

AMENDED IN ASSEMBLY MAY 11, 2000  
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 Davis, Firebaugh, Longville,  
Machado, Mazzone, 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, 2183~~ and 2191.2 of, and to add Sections ~~2089.1, 2190.2, 2190.2~~ and 2190.3 to, the Business and Professions Code, and to amend Sections 105105 and 105120 of, *and to add Section 105112 to*, 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 University of California to develop a mandatory geriatric curriculum for its medical schools, to be implemented no later than September 1, 2002. The Regents of the University of California would be required to submit a report on the status of the implementation of the geriatric curriculum at each campus to the Legislature no later than March 30, 2003. Subsequently, the Regents would be required to submit a summative report every 5 years describing progress in geriatric training at all medical schools throughout the university.* The bill would make related changes and specify certain legislative findings and declarations, and declare legislative intent:

~~The bill would~~ *to appropriate in the Budget Act \$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:  $\frac{2}{3}$ —majority. Appropriation: ~~yes~~—no. 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.



1 (d) The higher prevalence of chronic conditions in  
2 those age 65 and older results in greater use of physician  
3 services. On an average, they visit a physician nine times  
4 a year compared to five visits by the general population.  
5 They are hospitalized over three times as often as the  
6 younger population, stay 50 percent longer, and use twice  
7 as many prescription drugs.

8 (e) The knowledge and skill base—~~of~~ *in* geriatrics,  
9 ~~essential to the care of older patients has not been fully~~  
10 *essential to the provision of medical care to older patients*  
11 *has not been adequately* integrated into the training of  
12 today's doctors *and other health care professionals*.

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

15 (g) The Academic Geriatric Resource Program was  
16 established in 1984 as a mechanism for developing within  
17 the University of California; new educational initiatives in  
18 geriatrics, gerontology, and other disciplines relating to  
19 aging. The program was funded at one million dollars  
20 (\$1,000,000). Funding has not kept pace with *inflation or*  
21 need. The program in 1999 was funded at one million one  
22 hundred thousand dollars (\$1,100,000).

23 (h) The Association of American Medical Colleges  
24 acknowledged the problem of inadequate medical  
25 education in *geriatrics in* December 1999; by launching  
26 a new program to enhance the gerontology and geriatric  
27 curricula at United States medical schools. The  
28 association recognized that geriatrics “be represented in  
29 a more coherent and comprehensive manner in the  
30 curricula of all U.S. medical schools.”

31 SEC. 2. In enacting this act it is the intent of the  
32 Legislature to provide academic courses and training in  
33 the field of geriatrics for medical students and existing  
34 general internists and family physicians in order to ensure  
35 that every general internist and family physician, along  
36 with other professions, have the requisite knowledge and  
37 skills to competently treat the elderly population by the  
38 year 2010.

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



1 ~~SEC. 4. Section 2089.1 is added to the Business and~~  
2 ~~Professions Code, to read:~~

3 ~~2089.1. For purposes of subdivision (b) of Section~~  
4 ~~2089, adequate instruction in geriatric medicine means a~~  
5 ~~separate course of instruction solely on geriatric~~  
6 ~~medicine. Incorporation of instruction in geriatric~~  
7 ~~medicine within other curriculum courses does not~~  
8 ~~comply with the requirements of this section.~~

9 ~~SEC. 5. Section 2089.5 of the Business and Professions~~  
10 ~~Code is amended to read:~~

11 ~~2089.5. (a) Clinical instruction in the subjects listed~~  
12 ~~in subdivision (b) of Section 2089 shall meet the~~  
13 ~~requirements of this section and shall be considered~~  
14 ~~adequate if the requirements of subdivision (a) of Section~~  
15 ~~2089 and the requirements of this section are satisfied.~~

16 ~~(b) Instruction in the clinical courses shall total a~~  
17 ~~minimum of 72 weeks in length.~~

18 ~~(c) Instruction in the core clinical courses of surgery,~~  
19 ~~medicine, geriatric medicine, family medicine,~~  
20 ~~pediatrics, obstetrics and gynecology, and psychiatry~~  
21 ~~shall total a minimum of 46 weeks in length with a~~  
22 ~~minimum of eight weeks instruction in surgery, eight~~  
23 ~~weeks in medicine, six weeks in pediatrics, six weeks in~~  
24 ~~geriatric medicine, six weeks in obstetrics and~~  
25 ~~gynecology, a minimum of four weeks in family medicine,~~  
26 ~~and four weeks in psychiatry.~~

27 ~~Instruction in geriatric medicine shall be commenced~~  
28 ~~no later than September 1, 2003. The requirement of six~~  
29 ~~weeks of instruction in geriatric medicine shall apply only~~  
30 ~~to those applicants who graduate from a medical school~~  
31 ~~or a school of osteopathic medicine on or after May 1,~~  
32 ~~2003.~~

33 ~~(d) Of the instruction required by subdivision (b),~~  
34 ~~including all of the instruction required by subdivision~~  
35 ~~(c), 54 weeks shall be performed in a health facility, as~~  
36 ~~defined in Section 1250 of the Health and Safety Code,~~  
37 ~~that sponsors the instruction and shall meet one of the~~  
38 ~~following:~~

39 ~~(1) Is a formal part of the medical school or school of~~  
40 ~~osteopathic medicine.~~



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

4 ~~(3) Is formally affiliated with an approved medical~~  
5 ~~school or school of osteopathic medicine located in the~~  
6 ~~United States or Canada. If the affiliation is limited in~~  
7 ~~nature, credit shall be given only in the subject areas~~  
8 ~~covered by the affiliation agreement.~~

9 ~~(4) Is formally affiliated with a medical school or a~~  
10 ~~school of osteopathic medicine located outside the United~~  
11 ~~States or Canada.~~

12 ~~(e) If the institution, specified in subdivision (d), is~~  
13 ~~formally affiliated with a medical school or a school of~~  
14 ~~osteopathic medicine located outside the United States or~~  
15 ~~Canada, it shall meet the following:~~

16 ~~(1) The formal affiliation shall be documented by a~~  
17 ~~written contract detailing the relationship between the~~  
18 ~~medical school, or a school of osteopathic medicine, and~~  
19 ~~hospital and the responsibilities of each.~~

20 ~~(2) The school and health facility shall provide to the~~  
21 ~~division a description of the clinical program. The~~  
22 ~~description shall be in sufficient detail to enable the~~  
23 ~~division to determine whether or not the program~~  
24 ~~provides students an adequate medical education. The~~  
25 ~~division shall approve the program if it determines that~~  
26 ~~the program provides an adequate medical education. If~~  
27 ~~the division does not approve the program, it shall~~  
28 ~~provide its reasons for disapproval to the school and~~  
29 ~~health facility in writing specifying its findings about each~~  
30 ~~aspect of the program that it considers to be deficient and~~  
31 ~~the changes required to obtain approval.~~

32 ~~(3) The health facility, if located in the United States,~~  
33 ~~shall be accredited by the Joint Commission on~~  
34 ~~Accreditation of Hospitals or the American Osteopathic~~  
35 ~~Association, and if located in another country, shall be~~  
36 ~~accredited in accordance with the law of that country.~~

37 ~~(4) The clinical instruction shall be supervised by a~~  
38 ~~full-time director of medical education, and the head of~~  
39 ~~the department for each core clinical course shall hold a~~  
40 ~~full-time faculty appointment of the medical school or~~



1 ~~school of osteopathic medicine and shall be board~~  
2 ~~certified or eligible, or have an equivalent credential in~~  
3 ~~that specialty area appropriate to the country in which~~  
4 ~~the health facility is located.~~

5 ~~(5) The clinical instruction shall be conducted~~  
6 ~~pursuant to a written program of instruction provided by~~  
7 ~~the school.~~

8 ~~(6) The school shall supervise the implementation of~~  
9 ~~the program on a regular basis, documenting the level~~  
10 ~~and extent of its supervision.~~

11 ~~(7) The health facility based faculty shall evaluate~~  
12 ~~each student on a regular basis and shall document the~~  
13 ~~completion of each aspect of the program for each~~  
14 ~~student.~~

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

20 ~~(9) The division, in reviewing the application of a~~  
21 ~~foreign medical graduate, may require the applicant to~~  
22 ~~submit a description of the clinical program, if the~~  
23 ~~division has not previously approved the program, and~~  
24 ~~may require the applicant to submit documentation to~~  
25 ~~demonstrate that the applicant's clinical training met the~~  
26 ~~requirements of this subdivision.~~

27 ~~(10) The medical school or school of osteopathic~~  
28 ~~medicine shall bear the reasonable cost of any site~~  
29 ~~inspection by the division or its agents necessary to~~  
30 ~~determine whether the clinical program offered is in~~  
31 ~~compliance with this subdivision.~~

32 ~~SEC. 6.~~

33 ~~SEC. 4.~~ Section 2183 of the Business and Professions  
34 Code is amended to read:

35 2183. Applicants for a physician's and surgeon's  
36 certificate shall pass an examination in biomedical  
37 sciences, clinical sciences, and geriatric medicine, as  
38 determined by the Division of Licensing.

39 Those applicants shall also pass an examination  
40 designed to test biomedical sciences and clinical sciences,



1 including geriatric medicine, determined by the Division  
2 of Licensing to be essential for the unsupervised practice  
3 of medicine.

4 *After January 1, 2004, applicants for a physician's and*  
5 *surgeon's certificate shall have completed a curriculum*  
6 *(or its equivalent) in geriatric medicine in medical school*  
7 *or in postgraduate medical education training.*

8 ~~SEC. 7.~~

9 SEC. 5. Section 2190.2 is added to the Business and  
10 Professions Code, to read:

11 2190.2. The Division of Licensing shall establish  
12 procedures for any educational activity approved under  
13 subdivision (c) of Section 2190.1 to ensure attendance by  
14 licensees throughout the entire program plus a random  
15 audit program to ensure the compliance. Failure to  
16 comply with the procedures shall be grounds for a  
17 determination by the division that courses provided by  
18 that organization are not in compliance with the  
19 requirements of subdivision (c). The division has the  
20 authority to assess a fee sufficient to recoup the cost of the  
21 audit program.

22 ~~SEC. 8.~~

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

25 2190.3. All general internists and family physicians  
26 shall complete at least 20 percent of all mandatory  
27 continuing education hours in a course in the field of  
28 geriatric medicine or the care of elderly patients.

29 ~~SEC. 9.~~

30 SEC. 7. Section 2191.2 of the Business and Professions  
31 Code is amended to read:

32 2191.2. The division shall encourage every physician  
33 and surgeon to take a course in geriatric medicine,  
34 including geriatric pharmacology, as part of his or her  
35 continuing education, unless his or her patient rolls  
36 consist of less than 10 percent of elderly patients.

37 ~~SEC. 10.~~

38 SEC. 8. Section 105105 of the Health and Safety Code  
39 is amended to read:



1 105105. It is the purpose of the Legislature, in  
2 enacting this chapter, to establish academic geriatric  
3 resource programs *and to encourage the development of*  
4 *a curriculum in geriatric medicine* at the University of  
5 California medical *schools* or other health science  
6 campuses. A multidisciplinary approach shall be utilized  
7 in the development of these programs. The programs  
8 shall include, but not be limited to, one or more of the  
9 following elements:

10 (a) Preclinical, clinical, or postgraduate educational  
11 programs in geriatrics for health science students to  
12 instruct and train them in recognizing and responding to  
13 the needs and dynamics of the health care of elderly  
14 patients.

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

17 (c) A teaching nursing home program to research  
18 nursing home health care practices and to instruct and  
19 train health science students about geriatric care.

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

22 ~~SEC. 11.~~

23 *SEC. 9.* Section 105120 of the Health and Safety Code  
24 is amended to read:

25 105120. On January 1 of each year, the Regents of the  
26 University of California shall submit a progress report to  
27 the Legislature, *including copies to the members of the*  
28 *Assembly Committee on Aging and Long Term Care and*  
29 *the chairpersons of the Assembly Committee on Budget*  
30 *and the Senate Committee on Budget and Fiscal Review,*  
31 regarding the grant programs established pursuant to this  
32 chapter. The report shall include, but not be limited to,  
33 all of the following elements:

34 (a) A description of the progress made in  
35 implementing *and maintaining* the programs.

36 (b) The number of academic geriatric resource  
37 programs established.

38 (c) The characteristics *and costs* of the programs.

39 ~~(d) The costs of the programs.~~

40 ~~(e) Evidence of program effectiveness.~~



1 (d) A summary of the progress towards developing,  
2 implementing, and maintaining a geriatric medicine  
3 curriculum at each campus.

4 (e) An evaluation of the program's effectiveness at  
5 each campus, including identification of problems and  
6 limitations, and strategies to overcome them.

7 The report shall separately delineate the information  
8 required pursuant to this section with respect to each  
9 medical or health science campus that receives funding  
10 under a grant program established pursuant to this  
11 chapter.

12 ~~SEC. 12. The sum of~~

13 SEC. 10. Section 105112 is added to the Health and  
14 Safety Code, to read:

15 105112. (a) It is the intent of the Legislature that  
16 University of California medical students complete a  
17 definable curriculum in geriatric medicine over the  
18 course of their medical school training to meet  
19 recommended core competencies for the care of older  
20 persons. It is the intent of the Legislature that this  
21 curriculum instill the attitudes, knowledge, and skills that  
22 physicians need to provide competent and  
23 compassionate care for older persons, including both  
24 didactic and clinical experiences encompassing the  
25 spectrum of health status of older persons and  
26 community-based sites for clinical training.

27 (b) It is the intent of the Legislature that the  
28 University of California graduate medical education  
29 programs in internal medicine, family practice, and  
30 psychiatry be separately responsible for developing,  
31 implementing, and maintaining a mandatory geriatric  
32 medicine curriculum. It is the intent of the Legislature  
33 that this curriculum instill the attitudes, knowledge, and  
34 skills that physicians practicing these specialties need to  
35 provide competent and compassionate care for older  
36 persons. This curriculum should encompass the spectrum  
37 of health status of older persons and include  
38 community-based sites for clinical training.

39 (c) It is the intent of the Legislature that each  
40 University of California school of medicine be separately



1 responsible for developing, implementing, maintaining,  
2 and evaluating a mandatory geriatric medicine  
3 curriculum. The curriculum shall take into consideration  
4 the recommendations of the Institute of Medicine of the  
5 National Academy of Sciences and other nationally  
6 recognized medical organizations. The geriatric  
7 medicine curriculum shall be developed and  
8 implemented at each University of California school of  
9 medicine no later than September 1, 2002.

10 (d) No later than March 30, 2003, the Regents of the  
11 University of California shall submit a report on the status  
12 of the implementation of a definable curriculum in  
13 geriatric medicine at each campus in accordance with  
14 this act. The report shall include the total number of  
15 hours of geriatric instruction to be given at each school of  
16 medicine and the number of weeks of that instruction or  
17 experience provided at each graduate medical school.  
18 This report shall be written by a committee that is  
19 specifically charged with reporting on the status of the  
20 implementation of this section. The majority of  
21 committee members shall be national experts in the  
22 geriatric field who are not University of California faculty  
23 or employees.

24 (e) Every 5 years, commencing no later than June 30,  
25 2005, the Regents of the University of California shall  
26 submit a summative report describing progress in  
27 geriatrics training at all medical schools throughout the  
28 university. This report shall be written by a committee  
29 that is specifically charged with evaluating this progress.  
30 The majority of committee members shall be national  
31 experts in the geriatric field who are not University of  
32 California faculty or employees.

33 SEC. 11. It is the intent of the Legislature to  
34 appropriate in the Budget Act five million dollars  
35 (\$5,000,000) ~~is hereby appropriated~~ from the General  
36 Fund to the Regents of the University of California in  
37 order to fund the Academic Geriatric Resource Program  
38 in implementation of Chapter 3 (commencing with



- 1 Section 105100) of Part 4 of Division 103 of the Health and
- 2 Safety Code.

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