

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 241
AUTHOR: Kamlager-Dove
BILL DATE: April 30, 2019, Amended
SUBJECT: Implicit Bias: Continuing Education: Requirements
SPONSOR: Author
POSITION: Support

DESCRIPTION OF CURRENT LEGISLATION:

This bill would require continuing education courses for physicians, nurses, and physician assistants (PAs) to include the understanding of implicit bias and the promotion of bias-reducing strategies.

BACKGROUND:

Existing law requires physicians and surgeons to complete at least 50 hours of approved CME during each two-year license renewal cycle. Currently, physicians and surgeons only have a mandatory one-time CME requirement of 12 hours in the subject of pain management and the treatment of the terminally ill or on the subject of the treatment and management of opiate-dependent patients. There is also a mandate in existing law that requires general internists and family physicians who have a patient population of which over 25 percent are 65 years of age or older to complete at least 20 percent of all mandatory CME in a course in the field of geriatric medicine or the care of older patients.

Existing CME courses approved by the Medical Board of California's (Board) Licensing Program include:

- Programs accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA), the American Medical Association (AMA), and the Accreditation Council for Continuing Medical Education (ACCME) that qualify for AMA PRA Category 1 Credit(s);
- Programs that qualify for prescribed credit from the American Academy of Family Physicians (AAFP); and
- Other programs offered by other organizations and institutions acceptable to the Board.

ANALYSIS:

This bill would make findings and declarations regarding implicit bias and its contribution to health disparities. This bill would include continuing education requirements for physicians, nurses, and PAs; however, this analysis will only include information on the requirements for physicians.

This bill would require, beginning January 1, 2022, all continuing medical education (CME) courses for physicians to contain curriculum that includes the understanding of implicit bias and the promotion of bias-reducing strategies to address how unintended biases in decision-making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, socioeconomic status, or other characteristics.

According to the author, California’s medical community should be at the forefront to improve treatment and outcomes for patients who have been underserved by their health providers. The author believes this bill would reduce disparities in health care by requiring physicians and other health care practitioners to undergo implicit bias training as part of their already mandated CME.

The Board believes that implicit bias training is important and requires it for all of its employees and other individuals that are involved in the Board’s enforcement process. Requiring CME for physicians to include information on implicit bias could help to reduce health disparities, which would further the Board’s mission of consumer protection. As such, the Board has taken a support position on this bill.

FISCAL: None

SUPPORT: American Federation of State, County, and Municipal Employees; Anti-Recidivism Coalition; APLA Health; California Black Health Network; California Black Women’s Health Project; California Health Executives Association; California LGBTQ Health and Human Services Network; California Voices for Progress; Courage Campaign; Disability Rights California; Equal Justice Society; Hathaway-Sycamores; Maternal Mental Health Now; Perinatal Mental Health Care; Planned Parenthood Affiliates of California; Santa Cruz County Community Coalition to Overcome Racism; San Francisco AIDS Foundation; and United Domestic Workers/AFSCME Local 3930

OPPOSITION: Board of Registered Nursing
California Nurses Association