

AMENDED IN SENATE AUGUST 29, 2025

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

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

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. 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 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:

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

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

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

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

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

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

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

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

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

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

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

- 20 (1) Pain and symptom management.
- 21 (2) The psychosocial dynamics of death.
- 22 (3) Dying and bereavement.
- 23 (4) Hospice care.

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

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

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

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

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

3 1367.252. (a) A health care service plan contract that covers
4 outpatient prescription drugs, except for a specialized health care
5 service plan contract, that is issued, amended, or renewed on or
6 after January 1, 2026, shall include coverage for evaluation and
7 treatment options for symptoms of perimenopause and menopause,
8 as is deemed medically necessary by the treating health care
9 provider under contract with the health care service plan or in
10 accordance with the contract if there is an out-of-network benefit,
11 without utilization management for treatments approved by the
12 federal Food and Drug Administration, that includes, but is not
13 limited to, all of the following:

14 (1) At least one outpatient prescription drug in each formulation
15 of, and the associated method of administration for, federal Food
16 and Drug Administration-regulated systemic hormone therapy.

17 (2) At least one outpatient prescription drug in each formulation
18 of, and the associated method of administration for, nonhormonal
19 medications for each menopause symptom.

20 (3) At least one outpatient prescription drug in each formulation
21 of, and the associated method of administration for, treatment for
22 genitourinary syndrome of menopause.

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

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

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

35 (d) For purposes of this section, the following terms have the
36 following meanings:

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

38 (A) A tablet or capsule.

39 (B) A transdermal patch.

40 (C) A topical spray.

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

2 (E) A suppository, cream, or silicone ring.

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

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

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

12 (g) *This section does not apply to a Medi-Cal managed care*
13 *plan contract with the State Department of Health Care Services*
14 *pursuant to Chapter 7 (commencing with Section 14000) or*
15 *Chapter 8 (commencing with Section 14200) of Part 3 of Division*
16 *9 of the Welfare and Institutions Code.*

17 SEC. 5. Section 10123.1962 is added to the Insurance Code,
18 to read:

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

30 (1) At least one outpatient prescription drug in each formulation
31 of, and the associated method of administration for, federal Food
32 and Drug Administration-regulated systemic hormone therapy.

33 (2) At least one outpatient prescription drug in each formulation
34 of, and the associated method of administration for, nonhormonal
35 medications for each menopause symptom.

36 (3) At least one outpatient prescription drug in each formulation
37 of, and the associated method of administration for, treatment for
38 genitourinary syndrome of menopause.

39 (4) At least one outpatient prescription drug from each class of
40 medications approved to 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 insurer shall annually provide current clinical care
5 recommendations for hormone therapy from the Menopause
6 Society or other nationally recognized professional associations
7 to all contracted primary care providers who treat insureds with
8 perimenopause and menopause. A health insurer shall encourage
9 primary care providers to review those recommendations.

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

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

13 (A) A tablet or capsule.

14 (B) A transdermal patch.

15 (C) A topical spray.

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

17 (E) A suppository, cream, or silicone ring.

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

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

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

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

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