

Date of Hearing: April 23, 2024

ASSEMBLY COMMITTEE ON HIGHER EDUCATION

Mike Fong, Chair

AB 2080 (Arambula) – As Amended April 9, 2024

**SUBJECT:** University of California: medical school admissions: preference.

**SUMMARY:** Requests at least three University of California (UC) schools of medicine (SOM), commencing with students starting medical school in the 2027-28 academic year (AY), to give, as specified, admission preference to eligible applicants who speak one or more languages other than English that are underrepresented in the physician workforce and commonly spoken in California. Specifically, **this bill:**

- 1) States the following findings and declarations of the Legislature:
  - a) According to the United States Census Bureau, nearly 44% of California’s households speak a language other than English;
  - b) Nearly seven million Californians report speaking English “less than very well;”
  - c) In an analysis using the most commonly spoken languages in California, researchers determined that the most underrepresented language groups in the physician workforce were Vietnamese, Thai/Lao, Filipino/Tagalog, and Spanish. Spanish-speaking physicians were the most underrepresented language group in the physician workforce;
  - d) Data shows that a medical provider’s ability to speak the same language as the patient increases trust and patient satisfaction while decreasing poor clinical outcomes due to miscommunication; and,
  - e) It is critical to increase the number of physicians in California who can deliver health care services in a language other than English.
- 2) Requests that the UC, for at least three SOM, beginning with students starting medical school in the 2027-28 AY, give, among the other factors that the medical school considers when giving preference to applicants for admission, admission preference to eligible applicants who speak one or more languages, other than English, that are underrepresented in the physician workforce and commonly spoken in California, including, but not limited to, any of the following languages:
  - a) Spanish;
  - b) Filipino/Tagalog;
  - c) Thai/Lao;
  - d) Vietnamese; and,
  - e) Indigenous languages, including, but not limited to, languages associated with either of the following:

- i) A California Indian tribe on the contact list maintained by the Native American Heritage Commission, as specified; and,
  - ii) Mesoamerica.
- 3) Requests the UC Regents to develop and implement procedures for purposes of implementing this measure.

**EXISTING LAW:** Establishes the UC, a public trust to be administered by the Regents of the UC and grants the Regents full powers of organization and government, subject only to such legislative control as may be necessary to insure security of its funds, compliance with the terms of its endowments, statutory requirements around competitive bidding and contracts, sales of property and the purchase of materials, goods and services (Article IX, Section (9)(a) of the California Constitution).

**FISCAL EFFECT:** Unknown

**COMMENTS:** *Purpose of this measure.* According to the author, “health care disparities occur across a broad range of dimensions, including race, socioeconomic status, gender, language, and many more. In particular, a physician’s ability to speak the same language as their patient has been shown to improve quality of care and outcomes. Language concordance increases trust and patient satisfaction while decreasing poor clinical outcomes due to miscommunication.”<sup>1</sup>

Data provided by the author shows that, in California, the most under-represented language groups in the physician workforce are Vietnamese, Thai/Lao, Tagalog, and Spanish. Data suggests that of all languages, Spanish has the lowest ratio of Spanish speaking physicians relative to Spanish speaking patients. In fact, in California there are five times as many English speaking physicians as those who speak Spanish.<sup>2</sup>

The author contends that, “the inability of physicians to effectively communicate with their patients is devastating for non-English speakers. When controlling for other factors, non-English speaking patients experience adverse health outcomes ranging from moderate harm to death at twice the rate of their English-speaking counterparts.<sup>3</sup> In addition, it is common for the family members of non-English speakers to serve as medical translators in times of crisis, putting patient’s children at risk for anxiety and depression in adolescence and young adulthood.”<sup>4</sup>

*UC SOM.* The UC has six SOM, located at UC Davis (UCD), UC Irvine, UC Los Angeles (UCLA), UC Riverside (UCR), UC San Diego (UCSD), and UC San Francisco (UCSF). Each SOM follows the best practices of the American Association of Medical Colleges (AAMC) and uses holistic review for their admissions process. Holistic review is an admissions process that considers each applicant individually by balancing their academic metrics with life experiences and attributes. These factors are viewed in combination to consider how an individual might contribute value, not only as a medical student, but also as a future physician. Nearly all medical

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<sup>1</sup> [A Case Study of the Impact of Language Concordance on Patient Care, Satisfaction, and Comfort with Sharing Sensitive Information During Medical Care - PMC \(nih.gov\)](#)

<sup>2</sup> [Language Concordance Policy Brief \(altamed.org\)](#)

<sup>3</sup> [Implications of Language Barriers for Healthcare: A Systematic Review](#)

<sup>4</sup> [Why We Shouldn't Ask Kids to Interpret for Their Parents](#)

schools report using some elements of holistic review. This allows schools to prioritize their mission and determine their individual priorities for admissions. This has also resulted in more diverse medical school classes.

According to the 2023 *U.S. News and World Report* rankings for most diverse medical schools, UC SOM had four in the top 15 ranked diverse medical schools: UCD at number 3; UCR at number 5; UCSF at number 9; and, UCLA at number 13.

Committee Staff understands that under the AAMC, UC SOM applicants are asked to add all languages that they speak, along with their proficiency and frequency of use in their childhood home for each (including English). The chart below, from the AAMC, shows the criteria that medical school applicants are asked to follow when selecting their level of language proficiency.

According to the UC, all SOM applications collect information on language proficiency from applicants. Currently, this data is not reported to the UC Office of the President.

When selecting your level of proficiency, follow these guidelines:

<b>Native/Functionally Native</b>	I converse easily and accurately in all types of situations. Native speakers may think that I am a native speaker, too
<b>Advanced</b>	I speak very accurately, and I understand other speakers very accurately. Native speakers have no problem understanding me, but they probably perceive that I am not a native speaker.
<b>Good</b>	I speak well enough to participate in most conversations. Native speakers notice some errors in my speech or my understanding, but my errors rarely cause misunderstanding.
<b>Fair</b>	I speak and understand well enough to have extended conversations about current events, work, family, or personal life. Native speakers notice many errors in my speech or my understanding.
<b>Basic</b>	I speak the language imperfectly and only to a limited degree and in limited situations. I have difficulty in or understanding extended conversations.

This measure, in part, requests that the UC, for at least three SOM, beginning with students starting medical school in the 2027-28 AY, give, among the other factors that the medical school considers when giving preference to applicants for admission, admission preference to eligible applicants who speak one or more languages, other than English, that are underrepresented in the physician workforce and commonly spoken in California.

*Diversification efforts.* According to the UC, the UC SOM have shown steady gains in the enrollment of students underrepresented in medicine (URiM) over the last 20 years. In 2024, 50% of first-year UC medical students are URiM compared to only 16% in 2000. The UC attributes this increase to several factors, including, but not limited to, UC Programs in Medical Education (PRIME), which is the UC’s systemwide initiative focused on adding the physician workforce shortages and meeting the needs of underserve populations.

The first PRIME program began in 2004 and now there are 459 PRIME students enrolled across 10 programs which train highly motivated, socially conscious graduates who will become physician leaders committed to serving medically underserved groups and communities across

the state. Each program includes a specified area of focus and combines structured activities ranging from student outreach and recruitment to specialized coursework, population-focused clinical training and research experiences, health care leadership and management training, community engagement experiences, master's degree educational opportunities, faculty mentoring, and sponsored events that are open to the broader campus community. Eighty-four percent of PRIME students are from groups that are URiM.

According to the UC's most recent PRIME programs report (for fiscal year 2023-24), communities of color will make up over 65% of California's population by 2030, yet they are severely underrepresented in the health workforce and educational pathway. Language capabilities are also not aligned, with a large and growing public unable to effectively communicate with their health providers. For the physician workforce to better reflect California's diverse population, it will be critical that California medical schools continue to prioritize efforts to increase diversity among students, residents, and faculty. It is also well documented that physicians from groups underrepresented in medicine (URiM) are more likely to practice in shortage areas and to care for underserved and uninsured populations as compared to others.

*Committee comments and amendments.* As referenced in the *UC SOM* section of this analysis, UC SOM, like virtually all medical schools in the nation, follow the best practices of the AAMC for admissions. This measure requests that three UC SOM deviate from their current best practices in order to give preference to students who speak more than one language, other than English. However, the bill is silent as to how admission officers will be able to verify an applicant's fluency in other languages. Further, while applicants may be fluent in any of the listed languages, it does not necessarily mean that applicants are URiM individuals.

Additionally, as currently drafted, this measure appears to be a pilot, however, none of the components of a typical pilot are included in the bill; there is no data collection requirement and no sunset. Additionally, how will the UC select the three SOM to participate?

While this measure requests the UC to provide preference to applicants who speak another language other than English, and while the act of providing preference based on language may not necessarily violate Proposition 209, it is presently unclear if the implementation of this measure could violate Proposition 209.

*To address the policy concerns, Committee Staff recommends, and the author has agreed to accept, the following amendments, which delete the current version of the bill and instead:*

**66207.5. (a) Commencing with the 2025-26 academic year, the University of California is requested to annually report by posting on a public-facing website, the number of first-generation students and the number of Pell Grant recipients, disaggregated by campus, currently enrolled in a University of California school of medicine.**

**(b) The University of California is requested to post the annual report, pursuant to paragraph (a), by December 1 of each year.**

*Arguments in support.* According to Health Net, "California's physician workforce does not reflect the diversity of the state. Efforts are being made to improve it as studies have shown that health outcomes improve when a provider is able to bridge the language and cultural barrier with their patients. As medical school admissions have expanded over the past two decades,

admissions have become slightly less diverse, but AB 2080 will improve admissions for underrepresented applicants.”

*Prior legislation.* AB 470 (Valencia), Chapter 330, Statutes of 2023, in part, authorizes associations that accredit continuing medical education courses to update standards, in conjunction with an advisory group that has expertise in cultural and linguistic competency issues and is informed of federal and state statutory threshold language requirements, with prioritization of languages in proportion to the state population’s most prevalent primary languages spoken by 10% or more of the state population, as well as to ensure program standards meet the needs of California’s changing demographics and properly address language disparities as they emerge.

**REGISTERED SUPPORT / OPPOSITION:****Support**

Altamed Health Services Corporation  
Health Net  
The Leukemia & Lymphoma Society

**Opposition**

None on file.

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