Are You Ready for New 2026 Laws?

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The Doctors Company
TDC GROUP

Activity Code 4218

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Kathleen Stillwell, RN, MPA, MHSA, CPHRM
Senior Patient Safety Risk Manager

Kathleen Stillwell earned Master's Degrees in Public Administration and Health Services Administration. She is a registered nurse and Certified Professional Health Care Risk Manager (CPHRM). Ms. Stillwell is a nationally recognized expert in healthcare risk management with 39 years of experience in clinical risk management, professional liability claims management, compliance, and high-risk underwriting. Her expertise includes hospitals, medical practices, and integrated healthcare organizations. Kathleen is a frequent presenter for conferences, physicians, and healthcare organizations. She authors articles and creates educational programs for physicians and health care professionals.

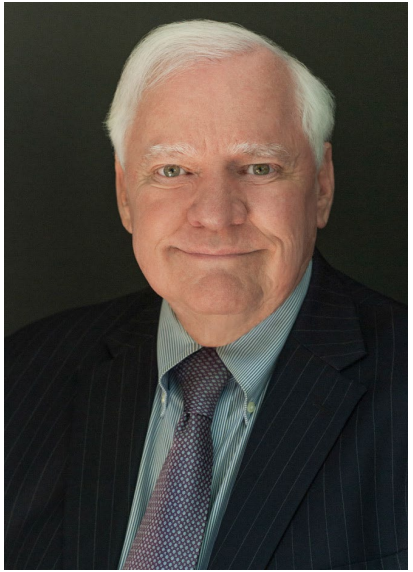
Kathleen serves on Advisory Boards for Chapman University, College of Health and Behavioral Sciences in Irvine, CA, UC Riverside Women in Leadership Executive Program, and Brandman University Nurse Advisory Board. She trained with California Medical Association (CMA) to volunteer to coach physicians and nurses for the CMA Care 4 Caregivers program. Kathleen has served as faculty for the American Society for Healthcare Risk Management and is published in the American Hospital Society Risk Management Handbook for Healthcare Organizations. She has held numerous leadership positions with national and state risk management and quality organizations, including Board Member for the American Society for Quality (ASQ), President of the CA State Patient Care Assessment Council, Board member for the California League of Nursing, adjunct faculty for Woodbury University and the University of San Francisco. She served on the Advisory Board of King International, Inc. and is a Business Renaissance Institute Charter Member.

Richard Cahill, Esq.
Vice President, Associate General Counsel

Richard Cahill received his undergraduate degree (summa cum laude) from UCLA in 1975 and his Juris Doctorate from Notre Dame Law School in 1978. He served as a deputy district attorney in California at the outset of his career and was subsequently appointed as counsel on the Central Legal Staff of the Nevada Supreme Court before entering private practice in southern California.

Mr. Cahill has specialized in various facets of health care litigation for more than 40 years, including the defense of hospital and physician professional liability claims, managed care contract disputes, network privileges issues and related business torts. His principal clients included Cigna Health Plans, Kaiser-Permanente and Tenet HealthCare. He has completed in excess of 185 trials and binding arbitrations during his career with a combined win-rate of 92% and has been appointed as an arbitrator in more than 350 cases involving complex healthcare issues.

Mr. Cahill is currently Vice President and Associate General Counsel with The Doctors Company and provides legal support to the Claims and Patient Safety Departments, oversees company appellate litigation, researches and submits original content for publication and also lectures frequently around the country on topics related to the health care community. He has a distinguished rating with Martindale-Hubbell, the premiere peer-reviewed attorney rating service in the United States.



Keith Carlson, Esq. Founding Partner Carlson & Jayakumar LLP

Keith W. Carlson, founding partner for the law firm of Carlson & Jayakumar LLP. He practices all aspects of employment law, healthcare law, and related litigation. Mr. Carlson deals extensively with general employment issues, as well as employment and corporate issues affecting the healthcare industry. Keith has experience, in both state and federal courts, in matters involving trade secrets, unfair competition, wage-and-hour claims, sexual-harassment claims, race-discrimination claims, disability-discrimination claims, wrongful-termination claims, business litigation, and representation before administrative agencies.

In addition to his litigation experience, Mr. Carlson regularly advises clients on contractual matters affecting professional employee compensation, specifically with respect to compliance with federal and state fraud-and-abuse laws. Mr. Carlson frequently is the Chair-elect of the Healthcare Section of the Orange County Bar Association, member of the Orange County Bar Association Labor and Employment Section, and the National Association of Chiropractic Attorneys. Mr. Carlson received his J.D. in 1997 from UCLA School of Law. Mr. Carlson also received his B.A. from UCLA where he graduated magna cum laude and was selected to Phi Beta Kappa. Keith was awarded the Chancellor's Service Award, for excellence in community service. Mr. Carlson is highly involved in his community and has served on both the Chapman and Whittier Law School's Board of Visitors, the Irvine Valley College Foundation, and Santa Ana Unified School District's Bond Oversight.

Justice that love gives
is a surrender,
justice that law gives
is a punishment.

Mahatma Gandhi
Indian Lawyer
1869 - 1948

Objectives

Upon completion of this session, participants will:

- Develop increased awareness for 2026 laws and potential sanctions against medical providers when violating California laws
- Educate staff and colleagues regarding newest requirements for telehealth medical visits
- Identify opportunities to enhance practice compliance with new laws in California

Federal Extension for Telehealth Approved February 3, 2026

- Medicare patients can receive telehealth services for non-behavioral/mental health care in their home through December 31, 2027
- There are no geographic restrictions for originating site for Medicare non-behavioral/mental telehealth services through December 31, 2027
- Telehealth services can be provided by all eligible Medicare providers through December 31, 2027
- Federally Qualified Health Centers and Rural Health Clinics can serve as Medicare distant site providers for non-behavioral/mental telehealth services through December 31, 2027
- An in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through December 31, 2027

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). https://www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf.

Non-behavioral and Mental Telehealth Services

- Non-behavioral and mental telehealth services in Medicare can be delivered using audio-only communication platforms through December 31, 2027
- Interactive telecommunications system may permanently include two-way, real-time audio-only communication technology for any telehealth service furnished to a patient in their home if the distant site physician or practitioner is technically capable of using an interactive telecommunications system if patient is not capable of, or does not consent to, the use of video technology

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). https://www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf.

Behavioral Health

- Medicare patients can permanently receive telehealth services for behavioral/mental health care in their home
- No geographic restrictions for originating site for Medicare behavioral/mental telehealth services on a permanent basis
- Behavioral/mental telehealth services in Medicare can be permanently delivered using audio-only communication platforms
- Marriage and family therapists and mental health counselors can permanently serve as Medicare distant site providers
- An in-person visit within six months of an initial Medicare behavioral/mental telehealth service, and annually thereafter, is not required through December 31, 2027

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf.

Who Can Bill Medicare for Telehealth Services?

- Physicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Clinical psychologists
- Clinical social workers
- Registered dietitians or nutrition professionals
- Certified registered nurse anesthetists
- Marriage and family therapists
- Mental health counselors

Telehealth & Remote Monitoring Medicare Learning Network Booklet. (n.d.). www.cms.gov/files/document/telehealth-faq-updated-02-04-2026.pdf.

Prescribing Controlled Substances Via Telehealth

- Drug Enforcement Administration (DEA), jointly with the Department of Health and Human Services (HHS), extended full set of telemedicine flexibilities regarding prescribing of controlled medications, as were in place during the COVID-19 public health emergency, through December 31, 2026
- Telemedicine flexibilities regarding prescription of controlled medications include:
  - A DEA-registered practitioner can prescribe a schedule II-V controlled substance to a patient using telemedicine without having conducted an in-person medical evaluation if required conditions are met

U.S. Department of Health & Human Services (2026) Telehealth frequently asked questions. www.cms.gov/files/document/telehealth-faq-updated-02-04-2026 U.S. Department of Health & Human Services (n.d.. Prescribing controlled substances via telehealth.

Extensions of Telehealth Access Options

Do Medicare beneficiaries need to be located in a rural area and in a medical facility in order to receive Medicare telehealth services?

- Through December 31, 2027, beneficiaries can receive Medicare telehealth services anywhere in the United States and territories
- Starting January 1, 2028, except for behavioral health services, beneficiaries will need to be in a medical facility and in a rural area to receive Medicare telehealth services

What About Commercial Insurance and Telehealth?

- Medicare Exemptions authorized February 3 ,2026 apply only to Medicare
- Medi-Cal, Medi-Cal managed care, and commercial telehealth coverage is not affected
- Some Medicare Advantage plans and physicians participating in ACO Medicare Shared Savings Program may continue telehealth services
- Commercial health insurance is not legally required to comply with Medicare's telehealth exemptions or extensions
- Physicians should confirm policies directly with each plan

What’s Happening in Healthcare Law in 2026

New Healthcare Laws

- AB 260
- AB 45
- AB 50
- AB 2107
- SB 1451

AB 260 - Reproductive Care Medication Protections

AB 260 permits certain abortion medications to be dispensed without patient names on labels to protect patients from out-of-state legal actions

- Insurance protections:
  - Prohibits health insurers from restricting or denying coverage for these medications
- Provider safeguards:
  - Shields healthcare providers from disciplinary action for prescribing or dispensing covered medications

Vol CA Assembly Bill 260.; Sexual Reproduction, 2025.

AB 45 - Reproductive and Sexual Health Privacy

AB 45 strengthens privacy protections for individuals seeking reproductive or sexual health services

- Key prohibition: Bans geofencing around healthcare facilities when used to track individuals, collect personal data, or deliver targeted advertisements
  - **Geofencing**: Technology that creates a virtual, location-based boundary around a specific area to detect a person's presence
- Why it matters:
  - Limits digital surveillance practices and reduces privacy risk for patients and healthcare providers

Privacy: health data: location and research. Cal Assembly Bill 45. 2025-2026 Reg Sess. Chapter 134 (2025).

AB 50 - Equity in Birth Control Act

AB 50 expands access to over-the-counter contraceptives for Medi-Cal beneficiaries to align with access available under private insurance

- **What providers should know:** Medi-Cal patients may obtain FDA-approved over-the-counter birth control without a prescription, reducing the need for clinical visits solely to obtain contraceptive coverage
- **Practice impact:** Providers may see fewer prescription-only contraception visits but increased patient counseling needs regarding contraceptive options, usage, and follow-up care
- **Operational considerations:** Clinics should update patient education materials to reflect expanded OTC access for Medi-Cal patients

Pharmacists: Furnishing Contraceptives. Vol CA Assembly 50.; 2025.

AB 2107- Remote Pathology Review and CLIA Flexibility

AB 2107 permits pathologists to remotely review digital laboratory materials, including lab data, test results, and diagnostic images, under lab's CLIA certificate

- **Key change for providers:** Eliminates need for separate state licenses or laboratory registrations for remote pathology review locations As long as work is performed under laboratory's existing CLIA certification
- **Operational impact:** Enables laboratories and pathology groups to expand remote and hybrid diagnostic workflows, improve turnaround times, and support distributed pathology staffing without triggering additional licensure requirements
- **Why it matters:** Supports modernization of pathology services and telepathology models while reducing administrative burden
  - Laboratories should monitor CDPH guidance to ensure ongoing compliance with CLIA and federal standards

Clinical Laboratory Technology: Remote Review. Vol CA Assembly Bill 2107.; 2025.

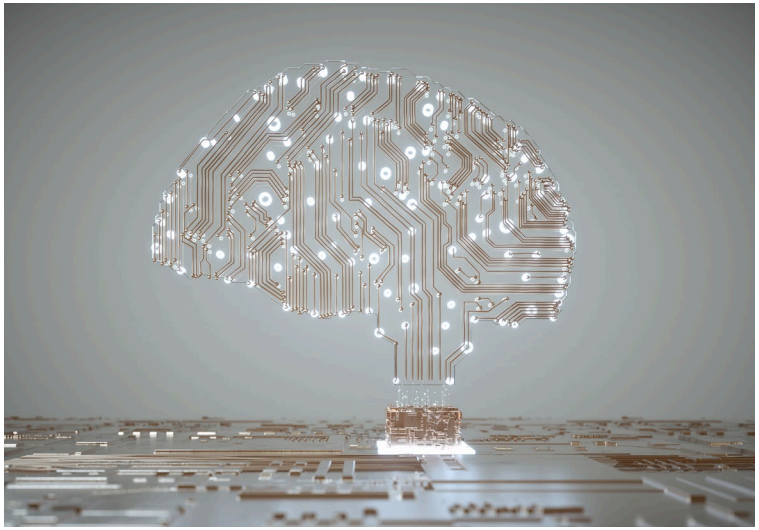
SB 1451- Physician Title Protection in Health Care Settings

SB 1451 prohibits individuals who are not licensed physicians and surgeons from using the titles “doctor,” “physician,” “Dr.,” “M.D.,” “D.O.,” or any other terms or abbreviations that imply physician licensure in a healthcare setting

- **What providers should know:** The restriction applies broadly to patient-facing environments and communications, regardless of an individual’s academic degree or non-physician clinical role
- **Practice impact:** Medical groups, hospitals, and clinics must review how non-physician staff are identified in badges, signage, marketing materials, websites, and patient communications
- **Compliance considerations:** Policies, onboarding materials, and supervision protocols may need updates to ensure staff titles accurately reflect licensure and scope of practice

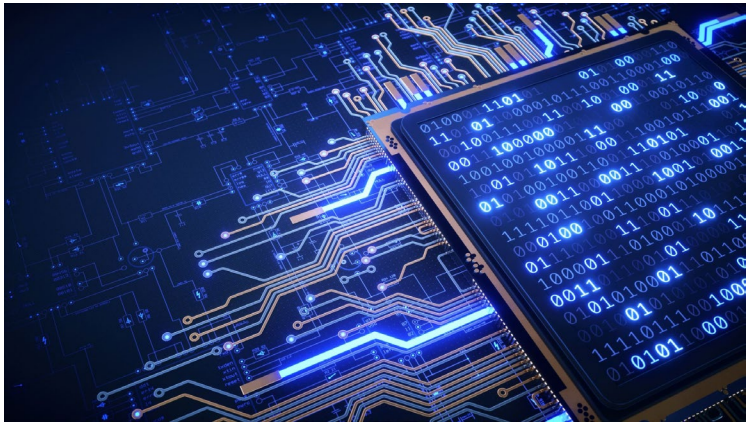
Professions and Vocations. Vol CA Senate Bill 1451.; 2025.

What's Happening in Healthcare Law in 2026?



AI/Tech Laws

- AB 489
- AB 2013



AB 489- Regulation of Chat-bot Health Based Services

Overview: Restricts use of chatbot-based health services to promote the ethical and responsible use of artificial intelligence in healthcare

- Chatbots used in clinical or patient-facing contexts may not present themselves as licensed healthcare professionals or provide misleading medical advice without appropriate disclosures and safeguards
- **Practice impact:** Healthcare providers using AI tools for intake, triage, symptom checking, scheduling, or patient engagement should review whether those tools clearly disclose their non-human nature and avoid clinical decision-making beyond permitted limits
- **Compliance considerations:** Providers remain responsible for oversight of third-party digital health tools, including ensuring compliance with professional standards, advertising laws, and patient protection requirements.

Health Care Professions: Deceptive Terms or Letters: Artificial Intelligence . Vol CA Assembly Bill 489.; 2025.

AB 2013- AI Transparency

AB 2013 requires developers of generative AI systems to publicly disclose high-level information about training data sources

- Including disclosure of whether training data is personal data or health information
- Does not directly regulate healthcare providers, hospitals, or MSOs—but affects healthcare entities through AI vendors (scribes, clinical AI, etc.)

Key Implications:

- Increased AI vendor diligence and contracting considerations;
- Public AI disclosures may intersect with HIPAA/CMIA

Generative Artificial Intelligence: Training Data Transparency. Vol CA Assembly Bill 2013.; 2025

What's Happening in Healthcare Employment Law in 2026?

Employment Law

- AB 692
- SB 294
- SB 513
- SB 642
- SB 590
- SB 858

- General Minimum Wage Updates

AB 692- Restrictions on "Stay-or-Pay" Employment Provisions

AB 692 significantly limits use of “stay-or-pay” provisions that require employees to repay certain costs as a condition of employment or continued employment

- **What changed:**
  - With limited statutory exceptions, employers may no longer require employees to repay training expenses, visa-related costs, relocation expenses, sign-on bonuses, or similar costs upon separation
- Hospitals, medical groups, and healthcare employers must reassess physician, APP, and staff employment agreements that include repayment or claw back provisions tied to continued service
- **Compliance considerations:**
  - Existing contracts, offer letters, and onboarding policies may require revision to avoid unlawful repayment obligations

Employment: Contracts in Restraint of Trade. Vol CA Assembly Bill 692.; 2025.

SB 294 - Workplace Know Your Rights Notice Requirements

SB 294 required employers to provide employees with an annual written Workplace Know Your Rights Act Notice as of February 1, 2026

- Hospitals, medical groups, and healthcare employers must incorporate the annual notice into onboarding, HR compliance calendars, and workforce communications
- **Operational considerations:**
  - Employers should plan for distribution tracking, language accessibility, and alignment with existing wage-and-hour and labor law notices.
- **Why it matters:**
  - Adds a recurring compliance obligation and increases enforcement exposure if notices are not timely or properly provided

Workplace Know Your Rights Act, S. Bill 294, 2025-2026 Reg. Sess. (Cal. 2025).

SB 513- Expanded Access to Personnel Records

SB 513 Amends Labor Code § 1198.5 to expand the scope of personnel records that employers must make available to employees for inspection

- **What changed:** Clarifies that “personnel records relating to employee’s performance” now expressly include education and training records, which must be produced upon employee’s request.
- Increases transparency obligations and potential litigation exposure if records are incomplete, inconsistent, or not produced within statutory timelines—particularly relevant in credential-heavy healthcare environments
- **Practice impact for providers:** Hospitals, medical groups, and healthcare employers must be prepared to disclose training records such as onboarding materials, competency assessments, certifications, and continuing education documentation

Personnel Records. Vol CA Senate Bill 513.; 2025.

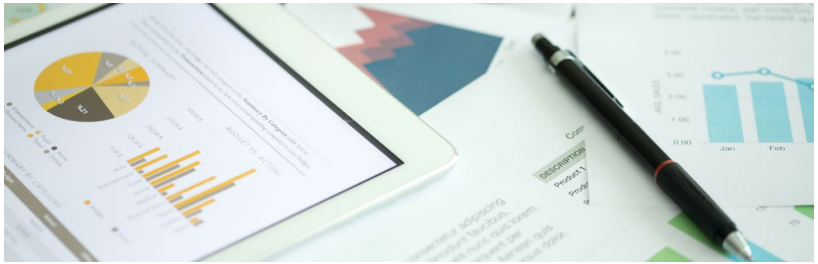
SB 642 - Pay Equity Enforcement Act

- **Overview:** Significantly amends California's Equal Pay and Pay Transparency laws, effective January 1, 2026, by strengthening enforcement mechanisms and expanding employee protections
- **Key changes:**
  - Broadens core definitions under the Equal Pay Act, specifies categories of unlawful compensation practices, and extends the statute of limitations to three years, with recovery available for the entire period a violation exists, up to six years.
- **Practice impact for providers:**
  - Hospitals, medical groups, and healthcare employers should reassess compensation structures for physicians, APPs, nurses, and staff—particularly where pay differentials exist based on specialty, tenure, productivity models, or shift assignments

Employment: Payment of Wages . Vol CA Senate Bill 642.; 2025.

SB 642- Pay Equity Enforcement Act (continued)

- **Compliance considerations:**
  - Increased documentation and audit readiness will be critical, including job classifications, pay scales, and justification for compensation differences
- **Why it matters:**
  - Expands exposure to back pay and penalties and heightens litigation risk in healthcare settings where complex compensation models are common



Employment: Payment of Wages . Vol CA Senate Bill 642.; 2025.

SB 590- Expansion of Paid Family Leave

- **Overview:** Expands the definition of “family member” under California’s Paid Family Leave program to include a “designated person.”
- **Key change:** Beginning July 1, 2028, employees may take paid family leave to care for designated person, even if individual does not meet traditional family relationship definitions
- **Practice impact for providers:** Healthcare employers should anticipate expanded leave requests and update leave policies, HR guidance, and employee communications to reflect a broader eligibility standard
- **Operational considerations:** Employers will need processes for documenting a designated person election while maintaining employee privacy and avoiding inconsistent application.
- **Why it matters:** Broadens employee leave rights and increases workforce planning considerations for hospitals and medical groups with staffing-sensitive clinical operations.

Paid Family Leave: Eligibility: Care for Designated Persons. Vol CA Senate Bill 590.; 2025.

SB 858- Extension of COVID-19 Rehire Protections

- **Overview:** Extends the rehire protections originally enacted in 2021 for workers laid off due to the COVID-19 pandemic.
- **What changed:** Labor Code § 2810.8, which requires employers to offer qualified former employees an opportunity for reinstatement before hiring new workers, is extended to remain in effect until January 1, 2027 (previously set to sunset on December 31, 2025)
- **Compliance considerations:** Employers should maintain layoff records, track eligibility, and ensure hiring managers follow reinstatement procedures before opening positions to external candidates.

Health care service plans: discipline: civil penalties, S. Bill 858, 2021-2022 Reg. Sess. (Cal. 2022).

General Minimum Wage Updates

- **Minimum wage increase:** Effective January 1, 2026, California's minimum wage for non-exempt employees will increase from $16.50 to $16.90 per hour.
- **Exempt salary threshold:** To maintain exempt status, salaried employees must earn at least twice the state minimum wage, in addition to meeting the applicable duties tests
  - Minimum annual salary for the administrative, executive, and professional exemptions increases from $68,640 to $70,304 (or $1,352 per week).
- **Physician and dentist exemption:**
  - Licensed physicians and surgeons, including dentists, must be paid at least $107.17 per hour (up from $103.75) to qualify for the professional exemption

Employment: Payment of Wages . Vol CA Senate Bill 642.; 2025.

What's Happening in Healthcare Law in 2026?

Licensing Laws

- AB 1991
- AB 2164

AB 1991- NPI Reporting Requirement

- **Overview:** Requires healing arts boards to collect a licensee's or registrant's individual National Provider Identifier (NPI) during electronic license or registration renewal, if the individual has one
- **What providers should know:** Physicians and other licensed healthcare professionals who already have an NPI must ensure it is accurately provided when renewing their license or registration online
- **Operational considerations:** Providers should verify that NPIs on file with licensing boards match those used for billing, Medicare/Medicaid enrollment, and contracting to avoid discrepancies
- **Why it matters:** Enhances regulatory oversight and data consistency, while increasing the importance of accurate provider identifiers across licensing, credentialing, and reimbursement systems.

NPI Reporting. Vol CA Assembly Bill 1991.; 2025.

AB 2164- Medical Board Disclosure Limits

- **Overview:** Prohibits California Medical Board from requiring applicants or renewing licensees to disclose information about physical/mental health condition or disorder that does not impair individual's ability to practice medicine safely (Bus. & Prof. Code § 850.2)
- **What changed:** Licensing and renewal applications for physician and surgeon licenses and postgraduate training licenses may no longer compel disclosure of non-impairing health conditions.
- **Practice impact for providers:** Supports physician well-being and may reduce chilling effects on seeking mental health or medical treatment, particularly for residents, fellows, and early-career physicians

Physicians and Surgeons: Licensure Requirements. Vol CA Assembly bill 2164.; 2025

AB 2164- Medical Board Disclosure Limits (continued)

- **Operational considerations:** Healthcare employers should ensure credentialing, onboarding, and privileging processes do not request disclosures broader than those permitted under state law
- **Why it matters:** Reduces stigma and legal risk associated with overbroad health disclosures while preserving patient safety standards tied to actual impairment

Physicians and surgeons: licensure requirements: disclosure, Assem. Bill 2164, 2023-2024 Reg. Sess. (Cal. 2024)

What’s Happening in Healthcare Law in 2026?

Regulatory and Reporting Laws

- SB 351
- AB 1415
- AB 3161

SB 351- Strengthening CA Corporation Practice of Medicine Doctrine

- **Overview:** Codifies California's strict prohibitions on the corporate practice of medicine (CPOM) and the corporate practice of dentistry (CPOD)
  - Imposes new statutory restrictions on how private equity firms, hedge funds, and other non-licensed entities may support healthcare providers
- **What changed:** Converts long-standing regulatory guidance and enforcement positions into express statutory law, limiting degree of control or influence non-physician/non-dentist entities may exert over clinical decision-making, compensation, staffing, and practice operations.
- **Practice impact for providers:** Physician and dental practices supported by management companies or investors must ensure that ownership structures, MSO agreements, and management services arrangements preserve licensed provider control over all clinical matters.

Private Equity or Hedge Fund Ownership of Health Care Practices, Health Facilities. Vol CA Senate Bill 351.; 2025.

SB 351- Strengthening CA Corporation Practice of Medicine Doctrine (continued)

- **Transaction and compliance considerations:** Heightens scrutiny of MSO models, management fees, governance rights, veto powers, and financial arrangements with private equity or hedge fund-backed entities. Existing arrangements may require restructuring
- **Why it matters:** Significantly increases enforcement risk for noncompliant CPOM/CPOD structures and narrows flexibility for investor-backed healthcare models operating in California

Private Equity or Hedge Fund Ownership of Health Care Practices, Health Facilities. Vol CA Senate Bill 351.; 2025.

AB 1415- Expanded Healthcare Transaction Reporting

- **Overview:** Expands California's healthcare transaction reporting framework by creating new pre-closing notice obligations for certain healthcare deals.
- **What changed:** Adds management services organizations (MSOs), private equity groups, and hedge funds as "noticing entities" required to notify Office of Health Care Affordability at least 90 days before closing specified transactions involving California healthcare providers
- **Practice impact for providers**: Physician groups, medical practices, and dental practices involved in transactions with MSOs or investor-backed entities may face longer deal timelines and increased regulatory scrutiny
- **Transaction considerations:** Parties must account for advance notice requirements, potential information requests, and deal delays when structuring affiliations, acquisitions, or management arrangements
- **Why it matters:** Adds a new regulatory layer to healthcare transactions and increases enforcement if notice obligations are missed or incomplete

California Health Care Quality and Affordability Act. Vol CA Assembly Bill 1415.; 2025.

AB 3161- Patient Safety Reporting

- **Overview:** Expands patient safety requirements for health facilities by strengthening reporting, equity analysis, and public transparency obligations.
- **Key requirements**: Facilities must (1) incorporate anonymous reporting into patient safety event systems, (2) analyze safety events using sociodemographic factors to identify disparities, and (3) implement measures to address racism and discrimination in patient care.
- **Reporting obligations:** Beginning in 2026, health facilities must submit biannual patient safety plans to the California Department of Public Health, with plans made publicly available online
- **Enforcement considerations:** Noncompliance may result in penalties and increased public scrutiny, particularly given online access to submitted safety plans.

AB 3161 Health facilities: patient safety and antidiscrimination. Chapter 757. Published 9/30/2025. https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240AB3161

Understanding Implicit Bias In Healthcare

Implicit Bias in Clinical Encounters

Behavior

- Hesitancy to touch
- Decreased eye contact
- Flat expression
- Less smiling
- Shorter encounters

Communication

- Dominant/clipped tone of voice
- Stereotypical conversation choices
- Closed ended questions
- Rushing

Clinical Decisions

- Lower referrals to specialists
- Failure to recommend preferred treatment
- Poor pain management
- Delayed follow up response

Joint Commission. Implicit Bias in Healthcare. Quick Safety Advisory. April 2016; Issue 23.

Interventions to Recognize and Address Implicit Bias

- **Awareness**
  - Consider whether your own behavior is or could be biased
  - Take the Implicit Association Test
  - Ask friends, colleagues and family
- **Concern**
  - Consider adverse consequences of biased behavior
  - Practice perspective taking
  - Humanize – find commonality
  - Observe others

Forscher PS, Mitamura C, Dix EL, Cox WTL, Devine P. Breaking the prejudice habit: Mechanisms, timecourse, and longevity. J Exp Soc Psychol. 2017;72: 133–146. doi:10.1016/j.jesp.2017.04.009.

Lou Holtz
Born 1937
Legendary American college football coach

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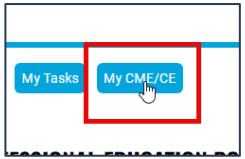
2. Click on/enter thedoctors.cloud-cme.com in browser.

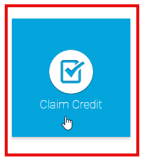
Please sign in and complete the evaluation by 5 pm EST March 26, 2026 to obtain your Certificate of Participation.

- Log into CloudCME either through the app or the portal https://thedoctors.cloud-cme.com/default.aspx
- Click on My CME/CE
- Click Claim Credit
- Enter Activity Code **4218**
- Click Submit Activity ID
- Follow the onscreen directions to continue to claim credit.

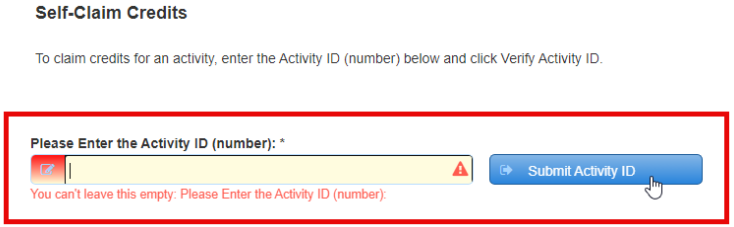
1.



2.



3.



Please contact us at Education Support (educationsupport@thedoctors.com) with any additional questions regarding this education activity.

The Doctors Company TDCGROUP

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Additional resources and activities, please visit
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Advance, Protect, and Reward
the Practice of Good Medicine.

Thank you!


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