

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 432
AUTHOR: Bauer-Kahan
BILL DATE: July 17, 2025, Amended
SUBJECT: Menopause
SPONSOR: Author
POSITION: Neutral

DESCRIPTION OF CURRENT LEGISLATION:

Starting July 1, 2026, this bill provides that a physician who completes continuing medical education (CME) courses in perimenopause, menopause, and postmenopausal care shall receive two hours of credit for each hour completed, up to a maximum of eight course hours, toward their CME renewal requirements.

In addition, the bill generally requires health insurers to provide coverage for evaluation and treatment for perimenopause and menopause, as medically necessary by the treating provider, as specified.

The Medical Board of California (Board) previously adopted an Oppose, Unless Amended position, seeking removal of the language that mandated CME. That language was removed on July 9, 2025. Accordingly, the Board now has a position of Neutral on AB 432.

RECENT AMENDMENTS:

Since the prior quarterly Board meeting, AB 432 was amended to remove the CME mandate and replace it with language that provides double CME credit, up to a maximum of eight course hours. The insurance provisions were amended to state that utilization management is not required for certain outpatient prescription drugs approved by the U.S. Food and Drug Administration (FDA), along with other clarifying changes.

BACKGROUND:

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 (Act) provides the Board with broad authority to establish CME standards and requirements, including mandating CME on certain topics. The Act also includes various general CME requirements, including, but not limited to cultural and linguistic competency and implicit bias.

Additionally, the Act establishes the following topical CME requirements:

- All general internists and family physicians who have a patient population of which over 25 percent of 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine, in the special care needs of patients with dementia, or the care of older patients.
- All physicians and surgeons shall complete CME on a one-time basis in the amount of 12 credit hours 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.

[Business and Professions Code \(BPC\) section 2190.15](#) authorizes physicians to take CME courses (comprising no more than 30 percent of their required hours) in practice management, facility management, and educational methodology for those teaching in a medical school.

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. Other than the above-described statutory requirements, physicians may exercise discretion to choose the CME most appropriate to their patients and medical practice.

To enforce compliance with CME requirements, each month the Board audits approximately five percent of its licensees who renewed their license. Audited licensees receive an email from the Board directing them to submit evidence that they completed enough hours in appropriate courses.

ANALYSIS:

According to the author, as stated in the Assembly Business and Professions Committee analysis of this bill:

“Although menopause is a natural occurrence that 1 million Americans experience every year, it has been treated as unworthy of proper care, research, and basic understanding. According to a recent survey, a majority of women felt that they were ‘not informed at all’ when it came to menopause and perimenopause. Additionally, medical students get less than one hour training in menopause, and 80% of graduating OB/GYN residents admit to feeling “barely comfortable” talking to their patients about menopause. Quality, evidence-based care is critical as the hormonal changes that occur at menopause have profound effects on health and wellbeing for the remainder of a woman’s life.

Menopause impacts women who are often in the peak of their careers and when not provided adequate treatment and support it can cause massive financial ramifications. According to Mayo Clinic, the annual cost of untreated menopause symptoms in workplace productivity and related health care costs is \$150 billion globally and 26.6 billion in the United States.”

AB 432 creates an incentive for all physicians to complete CME courses acceptable to the Board in perimenopause, menopause, and postmenopausal care by granting them double credit for the eligible courses they completed, up to a maximum of eight hours. For example, a physician who completed four hours of relevant CME would receive eight hours of credit toward their 50-hour biennial renewal requirement.

The bill also amends [BPC section 2191](#) to eliminate language that directs the Board to consider requiring its licensees to take a course in menopausal mental or physical health.

Provisions Pertaining to Health Insurers

In addition to the CME provisions, AB 432 generally requires health insurers to cover evaluation and treatment options for perimenopause and menopause, without utilization management, including but not limited to outpatient prescription drugs, and the associated administration, for FDA-regulated systemic hormone therapy, nonhormonal medications for each menopause symptom, treatment for genitourinary syndrome of menopause, and prevention and treatment of osteoporosis.

These insurers would be required to annually provide current clinical care recommendations for hormone therapy and be required to encourage primary care providers to review such recommendations.

Consideration of a Board Position

AB 432 takes a novel approach by providing an incentive, rather than a mandate to take courses on certain topics. When considering their position, the Board may wish to contemplate the following:

- Would this approach ultimately lead to physicians taking fewer courses overall and erode the value of the Board’s existing 50-hour CME requirement? If yes, how might this impact a physician’s ability to keep up with changes to the standard of care in other important healthcare topics?
- How might the Board react to future legislation that takes a similar approach on other key healthcare topics? What if, for example, future legislation authorized triple-credit (or more) for a certain topic?
- Should a time limitation be imposed (i.e., a sunset clause) to mitigate any risks?
- Could this approach be a model that the Board could follow to provide incentives through its regulatory authority to encourage physicians to take courses on CME topics that the Board believes are especially important?

FISCAL: Minor one-time costs expected related to website content and CME audit processes. Minor ongoing increased costs associated with auditing licensees selected for a CME audit are expected.

SUPPORT: American Association of University Women, California
Astellas Pharma
Bayer Corporation
Black Women for Wellness Action Project
California Behavioral Health Association
California Legislative Women's Caucus
California Life Sciences Association
California Commission on the Status of Women and Girls
California Medical Association
California Retired Teachers Association
National Women's Political Caucus of California
Osteopathic Medical Board of California
Women Lawyers of Sacramento

OPPOSITION: Association of California Life and Health Insurance Companies
California Association of Health Plans

POSITION: No staff recommendation.

ATTACHMENT: [AB 432, Bauer-Kahan. Menopause.](#)
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