

AMENDED IN ASSEMBLY JUNE 13, 2024  
AMENDED IN ASSEMBLY SEPTEMBER 8, 2023  
AMENDED IN ASSEMBLY AUGUST 24, 2023  
AMENDED IN ASSEMBLY JUNE 15, 2023  
AMENDED IN SENATE MARCH 20, 2023

**SENATE BILL**

**No. 639**

---

**Introduced by Senator Limón**  
**(Coauthors: Senators Blakespear, Newman, Niello, Padilla, Rubio,**  
**Wahab, and Wiener)**  
(Coauthors: Assembly Members Alvarez, Hoover, and  
Stephanie Nguyen)

February 16, 2023

---

An act to amend Sections ~~125275 and 125280 of the Health and Safety Code, and to amend Section 14132.171 of the Welfare and Institutions Code, relating to Alzheimer's disease. 2190.3 and 2811.5 of, and to add Sections 2454.6 and 3524.6 to, the Business and Professions Code, relating to healing arts.~~

LEGISLATIVE COUNSEL'S DIGEST

SB 639, as amended, Limón. ~~Alzheimer's disease. Medical professionals: course requirements.~~

(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 general internists and family physicians who have a patient population of which over 25% are 65 years of age or older to complete at least

20% of all mandatory continuing education hours in a course related to geriatric medicine or the care of older patients.

*This bill would revise the above-described course requirements to include the special care needs of patients with dementia.*

*Existing law requires the Medical Board of California, in order to ensure the continuing competence of licensed osteopathic physicians and surgeons, to adopt and administer standards for the continuing education of those licensees, as prescribed.*

*This bill would require general internists and family physicians subject to those licensing requirements who have a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.*

*(2) Existing law, the Nursing Practice Act, establishes the Board of Registered Nursing to license and regulate the practice of nursing. Existing law requires the board to establish standards for continuing education consisting of specified approved coursework. Existing law requires a licensee under the act to submit a statement to the board, under penalty of perjury, indicating compliance with those continuing education requirements.*

*This bill would require all nurse practitioners who provide primary care to a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course in the field of gerontology, the special care needs of patients with dementia, or the care of older patients. By expanding the scope of a crime, the bill would impose a state-mandated local program.*

*(3) Existing law, the Physician Assistant Practice Act, establishes the Physician Assistant Board for the licensure and regulation of physician assistants. Existing law authorizes the board to require a licensee to complete specified continuing education coursework as a condition of license renewal.*

*This bill would require all physician assistants who provide primary care to a patient population of which over 25% are 65 years of age or older to complete at least 20% of all mandatory continuing education hours in a course in the field of geriatric medicine, the special care needs of patients with dementia, or the care of older patients.*

*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.*

~~Existing law requires the State Department of Public Health to administer grants to postsecondary higher educational institutions that establish diagnostic and treatment centers for Alzheimer's disease, and requires the grant funds to be used for purposes of those diagnostic and treatment centers, as specified. Existing law makes various findings and declarations regarding Alzheimer's disease and related disorders.~~

~~This bill would revise those provisions, including replacing references to "diagnostic and treatment centers" with "diagnostic hubs," and "related disorders" and "dementia" with "related conditions." The bill would add additional findings and declarations regarding the impacts of Alzheimer's disease and dementia over the next 20 years and encouraging the development of diagnostic hubs for Alzheimer's disease. The bill would declare the purpose of the diagnostic hubs to be, among other things, to increase the training of health care professionals with respect to Alzheimer's disease and other acquired brain impairments by expanding educational relationships that support primary care, develop thorough care plans, and improve diagnostics so that health care professionals have the requisite training and expertise to know when to refer and feel comfortable with detection and diagnosis of Alzheimer's disease and related dementia. The bill would require a state department or partner organization to obtain and maintain approval from the State Department of Health Care Services to host any Dementia Care Aware materials on internet websites not owned by the State Department of Health Care Services. The bill would require the Dementia Care Aware program to collaborate with the State Department of Public Health and the Alzheimer's diagnostic hubs in the dissemination of cognitive health assessment training to health care providers. The implementation of these provisions would be subject to an appropriation by the Legislature.~~

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

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

- 1 *SECTION 1. Section 2190.3 of the Business and Professions*
- 2 *Code is amended to read:*

1     2190.3. All general internists and family physicians who have  
2 a patient population of which over 25 percent are 65 years of age  
3 or older shall complete at least 20 percent of all mandatory  
4 continuing education hours in a course in the field of geriatric  
5 ~~medicine or the care of older patients.~~ *medicine, the special care*  
6 *needs of patients with dementia, or the care of older patients.*

7     SEC. 2. Section 2454.6 is added to the Business and Professions  
8 Code, to read:

9     2454.6. All general internists and family physicians who have  
10 a patient population of which over 25 percent are 65 years of age  
11 or older shall complete at least 20 percent of all mandatory  
12 continuing education hours in a course in the field of geriatric  
13 *medicine, the special care needs of patients with dementia, or the*  
14 *care of older patients.*

15     SEC. 3. Section 2811.5 of the Business and Professions Code  
16 is amended to read:

17     2811.5. (a) Each person renewing their license under Section  
18 2811 shall submit proof satisfactory to the board that, during the  
19 preceding two-year period, they have been informed of the  
20 developments in the registered nurse field or in any special area  
21 of practice engaged in by the licensee, occurring since the last  
22 renewal thereof, either by pursuing a course or courses of  
23 continuing education in the registered nurse field or relevant to  
24 the practice of the licensee, and approved by the board, or by other  
25 means deemed equivalent by the board.

26     (b) Notwithstanding Section 10231.5 of the Government Code,  
27 the board, in compliance with Section 9795 of the Government  
28 Code, shall do the following:

29     (1) By January 1, 2019, deliver a report to the appropriate  
30 legislative policy committees detailing a comprehensive plan for  
31 approving and disapproving continuing education opportunities.

32     (2) By January 1, 2020, report to the appropriate legislative  
33 committees on its progress implementing this plan.

34     (c) For purposes of this section, the board shall, by regulation,  
35 establish standards for continuing education. The standards shall  
36 be established in a manner to ensure that a variety of alternative  
37 forms of continuing education are available to licensees, including,  
38 but not limited to, online, academic studies, in-service education,  
39 institutes, seminars, lectures, conferences, workshops, extension  
40 studies, and home study programs. The standards shall take

1 cognizance of specialized areas of practice, and content shall be  
2 relevant to the practice of nursing and shall be related to the  
3 scientific knowledge or technical skills required for the practice  
4 of nursing or be related to direct or indirect patient or client care.  
5 The continuing education standards established by the board shall  
6 not exceed 30 hours of direct participation in a course or courses  
7 approved by the board, or its equivalent in the units of measure  
8 adopted by the board.

9 (d) The board shall audit continuing education providers at least  
10 once every five years to ensure adherence to regulatory  
11 requirements, and shall withhold or rescind approval from any  
12 provider that is in violation of the regulatory requirements.

13 (e) The board shall encourage continuing education in spousal  
14 or partner abuse detection and treatment. In the event the board  
15 establishes a requirement for continuing education coursework in  
16 spousal or partner abuse detection or treatment, that requirement  
17 shall be met by each licensee within no more than four years from  
18 the date the requirement is imposed.

19 (f) In establishing standards for continuing education, the board  
20 shall consider including a course in the special care needs of  
21 individuals and their families, including, but not limited to, all of  
22 the following:

- 23 (1) Pain and symptom management, including palliative care.
- 24 (2) The psychosocial dynamics of death.
- 25 (3) Dying and bereavement.
- 26 (4) Hospice care.

27 (g) This section shall not apply to licensees during the first two  
28 years immediately following their initial licensure in California  
29 or any other governmental jurisdiction, except that, beginning  
30 January 1, 2023, those licensees shall complete one hour of direct  
31 participation in an implicit bias course offered by a continuing  
32 education provider approved by the board that meets all the same  
33 requirements outlined in paragraph (1) of subdivision (f) of Section  
34 2786, including, but not limited to, the identification of the  
35 licensees previous or current unconscious biases and  
36 misinformation and corrective measures to decrease implicit bias  
37 at the interpersonal and institutional levels, including ongoing  
38 policies and practices for that purpose.

39 (h) The board may, in accordance with the intent of this section,  
40 make exceptions from continuing education requirements for

1 licensees residing in another state or country, or for reasons of  
2 health, military service, or other good cause.

3 (i) *For the purpose of fulfilling the requirements of this section,*  
4 *all nurse practitioners who provide primary care to a patient*  
5 *population of which over 25 percent are 65 years of age or older*  
6 *shall complete at least 20 percent of all mandatory continuing*  
7 *education hours in a course in the field of gerontology, the special*  
8 *care needs of patients with dementia, or the care of older patients.*

9 SEC. 4. *Section 3524.6 is added to the Business and Professions*  
10 *Code, to read:*

11 3524.6. *All physician assistants who provide primary care to*  
12 *a patient population of which over 25 percent are 65 years of age*  
13 *or older shall complete at least 20 percent of all mandatory*  
14 *continuing education hours in a course in the field of geriatric*  
15 *medicine, the special care needs of patients with dementia, or the*  
16 *care of older patients.*

17 SEC. 5. *No reimbursement is required by this act pursuant to*  
18 *Section 6 of Article XIII B of the California Constitution because*  
19 *the only costs that may be incurred by a local agency or school*  
20 *district will be incurred because this act creates a new crime or*  
21 *infraction, eliminates a crime or infraction, or changes the penalty*  
22 *for a crime or infraction, within the meaning of Section 17556 of*  
23 *the Government Code, or changes the definition of a crime within*  
24 *the meaning of Section 6 of Article XIII B of the California*  
25 *Constitution.*

26 SECTION 1. ~~Section 125275 of the Health and Safety Code~~  
27 ~~is amended to read:~~

28 ~~125275. (a) The Legislature finds that Alzheimer's disease, a~~  
29 ~~devastating disease that destroys certain vital cells of the brain,~~  
30 ~~affects more than 6,500,000 Americans. The Legislature also finds~~  
31 ~~that the impacts of Alzheimer's disease and related conditions over~~  
32 ~~the next 20 years will increase dramatically. Longer life~~  
33 ~~expectancies and the aging of the large baby boom cohort will lead~~  
34 ~~to an increase in the number and percentage of Californians who~~  
35 ~~will be 65 years of age and older. Because the primary risk factor~~  
36 ~~is older age, substantial increase is anticipated in the numbers of~~  
37 ~~people who will be living with Alzheimer's disease, and due to~~  
38 ~~the higher prevalence of Alzheimer's disease in the Black and~~  
39 ~~Latino/a/x communities, these communities will see their rates~~  
40 ~~triple. The Legislature recognizes that the disease has serious~~

1 emotional, financial, and social consequences for persons living  
2 with Alzheimer's disease and their families.

3 (b) ~~The Legislature recognizes that the cause of Alzheimer's~~  
4 ~~disease is presently unknown. However, with significant state and~~  
5 ~~federal investment, clinical treatments are being developed that~~  
6 ~~can slow disease progression and offer the promise of more time.~~  
7 ~~The Legislature finds that existing diagnostic hubs have improved~~  
8 ~~the quality of care available to persons living with Alzheimer's~~  
9 ~~disease and increased knowledge with respect to Alzheimer's~~  
10 ~~disease and related conditions. These diagnostic hubs provide~~  
11 ~~clinical opportunities for research and facilitate the collection of~~  
12 ~~essential data regarding Alzheimer's disease and related conditions,~~  
13 ~~while at the same time providing valuable services such as~~  
14 ~~information and referral, counseling, and training to persons living~~  
15 ~~with Alzheimer's disease and their families. It is the intent of the~~  
16 ~~Legislature, in enacting this article, to encourage the establishment~~  
17 ~~of geographically dispersed diagnostic hubs for Alzheimer's~~  
18 ~~disease within every postsecondary higher educational institution~~  
19 ~~with a medical center, as well as satellite locations that will serve~~  
20 ~~regions without a postsecondary higher educational institution~~  
21 ~~with a medical center, which will serve as diagnostic hubs for their~~  
22 ~~regions.~~

23 (c) ~~The functions of the diagnostic hubs shall be designed to~~  
24 ~~serve all of the following purposes:~~

25 (1) ~~To provide diagnostic and treatment services and improve~~  
26 ~~the quality of care to persons living with Alzheimer's disease and~~  
27 ~~related conditions.~~

28 (2) ~~To increase the training of health care professionals with~~  
29 ~~respect to Alzheimer's disease and related conditions by expanding~~  
30 ~~educational relationships between diagnostic hubs and primary~~  
31 ~~care providers and practitioners that support primary care, develop~~  
32 ~~thorough care plans, and improve diagnostics so that health care~~  
33 ~~professionals have the requisite training and expertise to know~~  
34 ~~when to refer and feel comfortable with detection and diagnosis~~  
35 ~~of Alzheimer's disease and related conditions.~~

36 (3) ~~To collaborate with the State Department of Health Care~~  
37 ~~Services in its effort to promote Dementia Care Aware, an initiative~~  
38 ~~led by the State Department of Health Care Services.~~

39 (4) ~~To collaborate with the State Department of Health Care~~  
40 ~~Services in its effort to continue and expand upon the cognitive~~

1 ~~health assessment training developed and owned by the State~~  
2 ~~Department of Health Care Services, as outlined in Section~~  
3 ~~14132.171 of the Welfare and Institutions Code.~~

4 ~~(5) To continue and expand upon the cognitive health assessment~~  
5 ~~training and validated tool for Medi-Cal beneficiaries as outlined~~  
6 ~~in Section 14132.171 of the Welfare and Institutions Code.~~

7 ~~(6) To create capacity through the work of the hubs to secure~~  
8 ~~access to new Alzheimer's and related condition clinical therapies~~  
9 ~~coming to the market, consistent with federal requirements.~~

10 ~~(7) To provide information to persons diagnosed with dementia~~  
11 ~~and their care partners about home- and community-based services,~~  
12 ~~including area agencies on aging, caregiver resource centers, and~~  
13 ~~aging and disability resource connections.~~

14 ~~(d) The diagnostic hubs may collaborate with relevant state~~  
15 ~~departments to provide, where relevant, expertise related to state~~  
16 ~~or federal research, and training, monitoring, consultation, and~~  
17 ~~continuing education to the families of those who are affected by~~  
18 ~~Alzheimer's disease and related conditions.~~

19 ~~(e) Implementation of this section shall be subject to an~~  
20 ~~appropriation by the Legislature for the purpose of this section and~~  
21 ~~Section 14132.171 of the Welfare and Institutions Code.~~

22 ~~SEC. 2. Section 125280 of the Health and Safety Code is~~  
23 ~~amended to read:~~

24 ~~125280. (a) Any postsecondary higher educational institution~~  
25 ~~with a medical center may establish diagnostic hubs for~~  
26 ~~Alzheimer's disease subject to the department's grants review~~  
27 ~~process.~~

28 ~~(b) The department shall administer grants to postsecondary~~  
29 ~~higher educational institutions that establish diagnostic hubs~~  
30 ~~pursuant to subdivision (a).~~

31 ~~(c) Alzheimer's disease grants for the purpose of establishing~~  
32 ~~a diagnostic hub shall be used only for the purposes of this article,~~  
33 ~~including, but not limited to, all of the following:~~

34 ~~(1) Salary and benefits for faculty, residents, fellows, and staff~~  
35 ~~of the diagnostic hub.~~

36 ~~(2) Costs of supplies and equipment.~~

37 ~~(3) Research grants for faculty research to discover the cause~~  
38 ~~of, and a cure for, Alzheimer's disease.~~

39 ~~(4) Research grants for students, residents, and fellows.~~



1 ~~(5) General administrative costs of up to 8 percent of the total~~  
2 ~~grant.~~

3 ~~(d) The department shall establish criteria for requests for~~  
4 ~~Alzheimer's disease diagnostic hub grants and Alzheimer's disease~~  
5 ~~research grants, and for program evaluation.~~

6 ~~(e) A grant awarded pursuant to this article shall not be approved~~  
7 ~~for any amount that exceeds 25 percent of the total amount of funds~~  
8 ~~appropriated for this purpose in the 1987-88 Regular Session of~~  
9 ~~the Legislature.~~

10 ~~(f) The department shall administer a grant program for the~~  
11 ~~purpose of research into the causes, treatment, cure, strategies for~~  
12 ~~copng with, prevention, incidence, and prevalence of Alzheimer's~~  
13 ~~disease and related conditions. Priority shall be given to grant~~  
14 ~~applications for feasibility studies, startup grants, and matching~~  
15 ~~funds for federal and privately funded research grants.~~  
16 ~~Consideration shall be given to proposals that link service delivery~~  
17 ~~and collect data relative to patient care and the delivery of social~~  
18 ~~services. This research may include, but is not limited to,~~  
19 ~~examinations and recommendations for the improvement of the~~  
20 ~~family, community-based and health care support systems available~~  
21 ~~to Alzheimer's disease victims, and their caregivers.~~

22 ~~(g) Upon request, the department shall make available to the~~  
23 ~~Legislature information regarding the progress of the grant~~  
24 ~~programs established pursuant to this article.~~

25 ~~(h) The department shall reduce any grant pursuant to this article~~  
26 ~~by the amount of any federal funds available for the same purposes~~  
27 ~~to the same grantee.~~

28 ~~SEC. 3. Section 14132.171 of the Welfare and Institutions~~  
29 ~~Code is amended to read:~~

30 ~~14132.171. (a) (1) An annual cognitive health assessment for~~  
31 ~~Medi-Cal beneficiaries who are 65 years of age or older is a~~  
32 ~~covered benefit if they are otherwise ineligible for a similar~~  
33 ~~assessment as part of an annual wellness visit under the Medicare~~  
34 ~~Program. Subject to paragraph (3), the department shall provide~~  
35 ~~reimbursement to a Medi-Cal provider who renders this service.~~

36 ~~(2) The payment for the cognitive health assessment developed~~  
37 ~~pursuant to paragraph (1) shall only be available upon appropriation~~  
38 ~~by the Legislature for these purposes.~~

~~(3) (A) A Medi-Cal provider shall only be eligible to receive the payment for the benefit specified in paragraph (1) if the provider complies with both of the following requirements:~~

~~(i) Completes cognitive health assessment training, as specified and approved by the department.~~

~~(ii) Conducts the cognitive health assessment using validated tools, as recommended by the department.~~

~~(B) (i) The department shall determine the cognitive health assessment training and validated tools, as described in subparagraph (A), in consultation with the State Department of Public Health's Alzheimer's Disease Program (Article 4 (commencing with Section 125275) of Chapter 2 of Part 5 of Division 106 of the Health and Safety Code), that program's Alzheimer's diagnostic hubs, representatives of primary care physician specialties, including, but not limited to, family medicine, and the Alzheimer's Disease and Related Disorders Advisory Committee of the California Health and Human Services Agency (Chapter 3.1 (commencing with Section 1568.15) of Division 2 of the Health and Safety Code).~~

~~(ii) The Dementia Care Aware program shall collaborate with the State Department of Public Health and the Alzheimer's diagnostic hubs in the dissemination of cognitive health assessment training to health care providers.~~

~~(iii) With respect to the validated tools, the department shall select multiple tools. To improve overall accessibility of these tools and minimize access barriers, at least one of those tools shall not carry any restrictions on copyright or trademark.~~

~~(b) An annual cognitive health assessment shall identify signs of Alzheimer's disease or dementia, consistent with the standards for detecting cognitive impairment under the federal Centers for Medicare and Medicaid Services and the recommendations by the American Academy of Neurology.~~

~~(c) By January 1, 2024, and every two years thereafter, the department shall do both of the following:~~

~~(1) Consolidate and analyze the data on the administration of the cognitive health assessment in the Medi-Cal managed care and fee-for-service delivery systems.~~

~~(2) Post information on the utilization of, and payment for, this benefit on its internet website.~~

1     ~~(d) A state department or partner organization shall obtain and~~  
2 ~~maintain approval from the State Department of Health Care~~  
3 ~~Services to host any Dementia Care Aware materials, including~~  
4 ~~the cognitive health assessment training, on internet websites not~~  
5 ~~owned by the State Department of Health Care Services. If the~~  
6 ~~State Department of Health Care Services grants that approval, as~~  
7 ~~a condition for utilizing the State Department of Health Care~~  
8 ~~Services' Dementia Care Aware materials, other state departments~~  
9 ~~and partner organizations shall submit reports to the State~~  
10 ~~Department of Health Care Services, in a form and manner as~~  
11 ~~required by the department, describing the use of Dementia Care~~  
12 ~~Aware materials pursuant to this section.~~

13     ~~(e) The provisions of this section relative to Dementia Care~~  
14 ~~Aware shall be implemented only to the extent any necessary~~  
15 ~~federal approvals are obtained by the State Department of Health~~  
16 ~~Care Services, and federal financial participation under the~~  
17 ~~Medi-Cal program is available and is not otherwise jeopardized.~~

18     ~~(f) Notwithstanding Chapter 3.5 (commencing with Section~~  
19 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~  
20 ~~the department may implement this section, in whole or in part,~~  
21 ~~by means of all-plan letters, provider bulletins, or similar~~  
22 ~~instructions, without taking any further regulatory action.~~

23     ~~(g) This section shall be implemented only to the extent any~~  
24 ~~necessary federal approvals are obtained and federal financial~~  
25 ~~participation is available.~~

26     ~~(h) For purposes of implementing this section, the State~~  
27 ~~Department of Health Care Services may enter into exclusive or~~  
28 ~~nonexclusive contracts, or amend existing contracts, on a bid or~~  
29 ~~negotiated basis. Notwithstanding any other law, contracts entered~~  
30 ~~into or amended pursuant to this section shall be exempt from~~  
31 ~~Chapter 6 (commencing with Section 14825) of Part 5.5 of Division~~  
32 ~~3 of Title 2 of the Government Code, Section 19130 of the~~  
33 ~~Government Code, and Part 2 (commencing with Section 10100)~~  
34 ~~of Division 2 of the Public Contract Code, and shall be exempt~~  
35 ~~from the review or approval of any division of the Department of~~  
36 ~~General Services.~~