SUPPORT FOR NEW NURSING GRADUATES IN RURAL AND UNDERSERVED AREAS

A.B. 2391 Assemblymember Patrick Ahrens

SUMMARY

A.B. 2391 establishes a statewide program to improve employment outcomes for new graduates of California community college Associate Degree in Nursing (ADN) programs. This program supports job placement pathways and provides financial assistance to help newly licensed registered nurses transition into jobs in hospitals serving rural and medically underserved communities.

By strengthening the pathway from community college nursing education to community care, the program expands access to the profession, supports a diverse nursing workforce, and helps ensure communities across California have the nurses needed to provide safe patient care.

BACKGROUND

California's community colleges operate 77 ADN programs, which train nearly half of the state's newly licensed registered nurses (RNs) each year.[1] ADN programs provide a fast, affordable, and accessible entry point into the nursing profession, particularly for students from disadvantaged and rural communities, making these programs essential to building a nursing workforce that reflects California's patient population.[2]

California has made significant investments to expand the nursing workforce pipeline. The CA Community Colleges Nursing Enrollment Growth and Retention Program provides approximately $13 million annually to support ADN programs. Recent program reporting shows strong results, including over 12,000 student enrollments, 93 percent retention, and a 91 percent first-time NCLEX pass rate.[3] The state also supports nursing workforce training through the Song-Brown Health Care Workforce Training Program, which funds RN education and clinical training capacity.

PROBLEM

Hospitals in rural and medically underserved communities struggle to recruit and retain enough nurses to safely staff patient care units. Despite training thousands of new nurses each year, California lacks targeted workforce investments to help newly licensed RNs enter the workforce and practice in these high-need areas.

California has an adequate supply of nurses, with over 560,000 actively licensed nurses, but only about 326,000 are currently working as nurses.[4] However, many rural and medically underserved hospitals face employer-created staffing challenges that directly impact patient care. When these hospitals do not hire or retain enough nurses, they often reduce services, close units, or stretch existing staff thin, leading to unsafe working conditions and lower quality of care. These workforce gaps disproportionately impact low-income and geographically isolated communities that already face barriers to care.

Despite having more than 200,000 RNs with active licenses who are not working as nurses in the state, the Department of Health Care Access and Information (HCAI) projects the state will face RN workforce distribution gaps, primarily impacting rural and medically underserved areas.[5] HCAI projects that 50 counties will face unmet demands for RNs, with the largest gaps in the Northern and Sierra, Central Coast, and Los Angeles regions.

California's nursing workforce investments remain largely concentrated on education and training, leaving many nurses unsupported in the transition from graduation to employment. State funding for RN workforce programs is also uneven compared with other health professions. In the 2025–26 funding cycle, Song-Brown Primary Care Residency programs received approximately $31 million, while RN pre-licensure programs received $2.725 million — a gap of more than 91 percent.[6]

Newly licensed RNs often face practical barriers when transitioning from graduation to employment, particularly when considering jobs in rural or medically underserved communities. Relocation costs, housing availability, transportation, and childcare can make it difficult for new nurses to move to high-need regions or accept positions far from where they completed their training. Similarly, poor working conditions—including chronic understaffing, limited clinical support, on-going health and safety concerns, and few professional development opportunities—can further discourage new nurses from accepting or remaining in these positions.

Without targeted support to address these transition barriers, many newly licensed nurses delay entering the workforce, accept positions in already well-staffed regions, or leave the profession altogether.

SOLUTION

A.B. 2391 establishes a statewide program administered by HCAI, in coordination with the California Community College Chancellor's Office, to strengthen the transition from community college nursing education to employment and improve the distribution of nurses in rural and medically underserved communities.

The program will:

» Provide grants to community college ADN programs to develop structured job placement partnerships for recent graduates.

» Provide support grants to newly licensed ADN graduates to help address workforce transition barriers such as relocation, housing, transportation, and childcare.

» Facilitate job placements in rural and medically underserved communities, in coordination with labor organizations representing direct-care RNs.

» Prioritize placements at hospitals that demonstrate strong labor standards and retention practices.

By reducing barriers that prevent new nurses from relocating to high-need areas, A.B. 2391 helps connect newly licensed nurses to available positions in rural and medically underserved hospitals. In doing so, the program improves RN workforce distribution, strengthens recruitment in underserved communities, and supports safe staffing and quality patient care.

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SUPPORT

California Nurses Association (sponsor)

ENDNOTES

1   Blash, L., & Spetz, J. (2023). California Board of Registered Nursing 2021–2022 Annual School Report: Data Summary for Pre-Licensure Nursing Programs (p. 17). University of California, San Francisco. https://www.rn.ca.gov/pdfs/education/prelicensure21-22.pdf

2   Yates, M. C., Auerbach, D. I., Staiger, D. O., & Buerhaus, P. I. (2023). Characteristics of rural registered nurses and the implications for workforce policy. The Journal of Rural Health, 39(1), 240-245.

3   California Community Colleges Chancellor's Office. (2023). 2022–23 Nursing Program Legislative Report. https://www.ccco.edu/-/media/CCCCO-Website/docs/report/2022-23-nursing-program-legislative-report-a11y.pdf

4   Spetz, J., Chu, L., & Blash, L. (2023). California Registered Nurse Workforce: Supply and Demand Projections. UCSF Health Workforce Research Center on Long-Term Care. https://healthworkforce.ucsf.edu/publications/california-registered-nurse-workforce-supply-and-demand-projections

5   California Department of Health Care Access and Information (HCAI). Supply and Demand Modeling for California's Nursing Workforce. https://hcai.ca.gov/visualizations/supply-and-demand-modeling-for-californias-nursing-workforce/

6   California Department of Health Care Access and Information. Song-Brown Primary Care Residency Program Grant Announcement. https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/

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