
State Member Board Briefs

CALIFORNIA

New Laws Take Effect

A wide range of new California health care laws took effect January 1, 2026, reshaping how physicians practice medicine and how patients access care. Many were sponsored or supported by the California Medical Association (CMA) and reflect CMA's priorities: reducing administrative burdens, protecting the physician-patient relationship, and preserving equitable access to essential treatment.

Three CMA-sponsored measures are among the most significant changes this year.

- AB 489 (Bonta) protects patients from misleading artificial intelligence by requiring clear disclosure when an AI tool is being used and prohibiting systems from misrepresenting themselves as licensed medical professionals.
- SB 351 (Cabaldon) responds to concerns about private equity and corporate influence by reinforcing protections for independent physician clinical judgment and strengthening enforcement against the corporate practice of medicine, including empowering the Attorney General to act when entities improperly interfere with care.
- SB 306 (Becker) tackles one of the most persistent sources of delay and frustration in health care by giving regulators new authority to eliminate certain prior authorization requirements statewide on a code-by-code basis.

Further information is available at <https://www.cmadoes.org/newsroom/news/view/ArticleId/51102/Understanding-California-s-new-health-laws-A-2026-guide-for-physicians>

KENTUCKY

Bill to Expand Physician Workforce Passes Senate

Senate Bill 137, sponsored by Sen. Stephen Meredith, R-Leitchfield, establishes a three-year provisional license to practice medicine in Kentucky, creating a pathway for experienced physicians who trained outside the US or Canada to practice while meeting Kentucky's professional and regulatory standards.

Under the bill, qualified physicians who have completed residency or comparable postgraduate training, practiced medicine for at least five years, and secured employment with a licensed Kentucky health care provider may receive a provisional license. After three years of employment in good standing with the sponsoring entity, the provisional license would automatically convert to a full medical license.

The Kentucky Board of Medical Licensure would retain authority to revoke the provisional license if the physician is no longer employed by the sponsoring health care entity or violates professional standards.

The bill will now move to the Kentucky House of Representatives for consideration.

Further information is available at https://www.madisoncourier.com/carroll_news_democrat/news/bill-to-expand-physician-workforce-passes-senate/article_b676a331-5a56-5a2a-aecd-fa250a37fda6.html

UTAH

Specialized Task Force Formed to Address Sexual Misconduct Reports

The Utah Division of Professional Licensing (DOPL) announced the formation of a task force to tackle the rise of sexual misconduct complaints against professional license holders.

The task force will focus on professions that have historically received the highest percentage of sexual misconduct complaints: healthcare, mental health, and massage therapy. To ensure a survivor-centered approach, the group comprises stakeholders from various sectors, including victim advocacy, law enforcement, and professional associations.

The task force will review current laws and procedures to pinpoint gaps and ensure a survivor-centered approach. Several of the task force's goals include:

- Development of a "Unified Inter-Agency Protocol" that standardizes the process for sharing and cross-referencing reports among state agencies.
- Creation of a "Survivor Resource Map," a digital, sequential resource to help survivors navigate available criminal, civil, and administrative options.
- Implementation of public awareness initiatives, such as mandatory training for licensed professionals and state agencies.
- Compilation of a list of recommended statutory changes.

DOPL will share resources and tools that result from the task force on its News & Resources page and announce changes that directly impact licensed professions to licensees via e-mail.

Further information is available at <https://commerce.utah.gov/2026/03/05/utah-takes-a-stand-against-sexual-misconduct-in-licensed-professions/>

WASHINGTON, DC

Best Practice License Language Recommended

At its January 28, 2026, meeting the DC Board of Medicine recommended a change to a license question designed to identify physicians undergoing treatment. The recommended question reads as follows:

"Do you have a condition that currently impairs your judgement or adversely affects your ability to practice medicine in a competent, ethical, and professional manner? (Yes/No)"

DC is one of 10 states that the American Medical Association and Dr. Lorna Breen Heroes Foundation had identified as not having recommended language on its license application. As the Dr. Lorna Breen Foundation says on its website:

"Like everyone, health workers deserve the right to pursue mental health care without fear of losing their job. However, overly invasive mental health questions in licensing and credentialing applications prevent health workers from seeking support and increase the risk of suicide.

Such questioning tends to be broad or stigmatizing, such as asking about past mental health care and treatment, which has no bearing on a health worker's ability to provide care and violates the Americans with Disabilities Act.

Ensuring that health workers can access mental health care when needed not only benefits their wellbeing, but it also improves the health of our entire country."

The next step is for DC Health HRLA (Health Regulations and Licensing Administration) staff to review the recommendation and approve the change.

Further information is available at <https://www.msdc.org/detail/news/2026/01/30/dc-board-of-medicine-recommends-best-practice-license-language>