

AMENDED IN SENATE JUNE 21, 2005

AMENDED IN ASSEMBLY MAY 27, 2005

AMENDED IN ASSEMBLY APRIL 21, 2005

AMENDED IN ASSEMBLY MARCH 31, 2005

CALIFORNIA LEGISLATURE—2005—06 REGULAR SESSION

ASSEMBLY BILL

No. 1195

**Introduced by Assembly Member Coto
(Principal coauthor: Assembly Member Chu)**

February 22, 2005

An act to amend Section 2190.1 of the Business and Professions Code, relating to physicians and surgeons.

LEGISLATIVE COUNSEL'S DIGEST

AB 1195, as amended, Coto. Continuing education: cultural and linguistic competency.

Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California. Under the act, a physician and surgeon is required to demonstrate satisfaction of continuing education requirements. The act also creates a voluntary program for interested physicians and surgeons to learn a foreign language and cultural beliefs and practices that may impact patient health care practices.

This bill would require all continuing medical education courses to, on and after July 1, 2006, include curriculum in the subjects of cultural and linguistic competency in the practice of medicine, as defined, ~~unless~~ *except for* specified courses that do not include a direct patient care component.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 2190.1 of the Business and Professions
2 Code is amended to read:
3 2190.1. (a) The continuing medical education standards of
4 Section 2190 may be met by educational activities that meet the
5 standards of the Division of Licensing and serve to maintain,
6 develop, or increase the knowledge, skills, and professional
7 performance that a physician and surgeon uses to provide care, or
8 improve the quality of care provided for patients, including, but
9 not limited to, educational activities that meet any of the
10 following criteria:
11 (1) Have a scientific or clinical content with a direct bearing
12 on the quality or cost-effective provision of patient care,
13 community or public health, or preventive medicine.
14 (2) Concern quality assurance or improvement, risk
15 management, health facility standards, or the legal aspects of
16 clinical medicine.
17 (3) Concern bioethics or professional ethics.
18 (4) Are designed to improve the physician-patient relationship.
19 (b) On and after July 1, 2006, all continuing medical education
20 courses shall contain curriculum that includes cultural and
21 linguistic competency in the practice of medicine. A continuing
22 medical education course shall be exempt from the requirements
23 of this subdivision if the course is solely dedicated to research of
24 other issues that do not include a direct patient care component.
25 (c) In order to satisfy the requirements of subdivision (b),
26 continuing medical education courses shall address one or a
27 combination of the following:
28 (1) Applying linguistic skills to communicate effectively with
29 the target population.
30 (2) Utilizing cultural information to establish therapeutic
31 relationships.
32 (3) Eliciting and incorporating pertinent cultural data in
33 diagnosis and treatment.
34 (4) Understanding and applying cultural and ethnic data to the
35 process of clinical care.

1 ~~(d) Continuing medical education courses required by~~
2 ~~subdivision (b) shall include a review and explanation of relevant~~

3 *(5) A review and explanation of relevant federal and state laws*
4 *and regulations regarding linguistic access, including, but not*
5 *limited to, the federal Civil Rights Act (42 U.S.C. Sec. 1981, et*
6 *seq.), Executive Order 13166 of August 11, 2000, of the*
7 *President of the United States, and the Dymally-Alatorre*
8 *Bilingual Services Act (Chapter 17.5 (commencing with Section*
9 *7290) of Division 7 of Title 1 of the Government Code).*

10 ~~(e)~~

11 *(d) For purposes of this section the following definitions shall*
12 *apply:*

13 *(1) “Cultural competency” means the delivery of culturally*
14 *competent health care that incorporates pertinent cultural*
15 *concepts and data in the clinical assessment and treatment of*
16 *patients across ethnic and cultural groups. a set of integrated*
17 *attitudes, knowledge, and skills that enable a physician and*
18 *surgeon to care effectively for patients from diverse cultures,*
19 *groups, and communities.*

20 *(2) “Linguistic competency” means the ability of the physician*
21 *and surgeon to provide patients who do not speak English or*
22 *have limited ability to speak English, direct communication in*
23 *the patient’s primary language.*

24 ~~(f)~~

25 *(e) Notwithstanding subdivision (a), educational activities that*
26 *are not directed toward the practice of medicine, or are directed*
27 *primarily toward the business aspects of medical practice,*
28 *including, but not limited to, medical office management, billing*
29 *and coding, and marketing shall not be deemed to meet the*
30 *continuing medical education standards for licensed physicians*
31 *and surgeons.*

32 ~~(g)~~

33 *(f) Educational activities that meet the content standards set*
34 *forth in this section and are accredited by the California Medical*
35 *Association or the Accreditation Council for Continuing Medical*
36 *Education may be deemed by the Division of Licensing to meet*
37 *its continuing medical education standards.*

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