

AMENDED IN SENATE JUNE 14, 2000
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

**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

An act to amend Sections 2183 and 2191.2 of, and to add Sections 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.

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 provide that the University of California to should develop and implement a mandatory geriatric medicine curriculum for its medical schools, to be implemented as soon as possible, but no later than September 1, 2002 2003. The Regents of the University of California would be required to submit a report on the status of the implementation of the geriatric medicine curriculum at each campus to the Legislature no later than March 30, 2003 2004. Subsequently, the regents would be required to submit a summative report every 5 years, commencing no later than June 30, 2005, describing progress in geriatric training and related initiatives at all medical schools throughout the university each campus. The bill would make related changes and specify certain legislative findings and declarations, and declare legislative intent 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: 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. 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.



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

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

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

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

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

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

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



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

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

5 2183. ~~Applicants~~—*An applicant* for a physician's and
6 surgeon's certificate shall pass—~~an examination~~ *the*
7 *national examination for medical licensure* in biomedical
8 sciences; *and* clinical sciences,—~~and including~~ geriatric
9 medicine, ~~as determined by the Division of Licensing.~~

10 ~~Those applicants shall also pass an examination~~
11 ~~designed to test biomedical sciences and clinical sciences,~~
12 ~~including geriatric medicine,~~ determined by the Division
13 of Licensing to be essential for the unsupervised practice
14 of medicine.

15 ~~After January 1, 2004, applicants for a physician's and~~
16 ~~surgeon's certificate shall have completed a curriculum~~
17 ~~(or its equivalent) in geriatric medicine in medical school~~

18 *An applicant who applies for a physician's and*
19 *surgeon's certificate on or after January 1, 2004, shall have*
20 *completed coursework in geriatric medicine in medical*
21 *school or in postgraduate medical education training.*

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

24 2190.2. The Division of Licensing shall establish
25 ~~procedures for any educational activity approved under~~
26 ~~subdivision (e) of Section 2190.1 to ensure attendance by~~
27 ~~licensees throughout the entire program plus a random~~
28 ~~audit program to ensure the compliance. Failure to~~
29 ~~comply with the procedures shall be grounds for a~~
30 ~~determination by the division that courses provided by~~
31 ~~that organization are not in compliance with the~~
32 ~~requirements of subdivision (e). The division has the~~
33 ~~authority to assess a fee sufficient to recoup the cost of the~~
34 ~~audit program.~~ *criteria that providers of continuing*
35 *medical education shall follow to ensure attendance by*
36 *licensees throughout the entire course.*

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

39 2190.3. All general internists and family physicians
40 *who have a patient population of which over 25 percent*



1 *are sixty-five or older* shall complete at least 20 percent
2 of all mandatory continuing education hours in a course
3 in the field of geriatric medicine or the care of elderly
4 patients.

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

7 2191.2. The division shall encourage every physician
8 and surgeon to take a course in geriatric medicine,
9 including geriatric pharmacology, as part of his or her
10 continuing education, ~~unless his or her patient rolls~~
11 ~~consist of less than 10 percent of elderly patients.~~

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

14 105105. It is the purpose of the Legislature, in
15 enacting this chapter, to establish academic geriatric
16 resource programs and to encourage the development of
17 ~~a curriculum~~ *expanded educational and community*
18 *service programs* in geriatric medicine at the University
19 of California medical schools or other health science
20 campuses. A multidisciplinary approach shall be utilized
21 in the development of these programs. The programs
22 shall include, but not be limited to, one or more of the
23 following elements:

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

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

31 (c) A teaching nursing home program to research
32 nursing home health care practices and to instruct and
33 train health science students about geriatric care.

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

36 (d) *Development and evaluation of the best practices*
37 *for the health care of older persons.*

38 (e) *Development and evaluation of interdisciplinary*
39 *models of geriatric training.*



1 (f) *Development and evaluation of innovative health*
2 *care delivery sites and programs for older persons.*

3 SEC. 9. Section 105120 of the Health and Safety Code
4 is amended to read:

5 105120. ~~On January 1 of each year~~ *On March 30, 2001,*
6 *and biennially thereafter,* the Regents of the University
7 of California shall submit a progress report to the
8 Legislature, including copies to the members of the
9 Assembly Committee on Aging and Long-Term Care,
10 *the Senate Health and Human Services Subcommittee on*
11 *Aging and Long-Term Care,* and the Chairpersons of the
12 Assembly Committee on Budget and the Senate
13 Committee on Budget and Fiscal Review, regarding the
14 grant programs established pursuant to this chapter. The
15 report shall include, but not be limited to, all of the
16 following elements:

17 (a) A description of the progress made in
18 implementing and maintaining the programs.

19 (b) The number of academic geriatric resource
20 programs established.

21 (c) The characteristics and costs of the programs.

22 (d) A summary of the progress towards developing,
23 ~~implementing, and maintaining a geriatric medicine~~
24 ~~curriculum at each campus.~~ *and implementing*
25 *educational and community service programs in geriatric*
26 *medicine at each campus.*

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

30 The report shall separately delineate the information
31 required pursuant to this section with respect to each
32 medical or health science campus that receives funding
33 under a grant program established pursuant to this
34 chapter.

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

37 105112. (a) It is the intent of the Legislature that
38 University of California medical students complete a
39 definable curriculum in geriatric medicine over the
40 course of their medical school training to meet



1 recommended core competencies for the care of older
2 persons. It is the intent of the Legislature that this
3 curriculum instill the attitudes, knowledge, and skills that
4 physicians need to provide competent and
5 compassionate care for older persons, including both
6 didactic and clinical experiences encompassing the
7 spectrum of health status of older persons and
8 community-based sites for clinical training.

9 (b) It is the intent of the Legislature that ~~the~~
10 University of California ~~graduate medical education~~
11 ~~programs~~ *medical residents* in internal medicine, family
12 practice, and ~~psychiatry~~ be separately responsible for
13 ~~developing, implementing, and maintaining a mandatory~~
14 ~~geriatric medicine curriculum.~~ It is the intent of the
15 Legislature *psychiatry complete a definable curriculum*
16 *in geriatric medicine over the course of their residency*
17 *training.* It is the intent of the Legislature that this
18 curriculum instill the attitudes, knowledge, and skills that
19 physicians practicing these specialties need to provide
20 competent and compassionate care for older persons.
21 This curriculum should encompass the spectrum of
22 health status of older persons and include
23 community-based sites for clinical training.

24 (c) It is the intent of the Legislature that each
25 University of California school of medicine be separately
26 responsible for developing, implementing, maintaining,
27 and evaluating ~~a mandatory~~ *the* geriatric medicine
28 curriculum. The curriculum shall take into consideration
29 the recommendations of the Institute of Medicine of the
30 National Academy of Sciences, *the American Geriatric*
31 *Society*, and other nationally recognized medical
32 organizations. The *expanded* geriatric medicine
33 curriculum ~~shall~~ *should* be developed and implemented
34 at each University of California school of medicine *as soon*
35 *as possible, but no later than September 1, 2002 2003.*

36 (d) No later than March 30, 2003, the Regents of the
37 University of California shall submit a *progress* report on
38 the status of the implementation of a definable
39 curriculum in geriatric medicine at each campus in
40 accordance with this act.



1 (e) No later than March 30, 2004, the Regents of the
 2 University of California shall submit a report on the status
 3 of the implementation of a definable curriculum in
 4 geriatric medicine at each campus. The report shall
 5 include the total number of hours of geriatric instruction
 6 to be given at each school of medicine and the number of
 7 weeks of that instruction or experience provided at each
 8 graduate medical school. This report shall be written by
 9 a committee that is specifically charged with reporting on
 10 the status of the implementation of this section. The
 11 majority of committee members shall be national experts
 12 in the geriatric field who are not University of California
 13 faculty or employees.

14 (e)

15 (f) Every 5 years, commencing no later than June 30,
 16 2005, the Regents of the University of California shall
 17 submit a ~~summative~~ report describing progress in
 18 geriatrics training ~~at all medical schools throughout the~~
 19 ~~university~~ and related initiatives at each campus in
 20 accordance with the act. This report shall be written by
 21 a committee that is specifically charged with evaluating
 22 this progress. The majority of committee members shall
 23 be national experts in the geriatric field who are not
 24 University of California ~~faculty or employees~~.

25 ~~SEC. 11. It is the intent of the Legislature to~~
 26 ~~appropriate in the Budget Act five million dollars~~
 27 ~~(\$5,000,000) from the General Fund to the Regents of the~~
 28 ~~University of California in order to fund the Academic~~
 29 ~~Geriatric Resource Program in implementation of~~
 30 ~~Chapter 3 (commencing with Section 105100) of Part 4 of~~
 31 ~~Division 103 of the Health and Safety Code.~~

