

Date of Hearing: April 25, 2017

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS

Evan Low, Chair

AB 1340 (Maienschein) – As Introduced February 17, 2017

**SUBJECT:** Continuing medical education: mental and physical health care integration.

**SUMMARY:** Requires the Medical Board of California (MBC) to consider including in its continuing education requirements a course in integrating mental and physical health care in primary care settings, especially as it pertains to early identification of mental health issues in children and young adults and their appropriate care and treatment.

**EXISTING LAW:**

- 1) Establishes the MBC, under to Department of Consumer Affairs (DCA), to regulate the practice of medicine. (BPC § 2000 *et seq.*)
- 2) Requires the MBC to adopt and administer standards for the continuing education of its licensees. The MBC may also set content standards for any educational activity concerning a chronic disease that includes appropriate information on prevention of the chronic disease, and on treatment of patients with the chronic disease, by the application of changes in nutrition and lifestyle behavior. The MBC shall require each licensed physician and surgeon to demonstrate satisfaction of the continuing education requirements at intervals of not less than four nor more than six years. (BPC § 2190 *et seq.*)
- 3) Specifies that the continuing medical education standards may be met by educational activities that meet the standards of the Division of Licensing and 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. These may include, but are not limited to, educational activities that meet any of the following criteria:
  - a) Have a scientific or clinical content with a direct bearing on the quality or cost-effective provision of patient care, community or public health, or preventive medicine.
  - b) Concern quality assurance or improvement, risk management, health facility standards, or the legal aspects of clinical medicine.
  - c) Concern bioethics or professional ethics.
  - d) Are designed to improve the physician-patient relationship.
- 4) Specifies that on and after July 1, 2006, all continuing medical education courses shall contain curriculum that includes cultural and linguistic competency in the practice of medicine.
- 5) States that a continuing medical education course dedicated solely to research or other issues that does not include a direct patient care component or a course offered by a continuing medical education provider that is not located in this state is not required to contain curriculum that includes cultural and linguistic competency in the practice of medicine.

- 6) Directs associations that accredit continuing medical education courses to develop standards before July 1, 2006, for compliance with the requirements of 5) above. The associations may update these standards, as needed, in conjunction with an advisory group that has expertise in cultural and linguistic competency issues.
- 7) Specifies that educational activities that are not directed toward the practice of medicine, or are directed primarily toward the business aspects of medical practice, including, but not limited to, medical office management, billing and coding, and marketing shall not be deemed to meet the continuing medical education standards for licensed physicians and surgeons.
- 8) Indicates that educational activities that meet the content standards created by the MBC and are accredited by the California Medical Association or the Accreditation Council for Continuing Medical Education (CME) may be deemed by the Division of Licensing to meet its CME standards.
- 9) Permits the Division of Licensing to establish criteria that providers of continuing medical education shall follow to ensure attendance by licensees throughout the entire course. (BPC § 2190.2)
- 10) Requires all 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 continuing education hours in a course in the field of geriatric medicine or the care of older patients. (BPC § 2190.3)
- 11) Requires all physicians and surgeons to complete a mandatory continuing education course in the subjects of pain management and the treatment of terminally ill and dying patients. For the purposes of this section, this course shall be a one-time requirement of 12 credit hours within the required minimum established by regulation, to be completed by December 31, 2006. All physicians and surgeons licensed on and after January 1, 2002, shall complete this requirement within four years of their initial license or by their second renewal date, whichever occurs first. The MBC may verify completion of this requirement on the renewal application form. (BPC § 2190.5)
- 12) Permits the MBC, by regulatory action, to exempt physicians and surgeons by practice status category from CME requirements, as specified, if the physician and surgeon does not engage in direct patient care, does not provide patient consultations, or does not reside in the State of California.
- 13) Specifies that certain requirements for CME shall not apply to physicians and surgeons practicing in pathology or radiology specialty areas.
- 14) Requires the MBC, in determining its continuing education requirements, to consider including course in: (BPC § 2191)
  - a) Human sexuality as defined in Section 2090 and nutrition to be taken by those licensees whose practices may require knowledge in those areas.
  - b) 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.

- c) 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.
- d) Nutrition, for every physician and surgeon, as part of his or her continuing education, particularly a physician and surgeon involved in primary care.
- e) 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.
- f) The 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.
- g) 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.
- h) 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. In the event the MBC establishes a requirement for continuing education coursework in spousal or partner abuse detection or treatment, that requirement shall be met by each licensee within no more than four years from the date the requirement is imposed.
- i) Pain management.
- j) Geriatric care for emergency room physicians and surgeons.
- k) The special care needs of individuals and their families facing end-of-life issues, including, but not limited to, all of the following:
  - i) Pain and symptom management.
  - ii) The psycho-social dynamics of death.
  - iii) Dying and bereavement.
  - iv) Hospice care.

**THIS BILL:**

- 1) Requires the MBC, in determining its continuing education requirements, 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 in children and young adults and their appropriate care and treatment.

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

**COMMENTS:**

**Purpose.** This bill is sponsored by the **Steinberg Institute**. According to the author, “This bill would establish an optional continuing medical education (CME) training on mental health issues in a primary care setting for medical professionals.

In the era of integrated health care, it is imperative that all medical professionals are trained in recognizing the early signs of mental health issue in children and young adults. This is especially important for Pediatricians and general practitioners to ensure they are fully supported in identifying mental health concerns and appropriately treating them.

In fact, in the U.S., approximately 60 percent of mental health care visits are directed to a primary care physician. Considering that 50 percent of all cases of mental illness begin by age 14 and by age 24 the rate is 75 percent, the need to equip physicians with the tools and knowledge to meet the demands of these young people is paramount.

Pediatricians and general practitioners need to be supported in their work and provided with robust evidence-based practices and training around early intervention for mental health issues in their patients. AB 1340 is a critical first step in helping to train these providers and provide better care to patients.”

**Background.** According to information obtained from the MBC, 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. 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 MBC’s 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)<sup>TM</sup>;
- 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 MBC.

This bill does not require a course in integrating mental and physical health care in primary care settings, as specified, but instead recommends the MBC to consider a course in this topic when determining its continuing education requirements.

**Current Related Legislation.** AB 89 (Levine) of the current Legislative Session requires, on January 1, 2020, an applicant for licensure as a psychologist to complete a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified; and also requires an applicant for renewal to complete a one-time

requirement of a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. *STATUS: This bill is currently pending referral in the Senate Committee on Rules.*

AB 326 (Salas) of the current Legislative Session requires an applicant for licensure under the Board of Barbering and Cosmetology to take a one-hour training on domestic violence and sexual assault awareness as part of their educational requirements, as specified. *STATUS: This bill is currently pending in the Assembly Committee on Appropriations.*

**Prior Related Legislation.** AB 2198 (Levine) of 2014, would have required a psychologist, marriage and family therapist, educational psychologist, professional clinical counselor and clinical social worker, who began graduate study on or after January 1, 2016, to complete a minimum of 15 hours of coursework on suicide prevention, before being issued a license. In addition, it would have commencing January 1, 2016, require a person licensed in these professions who began graduate study prior to January 1, 2016, to take a six-hour continuing education course on suicide prevention in order to renew a license. *NOTE: This bill was vetoed by the Governor Brown. In his message he states. "California has an extensive regulatory scheme that aims to ensure that California physicians, psychologists and counselors are skilled in the healing arts to which they have committed their lives. Rather than further legislating in this field, I would ask our licensing boards to evaluate the issues which this bill raises and take whatever actions are needed."*

AB 2435 (Lowenthal), Chapter 552, Statutes of 2010, requires psychologists, LMFTs, LCSWs, and LPCCs to have instruction and training in the recognition and reporting of suspected elder and dependent adult abuse as requirements for licensure.

#### **POLICY ISSUES:**

*Will This Measure Achieve its Intended Goal?* The goal of this legislation is laudable. It is imperative that health professionals be provided with training in the detection and treatment of mental illness in children and young adult populations. However, this bill does not *require* that physicians take a course in mental health treatment; rather, it mandates that the MBC *consider* accepting CME courses on this topic. However, the MBC already has the authority to consider CME providers that offer course on mental health treatment. For example, there is a one-time requirement that physicians and surgeons complete 12 hours of CME covering treating patients with mental illness. Further, psychiatrists, physicians who specialize in the treatment of mental illness, are subject to CME requirements and take CME courses in their area of expertise. Therefore, it is unclear why legislation is needed to reiterate the MBC's existing authority. Similar to other directives in the Medical Practice Act on CME topics, it merely asks the MBC to consider these providers which it already has authority to do.

#### **REGISTERED SUPPORT:**

Steinberg Institute (sponsor)  
California Access Coalition  
California Council of Community Behavioral Health Agencies  
March of Dimes Foundation

**REGISTERED OPPOSITION:**

None on file.

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