

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2270
 AUTHOR: Maienschien
 BILL DATE: February 8, 2024, Introduced
 SUBJECT: Healing Arts: Continuing Education: Menopausal
 Mental and Physical Health
 SPONSOR: Author

DESCRIPTION OF CURRENT LEGISLATION

Encourages various health professionals, including physicians and surgeons, to take continuing education on the topic of menopausal mental and physical health to satisfy their continuing education requirements.

BACKGROUND

Continuing medical education (CME) is intended 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 their patients. The Medical Practice Act (see [Business and Professions Code \(BPC\) 2190.1](#)) provides the Board broad authority to establish CME standards and requirements, including mandating CME on certain topics. Statute also includes various general CME requirements, including, but not limited to cultural and linguistic competency and implicit bias.

Additionally, statute establishes the following topical CME requirements:

- All general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older shall complete at least 20 percent (i.e., 10 hours) of all mandatory CME hours during each two-year renewal cycle in the fields of geriatric medicine or the care of older patients¹.
- All physicians and surgeons shall complete CME on a one-time basis in the amount of 12 credit hours² on either of the following topics:
 - Pain management and the treatment of terminally ill and dying patients.
 - Treatment and management of opiate-dependent patients, which includes eight hours of training in buprenorphine, or similar medicinal, treatment for opioid use disorders.

Via regulation, the Board requires a physician and surgeon to complete not less than 50 hours of approved CME during each two-year period prior to renewing their license.

¹ See [BPC section 2190.3](#)

² See [BPC section 2190.5](#) and [BPC section 2190.6](#)

ANALYSIS

Per the author’s fact sheet:

“According to the National Library of Medicine (2023), it is crucial that individuals who experience menopause and health professionals understand the perimenopause transition. Symptoms and treatment issues can be addressed with effective education, as almost every individual with a female reproductive system will go through this transition. However, there is a misconception surrounding menopause, resulting in a considerable lack of knowledge in the general population and a lack of training in medical schools. This means that many people who will go through menopause are anxious about menopause, associating it with negativity, and doctors may not immediately recognize symptoms as menopause related to leading a delay in care.

This is a major concern, as those who experience menopausal symptoms may have a significantly lower health-related quality of life.”

Other than the above-described requirements in the background section of this analysis, a physician and surgeon may exercise discretion to choose the CME most appropriate to their patients and medical practice.

As currently drafted, this bill will not change CME requirements. Staff are in contact with the author’s office and will report back to the Board at the May 23-24, 2024, Board meeting on any amendments.

FISCAL: None identified.

SUPPORT: None identified.

OPPOSITION: None identified.

POSITION: Recommendation: No action at this time.

ATTACHMENT: [AB 2270, Maienschein – Healing Arts: Continuing Education: Menopausal Mental and Physical Health](#)
Version: 2/08/24 – Introduced