Date of Hearing: April 21, 2026

ASSEMBLY COMMITTEE ON BUSINESS AND PROFESSIONS
Marc Berman, Chair
AB 2386 (Alvarez) – As Amended April 13, 2026

SUBJECT: License to practice medicine: Licensed Physicians from Mexico Program and California Physician Expansion Act.

SUMMARY: Allows for a physician who successfully participated in the existing three-year Licensed Physicians from Mexico Program to obtain a full and unrestricted license from the Medical Board of California (MBC); requires the MBC to issue a provisional license to an applicant who has been licensed to practice medicine in another country for at least three years and who meet additional requirements, including completion of a residency or postgraduate training program in the other country; authorizes provisional licensees to practice medicine under supervision for a period of three years, which may be extended once for a total of six years if the provisional licensee demonstrates progress toward meeting full licensure requirements.

EXISTING LAW:

1) Establishes the Medical Practice Act, which provides for the licensure and regulation of physicians and surgeons. (Business and Professions Code (BPC) §§ 2000 *et seq.*)

2) Establishes the MBC within the Department of Consumer Affairs (DCA) to administer the Medical Practice Act. (BPC § 2001)

3) Provides that protection of the public shall be the highest priority for the MBC in exercising its licensing, regulatory, and disciplinary functions. (BPC § 2001.1)

4) Requires applicants for a physician's and surgeon's certificate from the MBC to demonstrate that they meet certain requirements, including that the applicant obtained a diploma from an approved medical school and received credit for at least 36 months of approved postgraduate training. (BPC § 2082)

5) Provides that the MBC shall determine a foreign medical school to be a recognized medical school if the foreign medical school meets any one of several requirements. (BPC § 2084)

6) Requires the MBC to develop a process to give priority review status to applicants who can demonstrate that they intend to practice in a medically underserved area or serve a medically underserved population. (BPC § 2092)

7) Establishes the Licensed Physicians from Mexico Program, which requires the MBC to issue a nonrenewable three-year license to physicians from Mexico who meets specified criteria and who will be employed in a federally qualified health center (FQHC). (BPC § 2125)

8) Authorizes the MBC to charge specified fees associated with the licensing of physicians and surgeons under the Licensed Physicians from Mexico Program. (BPC § 2126)

9) Requires continuing medical education courses to include cultural and linguistic competency in the practice of medicine and the understanding of implicit bias. (BPC § 2190.1)

THIS BILL:

10) Provides that a physician from Mexico who has completed the three-year nonrenewable license program under the Licensed Physicians from Mexico Program may apply for a full and unrestricted physician's and surgeon's license if the physician meets all of the following requirements:

    a) Has completed the three-year term of the nonrenewable license program in good standing.

    b) Has obtained Educational Commission for Foreign Medical Graduates certification.

    c) Has passed Steps 1, 2, and 3 of the United States Medical Licensing Examination.

    d) Has received positive evaluations in their peer reviews and from the FQHC's chief medical officer for each year of licensure.

    e) Has an offer of continued employment from a health care facility or practice in California, including, but not limited to, a federally qualified health care center, hospital, or clinic.

    f) Has completed all continuing medical education requirements during the three-year term.

11) Establishes the California Physician Expansion Act.

12) Requires the MBC to issue a provisional license to an applicant who meets all of the following requirements:

    a) Holds a full and unrestricted license to practice medicine in another country and has been in good standing for at least three years.

    b) Has completed a residency or postgraduate training program in the other country, or has otherwise demonstrated education and training consistent with pathways recognized by the MBC, including education and training identified in nationally recognized models for international medical graduate licensure.

    c) Has obtained certification from the Educational Commission for Foreign Medical Graduates (ECFMG).

    d) Has passed Steps 1 and 2 of the United States Medical Licensing Examination.

    e) Has proficiency in the English language as demonstrated by a passing score on the Test of English as a Foreign Language (TOEFL) or the Occupational English Test at levels established by the MBC.

    f) Is authorized to work in the United States.

    g) Has a valid offer of employment from a health care facility or practice in California, including, but not limited to, a hospital, clinic, or facility with a residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

13) Provides that a provisional license shall be valid for a period of three years.

14) Authorizes the MBC to grant a one-time extension of a provisional license for an additional period of up to three years upon demonstration of continued progress toward meeting licensure requirements.

15) Limits the total duration of a provisional license to no more than six years.

16) Requires a provisional licensee to be employed by, and practice medicine only within, a sponsoring entity that is approved by the MBC, which may include an FQHC, community clinic, or hospital.

17) Requires the sponsoring entity employing a provisional licensee to do all of the following:

    a) Ensure that the provisional licensee practices under appropriate supervision.

    b) Maintain a peer review process consistent with applicable state and federal law.

    c) Be responsible for the medical services provided by the provisional licensee.

    d) The provisional licensee's authority to practice shall be limited to the sponsoring entity identified in their application and approved by the MBC.

    e) If the provisional licensee ceases to be employed by the sponsoring entity, the provisional license shall no longer be valid unless the MBC approves a transfer to another sponsoring entity.

18) Requires a provisional licensee to practice under the supervision of a physician and surgeon licensed in California and in good standing.

19) Allows for a provisional licensee to apply for a full and unrestricted physician's and surgeon's license if the provisional licensee meets all of the following requirements:

    a) Has passed Step 3 of the United States Medical Licensing Examination.

    b) Has completed at least three years of practice under the provisional license without any disciplinary actions.

    c) Has received a positive recommendation from the supervising physician or director of the facility's medical staff.

20) Requires the MBC to issue a full and unrestricted physician's and surgeon's license to an applicant who meets the requirements of subdivision (a) and who otherwise meets all requirements for licensure under the Medical Practice Act.

21) Authorizes the MBC to set application, initial licensure, renewal, and conversion fees for the provisional license at an amount sufficient to cover the costs of administering the program.

FISCAL EFFECT: Unknown; this bill is keyed fiscal by the Legislative Counsel.

COMMENTS:

Purpose. This bill is co-sponsored by *AltaMed* and the *California Primary Care Association*. According to the author:

> AB 2386 will make it easier for qualified physicians to practice in California, with guardrails such as supervision requirements and a probationary period before physicians can apply for a full license. It expands an existing program that allows doctors from Mexico to get a provisional license to practice in California and establishes a program for physicians who have trained abroad to obtain a provisional license. Too many California families can't find a doctor when they need one, especially in rural and underserved communities. The California Physician Expansion Act creates a real pathway for qualified international physicians to help fill that gap, with proper guardrails and oversight, so that the those who need care the most can get it. By integrating international medical talent into California's workforce, AB 2386 offers a sustainable, culturally responsive solution to the state's evolving healthcare workforce needs.

Background.

Medical Board of California. The MBC is primarily responsible for licensing and regulating physicians and surgeons, whose certificates authorize the plenary practice of all recognized fields of medicine. The MBC also has jurisdiction over special program registrants and organizations and special faculty permits, which allow those who are not MBC licensees but who meet certain licensure exemption criteria to perform duties in specified settings. The MBC also has authority over licensed midwives, medical assistants, and registered polysomnographic professionals. The MBC additionally approves accreditation agencies that accredit outpatient surgery settings and issues fictitious name permits to physicians practicing under a name other than their own.

Health Care Provider Access Gaps and Inequities. California has long faced significant gaps and inequities in its health care workforce. There has historically been a persistent shortage of accessible health professionals overall, which disproportionately impacts communities with concentrated populations of immigrant families and people of color. A recent study found that between 2010 and 2019, the number of primary care physicians in proportion to population remained largely unchanged nationally. Meanwhile, counties with a higher proportion of minorities saw a decline during that period.[1]

Compounding these issues of access is a significant lack of diversity among health care practitioners, with several minority groups remaining persistently underrepresented within the healing arts fields. A recent study of data from the American Community Survey and the Integrated Postsecondary Education Data System found that Black, Hispanic, and Native American people are nationally represented across 10 different health care professions.[2] As a result, minorities seeking to enter these professions face significant systemic obstacles, and patients who are representative of minority groups or immigrant communities often do not have access to practitioners who possess the cultural or linguistic competence to provide them with appropriate care.

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[1] Liu M, Wadhera RK. *Primary Care Physician Supply by County-Level Characteristics*, 2010-2019.
[2] Salsberg, Edward *et al*. "Estimation and Comparison of Current and Future Racial/Ethnic Representation in the US Health Care Workforce." *JAMA network open* vol. 4,3 e213789. 1 March 2021.

Research cited by the California Health Care Foundation (CHCF) in its 2021 report "Health Workforce Strategies for California: A Review of the Evidence" found that while 39 percent of Californians identified as Latino/x in 2019, only 14 percent of medical school matriculants and 6 percent of active patient care physicians in California were Latino/x.[3] A 2018 study published by the Latino Policy & Politics Initiative at the University of California, Los Angeles found that while nearly 44 percent of the California population speaks a language other than English at home, many of the most commonly spoken languages are underrepresented by the physician workforce.[4] While the physician community has worked with the MBC to improve linguistic competency among providers, these efforts have yet to resolve systemic challenges with addressing language barriers in California.

Licensed Physicians from Mexico Program. The concept of allowing physicians from Mexico to temporarily practice in California was purportedly first proposed in 1998 by board members at the Clinica de Salud del Valle de Salinas (CSVS), an FQHC in Monterey County. As described in reporting by the CHCF, "the clinic was having a hard time finding enough physicians to work in Salinas, let alone doctors who spoke Spanish and understood the culture." CSVS's chief executive officer worked with a policy consultant to develop and advocate for the proposal, which reportedly received "pushback from some California medical school officials, physicians, and the California Medical Association."[5]

In 2000, the Legislature enacted AB 2394 by Assemblymember Marco A. Firebaugh, sponsored by the California Hispanic Healthcare Association. As amended in the Senate, the bill established the Task Force on Culturally and Linguistically Competent Physicians and Dentists. The bill briefly included language that would have created a Doctors and Dentists from Mexico Exchange Pilot Program; however, this language was subsequently removed from the bill. Instead, a Subcommittee of the Task Force, chaired by the Director of Health Services, was charged with examining "the feasibility of establishing a pilot program that would allow Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in California's medically underserved areas."

AB 2394 required the Subcommittee to submit its report to the full Task Force no later than March 1, 2001, and then the full Task Force was required to forward that report to the Legislature, along with any comments, by April 1, 2001. The practicality of this timeline was questioned by the Senate Committee on Business and Professions; the committee analysis noted that the Subcommittee was only allotted three months after the effective date of the bill to deliver its report to the Task Force. This due date was considered even more challenging in view of the fact that the sponsor of the bill had indicated a desire that the Subcommittee visit Mexico as part of its study.

In 2001, Assemblymember Firebaugh introduced AB 1045, once again sponsored by the California Hispanic Health Care Association. The original text of the bill proposed to simply require that the Subcommittee's recommendations be incorporated into the Medical Practice Act by statute—despite the fact that those recommendations had not yet been made. As predicted, the Subcommittee's report had not been accomplished by the dates prescribed in the prior legislation.

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[3] https://www.chcf.org/publication/health-workforce-strategies-california
[4] https://latino.ucla.edu/wp-content/uploads/2019/08/The_Patient_Perspective-UCLA-LPPI-Final.pdf
[5] https://www.chcf.org/blog/doctors-mexico-treat-farmworkers-rural-california

When AB 1045 was first considered by the Assembly Committee on Health, the first meeting of the Subcommittee was scheduled to take place days later on May 10, 2001. Additional amendments to the bill proposed to push out the Subcommittee's deadline to report to the Task Force until June 15, 2001, with the final report due on August 15, 2001. AB 1045 subsequently stalled following passage to the Senate, remaining pending in the Senate Committee on Business and Professions with multiple hearings postponed over the course of the following year.

In the meantime, the Subcommittee finally met on July 10, 2001. During this meeting, the Subcommittee discussed comments and proposals it had received from seven organizations, including the California Medical Association, the California Dental Association, the Medical Board of California, the California Hispanic Health Care Association, the California Latino Medical Association, the Latino Coalition for a Healthy California, and the chief executive officer of CSVS (the FQHC in Monterey County). The proposal submitted by the California Hispanic Health Care Foundation comprised of language creating a Licensed Doctors and Dentists from Mexico Pilot Program that was briefly amended into AB 1045 (and removed just two days later). The draft proposal was subsequently revised based on comments from CSVS.

The Subcommittee compared each proposal in an element matrix and then discussed potential models for a pilot program during its meeting. According to the Subcommittee meeting minutes:

> Although many members agreed on a number of the proposed elements, there was significant disagreement upon the time frame for implementing a pilot project, the temporary or permanent nature of licensure, education requirements for licensure, placements of doctors and dentists who participate in a pilot project, and how to determine cultural linguistic competency.

After extensive discussion of the different proposals and the identified areas of disagreement, it was eventually determined that the Subcommittee should disband, with members arguing that "the Subcommittee has come as far as it can with decisions and proposals." A decision was made to simply forward the element matrix and the various proposals to the full Task Force without making any specific recommendation for adoption.

The chairs of the Task Force subsequently submitted the Subcommittee's report to the Legislature on September 7, 2001. The report's cover letter noted that while its transmittal fulfilled the Task Force's commitment to forward the Subcommittee's report, the contents of the report were still being discussed by the full Task Force and the submission did not constitute adoption of the report or any recommendations by the Task Force. As a result, no conclusive recommendations were ever submitted to the Legislature for consideration, but rather a collection of unresolved discussion topics and conflicting proposals.

Amendments were ultimately made to AB 1045 in May 2002 that reflected the revised language proposed to the Subcommittee by the California Hispanic Health Care Association, the bill's sponsor. By the time AB 1045 was heard by the Senate Committee on Business and Professions in August 2002, it had been amended several additional times but was still formally opposed by the California Medical Association, the California Dental Association, and the Federation of State Medical Boards, all of whom raised concerns that the proposed pilot program could result in undertrained, lower quality health care providers being allowed to practice in California. The committee analysis noted that further amendments were needed to clarify the author's intent and resolve outstanding questions about how the program would be implemented.

Despite the opposition to the legislation, AB 1045 ultimately passed the Legislature and was signed into law by Governor Gray Davis on September 30, 2002. The final amended version of the bill repealed the statute establishing the Subcommittee and established the Licensed Physicians and Dentists from Mexico Pilot Program. The bill allowed up to 30 physicians and 30 dentists from Mexico to participate in the program for three-year periods—a compromise from the 150 physicians and 100 dentists that were previously proposed. Participants in the pilot program were required to hold a license in good standing in Mexico, pass a board review course, complete a six-month orientation program, and enroll in adult English-as-a-second-language (ESL) classes. The bill additionally required the MBC and the Dental Board of California to provide oversight, in consultation with other entities, to provide oversight of these entities and submit reports to the Legislature.

While AB 1045 was enacted in 2002, its vision was not effectuated for over two decades. This substantial delay is attributable to several factors. First, the bill required that the pilot program could only be implemented "if the necessary amount of nonstate resources are obtained" and that "General Fund moneys shall not be used for these programs." Sponsors of the bill would have to secure private philanthropic donations to fund the pilot program. Additionally, the bill required the identification of medical schools and hospitals that would accept foreign physicians, which was reportedly a challenging task.[6]

Supporters of the pilot program ultimately succeeded in overcoming the administrative hurdles to implementing AB 1045. Philanthropic dollars were collected and placed into a Special Deposit Fund to support the MBC's implementation of the bill, with $333,000 from that fund appropriated in the Budget Act of 2020. Similar funding has continued to be appropriated in subsequent budget bills, with an estimated $498,000 in philanthropic funds appropriated in Fiscal Year 2023-24 and $299,000 appropriated in Fiscal Year 2024-25.

Physicians from Mexico finally started serving California patients under the pilot program in August 2021, beginning with participating physicians working at San Benito Health Foundation. Additional physicians subsequently began serving patients at CSVS in Monterey County, Altura Centers for Health in Tulare County. From January to November 2023, additional physicians from Mexico began serving patients in the AltaMed Health Corporation in Los Angeles and Orange Counties.

Early in the implementation of the pilot program, some barriers were identified in the process through which licensed physicians from Mexico receive approval to participate in the pilot program. As noncitizens, applicants typically would not have an individual taxpayer identification number (ITIN) or social security number (SSN) from the United States, which is required by all regulatory boards, including the MBC, as a condition of receiving a license. However, applicants typically cannot apply to receive a visa and accompanying SSN without proof that they may legally work in California, which they cannot demonstrate without a license from the MBC. To resolve this issue, AB 1395 (Garcia) was signed into law in 2023 to resolve this issue for physicians from Mexico who had previously been unable to finalize their participation in the pilot program.

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[6] Quintanilla, Esther. "In California, doctors from Mexico help fill the need for some patients. 'As good as any doctor.'" *Valley Public Radio*, September 28, 2023.

Another issue identified was that some physicians from Mexico were unable to practice for significant portions of the three-year period to which their license was limited due to factors outside their control. To address this issue, language was included in SB 815 (Roth), the MBC's sunset bill, to authorize an extension of a license when the physician was unable to work due to a delay in the visa application process beyond the established timeline by the federal Customs and Immigration Services. The MBC was also authorized to extend a license if the physician was unable to treat patients for more than 30 days due to an ongoing condition, including pregnancy, serious illness, credentialing by health plans, or serious injury. These extensions allowed those physicians from Mexico more time to serve patients under the pilot program.

The first annual progress report on the pilot program was submitted to the Legislature by the University of California, Davis in August of 2022. The report found that many patients had substantially positive experiences communicating with their doctor, and frequently felt welcome. While the overall efficacy of the pilot program was still under review, initial reports appeared positive.

UC Davis submitted its second annual progress report on the pilot program to the Legislature in October of 2023. As stated in the report summary, the goal of the evaluation was to provide recommendations on the pilot program and opine on "whether it should be continued, expanded, altered, or terminated." The report summary concluded with a finding that the pilot program "has strong positive feedback from all. Physicians integrated seamlessly, making healthcare more accessible, and increasing patient trust. Staff reported excellent patient care processes and a supportive environment." The report further concluded that physicians in the program "demonstrated a solid understanding of California Medical Standards."

With early assessments of the pilot program producing undeniably positive findings, the original supporters of AB 1045 introduced new legislation to revise and expand the program for physicians from Mexico, making a number of changes from the version that was negotiated back in 2001. AB 2860 (Garcia) was enacted in 2024 to extend the licenses of physicians currently participating in the pilot program by an additional three years and revised the requirements that physicians from Mexico must meet both prior to coming to California and upon arrival. The bill then allowed a newly codified Licensed Physicians from Mexico Program to gradually expand over fifteen years, with increases every four years to eventually reach a maximum of no more than 220 physicians from Mexico in the program, including up to 40 psychiatrists, commencing January 1, 2041.

Under each iteration of the Licensed Physicians from Mexico Program, a license issued by the MBC is nonrenewable and physicians in the program are expected to cease practicing in California, and presumably return to Mexico, upon expiration of their license. The author of this bill believes that a pathway should be established for program participants to obtain a full and unrestricted license from the MBC to continue practicing indefinitely in California. While the bill would require applicants for a full license to have an offer of continued employment from a health care facility or practice in California, the bill would no longer require the applicants to practice exclusively in an FQHC. Applicants would be required to satisfy several additional requirements, including by obtaining an Educational Commission for Foreign Medical Graduates certification, passing the United States Medical Licensing Examination, and receiving positive evaluations in their peer reviews under the Licensed Physicians from Mexico Program. The author believes that once fully licensed, these physicians will continue to contribute toward addressing the state's provider shortage.

California Physician Expansion Act. In addition to allowing participants in the Licensed Physicians from Mexico Program to obtain a full and unrestricted license from the MBC, this bill would create a new pathway for foreign-trained physicians to practice in California. The bill would apply to physicians who have been licensed to practice medicine in another country for at least three years and who completed a residency or postgraduate training program in that country. After completing several additional certification and examination requirements, these physicians would be eligible to receive a provisional license from the MBC.

Provisional licenses issued under the bill would be valid for three years and could be extended one time by the MBC for a total duration of no more than six years. Provisional licensees would be required to have a valid offer of employment from a health care facility or practice in California that would serve as the provisional licensee's sponsoring entity. Provisional licensees would then be authorized to practice medicine within that sponsoring entity under the supervision of a California-licensed physician and surgeon.

After completing at least three years of practice under a provisional license without any disciplinary actions, a foreign-trained physician would be eligible to apply for a full and unrestricted license from the MBC. Those applicants would be required to have received a positive recommendation from the supervising physician or director of the facility's medical staff and to have completed specified additional examination requirements. The MBC would then be required to issue a full and unrestricted physician's and surgeon's license to an applicant who meets those requirements and who otherwise meets all requirements for licensure under the Medical Practice Act.

Current Related Legislation. AB 2398 (Alvarez) would establish the Physician Graduate License Act, which would allow an individual who has graduated from an accredited medical school but who has not completed a residency program to receive a physician graduate license to practice under a supervising practice agreement with a sponsoring physician. *This bill is pending in this committee.*

AB 1307 (Ávila Farías) would reestablish the Licensed Dentists from Mexico Pilot Program and revise various requirements contained within the existing pilot program relating to the temporary state licensure of dental professionals from Mexico. *This bill is pending in the Senate Committee on Business, Professions, and Economic Development.*

Prior Related Legislation. AB 2860 (Garcia), Chapter 246, Statutes of 2024 reestablished the Licensed Physicians and Dentists from Mexico Pilot Program as the distinct Licensed Physicians from Mexico Program and Licensed Dentists from Mexico Pilot Program and revised various requirements contained within the existing pilot program relating to the temporary state licensure of medical professionals from Mexico.

AB 2864 (Garcia), Chapter 247, Statutes of 2024 required the MBC to extend the licenses of physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program by an additional three years.

AB 1395 (Garcia) Chapter 205, Statutes of 2023 required the MBC to issue a license to applicants for participation in the Licensed Physicians and Dentists from Mexico Pilot Program who did not possess federal documentation but otherwise meet the pilot program's requirements, and authorizes the MBC to extend a pilot program participant's license under certain conditions.

AB 1396 (Garcia) of 2023 was substantially similar to AB 1395. *This bill died in the Assembly Committee on Appropriations.*

AB 1045 (Firebaugh) Chapter 1157, Statutes of 2002 established the Licensed Physicians and Dentists from Mexico Pilot Program.

AB 2394 (Firebaugh), Chapter 802, Statutes of 2000 created the Task Force on Culturally and Linguistically Competent Physicians and Dentists and required its subcommittee to examine the feasibility of establishing a pilot program that would allow Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in California's medically underserved areas.

ARGUMENTS IN SUPPORT:

AltaMed Health Services, a co-sponsor of this bill, writes: "Alongside AltaMed's Family Medicine Physician Residency Program and other workforce pipeline efforts, the Licensed Physicians from Mexico Program is part of a broader strategy to grow, retain, and diversify the provider workforce serving safety-net patients." AltaMed argues that this bill "represents a significant step in continuing and building on that commitment. Specifically, the bill would create a pathway to full licensure, thereby allowing these qualified and talented physicians to continue providing care in underserved communities. Additionally, the bill expands the Licensed Physicians from Mexico Program by authorizing other internationally trained physicians who hold a full and unrestricted license to practice medicine in another country, and meet defined eligibility standards, to apply for a provisional license under the supervision of a California licensed physician. Together, these two provisions would greatly expand access to culturally and linguistically competent care, all while maintaining high-quality standards and patient safety."

CPCA Advocates, the advocacy affiliate of the California Primary Care Association, is also a co-sponsor of this bill. CPCA Advocates writes: "The bill expands this proven model by creating an automatic pathway to full licensure out of the Licensed Physicians from Mexico Programs to allow these qualified and talented physicians to continue providing care in underserved communities. Additionally, the bill establishes the Provisional License for Qualified International Physicians Act. Internationally trained physicians who hold a full and unrestricted license to practice medicine in another country, and meet defined eligibility standards, would be eligible to apply for this newly created license. AB 2386 will expand access to culturally and linguistically competent care, all while maintaining high-quality standards and patient safety."

ARGUMENTS IN OPPOSITION:

The *California Academy of Family Physicians* opposes this bill, writing: "Although the bill includes requirements such as ECFMG certification and partial USMLE passage, it permits extended independent practice under a provisional license without completion of an ACGME-accredited residency program. Residency training in the United States is the established mechanism for ensuring physicians are trained in standardized clinical competencies, patient safety protocols, and the U.S. health care delivery system. Substituting prolonged supervised practice for residency risks creating variability in training quality and preparedness for independent practice. The proposal also effectively establishes a parallel pathway to full licensure outside the traditional residency system. This raises concerns about maintaining uniform standards for physician training and could contribute to a fragmented licensure structure over time."

A coalition of academic medical centers and teaching hospitals in California writes in opposition to this bill: "AB 2386 creates a licensure pathway that does not adequately ensure clinical readiness for independent practice. Time holding a license is not equivalent to time spent delivering supervised patient care, and the proposal does not sufficiently align with established physician training standards in the United States. Graduate medical education, particularly residency training, remains the foundation for developing the clinical judgment and competency required to safely treat patients. In addition, the bill lacks clear and consistent safeguards that hospitals rely on to ensure quality, including ECFMG certification, completion of all USMLE steps, and the ability to obtain medical staff privileges. Without these elements, implementation would create significant challenges for credentialing and could introduce variability in care standards across the state."

POLICY ISSUE(S) FOR CONSIDERATION:

Exclusion of Prior Mexico Pilot Program Participants. This bill would authorize a physician from Mexico who has completed the three-year nonrenewable license program under current provisions of the Medical Practice Act to apply for a full and unrestricted physician's and surgeon's license. However, AB 2860 (Garcia) of 2024 reestablished and recodified this program. The language in this bill could reasonably be interpreted to exclude physicians from Mexico who participated in previously codified program from the pathway for a full license from the MBC, which is presumably not the author's intent. This bill should be amended to provide for further clarification regarding eligibility for program participants to apply for full licensure.

Lack of Specificity for Sponsoring Entities. The current language of this bill would require a provisional licensee to be employed by, and practice medicine only within, a sponsoring entity that is approved by the MBC. The bill states that the sponsoring entity *may* include a federally qualified health center, community clinic, or hospital, but does not limit the types of facilities or practice settings that could qualify. The stated intent of the author is to increase the primary care provider workforce and increase access to care for underserved communities; however, under the broad language in this bill, provisional licensees could ultimately work in settings such as medical spas or in a capacity in which they do not provide direct patient care. The author should consider providing a definition of "sponsoring entity" that more narrowly targets the type of facilities that are envisioned by the author as utilizing the services of provisional licensees.

Licensure Period for Foreign Licensees. This bill would require applicants for a provisional license to have held a full and unrestricted license to practice medicine in another country and has been in good standing for at least three years. However, current provisions of the Medical Practice Act establishing a pathway to licensure for applicants who hold a license in another state require that the license be held continuously for a minimum of four years. The author should consider amending this bill to align these requirements by establishing a minimum four year term for provisional license applicants to have been licensed in another country.

Need for Additional Applicant Vetting Authority. This bill would require the MBC to issue a provisional license to applicants who meet specified requirements, including a requirement that the applicant's license in another country has been in good standing. However, the bill does not expressly authorize the MBC to consider causes for denial that are applicable to other applicants for licensure, not does it authorize the MBC to require a criminal background check. This bill should be amended to incorporate this language to clarify that the MBC may engage in these additional applicant screening processes.

Postgraduate Training Requirements. As recently amended, this bill would require an applicant for a provisional license to have completed a residency or postgraduate training program in another country, or to have "otherwise demonstrated education and training consistent with pathways recognized by the board, including education and training identified in nationally recognized models for international medical graduate licensure." The latter language is intended to encompass guidance issued by the Federation of State Medical Boards regarding how medical boards should consider programs not accredited by the ACGME. However, as written, it could be broadly interpreted beyond the level of scrutiny envisioned by the author. Prior language in the bill required the MBC to make a determination regarding whether a residency program is substantially equivalent to one accredited by the ACGME; while this would be a clearer solution, it would impose new mandates on the MBC that may prove problematic. While restoring that language for now is likely most readily identifiable solution, the author should consider discussing this provision with stakeholders to determine the most appropriate path forward.

Clarification of Supervision Requirements. This bill would require a provisional licensee to practice under the supervision of a physician and surgeon licensed in this state and in good standing. Amendments to the bill would be helpful to more clearly delineate the responsibility of the supervising physician and to ensure that the scope of the medical services provided by the provisional licensee are agreed to by the supervising physician who would ultimately be responsible for ensuring those services are effectively rendered. The author should consider placing additional requirements and limitations on supervising physicians under the bill.

Continuing Medical Education. The Medical Practice Act requires all physicians and surgeons to complete specified continuing medical education. This bill would not require provisional licensees to complete similar education. The author may wish to clarify the applicability of those requirements.

Eligibility for Full Licensure. This bill would allow for a provisional licensee to apply for a full and unrestricted license from the MBC after meeting specified requirements. The MBC would then be required to issue a license to an applicant who meets those requirements "and who otherwise meets all the requirements for licensure" under the Medical Practice Act. It is unclear what those further requirements would include or exclude. This section of the bill should be clarified to provide that successful practice as a provisional licensee satisfies the education and training requirements for licensure under the Medical Practice Act while preserving all other requirements for a license.

IMPLEMENTATION ISSUES:

Fee Amounts. This bill would authorize the MBC to "set application, initial licensure, renewal, and conversion fees for the provisional license at an amount sufficient to cover the costs of administering" the provisions of the bill. This broad authority should be narrowed to a specified range of fees that may be charged once the MBC has identified its projected costs.

Immigration Law Considerations. Both segments of this bill would clearly implicate issues regarding the ability of physicians licensed in other countries to relocate to California to practice medicine. This area of law is complex and currently subject to inconsistent and at times hostile policies at the federal level toward immigrant professionals. As this bill continues to move through the process, the author should remain mindful of these potential challenges and seek further guidance about how to resolve any identified issues.

AMENDMENTS:

1) To ensure that physicians who participated under the Licensed Physicians and Dentists from Mexico Pilot Program prior to its recodification are captured by the bill, amend subdivision (a) in Section 2 of the bill as follows:

(a) A physician from Mexico who has completed the three-year nonrenewable license program under this article, or under the Licensed Physicians and Dentists from Mexico Pilot Program formerly established in Section 853, may apply for a full and unrestricted physician's and surgeon's license if the physician meets all of the following requirements: ...

2) To establish parameters for which settings and practices may sponsor a provisional licensee, amend Section 3 of the bill to add the following definition to the proposed Section 2128.1 and subsequently reference that definition throughout the bill:

(e) "Sponsoring entity" means an entity approved by the board that is one of the following:

(1) A federally qualified health center.

(2) A primary care clinic licensed under Section 1204 of the Health and Safety Code.

(3) A primary care clinic exempt from licensure pursuant to Section 1206 of the Health and Safety Code.

(4) A clinic owned or operated by a public hospital or health system.

(5) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role under Section 17000 of the Welfare and Institutions Code.

(6) Any licensed health facility located within a HPSA or MUA.

3) To strengthen the MBC's authority to thoroughly review applications for a provisional license and to align the period of time for which the applicant must have held a license from another jurisdiction with the period specified for licensees of other states, amend the proposed Section 2128.2 to read as follows:

The board shall issue a provisional license to an applicant who meets all of the following requirements:

(a) The applicant holds a full and unrestricted license to practice medicine in another country and has been in good standing for at least ~~three~~ four years. Any time spent by the applicant in a residency or postgraduate training program shall not be included in the calculation of this four-year period.

(b) The board determines that no disciplinary action has been taken against the applicant by any medical licensing authority and that the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the board determines constitutes evidence of a pattern of negligence or incompetence.

(c)(1) The applicant has not committed any acts or crimes constituting grounds for denial of a certificate under Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(2) The board shall submit to the Department of Justice fingerprint images and related information required by the Department of Justice of all applicants for a provisional license to determine whether the applicant has a criminal conviction record in this state or in any other jurisdiction, including foreign countries, pursuant to Section 2042. The Department of Justice shall provide a state- and federal-level response in accordance with subdivision (p) of Section 11105 of the Penal Code for the board to determine whether the applicant is subject to denial of licensure under the provisions of Division 1.5 (commencing with Section 475) and Section 2221.

(d) The applicant shows evidence satisfactory to the board that the licensee has received credit for at least 36 months of residency or postgraduate training in the other country that is substantially equivalent to an ACGME-accredited residency program as determined by the board.

4) To add greater specificity to the physician supervision requirements for provisional licensees, add the following language to subdivision (c) in the proposed Section 2128.3:

(1) The provisional licensee shall practice under the supervision of a physician and surgeon licensed in this state and in good standing.

(2) The supervising physician and surgeon shall oversee the activities of, and accept responsibility for, the medical services rendered by the provisional licensee.

(3) The supervising physician and surgeon and the provisional licensee shall enter into a written agreement that defines the medical services the provisional licensee is authorized to perform.

(4) A supervising physician shall not supervise more than four provisional licensees at any one time.

5) Require provisional licensees to comply with continuing medical education requirements generally applicable to licensed physicians and surgeons.

6) Clarify the MBC's authority to revoke or discipline a provisional licensee.

7) To provide greater clarify regarding the ability of a provisional licensee to apply for and obtain a full and restricted license, amend the proposed Section 2128.4 as follows:

~~*(a)*~~ A provisional licensee *shall be deemed to meet the professional instruction, preliminary education, and postgraduate training requirements for a certificate under this chapter* ~~*may apply for a full and unrestricted physician's and surgeon's license*~~ if the provisional licensee meets all of the following requirements:

(1) Has passed Step 3 of the United States Medical Licensing Examination.

(2) Has completed at least ~~*three years*~~ *36 months* of practice under the provisional license without any disciplinary actions.

(3) Has received a positive recommendation from the supervising physician or director of the ~~*facility's*~~ *sponsoring entity's* medical staff.

~~*(b) The board shall issue a full and unrestricted physician's and surgeon's license to an applicant who meets the requirements of subdivision (a) and who otherwise meets all requirements for licensure under this chapter.*~~

REGISTERED SUPPORT:

AltaMed Health Services *(Sponsor)*
California Primary Care Association *(Sponsor)*
Alameda Health Consortium - San Leandro, CA
Alexander Valley Healthcare
All Inclusive Community Health Center
Altura Centers for Health
Ampla Health
Arroyo Vista Family Health Center
Camino Health Center
Center for Family Health & Education
Chinatown Service Center
Clínica Monseñor Oscar A. Romero
Community Clinic Association of Los Angeles County
Community Health Association of Inland Southern Region
Community Health Partnership
Comprehensive Community Health Centers
Eisner Health
El Proyecto Del Barrio
Garfield Health Center
Golden Valley Health Centers
Health Alliance of Northern California
Health Center Partners of Southern California
Hill Country Community Clinic
Innercare
JWCH Institute
LA Clinica De LA Raza
LatinX Physicians of California
Latino Coalition for a Healthy California
MCHC Health Centers
More Doctors for California
National Hispanic Health Foundation
Neighborhood Healthcare
North Coast Clinics Network
Northeast Valley Health Corporation
Open Door Community Health Centers
Opsam Health
Ravenswood Family Health Network
Ritter Center
Saban Community Clinic
Sacramento Native American Health Center

Samuel Dixon Family Health Center
San Benito Health Foundation
San Francisco Community Clinic Consortium
Senator Juan Carlos Loera De la Rosa, Senate of the Republic of Mexico
Share Ourselves
Shasta Community Health Center
South Central Family Health Center
The Coalition of Orange County Community Health Centers
TrueCare
Universidad Autonoma De Guadalajara
Venice Family Clinic
Via Care Community Health Center
Westside Family Health Center

REGISTERED OPPOSITION:

California Academy of Family Physicians
Cedars-Sinai
Clinicas del Valle de Salinas
Loma Linda University Health
Scripps Health
Stanford Health Care
University of Southern California

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