The Doctors Company
TDC GROUP

Compliance with California Assembly Bills 1195 and 241
Inclusion of Cultural Linguistic Competency and Implicit Bias

Background: The California Legislature passed Assembly Bill 1195 in 2005 and passed Assembly Bill 241 in 2019. Any continuing education by an accredited organization that is physically located in the State of California (*and their Joint Sponsors*) must comply with the mandates of these bills.

1. **Assembly Bill 1195** – The intent of AB 1195 is to meet the cultural and linguistic concerns of a diverse patient population through appropriate professional development. It requires all accredited continuing education for healthcare providers to include curriculum in the subjects of cultural and linguistic competency in the practice of medicine.

   Cultural competency - For the purposes of this section, 'cultural competency' is *defined 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, curriculum is recommended to include content on cultural competency that provides one of more of the following:
   - Applying linguistic skills to communicate effectively with the target population
   - Utilizing cultural information to establish therapeutic relationships
   - Eliciting and incorporating pertinent cultural data in diagnosis and treatment
   - Understanding and applying cultural and ethnic data to the process of clinical care.

   Linguistic competency - For the purposes of this section, 'linguistic competency' is defined as *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.*

2. **Assembly Bill 241** – The intent of AB 241 is to address unintended biases in clinical decision-making that may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, religion, gender identity, sexual orientation, age, socio-economic status, or other characteristics.

   Implicit bias – For the purpose of this section, 'implicit bias' is defined as *prejudices that are present but not consciously held or recognized, which affect clinical decision-making and treatment of patients.* At a minimum, curriculum is recommended to include content on implicit bias that provides one of more of the following:
   - Examples of how implicit bias affects perceptions and treatment decisions of healthcare providers, leading to disparities in health outcomes.
   - Strategies to address how unintended biases in clinical decision-making may contribute to health care disparities by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, religion, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.