

Date of Hearing: March 28, 2023

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Marc Berman, Chair

AB 470 (Valencia) – As Amended March 13, 2023

SUBJECT: Continuing medical education: physicians and surgeons.

SUMMARY: Updates continuing medical education standards to further promote cultural and linguistic competency and enhance the quality of physician-patient communication.

EXISTING LAW:

- 1) Establishes the Medical Practice Act, which provides for the licensure and regulation of physicians and surgeons. (Business and Professions Code (BPC) §§ 2000 *et seq.*)
- 2) Establishes the Medical Board of California (MBC), a regulatory board within the Department of Consumer Affairs comprised of 15 appointed members. (BPC § 2001)
- 3) Includes among the MBC's responsibilities the administration of a continuing medical education program. (BPC § 2004)
- 4) Requires the MBC to adopt and administer standards for the continuing education of its licensees; authorizes the MBC to set content standards for any education regarding the prevention and treatment of a chronic disease; and mandates that the board shall require each licensed physician and surgeon to demonstrate satisfaction of continuing education requirements at intervals of not less than four nor more than six years. (BPC § 2190)
- 5) Allows for continuing medical education requirements to be met by educational activities that meet the standards of the MBC and that serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to patients. (BPC § 2190.1(a))
- 6) Requires all continuing medical education courses to contain curriculum that includes cultural and linguistic competency in the practice of medicine and the understanding of implicit bias. (BPC §§ 2190.1(b-e))
- 7) Requires the MBC to consider requiring a course in human sexuality and nutrition in its continuing education requirements. (BPC § 2191)
- 8) Requires the MBC's Division of Licensing to encourage every physician and surgeon to take a course in pharmacology as part of their continuing education. (BPC § 2191.1)
- 9) Requires the MBC's Division of Licensing to encourage every physician and surgeon to take a course in geriatric medicine as part of their continuing education. (BPC § 2191.2)
- 10) Requires the MBC to consider requiring a course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling. (BPC § 2191.4)

- 11) Requires the MBC to consider requiring a course in integrating mental and physical health care in primary care settings. (BPC § 2191.5)
- 12) Requires the MBC to consider requiring a course in maternal mental health. (BPC § 2196.9)
- 13) Requires all physicians and surgeons to complete a continuing education course in pain management and the treatment of terminally ill and dying patients, which must include the subject of the risks associated with the use of Schedule II drugs. (BPC § 2190.5)
- 14) Authorizes a physician and surgeon to complete a one-time continuing education course in the subjects of treatment and management of opiate-dependent patients as an alternative to the required course in pain management. (BPC § 2190.6)

THIS BILL:

- 1) Revises a criterion listed in statute as an example of educational activities that may be applied toward continuing medical education requirements to expressly include improvement of the quality of physician-patient communication.
- 2) Requires associations that accredit continuing medical education courses to update their standards for cultural and linguistic competency in conjunction with an advisory group that has expertise in those 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 percent or more of the state population.
- 3) Requires the updated standards for cultural and linguistic competency to ensure program standards meet the needs of California's changing demographics and properly address language disparities, as they emerge.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by the **California Medical Association** and **AltaMed**. According to the author:

“Patients whose primary language is not English should receive appropriate and culturally competent medical care. AB 470 would ensure Limited English Proficient (LEP), and English as a Second Language (ESL) individuals receive high quality care by improving communications with their physicians. Our State has a disparity between the number of our physicians who speak foreign languages and patient populations whose first language is not English. According to a report released by the UCLA Latino Policy and Politics Initiative, there are only 62.1 Spanish-speaking physicians per 100,000 Limited English Proficient (LEP) individuals. This bill will address language barriers by providing physicians with expanded access to foreign language courses at institutions that accredit Continuing Medical Education courses, so that our healthcare professionals can effectively interact with their patients from diverse backgrounds. Additionally, CME standards may be updated to meet the needs of California's changing demographics as they emerge. This will have a positive impact in communities whose languages are currently underserved by the physician workforce, and allow these healthcare workers to provide culturally competent care.”

Background.

Continuing Medical Education for Physicians. All physicians and surgeons licensed by the MBC must complete a minimum of 50 hours of approved continuing medical education during each two-year license renewal cycle. This requirement can be met by taking a variety of approved continuing education courses. The only specifically required courses are a one-time, 12-hour training in pain management and the treatment of terminally ill patients, and a requirement that general internists and family physicians whose patient populations are over 25% 65 years of age and older must take at least 20% of their continuing education in the field of geriatric medicine. However, all approved continuing medical education courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine and the understanding of implicit bias.

When determining what continuing education courses to approve, the MBC's Division of Licensing currently considers programs accredited by the American Medical Association, the Institute for Medical Quality/California Medical Association, and the Accreditation Council for Continuing Medical Education (ACCME), as well as programs that qualify for prescribed credit from the American Academy of Family Physicians. The MBC also has broad authority to consider other programs offered by organizations and institutions acceptable to the MBC.

Cultural and Linguistic Competency. A 2018 study published by the Latino Policy & Politics Initiative at the University of California, Los Angeles found that while nearly 44 percent of the California population speaks a language other than English at home, many of the state's most commonly spoken languages are underrepresented by the physician workforce. The report specifically identified Spanish, Filipino, Thai/Lao, and Vietnamese as underrepresented languages. The report recommended placing an emphasis on language ability in medical school admissions.

Since 2006, all continuing medical education courses approved by accrediting associations have been required to have standards to ensure compliance with a requirement under the Medical Practice Act that all continuing medical education courses contain curriculum that includes cultural and linguistic competency in the practice of medicine. However, the author and sponsors of this bill argue that current standards do not adequately promote education in underrepresented languages. The intent of this bill is to improve the ability of physicians to communicate with patients for whom English is not their primary language.

This bill would require the accrediting associations to update their program standards to ensure they meet the needs of California's changing demographics and properly address language disparities, as they emerge. The associations would be required to consult with an advisory group that has expertise in cultural and linguistic competency issues and is informed of federal and state statutory threshold language requirements. The bill also generally emphasizes the quality of physician-patient communication by adding reference to that priority in its listing of possible criteria for educational activities that meet continuing education standards.

Current Related Legislation. AB 996 (Low) would require regulatory boards to develop and maintain a conflict-of-interest policy. *This bill is pending in this committee.*

Prior Related Legislation. AB 241 (Kamlager-Dove, Chapter 417, Statutes of 2019) required all continuing medical education courses to contain curriculum that includes the understanding of implicit bias.

AB 801 (Diaz, Chapter 510, Statutes of 2003) establishes the Cultural and Linguistic Physician Competency Program to be operated by local medical societies of the California Medical Association (CMA) and to be monitored by the MBC.

ARGUMENTS IN SUPPORT:

The **California Medical Association** (CMA) is co-sponsoring this bill. According to the CMA: “This bill seeks to encourage more physicians to take foreign language courses as part of their CME requirements. This legislation will help physicians better communicate with patients in diverse communities across the state. California is a melting pot of cultures and languages, making it a minority-majority state. In fact, nearly 43% of all Californians speak another language other than English at home. With such a wide variety of ethnic, racial, and religious backgrounds, it is critical that our healthcare professionals can communicate with their patients clearly and effectively in a manner that is culturally appropriate and in the proper language. Similarly, patients should be able to receive the medical care they need without having to overcome language barriers.”

AltaMed is also co-sponsoring this bill, arguing that there is “a disparity between the number of physicians who speak foreign languages and patients where English is their second language, resulting in worse satisfaction for patients and providers; worse access, quality, safety, and health outcomes; use of high-cost medical services; and the exacerbation of other social barriers.” AltaMed states that “we must address this disparity in order for physicians to better understand their patients’ needs and to provide the best care.”

ARGUMENTS IN OPPOSITION:

None on file.

REGISTERED SUPPORT:

AltaMed Health Services (*Co-Sponsor*)
California Medical Association (*Co-Sponsor*)
California Commission on Aging
California Health+ Advocates
California Rheumatology Alliance
California State Association of Psychiatrists
Kaiser Permanente
Medical Board of California
National Latino/a Physician Day

REGISTERED OPPOSITION:

None on file.

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