

Frequently Asked Questions

California Assembly Bills 1195 and 241 Inclusion of Cultural Linguistic Competency and Implicit Bias in Continuing Education

Our Region and Members aren't located in California. Why do we have to comply with these Assembly Bills?

All CPE programs accredited by providers physically located/headquartered in California must comply with the cultural linguistic competency (CLC) and implicit bias (IB) curriculum requirements of AB 1195 and AB 241, regardless of where the program developer resides/works, where members-participants are licensed, or where an activity is held.

Does AB 1195 and AB 241 just apply continuing medical education for physicians, or does they apply to continuing education for other healthcare professionals?

AB 1195 and AB 241 apply to continuing education for physicians, nurses, and physician associates (formerly called physician assistants).

Do we need to include content on CLC/IB in all our CPE programs or are there any types of programs that are exempt?

CLC/IB content must be included in all CPE programs that address any aspect of patient care, including patient safety. The California Medical Association (CMA) encourages content creators to take a broad view when determining the relevance of CLC and IB material. The relevance of CLC and IB is not always immediately obvious; however, you should think critically to determine whether the information could provide additional benefits to learners. However, programs that are "...dedicated solely to research or other issues that [do] not include a direct patient care component" are exempt from AB 1195 and AB 241. As examples, other programs that do not address direct patient care include programs on leadership and billing. (See CMA Fact Sheet – No Relevance.)

What if the topic of the CPE program doesn't easily lend itself to content on IB/CLC?

The Standards have been developed to be broad and fit the needs of all types of programs and topics, and most topics should be able to include relevant education on CLC and IB. Providers are encouraged to explore the resources, as well as make use of the many CLC and IB tools created by credible medical, academic and research organizations. (See Helpful Tips.)

How much of our content should be devoted to CLC and IB?

At least one slide should contain content relevant to CLC/IB.

We're planning an all-day conference with multiple sessions and some sessions have more than one presentation. Do we need to include CLC/IB content in every presentation and every session?

No, you only need to include CLC/IB content in at least one presentation of one of the planned sessions.

How does this work for a regularly scheduled series (RSS)?

An RSS is considered a single activity, and CLC/IB should be included as appropriate (in at least one session for example), unless the RSS is focused on research or another topic that does not apply to patient care.

I want to read AB 1195 and AB 241 for myself. Where do I find them?

[AB 1195 Continuing Education: Cultural and Linguistic Competency](#)

[AB 241 Continuing Education: Implicit Bias Requirements](#)

Where can I find more information and resources?

<https://www.cmadoocs.org/cme-standards> - This link will take you to the CMA website where you can find more information about the CMA Standards that address the requirements of AB 241 and links to resources with examples of content that can be included in presentations.