MEDICAL BOARD OF CALIFORNIA

DATE REPORT ISSUED: August 7, 2026
ATTENTION: Members, Medical Board of California (Board)
SUBJECT: Discussion and Possible Action to Require Continuing Medical Education (CME) on Topics Identified in Business and Professions Code sections 2191, 2191.4, 2191.5, 2191.5, and 2196.9
CONTACT: Aaron Bone, Chief of Legislation and Public Affairs

REQUESTED ACTION

The purpose of this agenda item is for the Board to consider whether to direct staff to take action associated with establishing CME requirements on one or more topics that are identified in the Medical Practice Act (Act) under Business and Professions Code (BPC) sections 2191, 2191.4, 2191.5, 2191.5, and 2196.9. In accordance with prior relevant Board decisions (see discussion below), staff recommend no further action on this matter.

BACKGROUND

CME is intended to maintain, develop, or increase the knowledge, skills and professional performance that physicians and surgeons use to provide or improve patient care.

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

Additionally, the Act establishes, by statute, 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 2191 states that the Board shall consider requiring a CME course on the following topics:

- Human sexuality, defined as the study of a human being as a sexual being and how they function with respect thereto.
- Nutrition, to be taken by those licensees whose practices may require knowledge in those areas.
- Child abuse detection and treatment, to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected children.
- Acupuncture, to be taken by those licensees whose practices may require knowledge in the area of acupuncture and whose education has not included instruction in acupuncture.
- Elder abuse detection and treatment, to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with abused or neglected persons 65 years of age and older.
- Early detection and treatment of substance abusing pregnant women, to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these women.
- The special care needs of drug-addicted infants, to be taken by those licensees whose practices are of a nature that there is a likelihood of contact with these infants.
- Training and guidelines on how to routinely screen for signs exhibited by abused women, particularly for physicians and surgeons in emergency, surgical, primary care, pediatric, prenatal, and mental health settings.
    - If CME in spousal or partner abuse detection or treatment is adopted, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.
- The special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:
    - Pain and symptom management.
    - The psychosocial dynamics of death.
    - Dying and bereavement.
    - Hospice care.
- Pain management and the risks of addiction associated with the use of Schedule II drugs.
- Geriatric care for emergency room physicians and surgeons.

BPC section 2191.4 states that the Board shall consider requiring a CME course in integrating HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care settings, especially as it pertains to HIV testing, access to care, counseling, high-risk communities, patient concerns, exposure to HIV/AIDS, and the appropriate care and treatment referrals. That course shall be consistent with the most recent guidelines on PrEP and PEP as published by the United States Public Health Service and the Centers for Disease Control and Prevention.

BPC section 2191.5 states that the Board shall consider including a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues and exposure to trauma in children and young adults and their appropriate care and treatment.

BPC section 2191.6 states that the Board shall consider including a course in infection-associated chronic conditions, including, but not limited to, long COVID, as defined by the United States Department of Health and Human Services, myalgic encephalomyelitis, and dysautonomia.

BPC section 2196.9 states that the Board shall consider including a course in maternal mental health, which shall address the following:

- Best practices in screening for maternal mental health disorders, including cultural competency and unintended bias as a means to build trust with mothers.
- The range of maternal mental health disorders.
- The range of evidence-based treatment options, including the importance of allowing a mother to be involved in developing the treatment plan.
- When an obstetrician or a primary care doctor should consult with a psychiatrist versus making a referral.
- Applicable requirements under Sections 123640 and 123616.5 of the Health and Safety Code.

Prior Board Action Related to Mandating CME on Certain Topics

In October 2014, the Board approved a policy compendium that included the following statement on mandatory CME:

> The Board opposes the concept of mandated CME topics. The Board believes that each licensed physician should decide which type of continuing education is most appropriate for their particular practice.

In 2021, the Board adopted an Oppose, Unless Amended position on SB 48 (Limón), as amended March 9, 2021, seeking to remove language that would have required general internists and family physicians to complete at least four hours of mandatory continuing education on the special care needs of patients with dementia. SB 48 was later amended to remove the CME provisions and the chaptered version related to cognitive health assessment for Medi-Cal beneficiaries.

In 2025, the Board adopted a position of Oppose, Unless Amended on AB 432 (Bauer-Kahan), as amended April 23, 2025, seeking to remove language that would have required physicians with certain specialties who have a patient population composed of 25 percent or more adult women under the age of 65 to complete 10 percent of all required CME hours in a course in perimenopause, menopause, and postmenopausal care. AB 432 was later amended to remove that language, replacing it with language

that provided an incentive to physicians to take courses in this same content by offering double credit (up to eight hours). The Board supported that version of the bill.

AB 432 was vetoed. Earlier this year, however, the Department of Finance released proposed budget trailer bill language that grants physicians who hold certain board certifications double credit (up to eight hours) for CME courses on these topics. The Board supported this language which was enacted into law via SB 164 (Committee on Budget and Fiscal Review) (see Agenda Item 7.K. of this Board meeting agenda for more information).

ANALYSIS

BPC sections 2191, 2191.4, 2191.5, 2191.5, and 2196.9 do not prescribe a particular process or timeframe for the Board to consider when possibly requiring CME courses on the identified topics. As discussed above, for more than a decade, the Board has consistently opposed such requirements so that physicians have the flexibility to pursue the education most relevant to their specialty, practice setting, and patient demographics.

RECOMMENDATION

Based upon the Board's prior relevant actions, Board staff do not recommend taking further steps to require CME on the topics identified above.