
SENATE COMMITTEE ON HEALTH

Senator Dr. Richard Pan, Chair

BILL NO: AB 1273
AUTHOR: Rodriguez
VERSION: March 22, 2021
HEARING DATE: June 23, 2021
CONSULTANT: Reyes Diaz

SUBJECT: Interagency Advisory Committee on Apprenticeship: the Director of Consumer Affairs and the State Public Health Officer

SUMMARY: Adds the State Public Health Officer and the Director of the Department of Consumer Affairs (DCA) as ex officio members of the Interagency Advisory Committee on Apprenticeship. Prohibits DCA and the California Department of Public Health (CDPH) from prohibiting earn and learn programs, as specified. Requires DCA and CDPH to use licensing and certification standards that authorize earn and learn programs, as specified.

Existing federal law: Defines “allied health professionals” as health professionals (other than registered nurses or physician assistants) who:

- a) Have received a certificate, an associate’s degree, a bachelor’s degree, a master’s degree, a doctoral degree, or postbaccalaureate training, in a science relating to health care;
- b) Share in the responsibility for the delivery of health care services or related services, including:
 - i) Services relating to the identification, evaluation, and prevention of disease and disorders;
 - ii) Dietary and nutrition services;
 - iii) Health promotion services;
 - iv) Rehabilitation services; or,
 - v) Health systems management services; and,
- c) Have not received a degree of doctor of medicine, osteopathy, dentistry or an equivalent degree, veterinary medicine or an equivalent degree, optometry or an equivalent degree, podiatric medicine or an equivalent degree, pharmacy or an equivalent degree, chiropractic or an equivalent degree, or clinical psychology or an equivalent degree; a bachelor of science in pharmacy or an equivalent degree; a graduate degree in public health or an equivalent degree, or health administration or an equivalent degree; or a degree in social work or an equivalent degree, or counseling or an equivalent degree. [42 USC §295p]

Existing law:

- 1) Establishes CDPH, which licenses and regulates health facilities; licenses or certifies nurse assistants, home health aides, hemodialysis technicians, and nursing home administrators; and grants permits or certificates in radiologic technology, as specified. [HSC §1200, et seq. and §106995, and BPC §1247, et seq.]
- 2) Establishes DCA composed of various boards that license and regulate various professions and vocations. [BPC §100-472.5]

- 3) Provides a framework for promoting and developing apprenticeship training through the California Apprenticeship Council (CAC) and the Division of Apprenticeship Standards (DAS), which enforces apprenticeship standards for, among other things, working conditions, classroom instruction, and skills required for state certification in an apprentice occupation. [LAB §3070-3098]
- 4) Creates within DAS the Interagency Advisory Committee on Apprenticeship (IACA), which provides advice and guidance to the Administrator of Apprenticeship and Chief of the Division of Apprenticeship Standards on the development and administration of standards governing preapprenticeship, certification, and on-the-job training and retraining programs outside the building and construction trades and firefighters. Requires the IACA to have the following designees as ex officio members:
 - a) The Secretary of Labor and Workforce Development;
 - b) The Executive Director of the California Workforce Development Board (CWDB);
 - c) The Director of the Department of Industrial Relations;
 - d) The Executive Director of the Employment Training Panel, Superintendent of Public Instruction;
 - e) The Chancellor of the California Community Colleges;
 - f) The Director of the Department of Rehabilitation (DOR); and,
 - g) The Executive Director of the State Council on Developmental Disabilities. [LAB §3071.5]
- 5) Establishes the CWDB as the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California’s workforce investment system and requires CWDB, in consultation with DAS, to identify “earn and learn,” as defined, job training opportunities in high-wage, high-demand jobs. [UIC§14010, et seq.]
- 6) Defines “earn and learn” job training programs to include, but not be limited to, programs that either combine applied learning in a workplace setting with compensation allowing workers/students to gain experience and secure a wage as they develop skills and competencies in careers for which they are preparing, or bring together classroom instruction with on-the-job training to combine both formal instruction and actual paid work experience, such as:
 - a) Apprenticeships;
 - b) Preapprenticeships;
 - c) Incumbent worker training;
 - d) Transitional and subsidized employment, particularly for individuals with barriers to employment;
 - e) Paid internships and externships; and,
 - f) Project-based compensated learning. [UIC §14005]

This bill:

- 1) Adds CDPH’s State Public Health Officer and the Director of DCA as ex officio members of the IACA.
- 2) Prohibits DCA and its various boards from prohibiting or approving an accrediting program that prohibits earn and learn programs for training in a profession licensed or certified by the boards.

- 3) Prohibits CDPH, in the licensing and certification of health facilities, from prohibiting earn and learn programs for training of personnel.
- 4) Requires the DCA boards and CDPH to use licensing or certification standards that authorize the use of earn and learn training.
- 5) States Legislative intent regarding the importance of removing barriers to ensure California’s diverse workforce has equal access to educational opportunities that result in family sustaining careers in all industry and public health sectors.

FISCAL EFFECT: According to the Assembly Appropriations Committee, expanding IACA’s membership will not measurably increase workload for DAS, which organizes and administers quarterly meetings for the IACA. No anticipated cost pressures to add the DCA Director or the State Public Health Officer to the IACA. Most DCA boards and bureaus currently have a pathway for earn and learn opportunities, and any CDPH workload from this bill would be minor and absorbable.

PRIOR VOTES:

Assembly Floor:	75 - 0
Assembly Appropriations Committee:	16 - 0
Assembly Labor and Employment Committee:	7 - 0

COMMENTS:

- 1) *Author’s statement.* According to the author, during a time when health care workers are desperately needed in allied health occupations, expanded earn and learn opportunities would successfully provide the greatly needed bridge that connects workers with employers. Expanding earn and learn opportunities would also open up the workforce to a more diverse group of students who otherwise could not afford to do unpaid training, which would result in increased cultural competency for patients.
- 2) *Allied health professions and “earn and learn” training programs.* According to the U.S. Department of Labor’s Bureau of Labor Statistics, employment in health care occupations is projected to grow 15% from 2019 to 2029, much faster than the average for all occupations, adding about 2.4 million new jobs. This projected growth is mainly due to an aging population, leading to greater demand for health care services. The median annual wage for health care practitioners and technical occupations (such as registered nurses, physicians and surgeons, and dental hygienists) was \$69,870 in May 2020, which was higher than the median \$41,950 annual wage for all occupations. AB 2105 (Rodriguez, Chapter 410, Statutes of 2016) directed DCA to engage in a stakeholder process to update policies and remove barriers to facilitate the development of earn and learn training programs in allied health professions and include identified barriers in a report. The stakeholder process concluded by January 1, 2020, and the DCA issued “Barriers and Recommendations to Facilitating Earn and Learn Training Programs in Allied Health Professions” in July 2020 with key findings and recommendations that include the following:
 - a) Some accrediting entities prohibit payment for trainings by the program. However, DCA and CDPH have both stated that there are no specific prohibitions in their laws, regulations, or standards that limit the creation of earn and learn programs. The DCA report recommended that entities work with accrediting bodies to remove any

- prohibitions and to provide educational outreach to them about the value of earn and learn training models, and should accrediting bodies refuse, further review would be required;
- b) Registered apprenticeship requirements are not aligned with allied health training programs. Many allied health professions require fewer hours of on-the-job training than do all of the state-registered apprenticeship programs. The DCA report recommended an evaluation of the requirements to increase the flexibility for apprenticeship programs in allied health professions, and that DAS could leverage the IACA health subcommittee to help address these issues;
 - c) Lack of knowledge about registered apprenticeship for the California health care industry. DCA found through its stakeholder process that there is a lack of information applicable to the health care sector on apprenticeship and earn and learn programs in California. There is also no clean delineated process for registering apprenticeships in the health care industry. The DCA report recommended developing a comprehensive health-centric employer guide/toolkit for the California Registered Apprenticeship Process through DAS, including how to work with DAS;
 - d) Lack of coordinated effort among relevant state agencies. Stakeholders involved in the DCA process agreed that not having a single entity responsible for earn and learn training programs in the health care industry or a single point of contact are barriers to easily accessing resources and information. The DCA report recommended the establishment of a workgroup to serve as the centralized task force on earn and learn job training programs; and,
 - e) The current educational structure makes it difficult to develop career pathways from high school through graduate degree programs when there are overlapping requirements that may require repeating coursework to move between or within professions, such as the lack of common prerequisites at the post-secondary level for all health care programs. There is not a clear earn and learn process that allows community colleges' health programs to quickly adapt to industry need. Also, the wage disparity between classroom instructors and working health care professionals makes it difficult for educational institutions to recruit and retain instructors, creating a bottleneck in developing more programs and the ability to grow existing programs. The DCA report suggested supporting and expanding existing programs, and supporting stackable credentials through the creation of pathways for health care workers.
- 3) *Examples of earn and learn and apprenticeship programs.* The DCA stakeholder process included a nursing subcommittee that was tasked with identifying existing health care earn and learn programs in this field and gathering information regarding their focus and structures. The subcommittee worked to develop a list of existing programs that could serve as exemplars and where interested parties can glean information. While many of the programs are not state-registered apprenticeship programs, they demonstrate that employers, such as Sutter Health, Kaiser Permanente, Cedars-Sinai Hospital, and One Community Health; educational institutions, including Fairfax High School, Valley High School, and San Joaquin Delta College; and other partners, such as the Jewish Vocational Service, are engaging and working to develop paid training programs in health care that serve to narrow the skills and workforce gap and increase diversity in the workforce. These programs have yielded significant positive outcomes, such as 93% of the Cedars-Sinai Youth Employment and Development Program participants (more than half being Hispanic, Latino/a, Black, or Asian) going on to pursue work at the hospital after program completion.

The DCA report also highlighted an innovative apprenticeship program in Washington State recently developed that serves as a workplace-based career pathway program, taking individuals from entry level peer counselors to fully licensed clinical social workers (LCSWs) or marriage and family therapists (MFTs). The DCA report states that data suggests that based on current service utilization patterns, by 2028, California will have 11% fewer psychologists, licensed MFTs, licensed professional clinical counselors, and LCSWs than needed. Career pathway earn and learn programs such as the one developed in Washington, if developed in California, can serve to increase the number of diverse, competent licensed and nonlicensed professionals, expand the capacity of California's current mental health workforce, and provide greater access to care. Moreover, career pathway programs can lead to economic self-sufficiency.

- 4) *Provider shortages.* The February 2019 Final Report of the California Future Health Workforce Commission (CFHWC) indicates that the state is facing a workforce crisis, and in many parts of the state, this crisis is already at hand. Seven million Californians, the majority of them Latino/a, Black, and Native American, already live in Health Professional Shortage Areas, a federal designation for counties experiencing shortfalls of primary care, dental care, or mental health care providers. These shortages are most severe in some of California's largest and fastest-growing regions, including the Inland Empire, Los Angeles, and San Joaquin Valley, and in most rural areas. As a generation of baby boomers retires (including a large percentage of the health workforce), and the state's production of health workers continues to lag, millions more Californians will find it difficult to access quality, affordable care. This looming crisis will be most acute in primary care, behavioral health, and among workers who care for older adults. In just ten years, for example, California is projected to face a shortfall of more than 4,100 primary care clinicians and 600,000 home care workers, and will have only two-thirds of the psychiatrists it needs. According to Let's Get Healthy California, although insurance provides access to care, it does not ensure that everyone receives appropriate or high-quality care at the right time. The shortage of health professionals impacts access to care, causing a significant delay in obtaining timely health services and resulting in barriers which negatively affect health outcomes. Access to comprehensive and quality health care services is important for physical, social, mental health, and overall quality of life. Access to care also promotes preventive measures, managing disease, and reducing unnecessary disability and premature death. CFHWC proposed creating a statewide program modeled after a once-robust, national program aimed at expanding the workforce pipeline: the Health Career Opportunity Program (HCOP). While not necessarily an earn and learn program, the HCOP program targets the same populations that earn and learn programs seek to assist. For years, this federally administered program helped colleges recruit and prepare high school and college students from economically disadvantaged and underrepresented backgrounds to become competitive applicants for health professions schools. CFHWC highlights five HCOP programs:
 - a) All but one of the 300 low-income community college students graduated from college after participating in a summer HCOP program run by Stanford, UC Berkeley, and San Francisco State from 1997-2007. And 73% enrolled in or completed a graduate program in the health professions;
 - b) Operating first on the campus of UCSF Fresno and continuing on the campus of Fresno State, the state's only Central Valley HCOP program served 423 disadvantaged students from 2007-2018. More than half of graduates enrolled in health professions schools—and a high percentage practice in the Central Valley;

- c) Between 2015 and 2018, 137 undergraduate students participated in CSU Fullerton's HCOP program. Of the 37 who applied to graduate programs, 100% were accepted into master's programs in social work, communicative disorders, public health, and similar programs. 62% of these master's students are Latino/a;
- d) After 90% of the students who participated in UC San Diego's UniversityLink Medical Science Program obtained a degree in the biomedical sciences—and 65% enrolled in professional or graduate school—this HCOP expanded in 2018. Partners now include the San Diego State University Pre-College Institute, the Scripps San Diego Border Area Health Education Center, nine Community Colleges, and 12 “feeder” middle and high schools; and,
- e) Launched in 2019, the CDU-AltaMed HCOP will provide 250 minority high school, undergraduate, and graduate students from South and East LA with supports, such as individualized advising, application assistance, community research opportunities, and a six-week clinical summer program. Key outcomes targeted: increasing on-time graduation rates and enrollment in medical and graduate school.

5) *Double referral.* This bill was heard in the Senate Labor, Public Employment, and Retirement Committee on June 7, 2021, and passed by a vote of 5-0.

6) *Related legislation.* SB 40 (Hurtado) requires Office of Statewide Health Planning and Development (OSHPD) to establish and facilitate the California Medicine Scholars Program, as a five-year pilot program, in order to establish a regional pipeline program for community college students to pursue premedical training and enter medical school, as specified. *SB 40 is set to be heard in the Assembly Health Committee on July 6, 2021.*

SB 65 (Skinner) requires OSHPD to establish a program to contract with programs that train certified nurse-midwives and programs that train licensed midwives to increase the number of students receiving quality education and training as a certified nurse-midwife or a licensed midwife. *SB 65 is set to be heard in the Assembly Health Committee on June 22, 2021.*

SB 395 (Caballero) enacts the Healthy Outcomes and Prevention Education Act, which imposes the California Electronic Cigarette Excise Tax on the sale of electronic cigarettes, and creates the Health Careers Opportunity Grant Program within OSHPD for the purpose of improving access by underrepresented students from disadvantaged backgrounds to health profession programs offered by the state's public postsecondary education institutions. *SB 395 is pending in the Assembly Revenue and Taxation Committee.*

AB 1306 (Arambula) contains Legislative findings that there is an urgent and growing need for California to expand its pool of talented, diverse health workers, and to connect them more effectively to jobs in all communities, and adds recommended actions to those findings to address identified barriers to entry in the health professions for students from underrepresented and low-income backgrounds, as specified. *AB 1306 is pending in the Senate.*

7) *Prior legislation.* AB 1019 (Frazier, Chapter 164, Statutes of 2019) added the Director of DOR and the State Council on Developmental Disabilities to the IACA. AB 1019 also requires the IACA to create a subcommittee to address apprenticeship for the disabled community.

SB 1348 (Pan, Chapter 901, Statutes of 2018) requires the chancellor of California Community Colleges to report, for each community college program that offers a certificate or degree related to allied health professionals, specified information, including the number of students participating in the clinical training and the license number or employer identification number of each clinical training site, as specified.

AB 387 (Thurmond of 2017) would have expanded the definition of “employer” to include a person who directly or indirectly, or through an agent or any other person, employs or exercises control over the wages, hours, or working conditions of a person engaged in a period of supervised work experience longer than 100 hours to satisfy requirements for licensure, registration, or certification as an allied health professional, as defined. *AB 387 was placed on the Inactive File on the Assembly Floor.*

AB 2105 (Rodriguez) directed DCA to engage in a stakeholder process to update policies and remove barriers to facilitate the development of earn and learn training programs in allied health professions.

AB 1797 (Rodriguez, Chapter 157, Statutes of 2014) required CWDB to, among other things, identify opportunities for earn and learn job training opportunities and develop the means to identify, assess, and prepare a pool of qualified candidates seeking to enter earn and learn job training models. AB 1797 also required CWDB, on or before December 1, 2015, to prepare and submit to specified legislative committees a report documenting the above findings and making recommendations based on those findings.

- 8) *Letters of concern.* The California Hospital Association (CHA) states that this bill would negatively impact some accreditation organizations and the programs they accredit. Certain accreditation organizations prohibit students from earning wages for clinical hours or assignments while in training, but they allow stipends or educational grants. CHA has offered an amendment to address this concern, and believes that if this bill is not amended, these training programs could lose their accreditation and hospitals could experience a diminishing number of students available for on-site training. California hospitals may also, understandably, be hesitant to partner with non-accredited training programs, which could force those programs to close their doors and have the unfortunate impact of fewer overall training programs and training positions in the state. Coast Community College District (CCCD) states that under the provisions of this bill JRCERT would not be permitted to accredit programs in California, thereby leaving no alternative entity to accredit radiologic science programs in the state. The lack of an accrediting body would leave students no options but to either continue their education out-of-state, or to pursue a different field of study. While it would be possible for JRCERT to amend their policies, this would still create issues for community college districts and CCCD students.
- 9) *Support.* Supporters of this bill, largely labor representatives, state that this bill is necessary to eliminate barriers to earn and learn pathways into allied health professions, which are critical to ensure that individuals with family commitments or economic barriers are able to advance in their career. Among the occupations growing faster than average include emergency medical technicians, paramedics, nurses, dental hygienists, medical assistants, radiologic technologists, and respiratory therapists. Health care providers face a range of employment and workforce issues, and promotion of earn and learn job training models can be a critical part of the workforce strategy related to health care reform as it is seen as a way to train health care workers and address some of the workforce issues, including recruitment

and retention, training a quality workforce, and improving quality of patient care. Additionally, employers want to recruit qualified candidates but are not finding candidates who are adequately prepared. Earn and learn programs provide the flexibility students need to acquire the knowledge and skills and earn a living at the same time. Five general earn and learn models are in use today: internships, cooperative education, apprenticeships, federal work-study, and practicum (guided by faculty, such as student teaching). Health care workers have reported significant burnout due to COVID-19, exacerbating California's health care workforce shortage. Jewish Vocational Service (JVS) states that some boards, such as the Board of Registered Nursing, allow earn and learn. Licensed vocational nurses can enroll, work part time, and without reducing the quality of training, within one year gain registered nurse licensure. Their pay, in one example, went from \$45,000 per year to \$93,000. In contrast, the private licensure entity for radiology technicians does not allow this path since their standards specifically prohibit paid employment while in the education program that leads to licensing and certification. JVS further argues that Governor Newsom has placed billions in his Budget to strengthen the health care workforce, and specialty areas like radiologic technology are part of this growth. The Governor has emphasized he wants to see 500,000 apprenticeships in California by 2030. This bill supports this goal by addressing the economic barriers to enrolling into these well-paying allied health professions where much of the growth will occur, and it enables employers and representatives to create career pathways for lower paid and lower skilled workers to gain the education and training key to their ability to climb the career ladder.

- 10) *Opposition.* Opponents of this bill, largely radiologic technology programs and educational institutions, argue that gaining clinical experience is a vital component in the education of students enrolled in training programs. To assure quality of care and patient safety, students must be directly supervised by qualified medical staff. Supervision of trainees is a strenuous task—one that many clinics are already unwilling or unable to support with their current staffing given approximately 20% of a full-time employee is necessary to support clinical education of a student. Opponents also argue that this bill is not clear whether educational programs or clinical facilities would be responsible for supporting student wages, though neither is an acceptable liability. If clinical facilities are the responsible party, they would deny opportunity to students to gain the clinical competence based on additional financial strain from this burden. This also comes at a time when the Centers for Medicare and Medicaid Services is looking to install a new payment model that has the potential to also add financial pressure to clinical radiation therapy practices in California. If the educational programs are the responsible party, the bill could obstruct any efforts to start new programs or grow existing ones. It may also force program closures at a critical point in the professions' health. Opponents further argue that the Joint Review Committee on Education in Radiologic Technology (JRCERT), which accredits 40 radiologic sciences programs in California, prohibits students from earning wages for clinical hours or assignments to ensure they are not used to replace qualified staff and to ensure that the students are properly supervised during their clinical training. Requiring hospitals and other medical facilities to pay students will end up reducing the number of clinical training opportunities that are available to students, and these opportunities are essential to their training and already are hard to come by.
- 11) *Oppose unless amended.* The California Society of Radiologic Technologists (CSRT) shares the same concerns as the opponents of this bill and requests amendments to clarify the payment of wages to students. CSRT supports the letter of concern submitted by CHA, as the ability to award stipends or a provision of scholarships does not violate JRCERT policies

while leaving the ability to provide optional funds to students, which supports the underlying goal of this bill to allow greater access to these professions.

12) *Amendment.* To clarify that the provision in this bill pertaining to CDPH applies to the professions under CDPH’s purview and not to the facilities, the author requests that the Committee approve the following amendment:

a) **SEC. 3.**

Section 131088 is added to the Health and Safety Code, to read:

131088.

(a) The department, in the licensing and certification of health professions ~~facilities~~ in accordance with this chapter, shall not prohibit earn and learn programs for training of personnel. The department shall use licensing and certification standards that authorize the use of earn and learn trainings.

SUPPORT AND OPPOSITION:

Support: California Labor Federation
Jewish Vocational Service – San Francisco Bay Area
SEIU California

Oppose: American Association of Medical Dosimetrists
California Society of Radiologic Technologists (unless amended)
CSU Northridge Radiologic Sciences Program
Foothill-De Anza Community College District
Joint Review Committee on Education in Radiologic Technology
Loma Linda University Department of Radiation Technology
Merced College
Nuclear Medicine Technology Certification Board
Society of Nuclear Medicine and Molecular Imaging
Four individuals

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