

AMENDED IN SENATE JULY 9, 2025
AMENDED IN ASSEMBLY MAY 27, 2025
AMENDED IN ASSEMBLY APRIL 23, 2025
CALIFORNIA LEGISLATURE—2025–26 REGULAR SESSION

ASSEMBLY BILL

No. 432

**Introduced by Assembly Member Bauer-Kahan
(Coauthors: Assembly Members Boerner, Bonta, Lowenthal,
Pellerin, and Stefani)**

February 5, 2025

An act to amend Section 2191 of, and to add Sections 2190.4 and 2454.7 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 amended, 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 delete that requirement of the board and, instead, require specified physicians whose patient population is composed of 25% or more adult women under 65 years of age, for their first license renewal after July 1, 2026, and every 4 years thereafter, to complete at least 5 hours of mandatory continuing medical education in a course in perimenopause, menopause, and postmenopausal care. *board. The bill*

would require, beginning July 1, 2026, a physician and surgeon who completes continuing medical education courses in perimenopause, menopause, and postmenopausal care to receive 2 hours of credit for each hour completed of that coursework, as specified.

Existing law, the Osteopathic Act, provides for the licensure and regulation of osteopathic physicians and surgeons by the Osteopathic Medical Board of California and requires the board to adopt and administer standards for the continuing education of those licensees.

This bill would require ~~specified osteopathic physicians to meet the above-described continuing medical education requirement~~ *osteopathic physicians and surgeons to receive the same credit as described above for completed coursework* relating to 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. Every general internist, family physician, obstetrician~~
4 ~~and gynecologist, cardiologist, endocrinologist, and neurologist~~
5 ~~whose patient population is composed of 25 percent or more adult~~
6 ~~women under 65 years of age, for their first license renewal after~~
7 ~~July 1, 2026, and every four years thereafter, shall complete at~~
8 ~~least five hours of mandatory continuing medical education in a~~
9 ~~course in perimenopause, menopause, and postmenopausal care.~~

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

12 ~~2190.4. Beginning July 1, 2026, a physician and surgeon who~~
13 ~~completes continuing medical education courses in perimenopause,~~
14 ~~menopause, and postmenopausal care shall receive two hours of~~
15 ~~credit for each hour completed of that coursework, for a total~~
16 ~~earned credit that does not exceed eight course hours, toward the~~
17 ~~requirement set forth in Section 1336 of Title 16 of the California~~
18 ~~Code of Regulations.~~

19 ~~SEC. 2. Section 2191 of the Business and Professions Code is~~
20 ~~amended to read:~~

21 ~~2191. (a) In determining its continuing education requirements,~~
22 ~~the board shall consider including a course in human sexuality,~~
23 ~~defined as the study of a human being as a sexual being and how~~
24 ~~they function with respect thereto, and nutrition to be taken by~~
25 ~~those licensees whose practices may require knowledge in those~~
26 ~~areas.~~

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

31 ~~(c) The board shall consider including a course in acupuncture~~
32 ~~to be taken by those licensees whose practices may require~~
33 ~~knowledge in the area of acupuncture and whose education has~~
34 ~~not included instruction in acupuncture.~~

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

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

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

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

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

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

- 29 (1) Pain and symptom management.
- 30 (2) The psychosocial dynamics of death.
- 31 (3) Dying and bereavement.
- 32 (4) Hospice care.

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

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

1 ~~SEC. 3. Section 2454.7 is added to the Business and Professions~~
2 ~~Code, to read:~~

3 ~~2454.7. Every general internist, family physician, obstetrician~~
4 ~~and gynecologist, cardiologist, endocrinologist, and neurologist~~
5 ~~whose patient population is composed of 25 percent or more adult~~
6 ~~women under 65 years of age, for their first license renewal after~~
7 ~~July 1, 2026, and every four years thereafter, shall complete at~~
8 ~~least five hours of mandatory continuing medical education in a~~
9 ~~course in perimenopause, menopause, and postmenopausal care.~~

10 *SEC. 3. Section 2454.7 is added to the Business and Professions*
11 *Code, to read:*

12 *2454.7. Beginning July 1, 2026, an osteopathic physician and*
13 *surgeon who completes continuing medical education courses in*
14 *perimenopause, menopause, and postmenopausal care shall receive*
15 *two hours of credit for each hour completed of that coursework,*
16 *for a total earned credit that does not exceed eight course hours,*
17 *toward the requirement set forth in Section 1635 of Title 16 of the*
18 *California Code of Regulations.*

19 ~~SEC. 4. Section 1367.252 is added to the Health and Safety~~
20 ~~Code, to read:~~

21 ~~1367.252. (a) A health care service plan contract, except for~~
22 ~~a specialized health care service plan contract, that is issued,~~
23 ~~amended, or renewed on or after January 1, 2026, shall include~~
24 ~~coverage for evaluation and treatment options for perimenopause~~
25 ~~and menopause, as is deemed medically necessary by the treating~~
26 ~~health care provider without utilization management, that includes,~~
27 ~~but is not limited to, all of the following:~~

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

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

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

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

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

4 (c) A health care service plan shall annually provide current
5 clinical care recommendations for hormone therapy from the
6 Menopause Society or other nationally recognized professional
7 associations to all contracted primary care providers who treat
8 enrollees with perimenopause and menopause. A health care service
9 plan shall encourage primary care providers to review those
10 recommendations.

11 (d) For purposes of this section, the following terms have the
12 following meanings:

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

14 (A) A tablet or capsule.

15 (B) A transdermal patch.

16 (C) A topical spray.

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

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

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

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

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

28 SEC. 5. Section 10123.1962 is added to the Insurance Code,
29 to read:

30 10123.1962. (a) A health insurance policy, except for a
31 specialized health insurance policy, that is issued, amended, or
32 renewed on or after January 1, 2026, shall include coverage for
33 evaluation and treatment options for perimenopause and
34 menopause, as is deemed medically necessary by the treating health
35 care provider without utilization management, that includes, but
36 is not limited to, all of the following:

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

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

4 (3) At least one option in each formulation of, and the associated
5 method of administration for, treatment for genitourinary syndrome
6 of menopause.

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

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

12 (c) A health insurer shall annually provide current clinical care
13 recommendations for hormone therapy from the Menopause
14 Society or other nationally recognized professional associations
15 to all contracted primary care providers who treat insureds with
16 perimenopause and menopause. A health insurer shall encourage
17 primary care providers to review those recommendations.

18 (d) For purposes of this section, the following terms have the
19 following meanings:

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

21 (A) A tablet or capsule.

22 (B) A transdermal patch.

23 (C) A topical spray.

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

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

26 (2) "Method of administration" means administering a
27 formulation via an oral, topical, vaginal, subcutaneous, injectable,
28 or intravenous route of administration.

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

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

35 SEC. 6. No reimbursement is required by this act pursuant to
36 Section 6 of Article XIII B of the California Constitution because
37 the only costs that may be incurred by a local agency or school
38 district will be incurred because this act creates a new crime or
39 infraction, eliminates a crime or infraction, or changes the penalty
40 for a crime or infraction, within the meaning of Section 17556 of

- 1 the Government Code, or changes the definition of a crime within
- 2 the meaning of Section 6 of Article XIII B of the California
- 3 Constitution.

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