

Protecting Patient Access and Continuity – AB 1622 (Carrillo)

ACCESS TO FAMILY PHYSICIANS IS GOOD FOR PATIENTS AND THE HEALTH CARE SYSTEM

Family Physicians Provide a Broad Array of Services for the Whole Family

Family medicine physicians receive specialized training in preventive and primary care for people from birth to end-of-life. This comprehensive training makes family physicians unique in their breadth of knowledge and ability to provide high quality care to patients across all settings, regardless of a patient’s gender, age or affected organ system, from pediatrics and obstetrics, to geriatrics and behavioral medicine. With the skills and training to care for the whole family, family medicine encourages continuity of care and has been shown to reduce costs and improve patient outcomes.



Family Medicine Improves Access to Services in Underserved Areas

Family medicine physician education is extensive, including procedures and services often provided by other specialties. This broad skill set is particularly valuable in communities or geographical areas where certain specialists and subspecialists may not be available. The breadth and depth of their training allows family physicians to adapt their practices to meet the specific medical needs of their community.

AT A MINIMUM, every family physician participates in 12,000 -16,000 hours of clinical training. Family physicians also receive specialized training in:

100+
HOURS

TRAINING IN EACH

geriatric care gynecology surgery



6+
MONTHS

TRAINING IN

inpatient
hospital care



200+
HOURS

TRAINING IN EACH

musculoskeletal
medicine pediatrics obstetrics



CURRENT LAW AND PRACTICE RESTRICT PATIENT ACCESS AND CONTINUITY

A lack of understanding of family medicine has resulted in the underutilization of family physicians, limiting access to care, restricting patient choice and disrupting continuity of care. It has also resulted in inappropriate constraint of the practice of family medicine.

AB 1622 FIXES INCONSISTENCIES THAT RESTRICT PATIENT ACCESS

AB 1622 will protect patient access and better utilize California's physician workforce. By amending statutory language to more accurately reflect the training and expertise of family physicians, this bill is a first step in ameliorating these issues, including:

California Children Services

Family physicians seeking to participate in the California Children Services (CCS) program faced onerous requirements not imposed on any other physician specialty. Recognizing the extensive training and education of family physicians, the Department of Health Care Services attempted to ease those requirements through a Provider Information Notice. However, they never changed the law or the application, leading to confusion that has discouraged family physician participation.

Code Corrections

Several sections of code leave out the important and experienced voice of family physicians on matters such as:

- Standard developments for reproductive health and mid-level provider education
- Sexual Health Education programs

The Department of Industrial Relations

The Department of Industrial Relations excludes family physicians from pediatric examinations for children under one month old. There is no evidence supporting this policy, and worse, it is being applied to more than just infants – incidents have been reported of family physician examinations being rejected for older children as well. This bill would ensure family physicians are included as eligible physicians to provide pediatric examinations.



CALIFORNIA ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR CALIFORNIA

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