Office of Senate Floor Analyses
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THIRD READING

Bill No: AB 470
Author: Valencia (D), et al.
Amended: 3/13/23 in Assembly
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 13-0, 6/5/23
AYES: Roth, Nguyen, Alvarado-Gil, Archuleta, Ashby, Becker, Dodd, Eggman, Glazer, Niello, Smallwood-Cuevas, Wahab, Wilk

SENATE APPROPRIATIONS COMMITTEE: Senate Rule 28.8

ASSEMBLY FLOOR: 79-0, 4/27/23 (Consent) - See last page for vote

SUBJECT: Continuing medical education: physicians and surgeons

SOURCE: AltaMed Health Services
California Medical Association

DIGEST: This bill specifies how an association that accredits continuing medical education courses (CME) taken by Medical Board of California (MBC) licensed physicians and surgeons should update standards for those courses, if they choose to update any standards.

ANALYSIS:

Existing law:

1) Establishes various practice acts in the Business and Professions Code (BPC) governed by various boards within the Department of Consumer Affairs (DCA) which provide for the licensing and regulation of health care professionals including physicians and surgeons (under the Medical Practice Act by MBC) and osteopathic physicians and surgeons (under the Osteopathic Medical Practice Act by the Osteopathic Medical Board of California (OMBC)), among others.

2) Authorizes MBC to establish CME standards for courses that serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician uses to provide care, or to improve the quality of care provided to patients, which must include cultural and linguistic competency and contain curriculum that includes the understanding of implicit bias. Allows educational activities accredited by the California Medical Association or Accreditation Council for Continuing Medical Education to meet CME standards. Requires associations that accredit CME courses to develop standards for compliance with CME course requirements and authorizes these associations to update standards as needed in conjunction with an advisory group with expertise in cultural and linguistic competency. (BPC § 2190.1)

3) Authorizes a MBC licensed physician and surgeon to meet CME standards and comprise up to 30 percent of their total CME hours through courses designed to provide better service to patients, including, but not limited to, the use of technology or clinical office workflow, designed to support managing a health care facility, including, but not limited to, coding or reimbursement in a medical practice, and that support educational methodology for physicians and surgeons teaching in a medical school. (BPC § 2190.15.)

4) Requires MBC, in determining CME requirements, to consider including a course in a range of topics. (BPC § 2190.1)

5) Requires OMBC to adopt and administer standards for the continuing education (CE) of OMBC licensed osteopathic physician and required licensees to demonstrate satisfaction of the CE as a condition for the renewal of a license at intervals of not less than one year nor more than two years. OMBC requires each licensed osteopathic physician and surgeon to complete a minimum of 50 hours of American Osteopathic Association CE hours during each two-year cycle, of which 20 hours shall be completed in American Osteopathic Association Category 1 CE hours and the remaining 30 hours shall be either American Osteopathic Association or American Medical Association accredited as a condition for renewal of an active license. Requires OMBC licensed osteopathic physicians and surgeons to complete a course on the risks of addiction associated with the use of Schedule II drugs. (BPC § 2454.5)

This bill authorizes associations that accredit CME 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 percent 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.

Background

All physicians and surgeons licensed by the MBC must complete a minimum of 50 hours of approved CME during each two-year license renewal cycle. CME requirements can be met by taking a variety of approved courses. The only exception to this requirement is for a physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board; the individual can be granted credit for four consecutive years of CME credit for purposes of licensure renewal. Upon renewal, physicians are required to self-certify under penalty of perjury that they have met each of the CME requirements, that they have met the conditions exempting them from all or part of the requirements, or that they hold a permanent CME waiver. MBC is authorized to audit a random sample of physicians who have reported compliance with the CME requirements for verification purposes. MBC reports that it currently audits approximately one percent of the total number of renewing physicians per year.

Approved CME consists of courses or programs designated by the American Medical Association or the Institute for Medical Quality/California Medical Association related to patient care, community health or public health, preventive medicine, quality assurance or improvement, risk management, health facility standards, the legal aspects of clinical medicine, bioethics, professional ethics or improvement of the physician-patient relationship.

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.

Since 2006, all CME courses approved by accrediting associations have been required to have standards to ensure compliance with a requirement under the Medical Practice Act that the 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 to 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 requires 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. This 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.

Comments

Current law *authorizes* associations that accredit CME to updates standards in conjunction with advisory group, rather than mandates that standards be updated and that the process include an advisory group. This bill specifies requirements for what is currently just a permissive activity.

There is no guarantee that a CME accreditor will update standards to comply with CME laws and requirements, so this bill merely suggests what an entity has to do should they *choose* to update standards. There is also no enforcement mechanism to make certain that CME standards updates will include collaboration with an advisory group and will be updated to "meet the needs of California's changing demographics and properly address language disparities" as this bill intends. If this bill included language to mandate that when standards are updated they *shall* be done in conjunction with an advisory group 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, as well as to ensure program standards meet the needs of California's changing demographics and properly address language disparities as they emerge, it could potentially achieve the goals and stated purpose and potentially "remedy the disparity between the number of California physicians who speak foreign languages and the patient populations whose first language is not English", as the author indicates the measure seeks to do.

FISCAL EFFECT: Appropriation: No Fiscal Com.: Yes Local: No

SUPPORT: (Verified 6/26/23)

AltaMed Health Services (co-source)

California Medical Association (co-source)
California Academy of Family Physicians
California Commission on Aging
California Health+Advocates
California Rheumatology Alliance
California Society of Anesthesiologists
California State Association of Psychiatrists
Kaiser Permanente
Medical Board of California
National Latino/a Physician Day
San Francisco Marin Medical Society

OPPOSITION: (Verified 6/26/23)

None received

ARGUMENTS IN SUPPORT: Supporters note that language barriers between physicians and patients can lead to barriers in receiving quality health care and could potentially lead physicians to make harmful medical errors if they cannot communicate with their patients in a culturally and linguistically competent manner. They believe that this bill will reaffirm the importance of cultural competency and language fluency by encouraging physicians to take foreign language courses that are offered through CME providers. According to supporters, with such a wide variety of ethnic, racial, and religious backgrounds, it is critical that 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.

ASSEMBLY FLOOR: 79-0, 4/27/23
AYES: Addis, Aguiar-Curry, Alanis, Alvarez, Arambula, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Juan Carrillo, Wendy Carrillo, Cervantes, Chen, Connolly, Megan Dahle, Davies, Dixon, Essayli, Flora, Mike Fong, Vince Fong, Friedman, Gabriel, Gallagher, Garcia, Gipson, Grayson, Haney, Hart, Holden, Hoover, Irwin, Jackson, Jones-Sawyer, Kalra, Lackey, Lee, Low, Lowenthal, Maienschein, Mathis, McCarty, McKinnor, Muratsuchi, Stephanie Nguyen, Ortega, Pacheco, Papan, Joe Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Reyes, Luz Rivas, Robert Rivas, Rodriguez, Blanca Rubio, Sanchez, Santiago, Schiavo, Soria, Ta, Ting, Valencia,

Villapudua, Waldron, Wallis, Ward, Weber, Wicks, Wilson, Wood, Zbur, Rendon

NO VOTE RECORDED: Jim Patterson

Prepared by: Sarah Mason / B., P. & E.D. /
6/28/23 10:41:51

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