
THIRD READING

Bill No: AB 432
Author: Bauer-Kahan (D), et al.
Amended: 9/5/25 in Senate
Vote: 21

SENATE BUS., PROF. & ECON. DEV. COMMITTEE: 9-0, 7/7/25
AYES: Ashby, Archuleta, Arreguín, Grayson, Menjivar, Smallwood-Cuevas,
Strickland, Umberg, Weber Pierson
NO VOTE RECORDED: Choi, Niello

SENATE HEALTH COMMITTEE: 10-0, 7/16/25
AYES: Menjivar, Valladares, Durazo, Gonzalez, Limón, Padilla, Richardson,
Rubio, Weber Pierson, Wiener
NO VOTE RECORDED: Grove

SENATE APPROPRIATIONS COMMITTEE: 7-0, 8/29/25
AYES: Caballero, Seyarto, Cabaldon, Dahle, Grayson, Richardson, Wahab

ASSEMBLY FLOOR: 70-1, 6/3/25 - See last page for vote

SUBJECT: Menopause

SOURCE: Author

DIGEST: This bill authorizes, beginning July 1, 2026 and until July 1, 2032, certain specialty physicians licensed by the Medical Board of California (MBC) and all physicians licensed by the Osteopathic Medical Board of California (OMBC) who complete continuing medical education (CME) courses in perimenopause, menopause, and postmenopausal care to receive two hours of credit for each hour completed. Requires certain health plan contracts and health insurers, other than those specified, to include coverage for evaluation and treatment options for symptoms of perimenopause and menopause, as is deemed medically necessary by the treating health care provider without utilization management.

Senate Floor Amendments of 9/5/25 narrow the allowance to earn double CME credit for completing courses in perimenopause, menopause, and postmenopausal care to only certain named MBC-licensed specialty physicians only until July 1, 2032.

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 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 OMBC), among others.
- 2) Requires MBC, in determining CME requirements, to consider including courses in a number of specified topics, including but not limited to menopausal mental or physical health. (BPC § 2191)
- 3) 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)
- 4) Establishes the Department of Managed Health Care (DMHC) to regulate health plans under the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act); California Department of Insurance to regulate health and other insurance; and, the Department of Health Care Services (DHCS) to administer the Medi-Cal program. (Health and Safety Code (HSC) §1340, *et seq.*, Insurance Code (INS) §106, *et seq.*, and Welfare and Institutions Code (WIC) §14000, *et seq.*)

- 5) Requires a health plan contract that provides coverage for outpatient prescription drugs to cover medically necessary prescription drugs, including nonformulary drugs determined to be medically necessary consistent with the Knox-Keene Act. (HSC §1342.71)

This bill:

- 1) Authorizes, beginning July 1, 2026 until July 1, 2032 a MBC-licensed physician who is certified by a member board of the American Board of Medical Specialties as a general internist, family physician, obstetrician and gynecologist, cardiologist, endocrinologist, neurologist, or psychiatrist and whose patient population is composed of 25 percent or more of adult women under 65 years of age, who completes CME courses in perimenopause, menopause, and postmenopausal, to receive two hours of credit for each hour completed of that coursework, for a total earned credit that does not exceed eight course hours, toward mandatory CME. Strikes the requirement for MBC to consider including a course in menopausal mental or physical health in determining its CME requirements.
- 2) Authorizes any OMBC-licensed physician, beginning July 1, 2026 and in perpetuity, who completes CME courses in perimenopause, menopause, and postmenopausal, to receive two hours of credit for each hour completed of that coursework.
- 3) Requires a health care service plan contract (except for a specialized health plan contract and a Medi-Cal managed care plan contract with DHCS) that covers outpatient prescription drugs and a health insurance policy that covers outpatient prescription drugs that is issued, amended, or renewed on or after January 1, 2026, to include coverage for evaluation and treatment options for symptoms of perimenopause and menopause, as is deemed medically necessary by the treating health care provider under contract with the health care service plan or health insurance policy, in accordance with the contract or policy if there is an out-of-network benefit, without utilization management, for specified treatments approved by the federal Food and Drug Administration.
- 4) Requires coverage to include authority for the treating provider to adjust the dose of a drug consistent with clinical care recommendations.

- 5) Requires coverage for the evaluation and treatment options for symptoms of perimenopause and menopause to be provided without discrimination on the basis of gender expression or identity.
- 6) Requires a health care service plan or health insurer to annually provide current clinical care recommendations for hormone therapy from the Menopause Society or other nationally recognized professional associations to all contracted primary care providers who treat enrollees or insureds with perimenopause and menopause. Requires a health care service plan or health insurer to encourage primary care providers to review those recommendations.
- 7) Indicates nothing in this bill should be construed to limit coverage for medically necessary outpatient prescription drugs pursuant to existing law.

Background

Continuing Medical Education for Physicians. 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. All approved CME courses must contain curriculum that includes cultural and linguistic competency in the practice of medicine and the understanding of implicit bias.

Osteopathic physicians and surgeons licensed by OMBC are required 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. Licensed osteopathic physicians and surgeons are also required to complete a course on the risks of addiction associated with the use of Schedule II drugs.

2024 Joint Informational Hearing. Background information prepared for a May 2024 Joint Hearing of the Senate Committee on Health and Assembly Select Committee on Reproductive Health, *Menopause: Access to Treatment and Coverage* finds:

“Knowledge gaps around menopausal symptoms and treatments exist, preventing providers from and midlife patients to prepare for what to expect during MT. This knowledge gap sometimes results in providers being wary of prescribing certain treatments for patients (like hormone therapy (HT) and testosterone) to address menopause symptoms based on flawed studies and stigmatization of treating sexual functioning for women. These gaps also cause some patients to not understand what’s happening to their body, and so they’re not prepared to engage with their health care team in a helpful way. Additionally, people of color tend to have different experiences compared to white women, including having more severe and intense symptoms as well as entering menopause at an earlier age. Health care providers should take these factors into consideration when determining the best individualized care for their patients, and research needs to prioritize more diverse populations to better understand the disparities among non-white individuals. Investing in more research and improving curriculums for medical students is important to close these gaps to better treat midlife individuals in a new and unfamiliar stage of their life.”

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

According to the Senate Appropriations Committee, DMHC reports total costs of approximately \$504,000 and 2.0 personnel years (PYs) in Fiscal year (FY) 2026-

27 and \$490,000 and 2.0 PYs in FY 2027-28 and annually ongoing. The bill will also result in unknown, likely significant increase to health plan premiums. The California Health Benefits Review Program (CHBRP) estimates DMHC-regulated California Public Employees' Retirement System (CalPERS) plan premiums would increase by \$3.49 million. The California Department of Insurance reports costs of approximately \$11,000 in FY 2025-26, \$23,000 in FY 2026-27, and \$5,000 annually ongoing. MBC and OMBC anticipate minor and absorbable costs to update CME regulations, materials, procedures, trainings, and guides, as well as create new enforcement codes.

SUPPORT: (Verified 9/9/25)

Insurance Commissioner Ricardo Lara
American Association of University Women - California
Astellas Pharma Us, INC.
Bayer US LLC
Black Women for Wellness Action Project
CA Legislative Women's Caucus
California Behavioral Health Association
California Commission on the Status of Women and Girls
California Department of Insurance
California Life Sciences Association
California Medical Association
California Retired Teachers Association
Hims & Hers
Medical Board of California
National Women's Political Caucus of California
Osteopathic Medical Board of California
Planned Parenthood Affiliates of California
Women Lawyers of Sacramento

OPPOSITION: (Verified 9/9/25)

Association of California Life & Health Insurance Companies
California Association of Health Plans

ARGUMENTS IN SUPPORT: Supporters write that “According to a recent survey, a majority of women felt that they were ‘not informed at all’ when it came to menopause and perimenopause. Nearly half of people experiencing menopause do not know the distinction between perimenopause and menopause. The lack of healthcare research into this field leaves many women feeling confused and vulnerable to misinformation and mistreatment. There is also an alarming disparity

for women of color trying to receive adequate care during menopause. Evidence confirms that Black women experiencing menopause are more likely to face harsher symptoms compared to their female white counterparts. California does not have adequate healthcare coverage options for women experiencing perimenopause or menopause, and doctors are not adequately prepared to treat and support their menopause patients. Currently, continuing menopause education is only a suggested course for physicians.”

ARGUMENTS IN OPPOSITION:

According to the California Association of Health Plans and Association of California Life and Health Insurance Companies, “Medical management practices such as utilization management are key tools used by health plans to ensure patients receive the highest quality medical care. The imperative is to ensure that enrollees are getting the right care, at the right time, from the right provider. These practices are key to promoting safe, effective, and smart care for plan enrollees and insureds... AB 432 would implement extremely broad criteria on health plans and insurers that would encourage the use of riskier drugs based on a broad range of symptoms and clinical standards that negate the important oversight role health plans and other medical societies have endorsed. These broad standards will indeed drive-up costs for consumers by encouraging the use of expensive brand-name drugs when a generic or lower-cost brand equivalent is available and clinically appropriate... While we believe there is a path forward that will allow all patients to access critically important healthcare services, we are very concerned that this bill, as drafted, will dramatically open the care model to dangerous levels of waste, fraud, and abuse, causing unknown spikes in the cost of care.”

ASSEMBLY FLOOR: 70-1, 6/3/25

AYES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Connolly, Davies, Dixon, Elhawary, Flora, Fong, Gabriel, Garcia, Gipson, Jeff Gonzalez, Mark González, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

NOES: DeMaio

NO VOTE RECORDED: Bains, Castillo, Chen, Ellis, Gallagher, Hadwick, Macedo, Tangipa

Prepared by: Sarah Mason / B., P. & E.D. /
9/9/25 9:41:22

**** **END** ****