

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: Not Applicable
AUTHOR: None
BILL DATE: February 2, 2026, Published
SUBJECT: Proposed Trailer Bill Language: Menopause Coverage

DESCRIPTION OF CURRENT LEGISLATION:

Starting July 1, 2027, a qualifying physician, as defined, 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 proposal generally requires health insurers to provide coverage for medically necessary evaluations and treatments for perimenopause and menopause, as specified. Utilization review is authorized to determine necessity based on current generally accepted standards of menopause care, as specified.

This proposal has not yet been included in a bill introduced in the Legislature, rather this proposal was published by the Department of Finance, in conjunction with the [Governor's Proposed Budget for 2026-27 Fiscal Year](#).

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 Medical Board of California (Board) with 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.

During the Board's Quarterly meeting held August 21-22, 2025, the Board adopted a position of Support on [AB 432](#), which also provided double credit for CME courses (up to a maximum of eight course hours) in perimenopause, menopause, and postmenopausal care. Governor Newsom [vetoed AB 432](#), citing concerns with the bill's language related to utilization management that would limit a health plan from using practices shown to ensure appropriate care while limiting unnecessary costs.

A budget trailer bill (trailer bill) is a piece of legislation that includes statutory changes necessary to implement one or more aspects of the state budget.

The mission of the [American Board of Medical Specialties \(ABMS\)](#) is to improve health care through high standards for physician board certification. The [24 member boards](#) of ABMS design certification programs that advance quality and delivery of patient care across a variety of competencies. [Board certification](#) is not a requirement for licensure; rather, a physician who is certified in [one or more specialties or subspecialties](#) has recognized knowledge, training, and skill in certain fields of medicine.

ANALYSIS:

On [February 2, 2026, Governor Newsom announced](#) the publication of a [trailer bill](#) to support the inclusion of expanded perimenopause, menopause, and postmenopausal care in California. Regarding CME, this proposal adds a section to the Medical Practice Act that states:

“Beginning July 1, 2027, a qualifying physician and surgeon who completes continuing medical education courses in perimenopause, menopause, and postmenopausal care shall 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 [their CME] requirement....”

The trailer bill proposal defines a “qualifying physician” to mean “a holder of a physician’s and surgeon’s certificate 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.”

The proposal includes terminology to describe board certified physicians that differs somewhat from the terminology used by ABMS member boards to describe specialties and subspecialties. See the table below for a comparison of these terms:

Proposed Trailer Bill Language	Associated ABMS Specialty/Subspecialty
General Internist	Internal Medicine
Family Physician	Family Medicine
Obstetrician and Gynecologist	Obstetrics and Gynecology
Cardiologist	Internal Medicine (cardiology is a subspecialty of internal medicine, except for pediatric cardiology, which is a subspecialty of pediatrics)
Endocrinologist	Internal Medicine or Obstetrics and Gynecology (endocrinology is a subspecialty of internal medicine or obstetrics and gynecology, except for pediatric endocrinology, which is a subspecialty of pediatrics)
Neurologist	Neurology or Neurological Surgery
Psychiatrist	Psychiatry

CME Provisions in AB 432 v. Trailer Bill Proposal

When the Board last discussed AB 432, the bill did not limit the CME provisions by the physician’s specialty or by the physician’s patient population. The CME language in AB 432 discussed at the Board’s Quarterly meeting on August 21-22, 2025, read, as follows:

“Beginning July 1, 2026, a physician and surgeon who completes continuing medical education courses in perimenopause, menopause, and postmenopausal care shall 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 [their CME] requirement....”

After the Board adopted a Support position on AB 432, the bill was later amended to add the same specialty and patient population conditions that exist in the trailer bill proposal.

The use of patient population language in CME requirements has precedent in existing law. [Currently](#), if more than 25 percent of a general internist’s or family physician’s patient population is aged 65 years of age or older, that physician must complete 20 percent of their CME hours prior to license renewal in the fields of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.

Provisions Pertaining to Health Insurers

In addition to the CME provisions, the trailer bill proposal generally requires health insurers to cover evaluation and federal Food and Drug Administration-approved (FDA-approved) treatments for perimenopause and menopause, including but not limited to hormone replacement therapy, low-dose antidepressants, anticonvulsants, medications to prevent or treat osteoporosis, nonhormonal medications for vasomotor-related symptoms, and bioidentical hormones. Insurers are required to create a program to ensure enrollees have access to current menopause information and covered items and services. Insurers must also provide contracted primary care and OB/GYN providers with information about current clinical care recommendations for menopause care.

Further, the trailer bill proposal adds similar language to include medically necessary, FDA-approved treatments for menopause as a covered benefit under the Medi-Cal program.

Consideration of a Board Position

Like AB 432, this proposal offers an incentive, rather than a mandate to take CME courses on certain topics. Except as noted above, the CME provisions of AB 432 supported by the Board are very similar to this trailer bill proposal.

Accordingly, Board staff recommend that the Board adopt a Support position and direct staff to work with the Governor’s Administration and the Legislature to clarify the language in the proposal so that it conforms to the appropriate terms related to the relevant ABMS specialties/subspecialties. Such changes will help facilitate the Board’s administration of this proposal and promote clarity of these requirements among licensees and other stakeholders.

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: None identified.

OPPOSITION: None identified.

POSITION: Recommendation: Support.

ATTACHMENT: [Proposed Trailer Bill Language, 2026-27 Governor's Budget](#)
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