

2024 TENTATIVE LEGISLATIVE CALENDAR

COMPILED BY THE OFFICE OF THE ASSEMBLY CHIEF CLERK AND THE OFFICE OF THE SECRETARY OF THE SENATE
Revised 11-1-22

DEADLINES

- Jan. 1** Statutes take effect (Art. IV, Sec. 8(c)).
- Jan. 3** Legislature reconvenes (J.R. 51(a)(4)).
- Jan. 10** Budget must be submitted by Governor (Art. IV, Sec. 12(a)).
- Jan. 12** Last day for **policy committees** to hear and report to **fiscal committees** fiscal bills introduced in their house in the odd-numbered year (J.R. 61(b)(1)).
- Jan. 15** Martin Luther King, Jr. Day.
- Jan. 19** Last day for any committee to hear and report to the **Floor** bills introduced in that house in the odd-numbered year. (J.R. 61(b)(2)).
Last day to submit **bill requests** to the Office of Legislative Counsel.
- Jan. 31** Last day for each house to pass bills introduced in that house in the odd-numbered year (J.R. 61(b)(3)) (Art. IV, Sec. 10(c)).

- Feb. 16** Last day for bills to be **introduced** (J.R. 61(b)(4), J.R. 54(a)).
- Feb. 19** Presidents' Day.

- Mar. 21** **Spring Recess** begins upon adjournment (J.R. 51(b)(1)).
- Mar. 29** Cesar Chavez Day observed.

- Apr. 1** Legislature reconvenes from **Spring Recess** (J.R. 51(b)(1)).
- Apr. 26** Last day for **policy committees** to hear and report to fiscal committees **fiscal bills** introduced in their house (J.R. 61(b)(5)).

- May 3** Last day for **policy committees** to hear and report to the Floor **nonfiscal** bills introduced in their house (J.R. 61(b)(6)).
- May 10** Last day for **policy committees** to meet prior to May 28 (J.R. 61(b)(7)).
- May 17** Last day for **fiscal committees** to hear and report to the **Floor** bills introduced in their house (J.R. 61 (b)(8)).
Last day for **fiscal committees** to meet prior to May 28 (J.R. 61 (b)(9)).
- May 20-24** **Floor session only.** No committee may meet for any purpose except for Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(10)).
- May 24** Last day for each house to pass bills introduced in that house (J.R. 61(b)(11)).
- May 27** Memorial Day.
- May 28** Committee meetings may resume (J.R. 61(b)(12)).

JANUARY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30	31			

FEBRUARY							
	S	M	T	W	TH	F	S
Wk. 1					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
Wk. 4	18	19	20	21	22	23	24
Wk. 1	25	26	27	28	29		

MARCH							
	S	M	T	W	TH	F	S
Wk. 1						1	2
Wk. 2	3	4	5	6	7	8	9
Wk. 3	10	11	12	13	14	15	16
Wk. 4	17	18	19	20	21	22	23
Spring Recess	24	25	26	27	28	29	30
Wk. 1	31						

APRIL							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Wk. 2	7	8	9	10	11	12	13
Wk. 3	14	15	16	17	18	19	20
Wk. 4	21	22	23	24	25	26	27
Wk. 1	28	29	30				

MAY							
	S	M	T	W	TH	F	S
Wk. 1				1	2	3	4
Wk. 2	5	6	7	8	9	10	11
Wk. 3	12	13	14	15	16	17	18
No Hrgs.	19	20	21	22	23	24	25
Wk. 4	26	27	28	29	30	31	

*Holiday schedule subject to final approval by Rules Committee.

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JUNE							
	S	M	T	W	TH	F	S
Wk. 4							1
Wk. 1	2	3	4	5	6	7	8
Wk. 2	9	10	11	12	13	14	15
Wk. 3	16	17	18	19	20	21	22
Wk. 4	23	24	25	26	27	28	29
Wk. 1	30						

June 15 Budget Bill must be passed by midnight (Art. IV, Sec. 12(c)).

June 27 Last day for a legislative measure to qualify for the Nov. 5 General Election ballot (Elections Code Sec. 9040).

JULY							
	S	M	T	W	TH	F	S
Wk. 1		1	2	3	4	5	6
Summer Recess	7	8	9	10	11	12	13
Summer Recess	14	15	16	17	18	19	20
Summer Recess	21	22	23	24	25	26	27
Summer Recess	28	29	30	31			

July 3 Last day for **policy committees** to meet and report bills (J.R. 61(b)(13)).

Summer Recess begins upon adjournment, provided Budget Bill has been passed (J.R. 51(b)(2)).

July 4 Independence Day.

AUGUST							
	S	M	T	W	TH	F	S
Summer Recess					1	2	3
Wk. 2	4	5	6	7	8	9	10
Wk. 3	11	12	13	14	15	16	17
No Hrgs.	18	19	20	21	22	23	24
No Hrgs.	25	26	27	28	29	30	31

Aug. 5 Legislature reconvenes from **Summer Recess** (J.R. 51(b)(2)).

Aug. 16 Last day for **fiscal committees** to meet and report bills (J.R. 61(b)(14)).

Aug. 19 – 31 Floor session only. No committee may meet for any purpose except Rules Committee, bills referred pursuant to Assembly Rule 77.2, and Conference Committees (J.R. 61(b)(15)).

Aug. 23 Last day to **amend** bills on the Floor (J.R. 61(b)(16)).

Aug. 31 Last day for each house to pass bills (Art. IV, Sec 10(c), J.R. 61(b)(17)).

Final Recess begins upon adjournment (J.R. 51(b)(3)).

IMPORTANT DATES OCCURRING DURING FINAL RECESS

2024

- Sept. 30 Last day for Governor to sign or veto bills passed by the Legislature before Sept. 1 and in the Governor's possession on or after Sept. 1 (Art. IV, Sec. 10(b)(2)).
- Oct. 2 Bills enacted on or before this date take effect January 1, 2025. (Art. IV, Sec. 8(c)).
- Nov. 5 General Election.
- Nov. 30 Adjournment *sine die* at midnight (Art. IV, Sec. 3(a)).
- Dec. 2 2025-26 Regular Session convenes for Organizational Session at 12 noon. (Art. IV, Sec. 3(a)).

2025

- Jan. 1 Statutes take effect (Art. IV, Sec. 8(c)).

*Holiday schedule subject to final approval by Rules Committee.

The Physician Assistant Board (Board) may adopt the following positions regarding pending or proposed legislation.

Legislative Positions

Definitions

Oppose

The Board will actively oppose proposed legislation and demonstrate opposition through letters, testimony, and other action necessary to communicate the oppose position taken by the Board.

Oppose, unless amended

The Board will take an oppose position and actively lobby the legislature to amend the proposed legislation by requesting specific amendments to alter the text of the bill after it has been introduced.

Neutral

The Board neither supports nor opposes the addition/amendment/repeal of the statutory provision(s) set forth by the bill.

Neutral, if amended

The Board will take a neutral position and actively lobby the legislature to amend the proposed legislation by requesting specific amendments to alter the text of the bill after it has been introduced.

Watch

The watch position adopted by the Board will indicate interest regarding the proposed legislation. The Board staff and members will closely monitor the progress of the proposed legislation and amendments.

Support

The Board will actively support proposed legislation and demonstrate support through letters, testimony, and any other action necessary to communicate the support position taken by the Board.

Support, if amended

The Board will take a support position and actively lobby the legislature to amend the proposed legislation by requesting specific amendments to alter the text of the bill after it has been introduced.

MEMORANDUM

DATE	May 20, 2024
TO	Physician Assistant Board (Board)
FROM	Jasmine Dhillon, Legislative and Regulatory Specialist
SUBJECT	Agenda Item 15. Legislative Update

A. **AB 2194 (Patterson) Physician assistants: supervision: podiatrists.**

Status: This bill was introduced on February 7, 2024 and is located in the Assembly. This bill was amended on April 24, 2024.

Summary: Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board for the licensure and regulation of physician assistants. Existing law authorizes physician assistants to perform prescribed medical services that are rendered pursuant to a practice agreement and under the supervision of a licensed physician and surgeon. A violation of that supervision provision is a crime. Existing law, the Medical Practice Act, provides for the certification and regulation of doctors of podiatric medicine by the Podiatric Medical Board of California, which is within the Department of Consumer Affairs. Existing law authorizes physicians and surgeons and doctors of podiatric medicine to establish a professional partnership that includes both physicians and surgeons and doctors of podiatric medicine if specified conditions are satisfied. Existing law authorizes a physician assistant performing medical services under the supervision of a physician and surgeon to assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. Existing law requires a physician assistant who assists a doctor of podiatric medicine in this manner to do so only according to patient-specific orders from a supervising physician and surgeon and limits the physician assistant to performing those duties included within the scope of practice of a doctor of podiatric medicine. Existing law requires a supervising physician and surgeon to be available to the physician assistant for consultation when assistance is rendered.

This bill would revise those physician assistant supervision provisions to authorize a physician assistant performing medical services under the supervision of a physician and surgeon to assist a doctor of podiatric medicine who is on the staff of the same organized health care system or who is a partner, shareholder, or employee in the

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same partnership, group, or professional corporation as the supervising physician and surgeon, pursuant to a practice agreement. The bill would delete both the restriction requiring that a physician assistant who assists a doctor of podiatric medicine do so only according to patient-specific orders from a supervising physician and surgeon and the requirement that a supervising physician and surgeon be available to the physician assistant for consultation when assistance is rendered to a doctor of podiatric medicine.

Fiscal Impact: The Board would need to provide an update of the supervision requirements on the Board's website for licensees. This is something that can be done by staff and is supported by the Board's current pro rata costs to DCA.

Board Position: At its March 4, 2024 meeting, the Board took an oppose position.

B. **[AB 2270 \(Maienschein\) Healing arts: continuing education: menopausal mental or physical health.](#)**

Status: This bill was introduced on February 8, 2024 and is located in the Senate.

Summary: The Medical Practice Act establishes the Medical Board of California and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons, including osteopathic physicians and surgeons. The Nursing Practice Act establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. The Psychology Licensing Law establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. The Physician Assistant Practice Act establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants. The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences. Current law establishes continuing education requirements for all of these various healing arts practitioners. This bill would require the above-specified boards, in determining their continuing education requirements, to consider including a course in menopausal mental or physical health.

Fiscal Impact: Staff does not anticipate any fiscal impact.

C. **[AB 2442 \(Zbur\) Healing arts: expedited licensure process: gender-affirming health care and gender-affirming mental health care.](#)**

Status: This bill was introduced on February 13, 2024 and is located in the Assembly.

Summary: Current law requires the Medical Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, and the Physician

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Assistant Board to expedite the licensure process for an applicant who demonstrates that they intend to provide abortions within the scope of practice of their license, and specifies the manner in which the applicant is required to demonstrate their intent. This bill would also require those boards to expedite the licensure process for an applicant who demonstrates that they intend to provide gender-affirming health care and gender-affirming mental health care, as defined, within the scope of practice of their license, and would specify the manner in which the applicant would be required to demonstrate their intent. The bill would repeal its provisions on January 1, 2029.

Fiscal Impact: This bill would require staff to update the Board's licensing process to ensure applicants who meet the gender-affirming health care and gender-affirming mental health care criteria can get their license application expedited. This would require the license application form to be updated for applicants to demonstrate their intent. Staff projects there will not be an increase in licensing workload related to the new provisions of this bill.

D. **[AB 2581](#) (Maienschein) Healing arts: continuing education: maternal mental health.**

Status: This bill was introduced on February 14, 2024 and is located in the Senate.

Summary: The Nursing Practice Act establishes the Board of Registered Nursing and sets forth its powers and duties relating to the licensure and regulation of the practice of nursing. The Psychology Licensing Law establishes the Board of Psychology and sets forth its powers and duties relating to the licensure and regulation of psychologists. The Physician Assistant Practice Act establishes the Physician Assistant Board and sets forth its powers and duties relating to the licensure and regulation of physician assistants. The Licensed Marriage and Family Therapist Act, the Clinical Social Worker Practice Act, the Licensed Professional Clinical Counselor Act, and the Educational Psychologist Practice Act, provides for the licensure and regulation of the practices of marriage and family therapy, clinical social work, professional clinical counseling, and education psychology, respectively, by the Board of Behavioral Sciences. This bill would require the above-specified boards, in determining their continuing education requirements, to consider including a course in maternal mental health.

Fiscal Impact: Staff does not anticipate any fiscal impact.

E. **[AB 2862](#) Licenses: African American applicants.**

Status: This bill was introduced on February 15, 2024 and is located in the Assembly Appropriations Committee.

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

This bill would require those boards to prioritize African American applicants seeking licenses under these provisions, especially applicants who are descended from a

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person enslaved in the United States. The bill would repeal those provisions on January 1, 2029.

Fiscal Impact: This bill would require staff to update the Board's licensing process to ensure applicants who meet the expedite criteria can get their license application expedited. This would require the license application form to be updated for applicants to demonstrate they qualify. Staff projects there will not be an increase in licensing workload related to the new provisions of this bill.

F. [AB 3127](#) **Reporting of crimes: mandated reporters.**

Status: This bill was introduced on February 16, 2024 and is located in the Assembly.

Summary: This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct. The bill would instead require that a health practitioner make a report when the injury is life threatening or results in death, as specified, or is the result of child abuse or elder or dependent adult abuse. The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report be sent, as specified. This bill contains other related provisions and other existing laws.

Fiscal Impact: The Board would need to provide an update of mandated reporting information included on the Board's website for licensees. This is something that can be done by staff and is supported by the Board's current pro rata costs to DCA.

G. [SB 1041](#) **(Portantino) Physician assistants: licensure: Armenian Doctor Pilot Program.**

Status: This bill was introduced on February 7, 2024 and is located in the Senate Appropriations Committee. This bill was amended on April 8, 2024.

Summary: This bill would establish the Armenian Medical Graduate Physician Assistant Training Program, to be conducted at an appropriate educational institution or institutions. The bill would require the board to establish a Training Program Advisory Task Force, which the bill would require to develop and recommend curriculum for a training program. The bill would make an Armenian medical graduate who is either a citizen or permanent resident of the United States and who has satisfactorily completed the training program eligible for licensure as a physician assistant if the person has also successfully completed a certain written examination. The bill would require that funding necessary for the implementation of the program to be secured from nonprofit philanthropic entities, as specified.

Fiscal Impact: This bill would require staff to update the Board's licensing process to ensure applicants who meet the training program requirements are licensed. This would require the license application form to be updated for applicants to apply for the training program. This bill would also require the Board to establish a Training

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Program Advisory Task Force. However, until funding is secured from nonprofit philanthropic entities, the Board will not be able to establish a Training Program Advisory Task Force to implement the program. Therefore, it is difficult to determine the fiscal impact, if any, the Board can anticipate.

Board Position: At its March 4, 2024 meeting, the Board took an oppose position on this bill.

H. **[SB 1067](#) (Smallwood-Cuevas) Healing arts: expedited licensure process: medically underserved area or population.**

Status: This bill was introduced on February 12, 2024 and is located in the Senate Appropriations Committee.

Summary: Current law establishes various boards within the Department of Consumer Affairs to license and regulate various health professionals. Current law requires specified boards to expedite the licensure process of an applicant who can demonstrate that they intend to provide abortions within their scope of practice and specifies the documentation an applicant is required to provide to demonstrate their intent. This bill would require each healing arts board, as defined, to develop a process to expedite the licensure process by giving priority review status to the application of an applicant for a license who demonstrates that they intend to practice in a medically underserved area or serve a medically underserved population, as defined.

Fiscal Impact: This bill would require staff to update the Board's licensing process to ensure applicants who meet the medically underserved area or serving a medically underserved population criteria can get their license application expedited. This would require the license application form to be updated for applicants to demonstrate their intent. Staff projects there will not be an increase in licensing workload related to the new provisions of this bill.

Attachments:

1. AB 2194 – Oppose Letter
2. SB 1041 – Oppose Letter

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Attachment 1



March 28, 2024

The Honorable Assemblymember Joe Patterson
P.O. Box 942849
Sacramento, CA 94249-0005

Re: Assembly Bill 2194 (Patterson) – Oppose

Dear Assemblymember Patterson:

The Physician Assistant Board (Board) considered [Assembly Bill \(AB\) 2194](#) at its March 4, 2024 meeting and voted to “oppose” this bill.

As currently drafted, AB 2194 deletes the provisions establishing the conditions under which a physician assistant may assist a doctor of podiatric medicine and, instead, would expand the existing supervising physician and surgeon provisions to authorize a supervising podiatrist to supervise a physician assistant in a similar manner.

The Board opposes this bill because a mechanism already exists to assist podiatric providers. Business and Professions Code (BPC) 3502(b) allows a physician assistant to assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon, with a patient specific order from a supervising physician and surgeon. BPC 3502(b) also requires a supervising physician and surgeon to be available for consultation to the physician assistant and limits the physician assistant’s duties to the podiatrist’s scope of practice. This bill if enacted would completely repeal BPC 3502(b) and the Board opposes this change. Podiatrists are specialists who prevent, diagnose, and treat lower extremity disorders, diseases, and injuries. They work closely with other healthcare professionals to treat and control the disease, but their scope of practice is limited to their specialty and/or subspecialty. Physician assistants practice medicine in collaboration with physicians and surgeons, and other providers to provide high-quality care. Their training enables them to occupy a wide range of clinical areas, including family medicine, emergency care, and surgical and internal medicine subspecialties. Physician assistants typically focus on preventive care and managing chronic health issues. Therefore, physician assistants have a broader scope of practice, similar to physicians and surgeons, making physicians and surgeons more qualified to supervise physician assistants.

Furthermore, this bill does not address the training requirements that a physician assistant would need to complete to be adequately supervised by a podiatrist. Physician assistants receive comprehensive training in medical diagnosis, treatment, and patient care across various medical specialties. There are no requisite clinical rotations for physician assistants with podiatrists to meet accreditation standards and there are no accreditation standards that require podiatrists be included in clinical rotations, for purposes of graduating from an accredited physician assistant program. The enactment of this bill would create compliance concerns for physician assistants if they are not provided the specialized training required to work with a podiatrist. Moreover, allowing podiatrists to supervise physician assistants may lead to gaps in clinical oversight and patient care, as podiatrists may lack the broader medical knowledge and experience necessary to supervise general medical practice effectively.

Thank you on behalf of the Board for your thoughtful consideration of AB 2194. If you have any questions, please contact me at (279) 666-2838 or by email at jasmine.dhillon@dca.ca.gov.

Sincerely,

A handwritten signature in black ink that reads "Jasmine Dhillon". The signature is written in a cursive, flowing style.

Jasmine Dhillon
Legislative and Regulatory Specialist

Attachment 2



March 28, 2024

The Honorable Senator Anthony Portantino
1021 O Street, Suite 7630
Sacramento, CA 95814

Re: Senate Bill 1041 (Portantino) – Oppose

Dear Senator Portantino:

The Physician Assistant Board (Board) considered [Senate Bill \(SB\) 1041](#) at its March 4, 2024 meeting and voted to “oppose” this bill.

As currently drafted, SB 1041 establishes the Armenian Doctor Pilot Program, which would allow up to 15 doctors who graduated from Yerevan State Medical University and have attained their medical degree and medical license in Armenia but have not practiced medicine in California within the 10 years preceding the operative date of the pilot program to participate in the program. The bill would require participants in the program to be enrolled in a medical refresher course developed by Yerevan State Medical University and an accredited academic institution in California with an approved physician assistant program, which would be subject to approval by the Board. The bill would require the refresher course to include clinical training undertaken in a federally qualified health center that serves the Armenian community in southern California. The bill would require the Board to issue a license to practice as a physician assistant in a federally qualified health center for 2 years to a participant who satisfies the requirements set forth in the bill.

One of the concerns the Board has is that the pilot program is too narrow since it limits the eligible participants to graduates from one specific medical university. This limitation restricts the participant pool to one medical university with no reasoning and thereby bars all other universities from participating. This raises questions about fairness, equity, and the rationale behind singling out one specific institution for participation in the pilot program. Furthermore, the physician assistant profession is not secondary to the medical doctor profession. The United States Medical Licensing Examination (USMLE) is open to students/graduates of accredited medical school programs issuing the Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO) degree and to students/graduates of international medical schools eligible for certification by the Educational Commission for Foreign Medical Graduates (ECFMG). Medical doctors are required to pass the USMLE to practice in the United States (US), and if they cannot pass the USMLE, they are not permitted to practice here. This pilot program allows participants to bypass this essential requirement which protects the public by ensuring that all licensed MDs pass the same assessment standards – no matter in which school or which country they train. Furthermore, to practice as a physician assistant in the United States, one must graduate from an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) accredited program and be certified by the National Commission on Certification of Physician Assistants (NCCPA). The participants would not qualify to sit for the NCCPA examination and therefore would not meet this requirement. The Board opposes this bill for the reason that it would allow participants to practice medicine without completing the established requirements that help maintain standards of quality for educational programs, ultimately compromising patient safety.

In addition to the above concerns, this bill would cause US-trained physician assistant students to compete with individuals from the pilot program for clinical rotations. This may exacerbate existing challenges in securing clinical training sites and impact the quality of education and training for all physician assistant students in California.

Implementing this bill would require significant resources from the Board, including staff time and funding for program oversight, evaluation, and enforcement. These resources could be better allocated to initiatives that support and enhance the education, training, and licensure of qualified physician assistants in California. More importantly, the Board would not be able to approve the medical refresher course required because it does not have the resources to ensure the course contains the requisite subject matter and complies with the appropriate laws of this state and current medical standards.

Thank you on behalf of the Board for your thoughtful consideration of SB 1041. If you have any questions, please contact me at (279) 666-2838 or by email at jasmine.dhillon@dca.ca.gov.

Sincerely,

A handwritten signature in cursive script that reads "Jasmine Dhillon".

Jasmine Dhillon
Legislative and Regulatory Specialist