

Date of Hearing: March 20, 2018

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Evan Low, Chair

AB 1791 (Waldron) – As Introduced January 8, 2018

**SUBJECT:** Physicians and surgeons: continuing education.

**SUMMARY:** Requires the Medical Board of California (MBC) to consider including a continuing education course for physician and surgeon licensees relating to the integration of HIV/AIDS pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) medication maintenance and counseling in primary care setting.

**EXISTING LAW:**

- 1) Establishes the Medical Practice Act, which provides for the state's licensure and regulation of physicians and surgeons. (Business and Professions Code (BPC) § 2000 et seq.)
- 2) Establishes the MBC, a regulatory board within the Department of Consumer Affairs comprised of 15 appointed members, including 7 public members. (BPC § 2001)
- 3) Includes among the MBC's responsibilities the administration of a continuing medical education program. (BPC § 2004)
- 4) Requires the MBC to adopt and administer standards for the continuing education of its licensees; authorizes the MBC to set content standards for any education regarding the prevention and treatment of a chronic disease; and mandates that the board shall require each licensed physician and surgeon to demonstrate satisfaction of continuing education requirements at intervals of not less than four nor more than six years. (BPC § 2190)
- 5) Authorizes the MBC's Division of Licensing to establish continuing medical education standards for courses that serve 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 patients. (BPC § 2190.1)
- 6) Requires the MBC to consider including a course in human sexuality and nutrition in its continuing education requirements. (BPC § 2191)
- 7) Requires the MBC's Division of Licensing to encourage every physician and surgeon to take a course in pharmacology as part of his or her continuing education. (BPC § 2191.1)
- 8) Requires the MBC's Division of Licensing to encourage every physician and surgeon to take a course in geriatric medicine as part of his or her continuing education. (BPC § 2191.2)
- 9) Requires the MBC to 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 § 2191.5)
- 10) Requires all physicians and surgeons to complete a continuing education course in pain management and the treatment of terminally ill and dying patients. (BPC § 2190.5)

**THIS BILL:**

- 1) Requires the MBC, in determining its continuing education requirements, to consider including a course in integrating HIV/AIDS PrEP and 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.

**FISCAL EFFECT:** Unknown; this bill is keyed fiscal by the Legislative Counsel.

**COMMENTS:**

**Purpose.** This bill is sponsored by the Author. According to the Author:

Reducing the number of new HIV/AIDS infections requires prevention efforts and education. Ample research shows that PrEP and PEP awareness among primary care providers is inadequate. As a result, these lifesaving treatments are under-prescribed at the expense of patient care, especially for prevention treatment and counseling in high-risk communities. Including medical provider continuing education on PrEP and PEP for prevention of HIV/AIDS, medication maintenance and counseling in primary care settings is critical.

**Background.**

*Continuing Medical Education.* All physicians and surgeons licensed by the MBC must complete a minimum of 50 hours of approved continuing medical education during each two-year license renewal cycle. This requirement can be met by taking a variety of continuing education courses approved by the MBC. The only specifically required courses are a one-time, 12-hour training in pain management and the treatment of terminally ill patients, and a requirement that general internists and family physicians whose patient populations are over 25% 65 years of age and older must take at least 20% of their continuing education in the field of geriatric medicine. Otherwise, physician and surgeons have the discretion to select what courses to take to meet their education requirements.

When determining what continuing education courses to approve, the MBC's Division of Licensing currently considers programs accredited by the American Medical Association, the Institute for Medical Quality/California Medical Association, and the Accreditation Council for Continuing Medical Education (ACCME), as well as programs that qualify for prescribed credit from the American Academy of Family Physicians. The MBC also has broad authority to consider other programs offered by organizations and institutions acceptable to the MBC. This bill would not require the MBC to requiring a continuing education course relating to HIV-AIDS pre- and post-exposure prophylaxis, but instead merely requires the MBC to consider doing so.

*HIV/AIDS PrEP and PEP.* "Prophylaxis" refers to the prevention of an infection or disease. Pre-exposure prophylaxis, or PrEP, is preventative daily medication recommended for individuals considered to be "high risk" for HIV/AIDS exposure. PrEP was approved by the federal Food and Drug Administration (FDA) in 2012 and includes medication marketed under the brand name Truvada. Post-exposure prophylaxis, or PEP, is medication intended for emergency situations and should be used no later than 72 hours following exposure to HIV/AIDS. This medication is often prescribed by emergency room physicians and is traditionally split into occupational and non-occupational exposure treatments.

According to the Author, health care provider surveys have revealed that that 32% of physicians stated they were uncomfortable prescribing PrEP because they either lack sufficient knowledge about PrEP (72.5%), lacked experience in prescribing PrEP (56.3%), or they thought it was not covered by insurance (17.5%). Additionally, studies show that while a decent percentage of health care providers are aware of PEP, physicians lack sufficient training. Because PEP must be administered within 72 hours after exposure to HIV/AIDS, there is a concern that more training and education must be provided to licensed physicians about how PEP may be used to prevent potential infection.

**Current Related Legislation.** AB 2487 (McCarty) would require physicians and surgeons to take mandatory continuing education relating to the treatment and management of opiate-dependent patients, including eight hours of training in buprenorphine treatment of opioid use disorders.

AB 1790 (Salas) would require physicians and surgeons to take mandatory continuing education relating to preventing, diagnosing, and treating Coccidioidomycosis infections, commonly known as Valley Fever.

SB 1109 (Bates) would, among other things, require physicians and surgeons to take mandatory continuing education on the risks of addiction associated with the use of Schedule II drugs.

**Prior Related Legislation.** AB 1340 (Maienschein) from 2017 similarly required the MBC to, when determining its continuing education requirements, consider including a course in integrating mental and physical health care in primary care settings, especially as pertains to early identification of mental health issues and exposure to trauma in children and young adults and their appropriate care and treatment.

#### **AMENDMENTS:**

To ensure that any approved continuing education course is based on current accepted standards for PrEP and PEP medication maintenance and counseling:

Amend Section 1 to add the following language: “The 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.”

#### **REGISTERED SUPPORT:**

APLA Health  
Desert AIDS Project  
Los Angeles LGBT Center  
North County LGBTQ Resource Center  
San Diego LGBT Community Center  
San Francisco AIDS Foundation

#### **REGISTERED OPPOSITION:**

None on file.

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