

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 432
AUTHOR: Bauer-Kahan
BILL DATE: April 23, 2025, Amended
SUBJECT: Menopause
SPONSOR: Author

DESCRIPTION OF CURRENT LEGISLATION:

Requires physicians with certain specialties who have a patient population composed of 25 percent or more of adult women under 65 years of age to complete 10 percent of all required continuing medical education (CME) hours in a course in perimenopause, menopause, and postmenopausal care.

In addition, the bill generally requires health insurers to provide coverage for evaluation and treatment for perimenopause and menopause, as medically necessary by the treating provider, as specified.

BACKGROUND:

CME is intended to maintain, develop, or increase the knowledge, skills and professional performance that a physician and surgeon uses to provide care, or to improve the quality of care provided to their patients.

The Medical Practice Act (Act) provides the Medical Board of California (Board) broad authority to establish CME standards and requirements, including mandating CME on certain topics. The Act also includes various general CME requirements, including, but not limited to cultural and linguistic competency and implicit bias.

Additionally, the Act establishes the following topical CME requirements:

- All general internists and family physicians who have a patient population of which over 25 percent of 65 years of age or older shall complete at least 20 percent of all mandatory continuing education hours in a course in the field of geriatric medicine, in the special care needs of patients with dementia, or the care of older patients.
- All physicians and surgeons shall complete CME on a one-time basis in the amount of 12 credit hours on either of the following topics:
 - Pain management and the treatment of terminally ill and dying patients.

- Treatment and management of opiate-dependent patients, which includes either hours of training in buprenorphine, or similar medicinal treatment for opioid use disorders.

[Business and Professions Code \(BPC\) section 2190.15](#) authorizes physicians to take CME courses (comprising no more than 30 percent of their required hours) in practice management, facility management, and educational methodology for those teaching in a medical school.

Via regulation, the Board requires a physician and surgeon to complete not less than 50 hours of approved CME during each two-year period prior to renewing their license. Other than the above-described statutory requirements, physicians may exercise discretion to choose the CME most appropriate to their patients and medical practice.

To enforce compliance with CME requirements, each month the Board audits approximately five percent of its licensees who renewed their license. Audited licensees receive a letter from the Board directing them to submit evidence that they completed enough hours in appropriate courses.

Prior Board Action Related to Mandating CME on Specified Topics

In October 2014, the Board approved a [policy compendium](#) that included the following statement on mandatory CME:

The Board opposes the concept of mandated CME topics. The Board believes that each licensed physician should decide which type of continuing education is most appropriate for their particular practice.

In 2021, the Board adopted an Oppose, Unless Amended position on SB 48, seeking to remove language that would have required general internists and family physicians to complete at least four hours of mandatory continuing education on the special care needs of patients with dementia. SB 48 was later amended to remove the CME provisions and the chaptered version related to cognitive health assessment for Medi-Cal beneficiaries.

ANALYSIS:

According to the author, as stated in the Assembly Business and Professions Committee analysis of this bill:

“Although menopause is a natural occurrence that 1 million Americans experience every year, it has been treated as unworthy of proper care, research, and basic understanding. According to a recent survey, a majority of women felt that they were ‘not informed at all’ when it came to menopause and perimenopause. Additionally, medical students get less than one hour training in menopause, and 80% of graduating OB/GYN residents admit to feeling “barely

comfortable” talking to their patients about menopause. Quality, evidence-based care is critical as the hormonal changes that occur at menopause have profound effects on health and wellbeing for the remainder of a woman’s life.

Menopause impacts women who are often in the peak of their careers and when not provided adequate treatment and support it can cause massive financial ramifications. According to Mayo Clinic, the annual cost of untreated menopause symptoms in workplace productivity and related health care costs is \$150 billion globally and 26.6 billion in the United States.”

AB 432 requires the following physicians with a patient population composed of 25 percent or more of adult women under 65 years of age to complete at least five hours of CME courses acceptable to the Board in every two years in perimenopause, menopause, and postmenopausal care:

- General internists
- Family physicians
- Obstetricians and Gynecologists
- Cardiologists
- Endocrinologists
- Neurologists

The bill also amends [BPC section 2191](#) to eliminate language that directs the Board to consider requiring its licensees to take a course in menopausal mental or physical health.

Provisions Pertaining to Health Insurers

In addition to the CME provisions, AB 432 generally requires health insurers to cover evaluation and treatment options for perimenopause and menopause, without utilization management, including but not limited to:

- At least one option in each formulation of, and the associated method of administration for, federal Food and Drug Administration-regulated systemic hormone therapy.
- At least one option in each formulation of, and the associated method of administration for, nonhormonal medications for each menopause symptom.
- At least one option in each formulation of, and the associated method of administration for, treatment for genitourinary syndrome of menopause.
- At least one option from each class of medications approved to prevent and treat osteoporosis.

These insurers would be required to annually provide current clinical care recommendations for hormone therapy and be required to encourage primary care providers to review such recommendations.

Opposition Arguments

Multiple organizations representing physicians are opposed to mandating CME, arguing that physicians should have autonomy to decide what courses are most relevant to their patient's needs. The mandate proposed in AB 432, in combination with the existing requirements of [BPC section 2190.3](#), could require some physicians to take 30 percent of their required courses in a few topics, as determined by the Legislature.

Consideration of a Board Position

AB 432 laudably attempts to address a very important healthcare topic, however, based on the prior positions that the Board has taken on CME mandates, staff recommend the Board adopt an Oppose, Unless Amended position to seek removal of the language mandating CME.

FISCAL: Minor one-time costs related to updating the license renewal application and changes related to CME audit processes. Minor ongoing increased costs associated with auditing licensees selected for a CME audit.

SUPPORT: Bayer Corporation
Black Women for Wellness Action Project
CA Legislative Women's Caucus
California Commission on the Status of Women and Girls
California Retired Teachers Association
National Women's Political Caucus of California

OPPOSITION: American College of Obstetricians & Gynecologists - District IX (unless amended to remove CME provisions)
California Medical Association (unless amended to remove CME provisions)
California Chapter of the Amer. College of Emergency Physicians
California Chapter American College of Cardiology
California Orthopedic Association
California Rheumatology Alliance
California Society of Plastic Surgeons

POSITION: Recommendation: Oppose, Unless Amended

ATTACHMENT: [AB 432, Bauer-Kahan. Menopause.](#)
Version: 4/23/25 – Amended