

AMENDED IN SENATE JUNE 27, 2000
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, Mazzoni, Strom-Martin, Washington, Wayne,
Wildman, and Zettel)**

(Coauthors: Senators ~~Alpert, Escutia,~~ *Alarcon, Alpert,
Chesbro, Escutia, Hughes, McPherson, 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." It would provide that the University of California should develop and implement a geriatric medicine curriculum for its medical schools, as soon as possible, but no later than September 1, 2003. The *bill would request that 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, 2004. Subsequently, *the bill would request that the regents would be required to* submit a report every 5 years, commencing no later than June 30, 2005, describing progress in geriatric training and related initiatives at each campus. The bill would make related changes and specify certain legislative findings and declarations.

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.
 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



1 a year compared to five visits by the general population.
2 They are hospitalized over three times as often as the
3 younger population, stay 50 percent longer, and use twice
4 as many prescription drugs.

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

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

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

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

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

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

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

39 2183. An applicant for a physician's and surgeon's
40 certificate shall pass the national examination for medical



1 licensure in biomedical sciences and clinical sciences,
2 including geriatric medicine, determined by the Division
3 of Licensing to be essential for the unsupervised practice
4 of medicine.

5 An applicant who applies for a physician's and
6 surgeon's certificate on or after January 1, 2004, shall have
7 completed coursework in geriatric medicine in medical
8 school or in postgraduate medical education training.

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 criteria that providers of continuing medical education
13 shall follow to ensure attendance by licensees throughout
14 the entire course.

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

17 2190.3. All general internists and family physicians
18 who have a patient population of which over 25 percent
19 are ~~sixty-five~~ 65 or older shall complete at least 20 percent
20 of all mandatory continuing education hours in a course
21 in the field of geriatric medicine or the care of elderly
22 patients.

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

25 2191.2. The division shall encourage every physician
26 and surgeon to take a course in geriatric medicine,
27 including geriatric pharmacology, as part of his or her
28 continuing education.

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

31 105105. It is the purpose of the Legislature, in
32 enacting this chapter, to establish academic geriatric
33 resource programs and to encourage the development of
34 expanded educational and community service programs
35 in geriatric medicine at the University of California
36 medical schools or other health science campuses. A
37 multidisciplinary approach shall be utilized in the
38 development of these programs. The programs shall
39 include, but not be limited to, one or more of the
40 following elements:



1 (a) Preclinical, clinical, or postgraduate educational
2 programs in geriatrics for health science students to
3 instruct and train them in recognizing and responding to
4 the needs and dynamics of the health care of elderly
5 patients.

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

8 (c) A teaching nursing home program to research
9 nursing home health care practices and to instruct and
10 train health science students about geriatric care.

11 (d) Development and evaluation of the best practices
12 for the health care of older persons.

13 (e) Development and evaluation of interdisciplinary
14 models of geriatric training.

15 (f) Development and evaluation of innovative health
16 care delivery sites and programs for older persons.

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

19 105120. ~~On~~ *The Legislature requests that, on March*
20 *30, 2001, and biennially thereafter, the Regents of the*
21 *University of California shall submit a progress report to*
22 *the Legislature, including copies to the members of the*
23 *Assembly Committee on Aging and Long-Term Care, the*
24 *Senate Health and Human Services Subcommittee on*
25 *Aging and Long-Term Care, and the Chairpersons of the*
26 *Assembly Committee on Budget and the Senate*
27 *Committee on Budget and Fiscal Review, regarding the*
28 *grant programs established pursuant to this chapter. The*
29 *report shall should include, but not be limited to, all of the*
30 *following elements:*

31 (a) A description of the progress made in
32 implementing and maintaining the programs.

33 (b) The number of academic geriatric resource
34 programs established.

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

36 (d) A summary of the progress towards developing
37 and implementing educational and community service
38 programs in geriatric medicine at each campus.



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

4 The report ~~shall~~ *should* separately delineate the
5 information required pursuant to this section with
6 respect to each medical or health science campus that
7 receives funding under a grant program established
8 pursuant to this chapter.

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

11 105112. (a) It is the intent of the Legislature that
12 University of California medical students complete a
13 definable curriculum in geriatric medicine over the
14 course of their medical school training to meet
15 recommended core competencies for the care of older
16 persons. It is the intent of the Legislature that this
17 curriculum instill the attitudes, knowledge, and skills that
18 physicians need to provide competent and
19 compassionate care for older persons, including both
20 didactic and clinical experiences encompassing the
21 spectrum of health status of older persons and
22 community-based sites for clinical training.

23 (b) It is the intent of the Legislature that University of
24 California medical residents in internal medicine, family
25 practice, and psychiatry complete a definable curriculum
26 in geriatric medicine over the course of their residency
27 training. It is the intent of the Legislature that this
28 curriculum instill the attitudes, knowledge, and skills that
29 physicians practicing these specialties need to provide
30 competent and compassionate care for older persons.
31 This curriculum should encompass the spectrum of
32 health status of older persons and include
33 community-based sites for clinical training.

34 (c) It is the intent of the Legislature that each
35 University of California school of medicine be separately
36 responsible for developing, implementing, maintaining,
37 and evaluating the geriatric medicine curriculum. The
38 curriculum shall take into consideration the
39 recommendations of the Institute of Medicine of the
40 National Academy of Sciences, the American Geriatric



1 Society, and other nationally recognized medical
2 organizations. The expanded geriatric medicine
3 curriculum should be developed and implemented at
4 each University of California school of medicine as soon
5 as possible, but no later than September 1, 2003.

6 (d) ~~No~~ *The Legislature requests that, no later than*
7 *March 30, 2003, the Regents of the University of California*
8 *shall* submit a progress report on the status of the
9 implementation of a definable curriculum in geriatric
10 medicine at each campus in accordance with this act.

11 (e) ~~No~~ *The Legislature requests that, no later than*
12 *March 30, 2004, the Regents of the University of California*
13 *shall* submit a report on the status of the implementation
14 of a definable curriculum in geriatric medicine at each
15 campus. The report ~~shall~~ *should* include the total number
16 of hours of geriatric instruction to be given at each school
17 of medicine and the number of weeks of that instruction
18 or experience provided at each medical school. This
19 report ~~shall~~ *should* be written by a committee that is
20 specifically charged with reporting on the status of the
21 implementation of this section. The majority of
22 committee members ~~shall~~ *should* be national experts in
23 the geriatric field who are not University of California
24 employees.

25 (f) ~~Every~~ *The Legislature requests that every 5 years,*
26 *commencing no later than June 30, 2005, the Regents of*
27 *the University of California shall* submit a report
28 describing progress in geriatrics training and related
29 initiatives at each campus in accordance with the act. This
30 report ~~shall~~ *should* be written by a committee that is
31 specifically charged with evaluating this progress. The
32 majority of committee members ~~shall~~ *should* be national
33 experts in the geriatric field who are not University of
34 California employees.

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