

**California Health Care Specialty Workforce Shortages:
A Critical Analysis of Current Challenges and Future Solutions**

JANUARY 2025

Introduction

California is facing a critical shortage of specialty health care physicians and workers, particularly within allied health professions, which includes health care professionals such as nurses and nurse practitioners, as well as specialized areas of medicine like labor and delivery and behavioral health.¹ This shortage disproportionately affects underserved communities, exacerbating existing health inequities, threatening access to essential services, and worsening health outcomes, especially for vulnerable populations in rural areas. In rural regions, geographic isolation, limited health care infrastructure, and a lack of health care providers compound these challenges, making it even more difficult for residents to access timely care. Health disparities carry significant social and economic risks, exemplified by rising maternal mortality rates, and the behavioral health crisis that Californians face across generations.



A diverse health care workforce is essential to achieving health equity in our communities. Patients have better experiences, higher levels of trust and improved health outcomes when their medical care teams reflect the populations they serve. However, despite California's diverse population, many racial, ethnic, and linguistic

groups remain significantly underrepresented in health care professions. This disparity in representation limits the ability of the health care system to effectively address and meet the needs of the diverse communities it is meant to serve.

This ITUP fact sheet examines the current landscape of California's specialty health care workforce, analyzes the implications it has for health outcomes, and explores both short- and long-term strategies and investments needed to create a diverse and reflective workforce for California communities.

Fast Facts »



Approximately **2.7 million** Californians are impacted by maternity care deserts.²

2.53 million Californian women lack access to a birthing hospital within a 30-minute drive.²



Nearly **9.2%** of pregnant Californians receive insufficient prenatal care.²

California faces a shortage of **5,000** mental health practitioners by 2026.³



Approximately **40%** of births in California are funded by Medi-Cal and could benefit from doula support.⁴

In California, there are approximately **114,600** medical assistant vacancies annually.⁵



California faces an estimated shortage of **36,000** licensed nurses.⁶

By 2036, California is projected to have **26%** reduction in the number of registered nurses.⁷



In 2023, the median age of nurse practitioners in California was **52**, with over **22%** nearing retirement age.⁸

23 of the state's 58 counties have fewer than one psychiatrist per 10,000 residents.⁹



Key Workforce Initiatives and Legislation



March 2016

[Managed Care Organization \(MCO\) Tax](#) package implementation, reducing Medi-Cal spending by over \$1 billion annually.



June 2021

University of California launched first-in-state [Psychiatric Mental Health Nurse Practitioner \(PMHNP\) certificate program](#).



January 2023

Laura Rodriguez Medical Assistant Institute launched, addressing Medical Assistants (MAs) shortage with [\\$450,000 Direct Relief grant](#).



October 2023

[Senate Bill 525 \(SB 525 - Durazo\)](#) passed, mandating a \$25/hour minimum wage for health care workers, which aimed to benefit 426,000 workers.

September 2024

[SB 1015 \(Cortese\)](#) passed, requiring the Board of Registered Nurses (BRN) to provide an annual report to the Legislature on clinical nursing placement management and coordination.



November 2024

[Proposition 35](#) passes. Medi-Cal rate increases will be permanently secured through MCO tax funding starting in 2027. However, the state still needs federal approval to impose the tax.



January 2030

[Assembly Bill 2104 \(AB 2104 - Soria\)](#) goes into effect. AB 2104 requires the Chancellor of California's Community Colleges to create a pilot program for certain community colleges to offer a Bachelor of Science in Nursing (BSN) degree.



Current Landscape of California's Specialty Workforce

Allied Health Professionals



Allied health professionals are essential in bridging medical expertise and patient care as their specialized skills and collaborative approach ensure holistic, high-quality care. In California, allied health professionals—including medical assistants—constitute 60 percent of the health care workforce and are vital in supporting specialty care, from diagnostic services like imaging and lab tests, to implementing treatment plans developed by specialist physicians.¹⁰

In addition, allied health professionals serve as vital intermediaries between specialists and patients, providing education on condition management and supporting patient adherence to prescribed treatments. In addition, allied health professionals help transform complex medical instructions into practical, patient-centered interventions, ultimately enhancing the quality and effectiveness of specialty care. However, conservative estimates indicate that California will need 65,000 allied health care professionals each year, creating a demand for 500,000 new workers by end of 2024.¹⁰

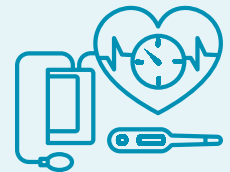
Medical Assistants (MAs)

Medical Assistants (MAs) are essential to the smooth functioning of specialty care settings, acting as a crucial bridge between patients and specialist physicians.¹¹

California's demand for health care workers, especially MAs, is expected to rise sharply. The number of MA jobs is expected to grow by nearly 30% by 2026, adding about 24,800 positions.¹²

Roles of Medical Assistants

- Patient Histories
- Record Vital Signs
- Conducting Tests
- Collecting Specimens
- Assist Physicians During Procedures
- Patient Education
- Manage Continuity of Care
 - Referrals
 - Specialist Coordination
 - Follow-Up



Registered Nurses (RNs)



Registered Nurses (RNs) are the backbone of specialty care, providing comprehensive, patient-centered support. Specialty nurses manage complex conditions, collaborate with physicians on treatment plans, and coordinate care across providers. Both offer and deliver hands-on-care and educate patients and families through complex medical decisions. However, a wave of experienced RNs left the profession at an alarming rate between 2020-2022 during the height of the COVID-19 pandemic.¹³ Long hours and high stress have contributed to burnout and forced RNs to leave the profession, leading to shortages in high-demand areas. With limited numbers of available RNs, this further strains the remaining workforce and threatens care quality, especially impacting unserved and underserved regions and populations.

See [ITUP's 2024 Regional Equity Collaboratives Key Takeaways Report](#) for more detailed information about the workforce shortage occurring across each region.

▼ Nurse Practitioners (NPs)

Nurse Practitioners (NPs) are key drivers of specialized care, bringing advanced education and clinical training to multiple fields and helping to shape the future of specialized health care. Through their work, NPs not only deliver exceptional care, but also contribute to a more efficient, equitable health care system, ensuring that specialized services are available and accessible to all.

California faces a critical shortage of NPs, who are essential in delivering care to underserved populations.¹⁴ Many of these areas lack sufficient health care providers and depend heavily on NPs to meet the growing demand for services. However, high patient volumes, limited resources, and insufficient support in these regions place immense pressure on NPs, contributing to existing burnout, job dissatisfaction, and high turnover rates. This workforce strain not only exacerbates health inequities but also threatens the continuity and quality of care for California's most vulnerable communities.

Roles of Nurse Practitioners

- Independently Assess, Diagnose and Treat Patients
- Prescribe Medications
- Order & Interpret Tests
- Perform Procedures Within Their Expertise
- Research, Quality Improvement, and Develop Clinical Protocols



▼ Labor and Delivery



Labor and Delivery care is a cornerstone of maternal and infant health, however many California communities, particularly rural and underserved areas, are facing increasing barriers to access. Maternity care deserts are expanding, leaving many communities, particularly Black and Latinx populations, without essential services.¹⁵ The shortage of midwives, doulas, and culturally competent birth workers exacerbates pre-existing health disparities, depriving communities of vital, culturally tailored care and support. Health disparities in maternal care are driven by systemic inequities, including limited access to culturally appropriate care, economic barriers, and structural and medical racism.¹⁶ See [ITUP's Mobilizing Doulas: Advancing Equitable Maternal Health Outcomes in California Fact Sheet](#) for more information on addressing maternal health challenges.

Addressing these challenges requires centering focus on health equity, ensuring all birthing people have access to skilled, culturally sensitive care, regardless of race, ethnicity, or location. A commitment to expanding access to midwives, doulas, and culturally competent health care workers is critical to reducing disparities, improving maternal and infant health outcomes, and restoring trust in the health care system. Expanding access to equitable labor and delivery services is not just a health care issue—it is a matter of social justice.

▼ Behavioral Health

Behavioral health specialists, such as psychiatrists, peer counselors, therapists, psychologists, and other mental health professionals, are crucial partners in specialty care workforce. This branch of specialists aims to address the psychological and emotional aspects of health, ultimately aiming to help transform and promote healing of both body and mind.¹⁷ By working alongside medical teams, they provide holistic care that connects clinical treatment with real-world struggles, help patients manage grief, anxiety, and depression. Peer counselors offer empathy through shared experiences, while therapists and counselors help patients build coping strategies and overcome psychological barriers, thus leading to better adhesion to treatment and overall recovery.

Behavioral health specialists help patients adjust to diagnoses, manage emotional challenges, and build mental resilience for recovery. Their compassionate approach ensures patients receive not just physical treatment, but holistic support leading to a better, more sustainable health outcome.

Despite the growing support on the need of behavioral health specialist, California faces a severe shortage of mental health and substance use disorder providers, particularly within Medi-Cal.¹⁸ The lack of available behavioral health specialists' hampers efforts to meet the growing demand for services statewide. This shortage affects all demographics and regions, with rural areas especially underserved. See [ITUP's Behavioral Health Policy Toolkit](#) for more information and resources on advancing behavioral health in California.



Impact Analysis and Future Implications

Without comprehensive interventions, California faces the prospect of worsening health outcomes across historically marginalized and vulnerable populations through increased emergency department utilization, and higher health care costs across the system.^{19,20} Access to medical care in a timely manner is emerging as a significant public health threat throughout California.²¹ For example, patients face a wait of six to nine months just to secure a preventive appointment with a gastroenterologist.²² In addition, individuals with Medi-Cal or no insurance face barriers to seeing specialists, even when specialized care is critical, resulting in negative health outcomes.²² In the LA County system, patients faced an average wait of 89 days to see a specialist.²³

Geographic disparities are likely to worsen, with rural areas facing continued closure of specialty services while urban areas experience increasingly lengthy wait times. Health care availability is decreasing for over 2 million Californians.²⁴ Out of California's 55 rural hospitals, 16 (29%) are at risk of shutting down.²⁵

California's older adults' population is rapidly growing. California's over-60 population is projected to be 25% of the population by 2030, when there will be 10.8 million older adults, and California's public mental health system is unprepared to meet the growing mental health needs of the elderly, nor does it have the capacity to deliver specialized care for substance abuse.²⁶

The specialty health care workforce shortage in California represents a complex challenge requiring immediate attention and long-term commitment. Success requires a coordinated effort from policymakers, health care institutions, educational facilities, and communities. Only through comprehensive, sustained efforts will California ensure adequate specialty health care access for all, especially for those historically marginalized and underserved communities.

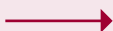


Policy Considerations



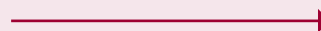
The following short-term and long-term policy recommendations form a comprehensive strategy to address California's specialty health care workforce challenges. By implementing both immediate measures and investing in long-term strategies, the health care workforce can be rebuilt to be reflective, diverse, and sustainable to meet the health care needs of Californians, particularly in underserved areas, and ensure equitable access to specialized care for all.

Short-Term Solutions



- **Build on Existing Legislative Bills:** California should expand on [SB 233 \(Skinner\)](#) by introducing legislation that authorizes licensed medical specialists from other states to practice in California, provided they meet specified requirements. This would ensure an adequate workforce of qualified health care specialists, addressing potential shortages and improving access to critical medical services.
- **Expand Loan Repayment & Residency Programs:** Increase loan repayment incentives for specialty providers and expand residency positions to grow the health care workforce in underserved areas.^{27,28}
- **Implement Telehealth & Rural Incentives:** Expand telehealth programs and offer incentives for rural practice to enhance access and support underserved communities.²⁹
- **Grant Independent Practice to Nurse Practitioners (NPs):** Allow NPs to practice independently, improving access to primary care, particularly in underserved areas.³⁰
- **Optimize the Role of Medical Assistants (MAs):** Ensure MAs in primary care settings are working at the top of their scope to improve efficiency and ease the burden on providers.³¹
- **Travel Compensation for Specialists:** Provide financial incentives, such as travel compensation, to specialists serving multiple rural locations.

Long-Term Investments



- **Support and Fund Existing Initiatives:** Support the successful implementation and continued funding of existing initiatives like the [Children and Youth Behavioral Health Initiative \(CYBHI\)](#), to drive lasting transformation in California's support systems for children, youth, and families.
- **Create Diverse Health Care Pathways:** Establish programs to support underrepresented high school and college students in pursuing health care careers, ensuring a more diverse workforce that reflects California's patient population.³²
- **Integrate Mental Health Services in Schools and Rural Areas:** Implement standardized mental health training for school staff (K-12), co-locate services in rural community hubs and develop culturally competent care models to ensure early intervention and accessibility in underserved areas.^{33,34}
- **Hub-and-Spoke Specialty Care Networks:** Establish regional hub-and-spoke networks where large, central medical centers (hubs) collaborate with smaller rural facilities (spokes) to ensure the delivery of specialty services across a broader geographic area. These networks will facilitate coordinated care, remote consultations, and patient referrals between hubs and spokes.³⁵
- **Rotating Specialist Programs:** Implement rotating specialist programs where health care professionals from urban or larger facilities travel to rural areas on a scheduled basis to provide care.

Key Terms

Allied Health Professionals: Health care providers who are not physicians/nurses (e.g., laboratory technicians, physical therapists, respiratory therapists).³⁶

Behavioral Health Specialists: Health care professionals who address mental and emotional well-being, including psychiatrists, psychologists, social workers, and counselors, treating mental health conditions, substance use disorders, and supporting recovery through therapy.³⁷

Burnout: Physical or mental collapse caused by overwork or stress, leading to workforce attrition.³⁸

Cultural Competency: The ability to effectively deliver health care services that meet social, cultural, and linguistic needs of patients.³⁹

Graduate Medical Education (GME): Residency training for physicians after medical school.⁴⁰

Hub-and-Spoke Specialty Care Networks: A model for providing specialized care in rural or underserved areas, where central medical centers (hubs) work with smaller local facilities (spokes) to offer specialty services through remote consultations, rotating specialists, and patient referrals.⁴¹

Labor and Delivery: A specialized area of health care that focuses on the care of women during childbirth, including prenatal care, labor management, delivery, and postpartum care.⁴²

Loan Repayment Programs: Financial incentives that help repay educational debt in exchange for service.⁴³

Maternal Care Desert: Also known as maternity care deserts, are geographic areas with limited or no access to maternity care services.²

Maternal Mortality: The death of a woman during pregnancy or within 42 days of pregnancy termination, from any cause related to or worsened by the pregnancy or its management, but not from accidents or unrelated causes.⁴⁴

Medical Assistants (MAs): Health care workers who assist in clinical and administrative tasks, such as taking patient histories, preparing patients for procedures, assisting in exams, and handling office tasks like scheduling and billing.⁴⁵

Nurse Practitioners (NPs): Advanced practice nurses with a master's degree in nursing provide specialized care in areas like pediatrics, family medicine, or mental health. NPs can diagnose, treat, prescribe medications, and order tests, often working independently or with physicians.⁴⁶

Pipeline Programs: Educational pathways designed to prepare and support students entering health care professions.⁴⁷

Psychiatric Mental Health Nurse Practitioner (PMHNP): Advanced practice nurse specialized in mental health.⁴⁸

Retention Rate: The percentage of health care workers who remain in their positions over time.⁴⁹

Specialty Health Care: The focus on specific medical fields, separate from primary care. Patients are typically referred by primary care providers for expert diagnosis and management. However, accessing and staying engaged with specialty care can be more challenging than with primary care.⁵⁰

Telehealth: The delivery of health care services through digital communication technologies, allowing patients to receive care remotely, especially in underserved or rural areas.⁵¹

Workforce Pipeline: A system for recruiting, training, and retaining health care professionals.⁵²

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About ITUP

ITUP is an independent, nonprofit, health policy institute that has been a central voice in the California health policy landscape for more than two decades. ITUP serves as a trusted expert, grounded in statewide and regional connections with a network of policymakers, health care leaders, and stakeholders. The mission of ITUP is to promote innovative and community-informed policy solutions that expand access to equitable health care and improve the health of all Californians.

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