

AMENDED IN SENATE JULY 17, 2025

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**

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**Introduced by Assembly Member Bauer-Kahan**  
**(Coauthors: Assembly Members *Aguiar-Curry*, *Boerner*, *Bonta*,**  
***Lowenthal*, *Pellerin*, and *Stefani*)**  
*(Coauthor: Senator Weber Pierson)*

February 5, 2025

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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. 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 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~~, *policy that covers outpatient prescription drugs*, except as specified, that is issued, amended, or renewed on or after January 1, 2026, to include coverage for evaluation and treatment options for *symptoms of 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:

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

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

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

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

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

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

27 (e) The board shall consider including a course in elder 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 persons 65 years of age and older.

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

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

1 (h) In determining its continuing education requirements, the  
 2 board shall consider including a course providing training and  
 3 guidelines on how to routinely screen for signs exhibited by abused  
 4 women, particularly for physicians and surgeons in emergency,  
 5 surgical, primary care, pediatric, prenatal, and mental health  
 6 settings. In the event the board establishes a requirement for  
 7 continuing education coursework in spousal or partner abuse  
 8 detection or treatment, that requirement shall be met by each  
 9 licensee within no more than four years from the date the  
 10 requirement is imposed.

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

- 15 (1) Pain and symptom management.
- 16 (2) The psychosocial dynamics of death.
- 17 (3) Dying and bereavement.
- 18 (4) Hospice care.

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

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

26 SEC. 3. Section 2454.7 is added to the Business and Professions  
 27 Code, to read:

28 2454.7. Beginning July 1, 2026, an osteopathic physician and  
 29 surgeon who completes continuing medical education courses in  
 30 perimenopause, menopause, and postmenopausal care shall receive  
 31 two hours of credit for each hour completed of that coursework,  
 32 for a total earned credit that does not exceed eight course hours,  
 33 toward the requirement set forth in Section 1635 of Title 16 of the  
 34 California Code of Regulations.

35 SEC. 4. Section 1367.252 is added to the Health and Safety  
 36 Code, to read:

37 1367.252. (a) A health care service plan ~~contract~~, *contract*  
 38 *that covers outpatient prescription drugs*, except for a specialized  
 39 health care service plan contract, that is issued, amended, or  
 40 renewed on or after January 1, 2026, shall include coverage for

1 evaluation and treatment options for *symptoms of* perimenopause  
2 and menopause, as is deemed medically necessary by the treating  
3 health care provider *under contract with the health care service*  
4 *plan or in accordance with the contract if there is an*  
5 *out-of-network benefit*, without utilization—~~management~~,  
6 *management for treatments approved by the federal Food and*  
7 *Drug Administration*, that includes, but is not limited to, all of the  
8 following:

9 (1) At least one—~~option~~ *outpatient prescription drug* in each  
10 formulation of, and the associated method of administration for,  
11 federal Food and Drug Administration-regulated systemic hormone  
12 therapy.

13 (2) At least one—~~option~~ *outpatient prescription drug* in each  
14 formulation of, and the associated method of administration for,  
15 nonhormonal medications for each menopause symptom.

16 (3) At least one—~~option~~ *outpatient prescription drug* in each  
17 formulation of, and the associated method of administration for,  
18 treatment for genitourinary syndrome of menopause.

19 (4) At least one *outpatient prescription drug* from each class of  
20 medications approved to prevent and treat osteoporosis.

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

24 (c) A health care service plan shall annually provide current  
25 clinical care recommendations for hormone therapy from the  
26 Menopause Society or other nationally recognized professional  
27 associations to all contracted primary care providers who treat  
28 enrollees with perimenopause and menopause. A health care service  
29 plan shall encourage primary care providers to review those  
30 recommendations.

31 (d) For purposes of this section, the following terms have the  
32 following meanings:

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

34 (A) A tablet or capsule.

35 (B) A transdermal patch.

36 (C) A topical spray.

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

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

1 (2) “Method of administration” means administering a  
 2 formulation via an oral, topical, vaginal, *rectal*, subcutaneous,  
 3 injectable, or intravenous route of administration.

4 (e) Coverage for the evaluation and treatment options for  
 5 *symptoms of perimenopause and menopause* shall be provided  
 6 without discrimination on the basis of gender expression or identity.

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

10 SEC. 5. Section 10123.1962 is added to the Insurance Code,  
 11 to read:

12 10123.1962. (a) A health insurance ~~policy~~, *policy that covers*  
 13 *outpatient prescription drugs*, except for a specialized health  
 14 insurance policy, that is issued, amended, or renewed on or after  
 15 January 1, 2026, shall include coverage for evaluation and  
 16 treatment options for *symptoms of perimenopause and menopause*,  
 17 as is deemed medically necessary by the treating health care  
 18 provider *under contract with the health insurer or in accordance*  
 19 *with the policy for out-of-network benefits*, without utilization  
 20 ~~management~~, *management for treatments approved by the federal*  
 21 *Food and Drug Administration*, that includes, but is not limited  
 22 to, all of the following:

23 (1) At least one ~~option~~ *outpatient prescription drug* in each  
 24 formulation of, and the associated method of administration for,  
 25 federal Food and Drug Administration-regulated systemic hormone  
 26 therapy.

27 (2) At least one ~~option~~ *outpatient prescription drug* in each  
 28 formulation of, and the associated method of administration for,  
 29 nonhormonal medications for each menopause symptom.

30 (3) At least one ~~option~~ *outpatient prescription drug* in each  
 31 formulation of, and the associated method of administration for,  
 32 treatment for genitourinary syndrome of menopause.

33 (4) At least one *outpatient prescription drug* from each class of  
 34 medications approved to prevent and treat osteoporosis.

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

38 (c) A health insurer shall annually provide current clinical care  
 39 recommendations for hormone therapy from the Menopause  
 40 Society or other nationally recognized professional associations

1 to all contracted primary care providers who treat insureds with  
2 perimenopause and menopause. A health insurer shall encourage  
3 primary care providers to review those recommendations.

4 (d) For purposes of this section, the following terms have the  
5 following meanings:

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

7 (A) A tablet or capsule.

8 (B) A transdermal patch.

9 (C) A topical spray.

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

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

12 (2) "Method of administration" means administering a  
13 formulation via an oral, topical, vaginal, *rectal*, subcutaneous,  
14 injectable, or intravenous route of administration.

15 (e) Coverage for the evaluation and treatment options for  
16 *symptoms of* perimenopause and menopause shall be provided  
17 without discrimination on the basis of gender expression or identity.

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

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

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