

AMENDED IN ASSEMBLY MAY 2, 2000  
AMENDED IN ASSEMBLY MARCH 23, 2000

CALIFORNIA LEGISLATURE—1999–2000 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1820**

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**Introduced by Assembly Member Wright**  
**(Principal coauthors: Assembly Members Alquist and Shelley)**

~~**(Coauthors: Assembly Members Longville, Mazzoni, Strom-Martin, and Zettel)**~~

*(Coauthors: Assembly Members Davis, Firebaugh, Longville, Machado, Mazzoni, Strom-Martin, Washington, Wayne, Wildman, and Zettel)*

*(Coauthors: Senators Alpert, Escutia, Soto, and Vasconcellos)*

February 3, 2000

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An act to amend Sections 2089.5, 2183, and 2191.2 of, and to add Sections 2089.1, 2190.2, and 2190.3 to, the Business and Professions Code, and to amend Sections 105105 and 105120 of the Health and Safety Code, relating to geriatric medicine, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 1820, as amended, R. Wright. Geriatric medicine.

Existing law requires adequate instruction in certain specified subjects, including geriatric medicine, as required curriculum for medical students applying for a physician's and surgeon's certificate.

This bill would enact the “Geriatric Medical Education Training Act of 2000.” Among other things, the bill would define adequate instruction in geriatric medicine as a separate course of instruction solely on geriatric medicine. It would require, commencing September 1, 2003, a 6-week course of geriatric instruction, as specified. The bill would make related changes and specify certain legislative findings and declarations, and declare legislative intent.

The bill would appropriate \$5,000,000 from the General Fund to the Regents of the University of California in order to fund the existing Academic Geriatric Resource Program at the University of California.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes. State-mandated local program: no.

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

1 SECTION 1. In enacting this act, the Legislature finds  
2 and declares the following:

3 (a) In 1998, there were about 3.57 million Californians  
4 age 65 and older, a 15 percent increase since 1990. This  
5 number will at least increase to five million in 2010 and  
6 grow to seven million by 2020, with those persons over age  
7 85 representing the fastest growing segment of the  
8 population.

9 (b) By 2020, the numbers of Hispanic, African  
10 American, and other minority elderly will more than  
11 quadruple to an estimated total of at least 2.8 million.

12 (c) The age group over 75 has the highest rate of  
13 health care utilization of all groups.

14 (d) The higher prevalence of chronic conditions in  
15 those age 65 and older results in greater use of physician  
16 services. On an average, they visit a physician nine times  
17 a year compared to five visits by the general population.  
18 They are hospitalized over three times as often as the  
19 younger population, stay 50 percent longer, and use twice  
20 as many prescription drugs.

21 (e) The knowledge and skill base of geriatrics,  
22 essential to the care of older patients has not been fully  
23 integrated into the training of today’s doctors.



1 (f) There will be an inadequate supply of doctors  
2 properly trained to treat the elderly by 2010.

3 (g) The Academic Geriatric Resource Program was  
4 established in 1984 as a mechanism for developing within  
5 the University of California, new educational initiatives in  
6 geriatrics, gerontology, and other disciplines relating to  
7 aging. The program was funded at one million dollars  
8 (\$1,000,000). Funding has not kept pace with need. The  
9 program in 1999 was funded at one million one hundred  
10 thousand dollars (\$1,100,000).

11 (h) The Association of American Medical Colleges  
12 acknowledged the problem of inadequate medical  
13 education in December 1999, by launching a new  
14 program to enhance the gerontology and geriatric  
15 curricula at United States medical schools. The  
16 association recognized that geriatrics “be represented in  
17 a more coherent and comprehensive manner in the  
18 curricula of all U.S. medical schools.”

19 SEC. 2. In enacting this act it is the intent of the  
20 Legislature to provide academic courses and training in  
21 the field of geriatrics for medical students and existing  
22 general internists and family physicians in order to ensure  
23 that every general internist and family physician, along  
24 with other professions, have the requisite knowledge and  
25 skills to competently treat the elderly population by the  
26 year 2010.

27 SEC. 3. This act shall be known as, and may be cited  
28 as, the Geriatric Medical Education Training Act of 2000.

29 SEC. 4. Section 2089.1 is added to the Business and  
30 Professions Code, to read:

31 2089.1. For purposes of subdivision (b) of Section  
32 2089, adequate instruction in geriatric medicine means a  
33 separate course of instruction solely on geriatric  
34 medicine. Incorporation of instruction in geriatric  
35 medicine within other curriculum courses does not  
36 comply with the requirements of this section.

37 SEC. 5. Section 2089.5 of the Business and Professions  
38 Code is amended to read:

39 2089.5. (a) Clinical instruction in the subjects listed  
40 in subdivision (b) of Section 2089 shall meet the



1 requirements of this section and shall be considered  
2 adequate if the requirements of subdivision (a) of Section  
3 2089 and the requirements of this section are satisfied.

4 (b) Instruction in the clinical courses shall total a  
5 minimum of 72 weeks in length.

6 (c) Instruction in the core clinical courses of surgery,  
7 medicine, geriatric medicine, family medicine,  
8 pediatrics, obstetrics and gynecology, and psychiatry  
9 shall total a minimum of 46 weeks in length with a  
10 minimum of eight weeks instruction in surgery, eight  
11 weeks in medicine, six weeks in pediatrics, six weeks in  
12 geriatric medicine, six weeks in obstetrics and  
13 gynecology, a minimum of four weeks in family medicine,  
14 and four weeks in psychiatry.

15 Instruction in geriatric medicine shall be commenced  
16 no later than September 1, 2003. The requirement of six  
17 weeks of instruction in geriatric medicine shall apply only  
18 to those applicants who graduate from a medical school  
19 or a school of osteopathic medicine on or after May 1,  
20 2003.

21 (d) Of the instruction required by subdivision (b),  
22 including all of the instruction required by subdivision  
23 (c), 54 weeks shall be performed in a health facility, as  
24 defined in Section 1250 of the Health and Safety Code,  
25 that sponsors the instruction and shall meet one of the  
26 following:

27 (1) Is a formal part of the medical school or school of  
28 osteopathic medicine.

29 (2) Has an approved residency program in family  
30 practice or in the clinical area of the instruction for which  
31 credit is being sought.

32 (3) Is formally affiliated with an approved medical  
33 school or school of osteopathic medicine located in the  
34 United States or Canada. If the affiliation is limited in  
35 nature, credit shall be given only in the subject areas  
36 covered by the affiliation agreement.

37 (4) Is formally affiliated with a medical school or a  
38 school of osteopathic medicine located outside the United  
39 States or Canada.



1 (e) If the institution, specified in subdivision (d), is  
2 formally affiliated with a medical school or a school of  
3 osteopathic medicine located outside the United States or  
4 Canada, it shall meet the following:

5 (1) The formal affiliation shall be documented by a  
6 written contract detailing the relationship between the  
7 medical school, or a school of osteopathic medicine, and  
8 hospital and the responsibilities of each.

9 (2) The school and health facility shall provide to the  
10 division a description of the clinical program. The  
11 description shall be in sufficient detail to enable the  
12 division to determine whether or not the program  
13 provides students an adequate medical education. The  
14 division shall approve the program if it determines that  
15 the program provides an adequate medical education. If  
16 the division does not approve the program, it shall  
17 provide its reasons for disapproval to the school and  
18 health facility in writing specifying its findings about each  
19 aspect of the program that it considers to be deficient and  
20 the changes required to obtain approval.

21 (3) The ~~hospital~~ *health facility*, if located in the United  
22 States, shall be accredited by the Joint Commission on  
23 Accreditation of Hospitals *or the American Osteopathic*  
24 *Association*, and if located in another country, shall be  
25 accredited in accordance with the law of that country.

26 (4) The clinical instruction shall be supervised by a  
27 full-time director of medical education, and the head of  
28 the department for each core clinical course shall hold a  
29 full-time faculty appointment of the medical school or  
30 school of osteopathic medicine and shall be board  
31 certified or eligible, or have an equivalent credential in  
32 that specialty area appropriate to the country in which  
33 the health facility is located.

34 (5) The clinical instruction shall be conducted  
35 pursuant to a written program of instruction provided by  
36 the school.

37 (6) The school shall supervise the implementation of  
38 the program on a regular basis, documenting the level  
39 and extent of its supervision.



1 (7) The health facility-based faculty shall evaluate  
2 each student on a regular basis and shall document the  
3 completion of each aspect of the program for each  
4 student.

5 (8) The health facility shall ensure a minimum daily  
6 census adequate to meet the instructional needs of the  
7 number of students enrolled in each course area of  
8 clinical instruction, but not less than 15 patients in each  
9 course area of clinical instruction.

10 (9) The division, in reviewing the application of a  
11 foreign medical graduate, may require the applicant to  
12 submit a description of the clinical program, if the  
13 division has not previously approved the program, and  
14 may require the applicant to submit documentation to  
15 demonstrate that the applicant's clinical training met the  
16 requirements of this subdivision.

17 (10) The medical school or school of osteopathic  
18 medicine shall bear the reasonable cost of any site  
19 inspection by the division or its agents necessary to  
20 determine whether the clinical program offered is in  
21 compliance with this subdivision.

22 SEC. 6. Section 2183 of the Business and Professions  
23 Code is amended to read:

24 2183. Applicants for a physician's and surgeon's  
25 certificate shall pass an examination in biomedical  
26 sciences, clinical sciences, and geriatric medicine, as  
27 determined by the Division of Licensing.

28 Those applicants shall also pass an examination  
29 designed to test biomedical sciences and clinical sciences,  
30 including geriatric medicine, determined by the Division  
31 of Licensing to be essential for the unsupervised practice  
32 of medicine.

33 SEC. 7. Section 2190.2 is added to the Business and  
34 Professions Code, to read:

35 2190.2. The Division of Licensing shall establish  
36 procedures for any educational activity approved under  
37 subdivision (c) of Section 2190.1 to ensure attendance by  
38 licensees throughout the entire program plus a random  
39 audit program to ensure the compliance. Failure to  
40 comply with the procedures shall be grounds for a



1 determination by the division that courses provided by  
2 that organization are not in compliance with the  
3 requirements of subdivision (c). The division has the  
4 authority to assess a fee sufficient to recoup the cost of the  
5 audit program.

6 SEC. 8. Section 2190.3 is added to the Business and  
7 Professions Code, to read:

8 2190.3. All general internists and family physicians  
9 shall complete at least 20 percent of all mandatory  
10 continuing education hours in a course in the field of  
11 geriatric medicine or the care of elderly patients.

12 SEC. 9. Section 2191.2 of the Business and Professions  
13 Code is amended to read:

14 2191.2. The division shall encourage every physician  
15 and surgeon to take a course in geriatric medicine,  
16 including geriatric pharmacology, as part of his or her  
17 continuing education, unless his or her patient rolls  
18 consist of less than 10 percent of elderly patients.

19 SEC. 10. Section 105105 of the Health and Safety Code  
20 is amended to read:

21 105105. It is the purpose of the Legislature, in  
22 enacting this chapter, to establish academic geriatric  
23 resource programs at the University of California medical  
24 or other health science campuses. A multidisciplinary  
25 approach shall be utilized in the development of these  
26 programs. The programs shall include, but not be limited  
27 to, one or more of the following elements:

28 (a) Preclinical, clinical, or postgraduate educational  
29 programs in geriatrics for health science students to  
30 instruct and train them in recognizing and responding to  
31 the needs and dynamics of the health care of elderly  
32 patients.

33 (b) Provision of continuing education in geriatrics for  
34 health care providers and the general public.

35 (c) A teaching nursing home program to research  
36 nursing home health care practices and to instruct and  
37 train health science students about geriatric care.

38 At least 50 percent of funds appropriated for this  
39 program shall be utilized to implement subdivision (a).



1 SEC. 11. Section 105120 of the Health and Safety Code  
2 is amended to read:

3 105120. On January 1 of each year, the Regents of the  
4 University of California shall submit a progress report to  
5 the Legislature regarding the grant programs established  
6 pursuant to this chapter. The report shall include, but not  
7 be limited to, all of the following elements:

8 (a) A description of the progress made in  
9 implementing the programs.

10 (b) The number of academic geriatric resource  
11 programs established.

12 (c) The characteristics of the programs.

13 (d) The costs of the programs.

14 (e) Evidence of program effectiveness.

15 The report shall separately delineate the information  
16 required pursuant to this section with respect to each  
17 medical or health science campus that receives funding  
18 under a grant program established pursuant to this  
19 chapter.

20 SEC. 12. The sum of five million dollars (\$5,000,000)  
21 is hereby appropriated from the General Fund to the  
22 Regents of the University of California in order to fund  
23 the Academic Geriatric Resource Program in  
24 implementation of Chapter 3 (commencing with Section  
25 105100) of Part 4 of Division 103 of the Health and Safety  
26 Code.

