

AMENDED IN ASSEMBLY APRIL 2, 2013

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 496

Introduced by Assembly Member Gordon

February 20, 2013

An act to amend Sections 852, 2198, and 2198.1 of the Business and Professions Code, relating to medicine.

LEGISLATIVE COUNSEL'S DIGEST

AB 496, as amended, Gordon. Medicine: sexual orientation, gender identity, and gender expression.

Existing law creates the Task Force on Culturally and Linguistically Competent Physicians and Dentists—and. *Existing law requires the Director of Health Care Services and the Director of Consumer Affairs to serve as cochair of the task force. Existing law requires the Director of Consumer Affairs, in consultation with the Director of Health Care Services, to appoint as task force members, among other people, California licensed physicians and dentists that provide health services to members of language and ethnic minority groups and representatives of organizations that advocate on behalf of, or provide health services to, members of language and ethnic minority groups. Existing law required the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2003.*

This bill would replace the Director of Health Care Services with the Deputy Director of the Office of Health Equity as cochair of the task force. The bill would also instead require the appointment of members to be made in consultation with the Office of Health Equity. The bill would require the licensed task force members and advocate task force members to instead provide health services to, or advocate

on behalf of, members of language and ethnic minority groups ~~and as well as~~ lesbian, gay, bisexual, and transgender groups. The bill would require the task force to report its findings to the Legislature and appropriate licensing boards by January 1, 2016.

Existing law, the Cultural and Linguistic Competency of Physicians Act of 2003, establishes the cultural and linguistic physician competency program which is operated by local medical societies of the California Medical Association and is monitored by the Medical Board of California. That voluntary program consists of educational classes for all interested physicians and is designed to teach foreign language and cultural beliefs and practices that may impact patient health care practices and allow physicians to incorporate this knowledge in the diagnosis and treatment of patients who are not from the predominate culture in California. Existing law also defines “cultural and linguistic competency” for the purposes of those provisions as *meaning cultural and linguistic abilities that can be incorporated into therapeutic and medical evaluation and treatment, including understanding and applying the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations.*

This bill would additionally require the program to address lesbian, gay, bisexual, and transgender groups of interest to local medical societies. The bill would require the training programs to be formulated in collaboration with California-based lesbian, gay, bisexual, and transgender medical societies. The bill would also redefine the term “cultural and linguistic competency” ~~and as~~ understanding and applying the roles that culture, ethnicity, race, sexual orientation, gender identity, and gender expression play in diagnosis, treatment, and clinical care, *and awareness of how the attitudes, values, and beliefs of health care providers, patients, and society influence and impact professional and patient relations.* The bill would also make related technical, nonsubstantive changes.

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 852 of the Business and Professions Code
- 2 is amended to read:

1 852. (a) The Task Force on Culturally and Linguistically
2 Competent Physicians and Dentists is hereby created and shall
3 consist of the following members:

4 (1) The ~~Deputy~~ Director of ~~Health Care Services~~ *the Office of*
5 *Health Equity* and the Director of Consumer Affairs, who shall
6 serve as cochairs of the task force.

7 (2) The Executive Director of the Medical Board of California.

8 (3) The Executive Director of the Dental Board of California.

9 (4) One member appointed by the Senate Committee on Rules.

10 (5) One member appointed by the Speaker of the Assembly.

11 (b) Additional task force members shall be appointed by the
12 Director of Consumer Affairs, in consultation with the ~~Director~~
13 ~~of Health Care Services~~ *Office of Health Equity*, as follows:

14 (1) Representatives of organizations that advocate on behalf of
15 California licensed physicians and dentists.

16 (2) California licensed physicians and dentists that provide
17 health services to members of language and ethnic minority groups
18 ~~and, as well as~~ lesbian, gay, bisexual, and transgender groups.

19 (3) Representatives of organizations that advocate on behalf of,
20 or provide health services to, members of language and ethnic
21 minority groups ~~and, as well as~~ lesbian, gay, bisexual, and
22 transgender groups.

23 (4) Representatives of entities that offer continuing education
24 for physicians and dentists.

25 (5) Representatives of California's medical and dental schools.

26 (6) Individuals with experience in developing, implementing,
27 monitoring, and evaluating cultural and linguistic programs.

28 (c) The duties of the task force shall include the following:

29 (1) Developing recommendations for a continuing education
30 program that includes language proficiency standards of foreign
31 language to be acquired to meet linguistic competency.

32 (2) Identifying the key cultural elements necessary to meet
33 cultural competency by physicians, dentists, and their offices.

34 (3) Assessing the need for voluntary certification standards and
35 examinations for cultural and linguistic competency.

36 (d) The task force shall hold hearings and convene meetings to
37 obtain input from persons belonging to language and ethnic
38 minority groups ~~and, as well as~~ lesbian, gay, bisexual, and
39 transgender groups, to determine their needs and preferences for
40 having culturally competent medical providers. These hearings

1 and meetings shall be convened in communities that have large
2 populations of language and ethnic minority groups ~~and, as well~~
3 ~~as~~ lesbian, gay, bisexual, and transgender groups.

4 (e) The task force shall report its findings to the Legislature and
5 appropriate licensing boards on or before January 1, 2016.

6 (f) The Medical Board of California and the Dental Board of
7 California shall pay the state administrative costs of implementing
8 this section.

9 (g) Nothing in this section shall be construed to require
10 mandatory continuing education of physicians and dentists.

11 SEC. 2. Section 2198 of the Business and Professions Code is
12 amended to read:

13 2198. (a) This article shall be known and may be cited as the
14 Cultural and Linguistic Competency of Physicians Act of 2003.
15 The cultural and linguistic physician competency program is hereby
16 established and shall be operated by local medical societies of the
17 California Medical Association and shall be monitored by the
18 Medical Board of California.

19 (b) This program shall be a voluntary program for all interested
20 physicians. As a primary objective, the program shall consist of
21 educational classes which shall be designed to teach physicians
22 the following:

23 (1) A foreign language at the level of proficiency that initially
24 improves their ability to communicate with non-English speaking
25 patients.

26 (2) A foreign language at the level of proficiency that eventually
27 enables direct communication with the non-English speaking
28 patients.

29 (3) Cultural beliefs and practices that may impact patient health
30 care practices and allow physicians to incorporate this knowledge
31 in the diagnosis and treatment of patients who are not from the
32 predominate culture in California.

33 (c) The program shall operate through local medical societies
34 and shall be developed to address the ethnic language minority
35 groups ~~and, as well as~~ lesbian, gay, bisexual, and transgender
36 groups, of interest to local medical societies.

37 (d) In dealing with Spanish language and cultural practices of
38 Mexican immigrant communities, the cultural and linguistic
39 training program shall be developed with direct input from
40 physician groups in Mexico who serve the same immigrant

1 population in Mexico. A similar approach may be used for any of
2 the languages and cultures that are taught by the program or
3 appropriate ethnic medical societies may be consulted for the
4 development of these programs.

5 (e) Training programs shall be based and developed on the
6 established knowledge of providers already serving target
7 populations and shall be formulated in collaboration with the
8 California Medical Association, the Medical Board of California,
9 and other California-based ethnic ~~and~~ *medical societies, as well*
10 *as* lesbian, gay, bisexual, and transgender ~~groups~~ medical societies.

11 (f) Programs shall include standards that identify the degree of
12 competency for participants who successfully complete
13 independent parts of the course of instruction.

14 (g) Programs shall seek accreditation by the Accreditation
15 Council for Continuing Medical Education.

16 (h) The Medical Board of California shall convene a workgroup
17 including, but not limited to, representatives of affected patient
18 populations, medical societies engaged in program delivery, and
19 community clinics to perform the following functions:

20 (1) Evaluation of the progress made in the achievement of the
21 intent of this article.

22 (2) Determination of the means by which achievement of the
23 intent of this article can be enhanced.

24 (3) Evaluation of the reasonableness and the consistency of the
25 standards developed by those entities delivering the program.

26 (4) Determination and recommendation of the credit to be given
27 to participants who successfully complete the identified programs.
28 Factors to be considered in this determination shall include, at a
29 minimum, compliance with requirements for continuing medical
30 education and eligibility for increased rates of reimbursement
31 under Medi-Cal, the Healthy Families Program, and health
32 maintenance organization contracts.

33 (i) Funding shall be provided by fees charged to physicians who
34 elect to take these educational classes and any other funds that
35 local medical societies may secure for this purpose.

36 (j) A survey for language minority patients shall be developed
37 and distributed by local medical societies, to measure the degree
38 of satisfaction with physicians who have taken the educational
39 classes on cultural and linguistic competency provided under this
40 section. Local medical societies shall also develop an evaluation

1 survey for physicians to assess the quality of educational or training
2 programs on cultural and linguistic competency. This information
3 shall be shared with the workgroup established by the Medical
4 Board of California.

5 SEC. 3. Section 2198.1 of the Business and Professions Code
6 is amended to read:

7 2198.1. For purposes of this article, “cultural and linguistic
8 competency” means cultural and linguistic abilities that can be
9 incorporated into therapeutic and medical evaluation and treatment,
10 including, but not limited to, the following:

11 (a) Direct communication in the patient-client primary language.

12 (b) Understanding and applying the roles that culture, ethnicity,
13 race, sexual orientation, gender identity, and gender expression
14 play in diagnosis, treatment, and clinical care.

15 (c) Awareness of how the ~~health care providers and patients~~
16 attitudes, values, and beliefs *of health care providers, patients,*
17 *and society* influence and impact professional and patient relations.