SUBJECT: COMPLIANCE WITH ASSEMBLY BILL 1195 AND ASSEMBLY BILL 241 – CONTINUING EDUCATION: CULTURAL AND LINGUISTIC COMPETENCY AND IMPLICIT BIAS

POLICY

Assembly Bill 1195 "Continuing Education: Cultural and Linguistic Competency," went into effect July 2006. The law mandates that the CME accrediting agencies (the ACCME and CMA) must develop standards for compliance with the law. On or after July 1, 2006, all continuing medical education activities must contain curriculum that includes cultural and linguistic competency in the practice of medicine.

Assembly Bill 241 "Implicit Bias: Continuing Education Requirements" went into effect January 2022. The law mandates that all CME activities include specified instruction in the understanding of implicit bias in medical treatment.

Educational Requirements:

Continuing Medical Education activities related to patient care must address at least **ONE** or a combination of the following:

1. Cultural competency: For the purposes of this section, cultural competency means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. At a minimum, cultural competency is recommended to include the following:
    a. Applying linguistic skills to communicate effectively with the target population.
    b. Utilizing cultural information to establish therapeutic relationships.
    c. Eliciting and incorporating pertinent cultural data in diagnosis and treatment.
    d. Understanding and applying cultural and ethnic data to the process of clinical care.

2. Linguistic competency: For the purposes of this section, linguistic competency means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

Continuing Medical Education activities related to patient care must also address implicit bias and follow all standards related to implicit bias.

All activities planned must comply:

1. Live activities (e.g., live courses/meetings/conferences, regularly scheduled conferences, live internet/intranet activities, test item writing, performance improvement activities, internet searching and learning activities, journal-based CME, and journal-based manuscript review).
2. Enduring materials
3. Regularly Scheduled Series (RSS) are activities presented by hospitals to professional staff. Examples include grand rounds, tumor boards, M&M that are often presented weekly, bi-weekly or monthly. RSSs often are approved as a series and each series is considered one educational activity. In this case, rather than requiring compliance to each session, compliance must be included in the overall activity planning. This can be done by incorporating cultural and linguistic competency into appropriate sessions or by sessions dedicated to cultural and linguistic competency.

Exempt courses:

This law does not apply to all CME activities. A CME activity dedicated solely to research or other issues that does not include a direct patient care component is not required to contain curriculum that includes cultural and linguistic competency or implicit bias component in the practice of medicine.

Expectations:

CMA expects Arrowhead Regional Medical Center to make a good-faith effort to comply with AB 1195 and AB 241. When developing CME activities, it is important to assess the need for cultural and linguistic competency and implicit bias issues as suitable to each activity. Not all issues will apply, however, evidence that an effort has been made to incorporate cultural and linguistic competency and implicit bias topics into the educational content of CME activities will be reviewed by the CME Committee. In addition, CMA surveyors will expect to see in the planning documentation evidence of ARMC's efforts to address AB 1195 and AB 241.

REFERENCES: **CMA Standards**
DEFINITIONS: N/A
ATTACHMENTS: **N/A**
APPROVAL DATE: **5/19/08; 12/19/11; 3/3/14 CME Committee**
6/26/08; 1/26/12; 6/26/14 Executive Committee

EFFECTIVE: 5/19/08 REVISED: 1/27/14
REVIEWED: 10/13/11, 1/27/14; 10/17/18; 1/13/20

Attachment 1

CULTURAL AND LINGUISTIC COMPETENCY & IMPLICIT BIAS FORM

DATE	Friday, Month 00, 2011
TOPIC	"Activity Title Here"
FACULTY	John Smith, M.D.

The California legislature has passed AB 1195 which states that as of July 1, 2006 all Category 1 CME activities that relate to patient care must include a cultural diversity/linguistics component. and as of January 1, 2022, all CME Activities must include implicit bias.

DEFINITIONS: Cultural competency means a set of integrated attitudes, knowledge, and skills that enables a health care professional or organization to care effectively for patients from diverse cultures, groups, and communities. Linguistic competency means the ability of a physician and surgeon to provide patients who do not speak English or who have limited ability to speak English, direct communication in the patient's primary language.

Implicit bias means the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, exists, and often contributes to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics.

We believe there is relevant cultural diversity information and implicit bias relating to one or more of the following: age, gender, race, socio-economics, sexual orientation, religion, language, ethnicity, etc. that impacts the care of patients and you are required to include it in your presentation.

Therefore, the following ~~objective~~ desired outcomes will be added to the activity publicity to inform potential attendees and also to the ~~attendee~~ activity Evaluation Form:

(Place CLC related Objective here)
(Place IB related Objective here)

I have read this form and will comply with ~~AB 1195~~the requirements as outlined above.

Signature: _____

Date: _____

How Are Health Disparities Measured?

Some groups (which ones?) have:

- higher **incidence or prevalence**
- a greater **disease burden**
- more **mortality**

Some patients (which ones?) are:

- at higher **risk**
- more **susceptible** to contracting the disease

Some patients (which ones?):

- have a lower **adherence** to treatment regimes
- get **diagnosed** less frequently or at more advanced stages
- have **less access** to medical care
- have **limited** health literacy
- have **language challenges**
- have strong **cultural** and **religious** beliefs