Audiology, the California Speech Language Hearing Association, the American Medical Association, and federal, state, and local governmental entities from any application or registration fees that the Board may charge for CE providers.

8) Authorizes courses offered by any of the following entities to count towards a Speech-Language Pathology Assistant's CPD requirements:

   a) Accredited institutions of higher learning.

   b) Organizations approved as CE providers by either the American Speech Language Hearing Association, the American Academy of Audiology, the California Medical Association's Continuing Medical Education Program, the California Academy of Audiology, the California Speech Language Hearing Association, or the American Medical Association.

   c) A federal, state, or local governmental entity.

   d) Other entities or organizations approved as CPD providers by the board.

9) Prohibits coursework from a master's degree that would qualify an applicant for licensure as a Speech-Language Pathologist from counting towards a Speech-Language Pathology Assistant's CPD requirements.

10) Requires the Board, upon an application and payment of a $75 fee, to issue a retired license to a licensed Speech-Language Pathologist, Speech-Language Pathology Assistant, Audiologist, Hearing Aid Dispenser, or Dispensing Audiologist, as specified.

11) Prohibits the holder of a retired license from engaging in any activity for which an active license is required or representing that they have an active license.

12) Specifies that a retired license is not subject to renewal.

13) Allows the holder of a retired license to apply once to restore their license to active status if they meet specified requirements.

14) Requires a holder of a retired license who is requesting to restore their license to active status to complete CE equivalent to that required for a single license renewal period, as specified.

15) Authorizes a holder of a retired license to apply for and obtain a new license if they have been on retired status for more than three years from the date of issuance, unless the holder continuously maintains a current, valid, active, and clear license in the same profession in another state or United States territory.

16) Authorizes the holder of a retired license to use the title "retired."

17) Authorizes a Board-approved bachelor's degree in speech, language, and hearing sciences, communication sciences and disorders, or communicative disorders to count towards registration as a Speech-Language Pathology Assistant.

18) Expressly prohibits a speech aide or other personnel employed by a public school working under the supervision of a Speech-Language Pathologist from performing the scope of responsibility, duties, and functions of a Speech-Language Pathology Assistant.

19) Prohibits any person who is not registered as a Speech-Language Pathology Assistant from using the title SLP assistant or the letters "SLPA."

20) Clarifies that a Hearing Aid Dispenser "licensee" includes a person holding a permanent license and clarifies that "license" in this context means a license to engage in the practice of fitting or selling hearing aids to an individual or individuals with impaired hearing.

21) Redefines "Hearing Aid Dispenser" to mean a person who is issued a permanent license by the Board.

22) Clarifies that hearing aids sold online are subject to the same requirements as those sold by catalog or direct mail.

23) Establishes a $100 license fee for a Hearing Aid Dispenser trainee license.

24) Codifies CE requirements, and license renewal and expiration requirements, for Dispensing Audiologists.

25) Extends the Board's operations to January 1, 2031.

26) Deletes obsolete requirements and makes numerous other clarifying, conforming, or technical changes.

FISCAL EFFECT: According to the Senate Appropriations Committee:

- The 2026-27 Governor's Budget provides approximately $3.16 million (Speech-Language Pathology and Audiology and Hearing Aid Dispensers Fund) and 14.6 positions to support the continued operation of the board's licensing and enforcement activities.

- The board anticipates costs to create and implement the retired license category to be minor and absorbable due to the small size of the impacted license population.

- The Office of Information Services within the Department of Consumer Affairs anticipates absorbable costs of approximately $16,000 to perform various IT activities.

COMMENTS:

Purpose. This bill is one of five sunset bills sponsored by the Author. According to the Author, "This bill is necessary to make changes to the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board to improve the oversight of the regulated professions under the jurisdiction of the Board."

Background. The Board's mandate is to protect the public by licensing and regulating speech-language pathology, audiology, and hearing aid dispensing in California, three distinct professions with individual scopes of practice, licensure requirements, and professional settings.

In total, the Board licenses and registers nearly 45,000 individuals and entities, including:

- Speech-Language Pathologists are licensed to provide assessment and therapy for individuals who have speech, language, swallowing, and voice disorders.

- Speech-Language Pathology Assistants are registered paraprofessionals who complete formal education and training and serve under the direction of a licensed Speech-Language Pathologist.

- Speech-Language Pathology Aides are support personnel approved to work directly under the supervision of a Speech-Language Pathologist and are not required to complete formal education or training, but on-the-job training must be provided.

- Audiologists are licensed to identify hearing, auditory system, and balance disorders, and provide rehabilitative services, including hearing aids and other assistive listening devices.

- Dispensing Audiologists are licensed to perform the duties of an Audiologist as described above and authorized to sell hearing aids.

- Audiology Aides are support personnel approved to work under the supervision of a licensed Audiologist and are not required to complete formal education or training, but on-the-job training must be provided.

- Required Professional Experience Temporary Licenses are granted to Speech-Language Pathology and Audiology applicants to complete the required professional experience under the supervision of a licensed practitioner.

- Speech-Language Pathology or Audiology Temporary Licenses are granted to Speech-Language Pathologists or Audiologists, licensed in another state, who qualify for a six-month license while seeking permanent licensure.

- Hearing Aid Dispensers are licensed to fit and sell hearing aids, take ear mold impressions, perform postfitting procedures, and directly observe the ear and test hearing in connection with the fitting and selling hearing aids.

- Hearing Aid Dispenser Temporary Licenses are granted to Hearing Aid Dispensers licensed in another state who qualify for a 12-month temporary license while seeking permanent licensure.

- Hearing Aid Dispenser Trainee Licenses allow Hearing Aid Dispenser trainee applicants to work under the supervision of a licensed Hearing Aid Dispenser for up to 18 months.

- Branch Licenses are issued to Hearing Aid Dispensers, authorizing the dispenser to work at additional branch locations.

The Board is composed of nine members, including two Speech-Language Pathologists, two Audiologists (one of whom must be a Dispensing Audiologist), two Hearing Aid Dispensers, and three public members. As a Special Fund agency, the Board receives no General Fund support and relies solely on licensing and renewal fees set by statute. At the end of Fiscal Year 2026/27, the Board is projected to have a balance of $1.68 million, with a 5.4-month budget reserve.

The Board's mission statement, as stated in its 2025-2028 Strategic Plan, is as follows:

To protect the people of California by promoting standards and enforcing the laws and regulations that ensure the qualifications and competence of providers of speech-language pathology, audiology, and hearing aid dispensing services.

SUNSET ISSUES FOR CONSIDERATION

In preparation for the sunset hearings, committee staff publish background papers that identify outstanding issues related to the entity being reviewed. All background papers are available on the committee's website: https://abp.assembly.ca.gov/hearings/joint-sunset-review-oversight-hearings. While all of the issues discussed in the background papers remain available for discussion, the following issues are those addressed in this bill or actively being considered:

1) *Sunset Issue #5: Retired License.* In 2016, the Legislature passed, and the Governor signed AB 2859 (Low), Chapter 473, Statutes of 2016, which permitted any of the boards within DCA to establish a retired licensure category for persons not actively engaged in their practice. Boards would need to do this through the regulatory process. BPC § 464 prohibits a retired license holder from practicing unless the board specifies, through regulation, the criteria for a retired license to practice.

   Current law does not authorize the Board to issue a retired license; it requests authority to do so. According to the Board, licensees have requested to be placed in retired status rather than renewing their licenses or allowing them to expire at a specified time before they can be canceled. Licensees were failing their CPD audits because they had professionally retired and should have been in inactive status, but continued to renew either because they were unaware of the inactive status or because they made a mistake on their renewal form.

According to the Board, creation of this license would require a one-time fee and would provide a means for a retired licensee to return to active status under certain circumstances. The Board would also like to ensure that any retired license creation ensures the following:

- A retired license cannot be issued if the licensee is currently holding a license that is restricted, if they have outstanding citations and fines, or if they are currently under investigation for an active complaint or conviction.

- The license cannot be reinstated to active if the individual has been out of practice for a specified number of years.

- The licensee is limited to a certain number of times that a license can be reinstated from retired to active.

Staff Recommendation in the Background Paper: The Committees may wish to authorize the Board to establish a retired license category.

SLPAHADB Response: The Board has long needed the retired license status so that dedicated professionals do not have to let their license go delinquent until it cancels at the end of their distinguished career. The Board is requesting separate statutory authority in its Practice Act to establish the retired license status in a way that has adequate consumer protection safeguards.

The Board looks forward to working with the Committees to create a retired license status for Board licensees that is both practical and places consumer protection at the forefront. Specifically, the Board needs separate statutory authority to enact the following consumer protections for a retired license:

- Restrict licensees from placing their license on retired status if they are currently on a restricted license (i.e., license subject to a Board imposed disciplinary order such as probation), they have not abated any Board issued citation and fine, or they are currently under investigation for an active complaint or conviction.

- Restrict licensees from reinstating their license to active status if they have been out of practice for a specified number of years.

- Restrict the number of times a licensee can reinstate from retired to active status.

Committee Recommendation: This bill authorizes the Board to issue a retired license according to specified requirements.

2) *Sunset Issue #7: CE and CPD Providers.* The Board highlighted the need for statutory clarifications to ensure robust oversight of CE, CPD, and CE/CPD providers. Specifically, the Board would like to:

- Clarify that both the national and California chapters of professional organizations qualify as approved and exempt CE providers.

- Allow mandatory training courses required by either state, federal, or local government entities that cover professional issues that impact the provision of services to qualify as CE.

- Allow Speech-Language Pathology Assistants to meet their CPD requirements through the same course providers as their supervisors are allowed.

- Prohibit Speech-Language Pathology Assistants from using coursework required by a master's degree for licensure as a Speech-Language Pathologist towards their CPD requirement, as a master's level course is intended to prepare an individual for a different professional role, not expand the knowledge of practicing as a Speech-Language Pathology Assistant.

CE courses and CPD providers are reviewed and approved by the Board for compliance under the regulations governing CE course content and CPD provider applications. Subject matter experts may provide guidance on course content, if needed. The American Speech-Language Hearing Association, the American Academy of Audiology, or the California Medical Association's Institute for Medical Quality Continuing Medical Education are accepted by the Board through statutory authority as CPD providers. The Board suggests that licensees often do not pay close attention to the CPD approval status of course providers, and clarification could benefit those taking coursework.

The Board states that its goal is to conduct random audits of 5% of its CPD providers. However, the Board has been unable to conduct audits of CPD providers since its last sunset review due to staffing shortages. The Board will request a CPD provider under an audit to provide the following information within 30 days: course syllabi, information regarding the time and location of the course offering, course advertisements, course instructor resumes or curriculum vitae, attendance rosters including names and license numbers of the attendees, and a record of course completion. The Board will review the documentation, and if a compliance issue is found, consult the Board's Executive Officer. Pursuant to 16 CCR § 1399.160.8, the Board may revoke a provider's approval for failure to comply with the CPD requirements. It would be helpful for the Committees to understand how the Board plans to continue its oversight of providers for mandatory CE and CPD, and whether it needs additional resources to carry out these efforts.

Staff Recommendation in the Background Paper: The Committees may wish to amend the law to ensure standards for CE and CPD providers. The Board should update the Committees on efforts to effectively oversee CE and CPD providers and determine that they are meeting legal requirements.

SLPAHADB Response: The Board appreciates the Joint Committees' assistance in clarifying and modernizing the Board's statutory CPD requirements. These updates will help licensees to be able to use professional development courses mandated by California

government entities towards their renewal requirements and will modernize the CPD requirements for the growing population of Speech-Language Pathology Assistants.

As the Board continues to enhance its continuing education audits to integrate professional development providers into the audit process, the Board will provide updates to the Joint Committee on those efforts and any areas of improvements the Board finds necessary to enforce professional development provider requirements and ensure licensees are getting quality professional development from these CPD providers.

Committee Recommendation: This bill adopts the Board's recommendations to authorize additional providers of CPD; allow Speech-Language Pathology Assistants to meet their CPD requirements through the same course providers as their supervisors; and prohibit Speech-Language Pathology Assistants from using coursework required by a master's degree for licensure as a Speech-Language Pathologist towards their CPD requirement.

3) *Sunset Issue #8. Audiology Assistants.* According to the Board's 2026 Sunset Review report, in FY 2024-25, there were 1,794 licensed Audiologists and 63 Audiology Aides registered with the Board. Audiology Aides provide support to licensed Audiologists and work under their direct supervision.

During an October 2019 Board meeting, the Board discussed feedback from a licensed Audiologist who supervises Audiology Aides, noting ambiguity in the regulatory requirements for clinical tasks that Audiology Aides may perform and in the supervision they require. Audiology Aide supervisors were concerned that, without clear standards, these individuals who lack training and education may end up providing clinical services that licensed Audiologists should provide. Also, they noted that supervision requirements were so strict that licensed Audiologists were deterred from utilizing Audiologist Aides. In response, the Board directed the Audiology Practice Committee to define the tasks an Audiology Aide can perform, the supervision necessary, and also asked whether legislative or regulatory changes were necessary. These discussions led to the changes made to AB 2686, as previously mentioned, authorizing the Board to establish a regulatory framework for both Speech-Language Pathology and Audiology Aides for registration renewal and continued competency efforts.

According to the Board's 2026 Sunset Review report, during an Audiology Practice Committee review of the scope of regulations for Audiology Aides, the committee discussed whether licensure was warranted for Audiology Aides, similar to the licensing requirements of Speech-Language Pathology Assistants. The Speech-Language Pathology Assistant licensing category was established by AB 205 (Machado), Chapter 1058, Statutes of 1998, and required a person seeking licensure as a Speech-Language Pathology Assistant to complete an Associate of Arts program in speech-language pathology. AB 205 also included a grandparent provision, permitting Speech-Language Pathology Aides with at least a year of experience to apply for licensure as Speech-Language Pathology Assistants without completing the associate of arts degree until July 1, 2001. Speech-Language Pathology Assistants are required to complete formal education and 100 hours of field work experience at a Board-approved associate degree Speech-Language Pathology Assistant training program. Individuals with an

undergraduate degree in Communication Disorders and Sciences may qualify for Speech-Language Pathology Assistant registration. Speech-Language Pathology Assistants are required to renew their licensure annually, complete 12 hours of CPD/CE every two years, and often share similar patient care tasks and services as Speech-Language Pathology Aides, even though the Aides do not have to meet the same education and training requirements.

There are distinctive levels of supervision requirements for Speech-Language Pathology Assistants pursuant to 16 CCR 1399.170 and 1399.170.2. "Immediate supervision" requires the licensed Speech-Language Pathologist supervisor to be physically present during, but not limited to, any direct client activity involving medically fragile patients. "Direct supervision" requires on-site observation and guidance by the supervisor, and duties may include, but are not limited to, observing a portion of the screening or treatment procedure being performed, coaching, and modeling for the assistant. "Indirect supervision" requires the supervisor to be available via asynchronous electronic means, and duties may include, but are not limited to, demonstration, record review, review and evaluation, clerical tasks, and other non-client care activities. 16 CCR 1399.170.15(b)(4) requires supervisors to provide direct supervision that consists of at least 20 percent of the Speech-Language Pathology Assistant's work schedule per week during the first 90 days following initial licensure. Supervisors may not supervise more than three full-time equivalent (30 hours per week) support personnel, including Speech-Language Pathology Assistants and Speech-Language Pathology Aides, and no more than six support personnel at any time pursuant to 16 CCR 1399.170.16.

Since the development of this licensing category, the Speech-Language Pathology Assistant population has grown; according to the Board's 2026 Sunset Review report, in FY 2024-25, the Board registered 5,323 Speech-Language Pathology Assistants.

In January 2025, the California Academy of Audiology (CAA), the professional association representing Audiologists in California, submitted a letter to the Board requesting that the Board discuss creating a new license type for Audiology Assistants. CAA further submitted a letter of support requesting that an Audiology Assistant license category be considered within the Board's 2026 Sunset Review instead of sponsoring legislation, as typically stand-alone measures that amend the same Act as is being evaluated through the Committees' comprehensive joint sunset review oversight efforts are either absorbed into the broader sunset discussion or, if a bill proposes something that is beyond what is agreed to in a sunset bill, those bills do not usually move through the legislative process in the same year.

In CAA's letter, they state that the audiology community has concerns related to access to adequate care for consumers, the growing aging population related to hearing loss and balance disorders, the questionable legal and appropriate utilization of audiology aides, lack of clarity in the definition of aide, appropriate clinical tasks that are allowable for an aide, and defined supervision. The CAA supports creating an Audiology Assistant license type using the Speech-Language Pathology Assistant legislative model to promote a class of professionals with educational credentials and practicum experience that would increase access for consumers. As previously noted, there is currently an extremely small

category of Audiology Aides. These individuals may not perform any function that constitutes the practice of audiology unless they are under the supervision of an Audiologist or have met certain requirements for an exemption. 16 CCR § 1399.154.2 states that an Audiology Aide's supervisor shall have legal responsibility for the health, safety, and welfare of the patients and for the acts and services provided by the Audiology Aide, including compliance with the law. Additionally, the supervisor must be physically present while the Audiology Aide is assisting patients, unless an alternative supervision plan has been approved by the Board (the proposed supervision plan must be submitted with the application form), or unless exemptions are in place. The supervisor must review the patient histories and the audiograms and make necessary referrals for evaluation and treatment. Supervisors are also responsible for evaluating, treating, managing, and determining the future dispositions of patients. Supervisors must also train the Audiology Aide to assist in evaluation and/or treatment and define the services which the Audiology Aide may provide.

While access-to-care issues remain significant for millions of patients throughout the state across multiple aspects of their health, it would be helpful for the Committees to understand the practical impacts of this proposal on potential Audiology Assistants, the Board, and facilities providing services. It would be helpful for the Committees to understand if there are new payor options or coverage for this type of personnel and services that require licensure. It would be helpful for the Committees to understand what the scope of education and training would look like, whether there are existing programs in California providing this type of training, the cost for these programs, and, significantly, the cost for individuals to continue working with Audiologists if they are required to pay for mandated coursework and pay licensing fees. It would be helpful for the Committees to understand whether this is feasible, given the small population of licensed Audiologists, the fact that only 63 Audiology Aides are registered with the Board today, and whether licensure is the most effective pathway to provide additional services to California audiology patients. The creation of a new category of licensed or regulated professional is subject to Government Code provisions that require a plan and numerous data sets to enable the Legislature to better evaluate the impacts of a licensure proposal on members of the profession, the public, and government agencies. The profession and Board may wish to work with the Committees to develop a formal plan and respond to the Sunrise Questionnaire worksheet that the Committees utilize.

Staff Recommendation in the Background Paper: The Board should update the Committees on its discussions with stakeholders, other state partners that may have this type of license category, educational institutions, and health care facilities. The Board should update the Committees on the feasibility of creating this new category, the potential applicant and license pool, and the potential costs that applicants and licensees would incur for a mandatory license.

SLPAHADB Response: The Board's Audiology Practice Committee and then full Board discussed this issue and is supportive of the creation of the Audiology Assistant License type as it would advance the profession of Audiology and increase consumer access to care. Since this request was not based on consumer protection, the Board felt this effort

was best led by the professional association (the California Academy of Audiology) rather than the Board.

Creation of an audiology assistant license type could potentially allow Audiologists to see more patients per day, similar to the way that Optometrists use optometric assistants and Dispensing Opticians to do the standardized computer-based eye tests and the selection, fitting, and dispensing of frames with prescription lenses, which allows Optometrists to see more patients per day. This creates increased access to care as the Optometrist can see more patients in the same amount of time by allowing them to focus on the higher complexity work their license allows, such as checking visual acuity and eye health, and screening for signs of systemic diseases that appear in the eye, diagnosing and treating common eye conditions and managing chronic diseases, prescribing eyeglasses or contact lenses, or medications as needed, and referring patients to ophthalmologists for surgical procedures or specialized care if warranted. Currently, Audiologists perform almost all functions of hearing health care services within their clinics, from the hearing screenings leading to diagnosis of audiological disorders, to screening for other conditions that may require referrals to an otolaryngologist for further testing, diagnosis and surgery, and then performing hearing aid selection, adaptation, fitting, and post-fitting services for the consumer. In general, Audiologists may spend an hour or more with a single patient, which significantly limits the number of consumers who can access care.

There is a current unmet need for audiological services that continues to grow, with over 65 percent of adults over age 70 have hearing loss (Journal of the American Medical Association, July 2023); approximately 1,000 infants identified annually with permanent hearing loss (California Department of Health Care Services), and fewer than 2,500 licensed Audiologists for California's 39 million residents. Additionally, the California Academy of Audiology (CAA) did a survey of their members and reported that 88 percent of audiologists that responded wanted to hire audiology assistants and anticipated hiring three assistants. If this survey can be extrapolated to the Board's current audiology licensee population, this could lead to potential demand for over 6,000 assistants.

Currently, the lack of demand for Audiology Aides is not due to the lack of need for support personnel but rather due to the limited education, training, and limited scope of responsibilities of the aide registration, which are limited due to the statutory framework for aides. If there was a license type with educational and fieldwork requirements, the scope of responsibilities for that license type could be more expansive and thus more useful to Audiologists, similar to the Speech-Language Pathology Assistant (SLPA) license and its utility for Speech-Language Pathologists.

There is currently no associate degree programs developed for audiology assistants in California, but if the legal requirements mirrored the SLPA requirements, there are many students who have graduated from a board-approved bachelor's degree program in communication disorders which covers topics in audiology. The requirement to obtain supervised fieldwork prior to licensure would be a potential hurdle early on, as it takes time and coordinated effort for universities to develop fieldwork programs, however the Board has seen a considerable uptick in the creation of these fieldwork programs in the California State University system. Currently, the Board is aware of nine California

universities that offer Bachelor's degree programs that include fieldwork programs to meet SLPA licensure requirements. Today, if students with bachelor's degrees in communication disorders do not pursue graduate degrees for licensure as Speech-Language Pathologists or Audiologists, their only other option to obtain employment in the field is to obtain fieldwork and pursue licensure as a SLPA or seek work as an Audiology Aide.

With the creation of the SLPA license category, it took the Board three years to develop the regulations for the SLPA license requirements and SLPA associate degree program approval requirements, so by that time, there were already four qualified associate's degree programs ready for application and approval as soon as the regulations were effective. This grew to six programs within the first five years and is now at eight approved SLPA associate's degree programs.

The Board has only engaged in discussions with the CAA regarding the creation of this license type and has not engaged in discussions with other state partners who may have this type of license category, educational institutions, or health care facilities. The Board had expected that it would be engaging with these various stakeholders during the time that CAA was developing the Sunrise Questionnaire, as the amount and type of data required for the questionnaire would have required this level of engagement amongst the various stakeholders, CAA and the Board.

If authorized, the Board would work on the creation of the regulatory framework for the Audiology Assistant license type to ensure minimum education and experience requirements uphold California's rigorous standards for consumer protection. This would include:

- Development of regulations similar to the Speech-Language Pathology Assistants

- Meeting with Community Colleges and California based university Communication Science Disorder programs about potential educational requirements and fieldwork requirements

- Requesting additional resources to support dedicated workload for regulation and license development activities necessary for the creation of the license type as well as budget authority for contracted costs required to develop applications for the new license type.

    - To do this in an expedited timeframe, the Board may need additional staff resources to backfill the workload shifted to completing this project. Initially in the development and promulgation of the regulations, and subsequently for implementation activities including creation of the licensing applications, renewals, and enforcement system capabilities necessary with the creation of a new license type. These resources could be staggered over a multi-year timeframe to efficiently utilize these resources and budget authority.

- The Board would also need additional budget authority for technology vendor costs related to the creation of new applications and license types in our new licensing system, as well as cross-functionality to other Board utilized databases and systems required for renewal and enforcement. The Board would have to work with the DCA Office of Information Services and Budget Office to create these estimated costs if the Committee pursues authorization of this license type through the Board's Sunset bill.

Committee Recommendation: The committees are currently reviewing the sunrise questionnaire submitted by CAA.

4) *Sunset Issue #11: Online Practice.* According to the Board, the online purchase of hearing aids and online hearing testing has become a common business model as more companies have started marketing devices to consumers directly via the internet with claims of one-size-fits-all or the ability to remotely adapt the hearing aid to fit the purchaser's needs without the need for an office visit. Unlicensed practice, or failure to comply with the Song-Beverly Consumer Warranty Act and properly issue refunds to consumers, are common complaints submitted to the Board regarding online sales of hearing aids.

   The Federal Drug Administration (FDA) regulates the online sales of hearing aids, and FDA provisions do not specifically restrict the online sale of hearing aids, but they do prohibit any state from establishing any requirement that is different from, or in addition to, the federal provisions, unless the state is granted an exemption from the federal government to enforce more restrictive regulations.

   The Board submitted an exemption request to the FDA in May 2012, and in August 2023, the Board received a response stating that "applicable Federal requirements for hearing aids have changed since the Board submitted the Application, and the bases for the requested exemption are no longer in effect. As such, the FDA has determined that the Application is moot." The Board reports that in October 2022, the FDA created a new category of Over-The-Counter (OTC) hearing aids, expressly allowing the sale of OTC hearing aids in person and online for adults with perceived mild-to-moderate hearing loss without a medical exam or fitting. Consequently, the FDA no longer requires approval for exemptions to state laws regarding hearing aids for adults with severe hearing loss and children, which are considered prescription devices. As such, the Board continues to require sellers to comply with BPC § 2538.23.

   The Board reports that it has received very few complaints related to OTC hearing aids and has not seen any significant drop in the number of Hearing Aid Dispenser and Dispensing Audiologist applications. Moreover, the Board plans to survey Hearing Aid Dispensers and Audiologists in the future to determine how many are selling OTC hearing aids. The Board reports that licensure for Hearing Aid Dispensers and Dispensing Audiologists remains necessary because OTC hearing aids are limited to mild-to-moderate hearing loss, and licensure is necessary for consumer protection and enforcement of laws regarding warranties for prescription hearing aids.

Additionally, the Board continues to regulate mail-order hearing aids. California law provides that mail-order hearing aids may be purchased only from a California-licensed Dispensing Audiologist or Hearing Aid Dispenser. The law states that when hearing aids are purchased by mail order, there must be no fitting, selection, or adaptation of the instrument, and the seller may not give advice with respect to the taking of an ear impression (ear impressions are made to ensure the proper fit of a hearing aid). The law also requires that, prior to purchasing a hearing aid through mail order, the consumer must provide a statement signed by a physician, audiologist, or licensed dispenser that verifies direct examination of the seller's ear.

Staff Recommendation in the Background Paper: The Board should keep the committees informed of federal changes and their impact on Dispensing Audiologists and Hearing Aid Dispensers.

SLPAHADB Response: To date, Dispensing Audiologists and Hearing Aid Dispensers have not seen an overwhelming demand for Over-The-Counter (OTC) hearing aids or patients coming in using OTC hearing aids. The impact of OTC hearing aids has not turned out to be as concerning as previously thought for the Dispensing Audiologists and Hearing Aid Dispensers.

The Board has received very few complaints related to online sales of prescription hearing aids or OTC hearing aids and is therefore unable to provide any substantial evidence that the Board could not take action against a Board licensee if we found they were violating the Board's Practice Act through online sales. With the recent Federal changes, this could get more complex with OTC hearing aids, but the Board does not currently have any basis for concern at this time outside of the normal difficulties involved in investigations of unlicensed practice.

Since the FDA determined that our request for exemption regarding requiring online sellers of prescription hearing aids to obtain a statement signed by a California licensed physician, surgeon, audiologist, or a hearing aid dispenser that there has been direct observation of the purchaser's ear canals prior to sale, it would be beneficial to the Board to obtain statutory clarity that the laws related to catalog or direct mail in Business and Professions Code section 2538.23 also apply to online sales by California licensees.

Committee Recommendation: This bill clarifies that the online sale of hearing aids is subject to the same requirements as the sale of hearing aids by catalog or direct mail.

5) *Sunset Issue #13. Technical Changes.* There are instances in the Act where technical clarifications may improve the Board's operations and applications of the statutes governing the Board. The Board has requested technical and non-substantive statutory amendments. Furthermore, the Board is requesting statutory changes that provide clarity and consistency regarding the requirements for addresses of record and Branch Office requirements for Board licensees and staff.

Staff Recommendation in the Background Paper: The Committees may wish to amend the Act to include technical clarifications requested by the Board.

SLPAHADB Response: The Board appreciates the Committees assistance in amending its Practice Act to provide additional clarity and technical clean-up where needed.

Committee Recommendation: This bill deletes obsolete provisions and makes numerous other clarifying, conforming, or technical changes.

6) *Sunset Issue #14. Continued Regulation by the Board.* Patients and the public are best protected by strong regulatory boards that oversee licensed professionals. The Board has shown a strong commitment toward efficiency and effectiveness, responding to practice and operational issues in a proactive, forward-thinking manner.

Staff Recommendation in the Background Paper: The Board's licensing and regulation of various health care professionals should continue and be reviewed again on a future date to be determined.

SLPAHADB Response: The Board appreciates Committee Staff's analysis and recommendation that the Board continue to regulate the professions of Speech-Language Pathology, Audiology, and Hearing Aid Dispensing. The Board is proud of the work that it and Board staff have accomplished since the last Sunset Review and looks forward to continuing its work to make additional improvements over the next four years.

Committee Recommendation: This bill extends the Board's sunset date by four years.

Current Related Legislation. AB 2771 (Committee on Business and Professions) is the sunset vehicle for the Bureau for Private Postsecondary Education. *At the time of this writing, AB 2771 is currently pending in the Senate Business, Professions and Economic Development Committee.*

AB 2772 (Committee on Business and Professions) is the sunset review vehicle for the California Council for Interior Design Certification. *At the time of this writing, AB 2772 is currently pending in the Senate Business, Professions and Economic Development Committee.*

AB 2773 (Committee on Business and Professions) is the sunset review vehicle for the California Board of Occupational Therapy. *At the time of this writing, AB 2773 is currently pending in the Senate Business, Professions and Economic Development Committee.*

AB 2774 (Committee on Business and Professions) is the sunset review vehicle for the Physical Therapy Board of California. *At the time of this writing, AB 2774 is currently pending in the Senate Business, Professions and Economic Development Committee.*

AB 2775 (Committee on Business and Professions) is the sunset review vehicle for the State Board of Chiropractic Examiners. *At the time of this writing, AB 2775 is currently pending in the Senate Business, Professions and Economic Development Committee.*

SB 1302 (Wahab) is the sunset review vehicle for the California Board of Registered Nursing. *SB 1302 is currently pending in this committee.*

SB 1303 (Wahab) is the sunset review vehicle for the California Board of Naturopathic Medicine. *SB 1303 is currently pending in this committee.*

SB 1304 (Wahab) is the sunset review vehicle for the California Respiratory Care Board. *SB 1304 is currently pending in this committee.*

SB 1363 (Wahab) is the sunset review vehicle for the California Board of Barbering and Cosmetology. *SB 1363 is currently pending in this committee.*

Prior Related Legislation. AB 2686 (Berman), Chapter 415, Statutes of 2022, extended the sunset date for the Board until January 1, 2027, subjected speech-language pathology and audiology aides subject to renewal every two years, required applicants, registrants, and licensees to share their email address with the Board, and made additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

AB 1706, Chapter 454, Statutes of 2017, extended the operation of the Board, as well as the Physical Therapy Board of California and California Board of Occupational Therapy, until January 1, 2022, and made additional technical changes, statutory improvements, and policy reforms in response to issues raised during the Board's sunset review oversight process.

ARGUMENTS IN SUPPORT:

In support, the *Board* writes:

> This bill would ensure that the Board is able to continue its important consumer protection work for the next four years. This bill would clarify and expand the types of acceptable continuing professional development for speech-language pathologists, speech-language pathology assistants, and audiologists for purposes of licensure renewal. This bill would provide new guardrails preventing aides, assistants, and trainees from independently operating businesses, thus enhancing public safety by ensuring only fully licensed professionals provide clinical services. This bill would also provide a clear pathway for experienced professionals to exit or re-enter their practice responsibly with the addition of retired license provisions. Together, these changes promote public protection while aligning the Board's Practice Act with current technology, education, and service-delivery models.

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

REGISTERED SUPPORT:

California Speech Language Hearing Association
California Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board

REGISTERED OPPOSITION:

There is no opposition on file.

Analysis Prepared by: Kaitlin Curry / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1376 (Wahab) – As Introduced February 20, 2026

SENATE VOTE: 38-0

SUBJECT: Physician assistants

SUMMARY: Deletes requirements related to Department of Consumer Affairs approval of Physician Assistant Board (PAB) meetings.

EXISTING LAW:

1) Regulates physician assistant practice under the Physician Assistant Practice Act. (Business and Professions Code (BPC) §§ 3500–3545)

2) Establishes the PAB within the Department of Consumer Affairs (DCA), until January 1, 2030, to administer and enforce the Physician Assistant Practice Act. (BPC §§ 101(af), 3504)

3) Authorizes the PAB to convene as it determines is necessary. (BPC § 3508(a))

4) Requires the PAB to provide notice at least two weeks in advance of each board meeting to those persons and organizations who express an interest in receiving notification. (BPC § 3508(b))

5) Requires the PAB to ask the DCA for permission to meet more than six times annually but requires the DCA to approve the meetings that are necessary for the PAB to fulfill its legal responsibilities. (BPC § 3508(c))

THIS BILL:

1) Deletes the requirement that the PAB ask the DCA for permission to meet more than six times per year.

2) Deletes the requirement that the DCA approve the meetings that are necessary for the PAB to fulfill its legal responsibilities.

FISCAL EFFECT: According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, no significant state costs anticipated.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author, According to the author:

> [The] PAB is an independent entity; the Director of DCA does not approve when any other independent boards, comprised of members appointed by the

> Legislature and Governor, are able to meet. [This bill] deletes this obsolete requirement and further recognizes PAB's role as a standalone regulatory board.

Background. The PAB is a licensing entity within the DCA and is responsible for administering and enforcing the Physician Assistant Practice Act. The PAB's primary responsibility is protecting consumers by reviewing license applicants to ensure they meet licensure requirements, expeditiously investigating and coordinating disciplinary matters, and managing a diversion and monitoring program for PAs who have alcohol or substance abuse issues.

The PAB is comprised of nine voting members, five PAs and four members of the public, and one non-voting physician and surgeon provides updates to the Medical Board of California. All five professional members are appointed by the Governor, as are two of the public members. The Senate Committee on Rules and the Speaker of the Assembly each appoint one public member.

The PAB meets approximately four times a year and PAB members receive a $100-a-day per diem. All of the PAB's board meetings are subject to the Bagley-Keene Open Meetings Act. Except in extraordinary circumstances, the DCA has no direct role in the PAB meetings other than to provide administrative support services and a department liaison.

PAs. Physician assistants (PAs) are medical professionals that work under the supervision of licensed physicians. In California, physicians may supervise up to eight PAs at a time, with exceptions for emergencies. PAs can make any clinical decision or render any healthcare service that a physician can, subject to the constraints of a written practice agreement between the PA and their supervising physician.

REGISTERED SUPPORT:

There is no support on file.

REGISTERED OPPOSITION:

There is no opposition on file.

Analysis Prepared by: Vincent Chee / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1391 (Wahab) – As Introduced February 20, 2026

SENATE VOTE: 38-0

SUBJECT: Department of Consumer Affairs: retired category licenses

SUMMARY: Requires a board within the Department of Consumer Affairs (DCA) that offers a retired category of licensure to disclose that information on its website.

EXISTING LAW:

1) Establishes the DCA within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) § 100)

2) Defines "board" as also inclusive of "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency." (BPC § 22)

3) Enumerates various boards within the DCA's jurisdiction. (BPC § 101)

4) Provides that each board within the DCA exists as a separate unit, and has the functions of setting standards, holding meetings, conducting examinations, reviewing applications, conducting investigations of violations of laws under its jurisdiction, issuing citations and holding hearings for the revocation of licenses, and the imposing of penalties following those hearings, insofar as those powers are given by statute to each respective board. (BPC § 108)

5) Provides that boards within the DCA must establish minimum qualifications and levels of competency and license persons desiring to engage in the occupations they regulate, upon determining that such persons possess the requisite skills and qualifications necessary to provide safe and effective services to the public, or register or otherwise certify persons in order to identify practitioners and ensure performance according to set and accepted professional standards. (BPC § 101.6)

6) Requires specified boards within the DCA to provide on the internet information regarding the status of every license issued by that entity. (BPC § 27)

7) Authorizes boards within the DCA to establish, by regulation, a system for an inactive category of licensure for persons who are not actively engaged in the practice of their profession or vocation. (BPC § 462)

8) Authorizes boards within the DCA to establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation. (BPC § 464)

9) Establishes an inactive category of licensure for health professionals. (BPC §§ 700–704)

THIS BILL:

1) Requires a board within the DCA that offers a retired category of licensure to disclose that information on its internet website.

2) Makes additional technical and clarifying changes.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author:

> A retired license category allows individuals who have a clean license at retirement, but wish to cease license renewal because they no longer practice, to maintain the recognition of licensure. Many licensees may benefit from awareness of this option offered by their licensing program.

Background.

Department of Consumer Affairs. As of the DCA's most recent annual report to the Legislature, the DCA consists of 36 distinct regulatory entities, including 27 boards, seven bureaus, one commission, and one program. In total, the DCA oversees more than 3.2 million licensees across more than 280 license types falling within the respective jurisdiction of each board, bureau, or other licensing entity. These license types range from physicians licensed by the Medical Board of California to hairstylists licensed by the California Board of Barbering and Cosmetology.

Retired License Category. In 2016, the Legislature enacted AB 2859 (Low), which authorized boards within the DCA to establish a "retired" category of license for persons not actively engaged in the practice of their profession. Previously, most boards within the DCA were only authorized to establish an "inactive" category of licensure, which prohibited licensees from practicing unless a process was followed to obtain reinstatement. According to the author of AB 2859, some licensees no longer wished to practice their profession or vocation, but did not want their license to become "inactive." Individuals may have their license placed in "inactive" status for various reasons, including violations of law and nonrenewal, meaning retirees would be associated with a "troublesome label" holding negative connotations. To provide for a more desirable option, the "retired" category was created.

This bill would require boards within the DCA that offer a retired category of licensure to disclose that information on their websites. This publication is intended to increase awareness of the retired license category, which may be an appropriate for licensees who do not realize that it is an option for them. The bill would additionally make minor and clarifying changes to existing law.

Prior Related Legislation. AB 2859 (Low), Chapter 473, Statutes of 2016 authorized boards within the DCA to establish, by regulation, a system for a retired category of licensure for persons who are not actively engaged in the practice of their profession or vocation.

AB 750 (Low) of 2015 would have authorized boards within the DCA to establish, by regulation, a system for a retired category of licensure. *This bill was held on suspense in the Assembly Committee on Appropriations.*

AB 1253 (Steinorth), Chapter, 125, Statutes of 2015 established educational and training requirements for an optometrist seeking a license with retired volunteer service designation who has not held an active license in more than three years.

AB 2024 (Bonilla), Chapter 336, Statutes of 2014 authorized the Professional Fiduciaries Bureau to establish, by regulation, a system for a retired category of licensure.

AB 404 (Eggman), Chapter 339, Statutes of 2013 clarified who qualifies for a retired license by specifying that a license must be either active or inactive, and reduces the timeline to restore a retired license from retired to active status from five to three years.

SB 1215 (Emmerson), Chapter 359, Statutes of 2012 established a retired license status and a retired license with a volunteer service designation for optometrists.

AB 431 (Ma), Chapter 395, Statutes of 2011 authorized the California Board of Accountancy to establish, by regulation, a system for a retired category of licensure.

SB 2191 (Emmerson), Chapter 548, Statutes of 2010 authorized the Board of Behavioral Sciences to issue a retired license as a marriage and family therapist, educational psychologist, clinical social worker or professional clinical counselor to an applicant who holds a current license or a license eligible for renewal, and establishes a $40 fee for a retired license.

ARGUMENTS IN SUPPORT:

The *Dental Hygiene Board of California* supports this bill, writing: "Existing law authorizes any of the boards within the Department of Consumer Affairs to establish by regulation a system for a retired category of license for people who are not actively engaged in the practice of their profession or vocation. This bill would additionally require a board that offers a retired category of licensure to disclose that information on its internet website. The Board thanks you for this legislation to provide for a transparent system to ensure the public is advised of licensees who are retired and not eligible to practice."

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

REGISTERED SUPPORT:

Dental Hygiene Board of California

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1416 (Wahab) – As Introduced February 20, 2026

SENATE VOTE: 40-0

SUBJECT: Physicians and surgeons: dentists: unprofessional conduct

SUMMARY: Shortens the timeframes in which a physician and surgeon or dentist must refund a payment made by a patient for services that is duplicative of payments subsequently made by a third-party payor.

EXISTING LAW:

1) Establishes the Department of Consumer Affairs (DCA) within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) § 100)

2) Establishes the Medical Board of California (MBC) within the DCA to license and regulate physicians and surgeons under the Medical Practice Act. (BPC §§ 2000 *et seq.*)

3) Establishes the Osteopathic Medical Board of California (OMBC) within the DCA to license and regulate physicians and surgeons under the Osteopathic Act. (BPC §§ 2450 *et seq.*)

4) Provides that references to the MBC or the term "board" refer to the OMBC where that board exercises the functions granted to it by the Osteopathic Act. (BPC § 2451)

5) Requires the MBC to take action against any licensee who is charged with unprofessional conduct, including, but not limited to, the following:

   a) Violations of the Medical Practice Act.

   b) Gross negligence.

   c) Repeated negligent acts.

   d) Incompetence.

   e) Acts of dishonesty or corruption that are substantially related to the practice of medicine.

   f) Any action or conduct that would have warranted the denial of a certificate.

   g) Failure to attend and participate in an interview by the MBC.

   (BPC § 2234)

6) Provides that numerous inappropriate activities or violations of the law constitute unprofessional conduct for physicians and surgeons. (BPC §§ 2237 – 2318)

7) Establishes the Dental Board of California (DBC) within the DCA to license and regulate dentists under the Dental Practice Act. (BPC §§ 1600 *et seq.*)

8) Authorizes the DBC to revoke, suspend, or discipline a licensee for unprofessional conduct, incompetence, gross negligence, or other specified reasons. (BPC § 1670)

9) Provides that unprofessional conduct by a licensee of the DBC includes, but is not limited to, various inappropriate activities or violations of the law. (BPC § 1680)

10) Requires a physician and surgeon or a dentist to refund any amount that a patient has paid for services rendered that has subsequently been paid to the physician and surgeon or dentist by a third-party payor and that constitutes a duplicate payment, as follows:

    a) If the patient requests a refund, within 30 days following the request from that patient for a refund if the duplicate payment has been received, or within 30 days of receipt of the duplicate payment if the duplicate payment has not been received.

    b) If the patient does not request a refund, within 90 days of the date the physician and surgeon or dentist knows, or should have known, of the receipt of the duplicate payment, the physician and surgeon or dentist shall notify the patient of the duplicate payment, and the duplicate payment shall be refunded within 30 days unless the patient requests that a credit balance be retained.

    (BPC § 732)

THIS BILL:

1) Requires a physician and surgeon or dentist to process a refund for a duplicate payment within 21 days, rather than 30 days, following a request from a patient or receipt of the duplicate payment.

2) Requires a duplicate payment to be refunded within 21 days, rather than 30 days, in cases where a patient does not request a refund but the physician and surgeon knows or should have known of the duplicate patient.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is sponsored by the author. According to the author:

> SB 1416 reduces the refund window for duplicate medical payments from 30 days to 21 days to ensure patients regain access to their own funds sooner, which can be especially meaningful for families managing tight household budgets or ongoing medical expenses. The modest change in this bill recognizes that healthcare billing systems have evolved significantly since the law was enacted and allows patients to receive their money back in a timeframe that reflects today's faster, more digital administrative processes, while preserving the same basic compliance framework providers already operate under.

Background.

Medical Board of California. The MBC is primarily responsible for licensing and regulating physicians and surgeons, whose certificates authorize the plenary practice of all recognized fields of medicine. The MBC also has jurisdiction over special program registrants and organizations and special faculty permits, which allow those who are not MBC licensees but who meet certain licensure exemption criteria to perform duties in specified settings. The MBC also has authority over licensed midwives, medical assistants, and registered polysomnographic professionals. The MBC additionally approves accreditation agencies that accredit outpatient surgery settings and issues fictitious name permits to physicians practicing under a name other than their own.

Dental Board of California. The DBC is responsible for licensing and regulating dental professionals in California. As of the DBC's most recent sunset review in 2024, the DBC licenses an estimated 112,000 dental professionals, of which approximately 43,500 are licensed dentists. The DBC is also responsible for licensing registered dental assistants and setting the duties and functions of unlicensed dental assistants.

Refund Requirements for Duplicate Payments. In some instances, a patient will make a payment directly to a physician and surgeon or dentist for care they received in the form of a copay, coinsurance estimate, or invoice for the cost of the visit. After the physician or dentist receives that payment, a second payment is subsequently received from a health plan, insurer, or other third party payor. When this occurs, statute requires that the physician or dentist refund the payment originally made by the patient.

When the patient requests a refund, statute requires the physician or dentist to return the duplicate payment within 30 days. If the patient does not request a refund, the physician or dentist must notify the patient and refund the patient within 30 days if they learn or should have known about the duplicative payment within 90 days. The patient also has the option of keeping the payment amount as an account credit for future services.

This bill would speed up that timeline and require refunds currently required to be made within 30 days to instead be made within 21 days. The author contends that this change would help alleviate affordability challenges faced by California families, including those caused or exacerbated by health care costs. The author further points out that the current refund requirements were first enacted in the 1990s, prior to the health care industry's shift to electronic health record systems, automated billing software, and other technologies, making the process of issuing a refund much faster and simpler.

ARGUMENTS IN SUPPORT:

The *California Association of Oral and Maxillofacial Surgeons* (CALAOMS) supports this bill, writing: "Oral and maxillofacial surgeons are committed to delivering high-quality, patient-centered care, which includes clear and timely financial practices. This measure aligns with those values by ensuring patients receive funds owed to them more quickly, without imposing significant administrative burden on providers who already maintain systems to track and process such payments." CALAOMS further writes: "CALAOMS supports policies that improve patient experience while maintaining practical and efficient standards for providers. This bill strikes that balance and represents a reasonable improvement to existing law."

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

REGISTERED SUPPORT:

California Association of Oral and Maxillofacial Surgeons

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
SB 1445 (Committee on Business, Professions and Economic Development) – As Amended June 17, 2026

SENATE VOTE: 36-0

SUBJECT: Healing arts

SUMMARY: Makes numerous technical and clarifying changes to provisions of existing law relating to various licensing programs under the Department of Consumer Affairs.

EXISTING LAW:

1) Establishes the DCA within the Business, Consumer Services, and Housing Agency. (Business and Professions Code (BPC) § 100)

2) Enumerates various boards, bureaus, committees, commissions, and programs within the DCA's jurisdiction. (BPC § 101)

3) Establishes the Department of Real Estate (DRE) within the Business, Consumer Services, and Housing Agency to administer and enforce the Real Estate Law. (BPC §§ 10000 *et seq*.)

4) Defines "board" as also inclusive of "bureau," "commission," "committee," "department," "division," "examining committee," "program," and "agency." (BPC § 22)

5) Provides that each board within the DCA exists as a separate unit, and has the functions of setting standards, holding meetings, conducting examinations, reviewing applications, conducting investigations of violations of laws under its jurisdiction, issuing citations and holding hearings for the revocation of licenses, and the imposing of penalties following those hearings, insofar as those powers are given by statute to each respective board. (BPC § 108)

6) Requires boards within the DCA to expedite the licensure process and waive any associated fees for an individual applicant who holds a current license in another state and who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. (BPC § 115.5)

7) Requires boards within the DCA to issue a temporary license to an applicant who is married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders. (BPC § 115.6)

8) Conforms state law with federal requirements enabling the portability of professional licenses for servicemembers and military spouses under the DCA and DRE. (BPC § 115.10)

9) Establishes the Dental Board of California (DBC) within the DCA to administer and enforce the Dental Practice Act. (BPC §§ 1600 *et seq.*)

10) Establishes the requirements for the Licensure by Portfolio pathway, wherein an applicant completes the written examination of the National Board Dental Examination of the Joint Commission on National Dental Examinations and additional examinations after furnishing evidence of having met specified dental education requirements, along with other application requirements. (BPC § 1628)

11) Requires the DBC to conduct a review of the portfolio examination, a recently eliminated pathway to licensure wherein an applicant built a portfolio of completed clinical experiences and clinical competency examinations in lieu of taking a single examination to demonstrate their competence to practice dentistry. (BPC § 1632.6)

12) Establishes various fees charged to licensees of the DBC. (BPC § 1724)

13) Authorizes a dental assistant to perform specified duties under the general supervision and pursuant to the order, control, and full professional responsibility of a licensed dentist. (BPC § 1750.1)

14) Establishes the California Board of Optometry (CBO) within the DCA for the licensure and regulation of optometrists, registered dispensing opticians (RDOs), contact lens dispensers, spectacle lens dispensers, and nonresident contact lens dispensers under the Optometry Practice Act. (BPC §§ 3000 *et seq.*)

15) Establishes fees charged for the registration of nonresident ophthalmic lens dispensers by the CBO. (BPC § 2564.79)

16) Establishes the California State Board of Pharmacy (BOP) to administer and enforce the Pharmacy Law. (BPC §§ 4000 *et seq.*)

17) Authorizes the BOP to deny an application for licensure if the applicant has been convicted of a crime involving fraud in violation of state or federal laws related to health care or a crime involving financial identify *[sic]* theft. (BPC § 4202.6)

18) Establishes the California Veterinary Medical Board (VMB) within the DCA to provide for the regulation of veterinary medicine under the Veterinary Medicine Practice Act. (BPC §§ 4800 *et seq.*)

19) Establishes the Board of Behavioral Sciences (BBS) within the DCA to license and regulate mental health professionals under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Licensed Professional Clinical Counselor Act, and the Clinical Social Worker Practice Act. (BPC §§ 4980 *et seq*.)

20) Establishes the Bureau of Security and Investigative Services (BSIS) within the DCA to regulate private patrol and security officers, private investigators, alarm companies, locksmiths, and repossessors. (BPC §§ 7580 *et seq.*)

21) Establishes the Contractors State License Board (CSLB) within the DCA to implement and enforce the Contractors State License Law, which includes the licensing and regulation of contractors and home improvement salespersons. (BPC §§ 7000 *et seq.*)

22) Establishes the Bureau of Automotive Repair (BAR) within the DCA to enforce and administer the Automotive Repair Act. (BPC §§ 9880 *et seq.*)

23) Establishes the Bureau of Household Goods and Services (BHGS) within the DCA to enforce and administer the Home Furnishings and Thermal Insulation Act and the Household Movers Act, among other laws. (BPC §§ 9810 *et seq*.)

THIS BILL:

1) Defines terms and makes minor and clarifying changes to provisions of law requiring boards within the DCA and the DRE to register applicants who are licensed in another state and have relocated to California because of military orders.

2) Repeals the requirement for the DBC to conduct a review of the portfolio examination, which has been eliminated.

3) Revises fees charged by the CBO for the registration of nonresident ophthalmic lens dispensers.

4) Corrects a typo in the Pharmacy Law.

5) Repeals obsolete language related to the VMB's registration and oversight of veterinary technicians.

6) Updates erroneous cross-references and makes various minor and technical changes to provisions of the Licensed Marriage and Family Therapist Act and the Clinical Social Worker Practice Act.

7) Repeals a requirement that the director of DCA furnish copies of the licensing law and rules and regulations to specified applicants and licensees under the BSIS.

8) Updates erroneous cross-references and makes technical changes to the Contractors State License Law.

9) Clarifies that an automotive repair dealer may provide a written estimate in an electronic format.

10) Requires registrants for a fictitious name permit to include the signer's printed name and title.

11) Makes technical changes and corrections in the Home Furnishings and Thermal Insulation Act and the Household Movers Act.

FISCAL EFFECT: Pursuant to Senate Rule 28.8, negligible state costs.

COMMENTS:

Purpose. This bill is the annual "committee bill" authored by the Senate Committee on Business, Professions, and Economic Development, which is intended to consolidate a number of noncontroversial provisions related to various regulatory programs and professions governed by the Business and Professions Code. Consolidating the provisions in one bill aims to relieve the various licensing boards, bureaus, professions, and other regulatory agencies from the necessity and burden of having separate measures for a number of non-controversial revisions. Many of the provisions of this bill are minor, technical, and updating changes.

Background. As of the DCA's most recent annual report to the Legislature, the DCA consists of 36 distinct regulatory entities, including 27 boards, seven bureaus, one commission, and one program. In total, the DCA oversees more than 3.2 million licensees across more than 280 license types falling within the respective jurisdiction of each board, bureau, or other licensing entity. These license types range from physicians licensed by the Medical Board of California to hairstylists licensed by the California Board of Barbering and Cosmetology.

This bill makes various changes to acts administered and enforced by boards and bureaus under the DCA. For example, this bill would update references to entities that have recently been renamed, conform various laws to recently enacted legislation, and make additional technical changes to clarify or streamline existing law. Most of these changes were recommended by the DCA or a specific program within the DCA.

Prior Related Legislation. SB 861 (Committee on Business, Professions and Economic Development), Chapter 592, Statutes of 2025 was the prior year's annual committee bill.

ACR 260 (Low), Res. Chapter 190, Statutes of 2018 encouraged the Legislature to engage in a coordinated effort to revise existing statutes and introduce new legislation with inclusive language using gender-neutral pronouns or reusing nouns to avoid the use of gendered pronouns.

ARGUMENTS IN SUPPORT:

The *Dental Board of California* (DBC) supports this bill, writing: "This legislation directly aligns with our commitment to public protection, ensuring that the Board can maintain rigorous licensing standards and enforce the Dental Practice Act in a modern, streamlined manner."

ARGUMENTS IN OPPOSITION:

There is no opposition on file.

REGISTERED SUPPORT:

Dental Board of California

REGISTERED OPPOSITION:

None on file

Analysis Prepared by: Robert Sumner / B. & P. / (916) 319-3301