

ASSEMBLY BILL

No. 432

Introduced by Assembly Member Bauer-Kahan

February 5, 2025

An act to amend Section 2191 of, and to add Section 2190.4 to, the Business and Professions Code, to add Section 1367.252 to the Health and Safety Code, and to add Section 10123.1962 to the Insurance Code, relating to menopause.

LEGISLATIVE COUNSEL'S DIGEST

AB 432, as introduced, Bauer-Kahan. Menopause.

(1) Existing law, the Medical Practice Act, provides for the licensure and regulation of physicians and surgeons by the Medical Board of California and requires the board to adopt and administer standards for the continuing education of those licensees. Existing law requires the board, in determining its continuing education requirements, to consider including a course in menopausal mental or physical health.

This bill would instead require the board, in determining its continuing education requirements, to include a course in menopausal mental or physical health. The bill would require physicians who have a patient population composed of 25% or more of women to complete a mandatory continuing medical education course in perimenopause, menopause, and postmenopausal care.

(2) Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law sets

forth specified coverage requirements for health care service plan contracts and health insurance policies.

This bill would require a health care service plan contract or health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2026, to include coverage for evaluation and treatment options for perimenopause and menopause. The bill would require a health care service plan or health insurer to annually provide clinical care recommendations, as specified, for hormone therapy to all contracted primary care providers who treat individuals with perimenopause and menopause. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

(3) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

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

1 SECTION 1. Section 2190.4 is added to the Business and
2 Professions Code, to read:

3 2190.4. All physicians who have a patient population composed
4 of 25 percent or more of women shall complete a mandatory
5 continuing medical education course in perimenopause, menopause,
6 and postmenopausal care.

7 SEC. 2. Section 2191 of the Business and Professions Code is
8 amended to read:

9 2191. (a) In determining its continuing education requirements,
10 the board shall consider including a course in human sexuality,
11 defined as the study of a human being as a sexual being and how
12 they function with respect thereto, and nutrition to be taken by
13 those licensees whose practices may require knowledge in those
14 areas.

15 (b) The board shall consider including a course in child abuse
16 detection and treatment to be taken by those licensees whose
17 practices are of a nature that there is a likelihood of contact with
18 abused or neglected children.

1 (c) The board shall consider including a course in acupuncture
2 to be taken by those licensees whose practices may require
3 knowledge in the area of acupuncture and whose education has
4 not included instruction in acupuncture.

5 (d) The board shall encourage every physician and surgeon to
6 take nutrition as part of their continuing education, particularly a
7 physician and surgeon involved in primary care.

8 (e) The board shall consider including a course in elder abuse
9 detection and treatment to be taken by those licensees whose
10 practices are of a nature that there is a likelihood of contact with
11 abused or neglected persons 65 years of age and older.

12 (f) In determining its continuing education requirements, the
13 board shall consider including a course in the early detection and
14 treatment of substance abusing pregnant women to be taken by
15 those licensees whose practices are of a nature that there is a
16 likelihood of contact with these women.

17 (g) In determining its continuing education requirements, the
18 board shall consider including a course in the special care needs
19 of drug-addicted infants to be taken by those licensees whose
20 practices are of a nature that there is a likelihood of contact with
21 these infants.

22 (h) In determining its continuing education requirements, the
23 board shall consider including a course providing training and
24 guidelines on how to routinely screen for signs exhibited by abused
25 women, particularly for physicians and surgeons in emergency,
26 surgical, primary care, pediatric, prenatal, and mental health
27 settings. In the event the board establishes a requirement for
28 continuing education coursework in spousal or partner abuse
29 detection or treatment, that requirement shall be met by each
30 licensee within no more than four years from the date the
31 requirement is imposed.

32 (i) In determining its continuing education requirements, the
33 board shall consider including a course in the special care needs
34 of individuals and their families facing end-of-life issues, including,
35 but not limited to, all of the following:

- 36 (1) Pain and symptom management.
- 37 (2) The psychosocial dynamics of death.
- 38 (3) Dying and bereavement.
- 39 (4) Hospice care.

1 (j) In determining its continuing education requirements, the
2 board shall give its highest priority to considering a course on pain
3 management and the risks of addiction associated with the use of
4 Schedule II drugs.

5 (k) In determining its continuing education requirements, the
6 board shall consider including a course in geriatric care for
7 emergency room physicians and surgeons.

8 (l) In determining its continuing education requirements, the
9 board shall ~~consider including~~ *include* a course in menopausal
10 mental or physical health.

11 SEC. 3. Section 1367.252 is added to the Health and Safety
12 Code, to read:

13 1367.252. (a) A health care service plan contract, except for
14 a specialized health care service plan contract, that is issued,
15 amended, or renewed on or after January 1, 2026, shall include
16 coverage for evaluation and treatment options for perimenopause
17 and menopause, as is deemed medically necessary by the treating
18 health care provider without utilization management, that includes,
19 but is not limited to, all of the following:

20 (1) At least one option in each formulation of, and the associated
21 method of administration for, federal Food and Drug
22 Administration-regulated systemic hormone therapy.

23 (2) At least one option in each formulation of, and the associated
24 method of administration for, nonhormonal medications for each
25 menopause symptom.

26 (3) At least one option in each formulation of, and the associated
27 method of administration for, treatment for genitourinary syndrome
28 of menopause.

29 (4) At least one from each class of medications approved to
30 prevent and treat osteoporosis.

31 (b) Coverage required under this section includes authority for
32 the treating provider to adjust the dose of a drug consistent with
33 clinical care recommendations.

34 (c) A health care service plan shall annually provide current
35 clinical care recommendations for hormone therapy from the
36 Menopause Society or other nationally recognized professional
37 associations to all contracted primary care providers who treat
38 enrollees with perimenopause and menopause. A health care service
39 plan shall encourage primary care providers to review those
40 recommendations.

1 (d) For purposes of this section, the following terms have the
2 following meanings:

3 (1) “Formulation” means all of the following:

4 (A) A tablet or capsule.

5 (B) A transdermal patch.

6 (C) A topical spray.

7 (D) A cream, gel, or lotion.

8 (E) A vaginal suppository, cream, or silicone ring.

9 (2) “Method of administration” means administering a
10 formulation via an oral, topical, vaginal, subcutaneous, injectable,
11 or intravenous route of administration.

12 (e) Coverage for the evaluation and treatment options for
13 perimenopause and menopause shall be provided without
14 discrimination on the basis of gender expression or identity.

15 (f) Nothing in this section shall be construed to limit coverage
16 for medically necessary outpatient prescription drugs pursuant to
17 Section 1342.71 or any other provision under this chapter.

18 SEC. 4. Section 10123.1962 is added to the Insurance Code,
19 to read:

20 10123.1962. (a) A health insurance policy, except for a
21 specialized health insurance policy, that is issued, amended, or
22 renewed on or after January 1, 2026, shall include coverage for
23 evaluation and treatment options for perimenopause and
24 menopause, as is deemed medically necessary by the treating health
25 care provider without utilization management, that includes, but
26 is not limited to, all of the following:

27 (1) At least one option in each formulation of, and the associated
28 method of administration for, federal Food and Drug
29 Administration-regulated systemic hormone therapy.

30 (2) At least one option in each formulation of, and the associated
31 method of administration for, nonhormonal medications for each
32 menopause symptom.

33 (3) At least one option in each formulation of, and the associated
34 method of administration for, treatment for genitourinary syndrome
35 of menopause.

36 (4) At least one from each class of medications approved to
37 prevent and treat osteoporosis.

38 (b) Coverage required under this section includes authority for
39 the treating provider to adjust the dose of a drug consistent with
40 clinical care recommendations.

1 (c) A health insurer shall annually provide current clinical care
 2 recommendations for hormone therapy from the Menopause
 3 Society or other nationally recognized professional associations
 4 to all contracted primary care providers who treat insureds with
 5 perimenopause and menopause. A health insurer shall encourage
 6 primary care providers to review those recommendations.

7 (d) For purposes of this section, the following terms have the
 8 following meanings:

9 (1) "Formulation" means all of the following:

- 10 (A) A tablet or capsule.
- 11 (B) A transdermal patch.
- 12 (C) A topical spray.
- 13 (D) A cream, gel, or lotion.
- 14 (E) A vaginal suppository, cream, or silicone ring.

15 (2) "Method of administration" means administering a
 16 formulation via an oral, topical, vaginal, subcutaneous, injectable,
 17 or intravenous route of administration.

18 (e) Coverage for the evaluation and treatment options for
 19 perimenopause and menopause shall be provided without
 20 discrimination on the basis of gender expression or identity.

21 (f) Nothing in this section shall be construed to limit coverage
 22 for medically necessary outpatient prescription drugs pursuant to
 23 Section 10123.193 or any other provision under this chapter.

24 SEC. 5. No reimbursement is required by this act pursuant to
 25 Section 6 of Article XIII B of the California Constitution because
 26 the only costs that may be incurred by a local agency or school
 27 district will be incurred because this act creates a new crime or
 28 infraction, eliminates a crime or infraction, or changes the penalty
 29 for a crime or infraction, within the meaning of Section 17556 of
 30 the Government Code, or changes the definition of a crime within
 31 the meaning of Section 6 of Article XIII B of the California
 32 Constitution.