

Assembly Bill No. 1820

CHAPTER 440

An act to amend Sections 2183 and 2191.2 of, to add Sections 2190.2 and 2190.3 to, and to repeal Section 2179.5 of, the Business and Professions Code, and to amend Sections 105105 and 105120 of, and to add Sections 105101 and 105112 to, to repeal Section 105135 of, and to repeal and add Section 105100 of, the Health and Safety Code, relating to geriatric medicine.

[Approved by Governor September 13, 2000. Filed
with Secretary of State September 14, 2000.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1820, 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 Training Act of 2000." It would provide that the University of California should develop and implement a geriatric medicine program and 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 first submit a progress report to the Legislature no later than March 30, 2003, followed by a report on the status of the implementation of the geriatric medicine program and curriculum at each campus to the Legislature no later than March 30, 2004. Subsequently, the bill would request that the regents submit a report every 5 years, commencing no later than June 30, 2005, describing progress in geriatric training and related initiatives at each campus. This bill would express the intent of the Legislature that the professors occupying endowed chairs in geriatric medicine at the University of California that were funded in the 2000-01 Budget Act provide leadership in developing and implementing the expanded geriatric programs and curriculum, and that the one-time funds provided to the Academic Geriatric Resource Program in the 2000-01 Budget Act also be used to implement the provisions of this bill. The bill would make related changes and specify certain legislative findings and declarations.

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

SECTION 1. This act shall be known as, and may be cited as, the Geriatric Medical Training Act of 2000.

SEC. 2. Section 2179.5 of the Business and Professions Code is repealed.

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

2183. An applicant for a physician's and surgeon's certificate shall pass the national examination for medical licensure in biomedical sciences and clinical sciences, including geriatric medicine, determined by the Division of Licensing to be essential for the unsupervised practice of medicine.

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

SEC. 4. Section 2190.2 is added to the Business and Professions Code, to read:

2190.2. The Division of Licensing shall establish criteria that providers of continuing medical education shall follow to ensure attendance by licensees throughout the entire course.

SEC. 5. Section 2190.3 is added to the Business and Professions Code, to read:

2190.3. All general internists and family physicians who have a patient population of which over 25 percent are 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 or the care of older patients.

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

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

SEC. 7. Section 105100 of the Health and Safety Code is repealed.

SEC. 8. Section 105100 is added to the Health and Safety Code, to read:

105100. The Legislature finds and declares all of the following:

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

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

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

(d) The higher prevalence of chronic conditions in those age 65 and older results in greater use of physician services. On average, they visit a physician nine times a year compared to five visits by the



general population. They are hospitalized over three times as often as the younger population, stay 50 percent longer, and use twice as many prescription drugs.

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

(f) If resources are not invested now for better training in geriatrics, there will be an inadequate supply of doctors properly trained to treat older patients by 2010.

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

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

SEC. 9. Section 105101 is added to the Health and Safety Code, to read:

105101. It is the intent of the Legislature that the University of California provide academic courses and training in the field of geriatrics for medical students and existing general internists and family physicians in order to ensure that every general internist and family physician, along with other professions, have the requisite knowledge and skills to competently treat the older population by the year 2010 when the baby boomer generation begins to retire.

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

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

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



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

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

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

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

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

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

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

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

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

(c) The characteristics and costs of the programs.

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

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

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

SEC. 12. Section 105112 is added to the Health and Safety Code, to read:

105112. (a) It is the intent of the Legislature that University of California medical students complete a definable curriculum in geriatric medicine over the course of their medical school training to meet recommended core competencies for the care of older persons. It is the intent of the Legislature that this curriculum instill the attitudes, knowledge, and skills that physicians need to provide competent and compassionate care for older persons, including both



didactic and clinical experiences encompassing the spectrum of health status of older persons and community-based sites for clinical training.

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

(c) It is the intent of the Legislature that the University of California be responsible for developing, implementing, maintaining, and evaluating the geriatric medicine content needed in the curriculum. The curriculum shall take into consideration the recommendations of the Institute of Medicine of the National Academy of Sciences, the American Geriatric Society, and other nationally recognized medical organizations. The expanded geriatric medicine program and curriculum should be developed and implemented at each University of California school of medicine as soon as possible, but no later than September 1, 2003.

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

(e) The Legislature requests that, no later than March 30, 2004, the Regents of the University of California submit a report on the status of the implementation of a definable curriculum in geriatric medicine at each campus. The report should include the total number of hours of geriatric instruction to be given at each school of medicine and the number of weeks of that instruction or experience provided at each medical school. This report should be written by a committee that is specifically charged with reporting on the status of the implementation of this section. The majority of committee members should be national experts in the geriatric field who are not University of California employees.

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

(g) Copies of the reports requested in subdivisions (d), (e), and (f) are to be submitted to the members of the Assembly Committee



on Aging and Long-Term Care, the members of the Senate Health and Human Services Subcommittee on Aging and Long-Term Care, and the Chairpersons of the Assembly Committee on Budget and the Senate Committee on Budget and Fiscal Review.

(h) It is the intent of the Legislature that the professors occupying the University of California endowed chairs in geriatric medicine funded in the 2000–01 Budget Act provide leadership in developing and implementing the expanded geriatric medicine programs and curriculum at the University of California, and that one-time funds provided to the Academic Geriatric Resource Program in the 2000–01 Budget Act also be used to expand geriatric medicine programs and curriculum at the University to implement subdivisions (a) and (b) of Section 105112 of the Health and Safety Code.

SEC. 13. Section 105135 of the Health and Safety Code is repealed.

