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**SENATE COMMITTEE ON  
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT**  
Senator Richard Roth, Chair  
2021 - 2022 Regular

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<b>Bill No:</b>	SB 48	<b>Hearing Date:</b>	March 8, 2021
<b>Author:</b>	Limón		
<b>Version:</b>	December 7, 2020		
<b>Urgency:</b>	No	<b>Fiscal:</b>	Yes
<b>Consultant:</b>	Sarah Mason		

**Subject:** Dementia and Alzheimer's disease

**SUMMARY:** Requires certain healthcare providers to complete continuing education (CE) on the special care needs of patients with dementia.

**Existing law:**

- 1) Establishes various practice acts in the Business and Professions Code (BPC) governed by various boards within the Department of Consumer Affairs (DCA) which provide for the licensing and regulation of health care professionals including: physicians and surgeons (under the Medical Practice Act by the Medical Board of California (MBC)), physician assistants (PAs) (under the Physician Assistant Practice Act by the Physician Assistant Board (PAB)) and; licensed clinical social workers (under the Clinical Social Worker Practice Act by the Board of Behavioral Sciences), among others. (Business and Professions Code (BPC) §§ 500 *et seq.*)
- 2) Authorizes MBC to establish CE standards for courses that serve to maintain, develop, or increase the knowledge, skills, and professional performance that a physician uses to provide care, or to improve the quality of care provided to patients, which must include cultural and linguistic competency. (BPC § 2190.1)
- 3) After January 1, 2022, requires all continuing medical education (CME) to contain curriculum that includes the understanding of implicit bias. (BPC § 2190.1 (d)(1))
- 4) 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 CME hours in a course in the field of geriatric medicine or the care of older patients. (BPC § 2190.3)
- 5) Requires all physicians and surgeons to complete a course in pain management and the treatment of terminally ill and dying patients, which must include the subject of the risks associated with the use of Schedule II drugs. Authorizes a physician and surgeon to complete a one-time course in the subjects of treatment and management of opiate-dependent patients as an alternative to the required course in pain management. (BPC §§ 2190.5 and 2190.6)
- 6) Requires the MBC, in determining its CE requirements, to consider including a course in: (BPC § 2191)

- a) Human sexuality 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 CME 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) The special care needs of individuals and their families facing end-of-life issues, including, but not limited to, pain and symptom management, the psycho-social dynamics of death, dying and bereavement and hospice care.
- j) Pain management and the risks of addiction associated with the use of Schedule II drugs.
- k) Geriatric care for emergency room physicians and surgeons.
- l) Integrating HIV/AIDS pre-exposure prophylaxis and post-exposure prophylaxis medication maintenance and counseling in primary care settings.
- m) 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.

- n) Maternal mental health which addresses 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 and; when an obstetrician or a primary care doctor should consult with a psychiatrist versus making a referral. (BPC § 2196.9)
- 7) Authorizes the PAB to require a licensed physician assistant to complete CE as a condition of license renewal, which may not exceed 50 hours every two years. (BPC § 3524.5)
- 8) Prohibits BBS from renewing the license of a licensed clinical social worker (LCSW) unless the applicant certifies that they have completed at least 36 hours of approved CE in or relevant to the field of social work in the preceding two years. (BPC § 4996.22)

**This bill:**

- 1) States legislative intent to enact legislation to ensure that individuals living with dementia and Alzheimer's disease receive a timely diagnosis through, among other things, the training of medical providers and leveraging available federal resources.
- 2) Requires all general internists and family physicians to complete at least four hours of mandatory CE on the special care needs of patients with dementia.
- 3) Requires PAB to adopt regulations to require each person renewing their license, as a condition of license renewal, to complete at least 10 hours of CE on the special care needs of patients with dementia.
- 4) Requires BBS to require, by regulation, LCSW CE to include at least four hours of CE on the special care needs of patients with dementia.

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

**COMMENTS:**

- 1. **Purpose.** The Alzheimer's Association is the Sponsor of this bill. According to the Author, "less than half of individuals living with Alzheimer's have been given directly, or through their care partner, a diagnosis. This leads to a number of challenges related to planning, care, cost of care, and engagement in clinical trials. While the state has geriatric CME requirements, and has funded the development of tools to help primary care providers diagnose for Alzheimer's, still the population we serve regularly report challenges in receiving a timely and accurate diagnosis."

The Author cites an Alzheimer's Association 2020 Special Report noting that primary care physicians see a growing issue presented by dementia, and feel unprepared. Specifically, 9 in 10 primary care physicians (87%) expect to see an increase in people living with dementia during the next five years; half (50%) say the medical profession is not prepared to meet this demand; nearly 2 in 5 (39%) report they are "never" or only "sometimes comfortable" making a diagnosis of Alzheimer's or other dementias;

22% of all primary care providers had no residency training in dementia diagnosis and care; of the 78% who did undergo training, 65% reported that the amount was "very little"; more than half (55%) say there are not enough dementia care specialists in their area to meet patient demand, a problem more common in rural areas.

According to the Author, in California there are only 590 geriatricians for 5.8 million Californians over the age of 65. The Author states that "Our only way to ensure everyone in California can receive a timely and accurate diagnosis of dementia is to ensure that primary care providers are given the training they need to identify, diagnose, and help individuals and families begin the care planning process."

## 2. **Background.**

*Continuing Medical Education for Physicians.* All physicians and surgeons licensed by the MBC must complete a minimum of 50 hours of approved CME during each two-year license renewal cycle. This requirement can be met by taking a variety of approved CE courses. The only exception to this requirement is for a physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board; the individual can be granted credit for four consecutive years of CME credit for purposes of licensure renewal. Upon renewal, physicians are required to self-certify under penalty of perjury that they have met each of the CME requirements, that they have met the conditions exempting them from all or part of the requirements, or that they hold a permanent CME waiver. MBC is authorized to audit a random sample of physicians who have reported compliance with the CME requirements for verification purposes. MBC reports that it currently audits approximately one percent of the total number of renewing physicians per year.

Approved CME consists of courses or programs designated by the American Medical Association or the Institute for Medical Quality/California Medical Association related to patient care, community health or public health, preventive medicine, quality assurance or improvement, risk management, health facility standards, the legal aspects of clinical medicine, bioethics, professional ethics or improvement of the physician-patient relationship.

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.

*Continuing Education for Physician Assistants.* The PAB requires CE as a condition of license renewal for physician assistants pursuant to regulations it adopted in 16 C.C.R. § 1399.617. To meet their CE requirements, a physician assistant must either be certified by the National Commission on Certification of Physician Assistants at the time of the renewal, or must complete 50 hours of Category 1 (preapproved) medical education every two years immediately preceding the expiration date of your license.

Category 1 medical education courses must be preapproved by the American Academy of Physician Assistants, the American Medical Association, the American

Osteopathic Association Council on Continuing Medical Education, the American Academy of Family Physicians, the Accreditation Council for Continuing Medical Education, or a state medical society recognized by the ACCME.

*Continuing Education for Licensed Clinical Social Workers.* BBS requires CE as a condition of license renewal for all licensees of the Board, as a condition of biennial licensure renewal, to complete 36 hours of CE in specific areas relevant to the licensee's respective field of practice. An individual must only complete 18 hours of CE within their initial license renewal period. An exemption from the CE requirement exists if the licensee meets specified criteria.

3. **Dementia.** According to the World Health Organization (WHO), dementia is a syndrome, usually of a chronic or progressive nature, in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. Consciousness is not affected. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behavior, or motivation. Dementia results from a variety of diseases and injuries that primarily or secondarily affect the brain, such as Alzheimer's disease or stroke.

WHO notes that dementia is one of the major causes of disability and dependency among older people worldwide. It can be overwhelming, not only for the people who have it, but also for their carers and families. There is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care. The impact of dementia on carers, family and society at large can be physical, psychological, social and economic. Worldwide, around 50 million people have dementia, with nearly 60% living in low- and middle-income countries. Every year, there are nearly 10 million new cases. The estimated proportion of the general population aged 60 and over with dementia at a given time is between 5-8%.

According to information from the Centers for Disease Control (CDC), Alzheimer's disease is the fifth most common cause of death for Americans ages 65 years and older. In 2014, as many as 5 million Americans were living with Alzheimer's disease and the number of people living with the disease doubles every 5 years beyond age 65. This number is projected to nearly triple to 14 million people by 2060. Among people ages 65 and older, African Americans have the highest prevalence of Alzheimer's disease and related dementias (13.8 percent), followed by Hispanics (12.2 percent), and non-Hispanic whites (10.3 percent), American Indian and Alaska Natives (9.1 percent), and Asian and Pacific Islanders (8.4 percent). By 2060, researchers estimate there will be 3.2 million Hispanics and 2.2 million African Americans with Alzheimer's disease and related dementias. The increases are a result of fewer people dying from other chronic diseases and surviving into older adulthood when the risk for Alzheimer's disease and related dementias increases.

4. **Arguments in Support.** The California Alliance for Retired Americans notes that "As our state ages, and incidents of dementia and Alzheimer's disease increase exponentially, we must insure that our medical personnel and social workers have training to identify and address these challenges."

The California Senior Legislature writes that “It is apparent that increased education requirements will be beneficial to some of the most vulnerable in our State.”

5. **Arguments in Opposition.** The California Academy of Family Physicians (CAFP) is opposed to this bill and requests that it be amended to conform to existing statutory language authorizing MBC to determine CME requirements. CAFP states that the organization “shares the author’s goal of ensuring that patients suffering from Alzheimer’s and Dementia receive appropriate and timely care, but SB 48 will not achieve this goal as currently drafted. Continuing medical education curriculum should be developed by demonstrated clinical need and research, not dictated by statute. Furthermore, physicians should complete courses necessary to best meet the needs of their specific patient panel, setting, and practice. While each physician tailors their education to their patient population, the most appropriate entity to determine overall physician educational requirements is the Medical Board of California...California’s recently released Master Plan for Aging states that only about five percent of providers have geriatric training. Included in the small percentage of providers who have already participated in this training are family physicians. As part of a family physician’s residency training, they must complete, at a minimum, 100 hours or 125 encounters with geriatric patients across a continuum of sites. Evidence does not show that family physicians are providing inadequate care and that four additional hours of continuing medical education in this area will improve health outcomes.”

6. **Author’s Amendments Intended to Correct Drafting Error and Narrow the Bill.**

*10-hour requirement.* The Author indicated that they do not intend for PA’s to be subject to a 10-hour CE requirement on the special care needs of patients with dementia, and would prefer that the requirement be consistent with that proposed in the bill for other providers, four hours.

On page 4, in line 3, strike “10” and replace with “four”

(e) The board shall adopt regulations to require each person renewing their license, as a condition of license renewal under Section 3523 or 3524, to complete at least 40 ***four*** hours of continuing education on the special care needs of patients with dementia.

*LCSWs.* The Author indicated that their goal is to focus on requirements for primary care practitioners and as such, would like to eliminate LCSWs from the bill entirely.

On page 4, strike lines 5-40.

On page 5, strike lines 1-40.

On page 6, strike lines 1-7.

7. **Policy Considerations.**

*Why does this bill impose additional CE and CME requirements for only certain health care providers?* The Author notes, in specifying the need for the bill, that “Our only

way to ensure everyone in California can receive a timely and accurate diagnosis of dementia is to ensure that primary care providers are given the training they need to identify, diagnose, and help individuals and families begin the care planning process.” However, this bill does not apply CE and CME requirements to all licensed health care practitioners who provide primary care. It is unclear why health care providers like osteopathic physicians and surgeons, who are subject to CME requirements and have the exact same privileges as MBC licensed physicians, including diagnosing and treating patients, are not included in the list of providers the bill requires enhanced CE and CME for. PAs currently practice according to practice agreement with a physician but nurse practitioners (NPs) were recently authorized to practice independently through AB 890 (Wood) last year. Given that NPs provide primary care services and may specialize in adult gerontology care and likely treat patient populations that include older Californians, they too may benefit from learning more about the “special care needs of patients with dementia.”

While a primary care visit may be the first step in a dementia diagnosis, providers beyond those listed in this bill are certainly part of the team of health care practitioners who interact with aging Californians. Psychologists and other mental health care providers may also play a role in determining whether a patient is suffering from dementia. Similarly, if the goal for the bill is to provide appropriate care to patients with dementia and Alzheimer’s disease, beyond just a diagnosis, there is a wide range of providers who might benefit from added training about this unique patient population, including nurses and licensed vocational nurses. *To ensure that all providers receive the intended additional CE or CME course focus, the Author should consider amending the bill to include additional health care providers subject to CE and CME who likely treat and interact with patients with dementia and Alzheimer’s disease.*

*Does this bill intend to require all physicians and surgeons licensed by the Medical Board of California or all general internists and family physicians?* The bill is drafted as an amendment to a section of current law that requires named physician specialties 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 hours in a course in the field of geriatric medicine or the care of older patients. MBC typically does not differentiate practice authority or requirements based on physician specialty. CE and CME in California law are required as part of health provider licensure. Physicians still have to undergo additional work and demonstrate continued competency in a particular specialty practice if they are certified by a national specialty board. If the Author’s intention is for all physicians and surgeons to complete CE according to this bill’s requirements, the language should be drafted in another section of law that outlines broad issue-specific CE and CME requirements. If the goal is for the same general internists and family physicians who treat patients 65 or older to take added CME in the special care needs of patients with dementia, the bill should be amended to clarify that it is limited to these specialists.

## **SUPPORT AND OPPOSITION:**

### Support:

California Alliance for Retired Americans

California Senior Legislature

Opposition:

California Academy of Family Physicians

**-- END --**