

ASSEMBLY THIRD READING

AB 2386 (Alvarez)

As Amended April 22, 2026

Majority vote

SUMMARY

Allows for a physician who successfully participated in the 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 four 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 in limited settings, which may be extended once for a total of six years if the provisional licensee demonstrates progress toward meeting full licensure requirements.

Major Provisions

- 1) Provide that a physician from Mexico who has completed the three-year nonrenewable license program under the current or prior 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.
- 2) Establish the California Physician Expansion Act, which would require 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 four years.
 - b) Has not committed any crimes or acts constituting denial of a license from the MBC.
 - c) Has received credit for at least 36 months of residency or postgraduate training in the other country that is substantially equivalent to a program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as determined by the MBC.

- d) Has obtained certification from the Educational Commission for Foreign Medical Graduates (ECFMG).
 - e) Has passed Steps 1 and 2 of the United States Medical Licensing Examination.
 - f) Has proficiency in the English language as demonstrated by a passing score on the Test of English as a Foreign Language or the Occupational English Test at established levels.
 - g) Is authorized to work in the United States.
 - h) Has a valid offer of employment from a sponsoring entity.
- 3) Provide that a provisional license shall be valid for a period of three years.
- 4) Authorize 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; limit the total duration of a provisional license to six years.
- 5) Require a provisional licensee to be employed by, and practice medicine only within, one of the following sponsoring entities:
- a) A federally qualified health center.
 - b) A primary care clinic.
 - c) A clinic owned or operated by a public hospital or health system.
 - d) A clinic owned and operated by a hospital that maintains the primary contract with a county government to fill the county's role.
 - e) Any licensed health facility located within a health professional shortage area (HPSA) or medically underserved area (MUA).
- 6) Require 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 entity.
- 7) Require a provisional licensee to practice under the supervision of a physician and surgeon licensed in California and in good standing pursuant to a written agreement.

- 8) Allow for a provisional licensee to apply for a full and unrestricted physician's and surgeon's license if the provisional licensee meets specified requirements.
- 9) 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 program.

COMMENTS

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.

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 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. As a result, minorities seeking to enter these professions face significant systemic obstacles, and patients who are representative of minority groups or immigrant communities do not have access to practitioners who possess the cultural or linguistic competence to provide them with appropriate care.

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. 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. 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."

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." The Subcommittee 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 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.

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. 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.

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 four 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 qualifying 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, pursuant to a written agreement.

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.

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."

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."

FISCAL COMMENTS

According to the Assembly Committee on Appropriations, costs ranging in the hundreds of thousands of dollars for the first six years of implementation, with approximately \$385,840 ongoing; additional cost pressures, potentially in the hundreds of thousands to millions of dollars per year, because the MBC also anticipates litigation; \$147,000 to the DCA for IT costs.

VOTES**ASM BUSINESS AND PROFESSIONS: 12-2-5**

YES: Berman, Addis, Ahrens, Bauer-Kahan, Elhawary, Haney, Hart, Irwin, Jackson, Lowenthal, Nguyen, Pellerin

NO: Alanis, Bains

ABS, ABST OR NV: Johnson, Caloza, Chen, Hadwick, Macedo

ASM APPROPRIATIONS: 11-2-2

YES: Wicks, Aguiar-Curry, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache

NO: Hoover, Tangipa

ABS, ABST OR NV: Dixon, Ta

UPDATED

VERSION: April 22, 2026

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