SENATE COMMITTEE ON
BUSINESS, PROFESSIONS AND ECONOMIC DEVELOPMENT
Senator Dr. Aisha Wahab, Chair
2025 - 2026 Regular

Bill No:	AB 2386	**Hearing Date:**	June 22, 2026
Author:	Alvarez		
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Urgency:	No	**Fiscal:**	Yes
Consultant:	Sarah Mason		

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

SUMMARY: Establishes the California Physician Expansion Act which authorizes a new pathway for internationally licensed physicians to practice in California through a provisional license while working under supervision at qualifying clinics and health care facilities serving underserved communities. Authorizes physicians participating in the Licensed Physicians from Mexico Program (Mexico Program) who have successfully completed two three-year terms and met specified performance, training, and disciplinary requirements to obtain a full and unrestricted physician license.

Existing law:

1) Establishes the Medical Practice Act which provides for the licensing and regulation of physicians and surgeons in Medical Board of California (MBC). (Business and Professions Code (BPC) § 2000 et seq.)

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

3) Prohibits any person who practices or attempts to practice any mode of treating the sick, or who diagnoses, treats, operates, or prescribes for any ailment, disease, injury or other physical or mental condition without having at the time of doing so a valid certificate. (BPC § 2052)

4) Requires an applicant for a physician and surgeon's license to graduate from a medical school approved or recognized by MBC and authorizes MBC to establish standards for approval or recognition of medical education, including for international medical schools. (BPC § 2084)

5) Requires applicants for licensure to complete MBC-approved postgraduate training, and establishes differing minimum training requirements based on the location of medical education, including requiring additional postgraduate training for graduates of international medical schools. (BPC § 2096)

6) Establishes the University of California at Los Angeles David Geffen School of Medicine's International Medical Graduate Program, which authorizes international

medical graduates (IMGs) to receive hands-on clinical instruction through a preresidency training program. (BPC § 2066.5)

7) Provides that physicians who are not citizens but who meet certain requirements and who seek postgraduate study in an approved medical school or academic medical center may, after receipt of an appointment from the dean of the California medical school, or dean or chief medical officer of an academic medical center, and application to and approval by the MBC, be permitted to participate in the professional activities of the department or division in the medical school or academic medical center to which they are appointed under supervision as a "visiting fellow." (BPC § 2111)

8) Allows physicians who are not citizens and who seek postgraduate study to participate in a fellowship program in a specialty or subspecialty field, providing the fellowship program is given in a hospital in California which is approved by the Joint Commission and providing the service is satisfactory to the MBC; requires such physicians to at all times be under the direction and supervision of a licensed, board-certified physician and surgeon who is recognized as a clearly outstanding specialist in the field in which the foreign fellow is to be trained. (BPC § 2112)

9) Establishes a special faculty permit (SFP) that authorizes an international physician to practice medicine within a medical school, any affiliated institution of a medical school, or an academic medical center, as specified. (BPC § 2168 (a)(1))

10) Authorizes a candidate who meets all of the following eligibility requirements to apply for a SFP:

    a) The candidate is considered academically eminent. To be considered "academically eminent" the candidate must hold or has been offered a full- time academic appointment at the level of a full professor at an academic medical center or California medical school approved by MBC;

    b) The candidate possesses a current valid license to practice medicine issued from another state, country or other jurisdiction;

    c) The candidate has not been convicted of a crime that would disqualify them from obtaining licensure as a physician;

    d) The candidate pays the fees prescribed for application for, and initial licensure as a physician;

    e) The candidate has not held the specified position in a medical school for a period of two years or more preceding the application. (The MBC may waive this requirement). (BPC § 2168.1(a))

11) Establishes a Licensed Physicians from Mexico Program (Mexico Program) that authorizes MBC to issue a nonrenewable three-year license to qualified applicants who have met various prescribed requirements for participating in the Mexico Program. (BPC § 2125)

12) Requires Mexico Program participants, prior to coming to California, to: pass an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area; satisfactorily complete an orientation program approved by MBC that includes medical protocol, community clinic history and operations, medical administration, hospital operations and protocol, medical ethics, the California medical delivery system, health maintenance organizations and managed care practices, medication documentation and reconciliation, the electronic medical records system utilized by federally qualified health centers, and standards for medical record documentation to support medical decision making and quality care and: satisfactorily completed the Test of English as a Foreign Language by scoring a minimum of 85 percent or the Occupational English Test with a minimum score of 350. (Id.)

13) Requires a Mexico Program participant to practice only in the nonprofit community health center that offered the licensee employment and the corresponding hospital. Specifies that the participant's MBC license is deemed to be a license in good standing for the purpose of participation and reimbursement in all federal, state, and local health programs. Prohibits a physician from Mexico from being denied credentials by a health plan because the physician is a participant in the Mexico Program and did not receive their medical education and training in the United States. (Id.)

14) Makes various findings and declarations about California's population, the importance of provider-patient communication, primary care and physician shortages in California, and other related topics. (Id.)

15) Authorizes a health care practitioner licensed in another state or territory to provide services to California patients if the health care is provided only during a state of emergency that overwhelms the response capabilities of California health care practitioners and only upon the request of the Director of the Emergency Medical Services Authority (EMSA). (BPC § 900)

This bill:

1) Authorizes a Mexico Physicians Program participant to apply for a full and unrestricted license if the physician meets all of the following requirements:

   a) They completed two three-year terms of the nonrenewable license program in good standing.

   b) They received positive evaluations in peer reviews from the federally qualified health center's chief medical officer for each year of licensure.

   c) They have 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.

   d) They certify they will practice only in the areas of family medicine, internal medicine, pediatrics, obstetrics and gynecology, or psychiatry, as appropriate

based on the physician's licensure and certification in Mexico and history of practice in California.

e) They completed all CME requirements during the three-year term.

f) They have not committed any acts or crimes constituting grounds for denial of licensure.

g) They do not have any open complaints against their license and no history of enforcement action, including, but not limited to, a citation and fine or discipline, against their license.

h) They are in good standing when applying for a full and unrestricted license and they do not apply earlier than nine months prior to the expiration of their current license.

i) They have submitted payment for all fees for a full and unrestricted license.

2) Requires MBC to issue a full and unrestricted license to an applicant who meets the requirements described above and who otherwise meets all requirements for licensure.

3) Establishes the California Physician Expansion Act that requires MBC to issue a provisional license to an applicant who meets the following requirements:

a) They hold a full and unrestricted license to practice medicine in another country and have been in good standing for at least four years. Residency or postgraduate training program must not be included in the calculation of this four-year period.

b) MBC determines no disciplinary action has been taken against the applicant by any medical licensing authority; the applicant has not been subject to adverse judgments or settlements resulting from the practice of medicine and; the applicant holds a license in good standing in the jurisdiction where they practiced medicine or held a license in good standing at the time they departed that jurisdiction. Authorizes MBC to waive this requirement if official verification of good standing is not available.

c) The applicant has not committed any acts or crimes constituting grounds for denial of a license.

d) MBC submits fingerprint images and related information to DOJ to determine if the applicant has a criminal conviction record in California or another state or country.

e) The applicant has completed two years of postgraduate training in a graduate medical education program approved by the applicant's country of licensure and the applicant has practiced medicine in the applicant's country of licensure for at least six years after completion of medical school.

f) The applicant obtains Educational Commission for Foreign Medical Graduates certification.

g) The applicant has passed Steps 1 and 2 of the United States Medical Licensing Examination or has passed any other assessments approved by MBC.

h) The applicant is proficient in English as demonstrated by a passing score on the Test of English as a Foreign Language or the Occupational English Test at levels established by MBC.

i) The applicant is authorized to work in the United States.

j) The applicant has a valid offer of employment from a sponsoring entity.

4) Makes the provisional license issued pursuant to 3) above valid for a period of three years and authorizes MBC to grant a one-time renewal for an additional period of up to three years upon demonstration of continued progress toward meeting licensure requirements but the total duration of a provisional license must not exceed six years.

5) Limits the provisional licensee to being employed by, and practicing medicine only within, a sponsoring entity and requires a sponsoring entity to ensure that the provisional licensee practices under appropriate supervision, to maintain a peer review process consistent with applicable state and federal law, to be responsible for the medical services provided by the provisional licensee, and maintain a copy of the written agreement that defines medical services the provisional licensee is authorized to perform. Defines “Sponsoring entity” as an entity that is one of the following:

a) A federally qualified health center.

b) A licensed primary care clinic.

c) A primary care clinic exempt from licensure.

d) A clinic owned or operated by a public hospital or health system located in a health professional shortage area or medically underserved area.

e) 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) Limits a provisional licensee’s authority to practice to the sponsoring entity identified in their application and prohibits a provisional license from being valid if the provisional licensee ceases to be employed by the sponsoring entity.

7) Requires the provisional licensee to practice under the supervision of a licensed physician in good standing. Requires the supervising physician and the provisional licensee to enter into a written agreement that defines the medical services the provisional licensee is authorized to perform. Specifies that this shall not be

construed to require MBC to review, approve, or maintain a copy of the written agreement as a condition of issuing or renewing a provisional license.

8) Prohibits a supervising physician from supervising more than four provisional licensees at any one time.

9) Requires a provisional licensee to complete all continuing medical education requirements.

10) Authorizes MBC to revoke a provisional license or take any other disciplinary action deemed appropriate.

11) Provides that a provisional licensee is deemed to have met the professional instruction, preliminary education, and postgraduate training requirements for a license if provisional licensee meets all of the following requirements:

    a) The provisional licensee has passed Step 3 of the United States Medical Licensing Examination.

    b) The provisional licensee has completed at least 36 months of practice without any disciplinary actions.

    c) The provisional licensee has received a positive recommendation from the supervising physician or director of the sponsoring entity's medical staff.

12) Requires 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 license.

13) States findings and declarations that California faces a severe and growing shortage of physicians, particularly in primary care specialties and in federally designated health professional shortage areas and medically underserved areas; The state's diverse population, including large Spanish-speaking communities, requires culturally and linguistically competent physicians to ensure health equity and positive outcomes; the Mexico Program has demonstrated success in placing qualified Mexican physicians in underserved settings but currently offers no pathway for these physicians to continue serving California communities beyond the three-year nonrenewable term; California has untapped resources of medical talent, including recent medical school graduates who have been unable to secure residency positions and experienced internationally trained physicians who seek to practice in areas of need and; It is in the public interest to create additional supervised pathways to practice medicine that maintain rigorous standards for patient safety while expanding access to care in communities throughout the state.

14) States Legislative intent to expand access to care while maintaining appropriate standards for patient safety and professional accountability.

FISCAL EFFECT: This bill is keyed fiscal by Legislative Counsel. According to the Assembly Committee on Appropriations, the Board projects costs for the first six fiscal years as follows: FY 1: $115,761; FY 2: $0; FY 3: $473,691; FY 4: $274,153; FY 5:

$298,812 and; FY 6 and ongoing: $385,840. The bill would also result in additional cost pressures, potentially in the hundreds of thousands to millions of dollars per year, because MBC also anticipates litigation. The bill requires MBC to determine whether a residency program in another country is substantially equivalent to an ACGME-accredited program in the U.S. and if MBC determines that a residency program is not equivalent and denies a license, MBC believes it will be sued, and estimates litigation costs could range from around $600,000 to $2.8 million per year, beginning in FY 3. The Department of Consumer Affairs Office of Information Services (OIS) estimates cost of $147,000 to build a new license type in DCA's online licensing and enforcement system, create initial, renewal, and transition applications, clone enforcement configurations, update website content, and test functionality.

COMMENTS:

1. **Purpose.** This bill is sponsored by Alta Med 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 pathway for qualified international physicians to help fill that gap, with proper guardrails and oversight, so that 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."

2. **Background.** According to MBC and provisions of the Medical Practice Act, all applicants for physician licensure, including graduates of international medical schools, must meet uniform standards related to medical education, postgraduate training, and examination. Pursuant to BPC section 2084, applicants are required to graduate from a medical school that is approved or otherwise recognized by the MBC. For international medical graduates, this generally means the school must meet established recognition standards used by MBC in evaluating foreign medical education.

   Physician applicants for licensure by MBC must pass all three components of the United States Medical Licensing Examination: Step 1, Step 2 Clinical Knowledge (CK), and Step 3. These examinations assess a physician's understanding of basic sciences, clinical knowledge, and the application of medical judgment in patient diagnosis and treatment across core disciplines, including medicine, surgery, psychiatry, obstetrics and gynecology, pediatrics, and family medicine.

   USMLE Steps 1 and 2 CK are computer-based examinations offered at testing centers worldwide to individuals enrolled in or graduates of accredited medical schools. Step 3, which is administered only in the United States, is a two-day examination that includes both multiple-choice questions and computer-based case

simulations designed to assess the ability to apply medical knowledge in unsupervised clinical settings.

Applicants typically complete Steps 1 and 2 CK during medical school and become eligible to take Step 3 after graduation. While Step 3 may be taken upon graduation, many physicians elect to complete at least one year of postgraduate training prior to attempting the examination due to its emphasis on clinical decision-making.

Separately, California requires at least 12 months of approved postgraduate training for physician licensure, and the completion of three years of postgraduate training in order to remain licensed. MBC-approved postgraduate training includes training completed at a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) (if postgraduate training is completed in the United States and its territories) or the Royal College of Physicians and Surgeons of Canada (RCPSC) and/or The College of Family Physicians of Canada (CFPC) if the postgraduate training is completed in Canada. Postgraduate training completed outside of the United States or Canada is generally not accepted as equivalent for purposes of physician licensure.

As a result, many internationally trained and licensed physicians must complete additional residency training in an approved program before becoming eligible for licensure in California. However, there are narrow circumstances under which such physicians may legally practice in California, including through the MBC's Special Faculty Permit, which allows physicians and surgeons who are eminent in their field to practice in California in limited academic settings without meeting all standard licensure requirements, and the Mexico Program.

SFP Program. The MBC is authorized to issue a SFP to a person who is deemed academically eminent under the provisions of BPC § 2168. In order for MBC to issue a SFP, the physician must meet the following eligibility requirements: they must be clearly outstanding in a specific field of medicine or surgery and offered a full-time academic appointment at the level of full professor, or have been offered a full-time academic appointment at the level of associate professor if a great need exists. All SFP applicants are subject to the same fingerprint requirements and primary source documents as an applicant for a physician license. The MBC reports the SFP must be renewed every two years and the holder must have the dean certify that the permit holder continues to meet the eligibility criteria, is still employed at the sponsoring institution, continues to possess a current medical license in another state or country, and is not subject to permit denial under BPC section 480. To verify a SFP holder's current status and public record, the public can search on the Board's website. The complaint process is the same for a SFP holder as it is for any complaint the Board receives for a licensed physician.

MBC has a Special Faculty Permit Review Committee (SFPRC) that reviews SFP applications and makes recommendations for approval or denial. The review committee consists of one representative from each of the eleven medical schools in California and two Board members, one physician and one public member, for a total of 13 members. The purpose of the committee is to evaluate the credentials of internationally trained physicians sponsored by a California medical school to

determine if they are academically eminent in their specialty and therefore should be issued a SFP.

The SFP authorizes the physician to practice with all of the rights and privileges of a California medical license in the sponsoring medical school and its affiliated hospitals.

Mexico Program. The Mexico Pilot Program, established by AB 1045 (Firebaugh, Chapter 1157, Statutes of 2002), was designed to bring physicians and dentists from Mexico with rural experience, who speak the language, understand the culture, and know how to apply this knowledge in serving the large Latino communities in rural areas who have limited or no access to primary health care services. Proponents of the measure were concerned about addressing primary care physician and dentist shortages while maintaining a high quality of care.

The bill authorized up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for up to three years, and required the individuals to meet certain requirements related to training and education. AB 1045 tasked MBC with oversight review of both the implementation of the program and an evaluation of the program once it is implemented. The bill specified that any funding necessary for the implementation of the program, including the evaluation and oversight functions, was to be secured from nonprofit philanthropic entities and further stated that implementation of the program could not move forward unless appropriate funding was secured from nonprofit philanthropic entities.

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

The first annual progress report on the pilot program, submitted to the Legislature by the University of California, Davis in August of 2022, found that many patients had positive experiences with physicians practicing through the pilot program. In particular, patients reportedly 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."

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 made various updates and conforming changes. AB 2860 expanded the program to include many more physicians and set licensure fees for physicians from Mexico commensurate with those of California licensed physicians and surgeons, among other changes related to ongoing program administration and implementation.

Access to care. Recent analyses by the California Health Care Foundation (CHCF) and the UCSF Healthforce Center show that California continues to face significant shortages in its primary care workforce. A 2026 CHCF report *Strengthening California's Primary Care Workforce: Current Challenges and Policy Opportunities* found that more than 11 million Californians, over one-quarter of the population, live in federally designated Primary Care Health Professional Shortage Areas, and that access to timely, comprehensive primary care remains out of reach for millions, even among insured populations. The report further highlights structural strain on the system, noting that meeting recommended care needs would require a single primary care physician to work the equivalent of more than 26 hours per day, underscoring the severity of workforce gaps and the need for expanded, team-based care models.

Workforce projections from the UCSF Healthforce Center outlined in the 2023 *California Health Workforce Needs: Forecasts and Trends in Primary Care* indicate that shortages of primary care clinicians, including physicians, nurse practitioners, and physician assistants, are expected to persist through at least 2030, driven by population growth, increased demand, and an aging workforce. Statewide estimates suggest California will need approximately 10,000 or more additional primary care providers by 2030 to meet patient needs. According to the CHCF 2025 *New Survey Highlights Worsening Physician Shortages in Rural Northern California*, these shortages are especially acute in rural and underserved areas, where recruitment and retention challenges have led to what researchers describe as "chronic" access gaps rather than temporary workforce fluctuations.

Access challenges are further compounded for Californians with limited English proficiency (LEP). CHCF's 2024 *Health Workforce Strategies for California* emphasizes that language concordance between providers and patients is a critical factor in access, quality, and health outcomes, yet the state's health workforce does not adequately reflect the linguistic diversity of its population. As a result, many LEP Californians face persistent barriers to accessing primary care, including difficulty navigating the health system, reduced use of preventive services, and poorer health outcomes.

3. **Related Legislation.** SB 1179 (Menjivar of 2026) establishes a Doctors from El Salvador Program to authorize licensed physicians from El Salvador to become licensed by MBC and practice in California for three years. (Status: *The bill was held under submission in the Senate Committee on Appropriations.*)

AB 2398 (Alvarez of 2026) authorizes medical school graduates who have not completed a residency program to practice medicine indefinitely under supervision. (Status: *The bill was held under submission in the Assembly Committee on Appropriations.*)

4. **Arguments in Support.** Supporters state that "California continues to face a significant and growing physician shortage, particularly in underserved urban and rural communities where community health centers and clinics serve as the primary source of care for Mehdi-Cal patients, uninsured individuals, and communities of color. According to the Association of American Medical Colleges, it projects that the United States could see an estimated shortage of up to 124,000 physicians by 2034, including major shortages in primary and specialty care. In California, it is projected that the state will need an additional 8,243 physicians by 2030 to meet basic health needs."

   According to supporters, "AB 2386 responds directly to this workforce and healthcare access crisis by building on the demonstrated success of the Licensed Physicians from Mexico Program. 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. Importantly, AB 2386 includes provisions requiring the Medical Board of California to establish and collect application, licensure, renewal, and conversion fees for the new provisional license, ensuring that the Board's administrative costs associated with implementing these pathways are fully offset. AB 2386 will expand access to culturally and linguistically competent care, all while maintaining high-quality standards and patient safety. By expanding pathways for internationally trained physicians to practice medicine in California, the bill will help fortify California's healthcare workforce, improve culturally responsive care, and help mitigate the physician shortage."

5. **Arguments in Opposition.** The California Medical Association (CMA) writes that the bill "could create circumstances in which the Medical Board must evaluate and place substantial reliance on foreign accreditation systems that may not be subject to the same level of transparency, oversight, or quality assurance as those recognized in the United States. Accrediting bodies in other countries may utilize different curricula, clinical training requirements, supervision standards, competency assessments, or disciplinary procedures. As a result, California regulators may face challenges in determining whether training obtained abroad is truly equivalent to the standards expected of physicians practicing in California." According to CMA, "Any alternative pathway should include transparent evaluation criteria, independent review, and requirements aligned with California's physician licensure and residency standards."

   MBC writes that "Unfortunately, the current version of the bill offers fewer consumer protections than the prior version of the bill. We are alarmed that the June 16, 2026, amendments eliminate certain tools that the Board could have used to help ensure that [internationally trained physicians, ITPs] were adequately trained and are receiving appropriate supervision during their provisional licensure period." MBC expresses disappointment that the Author "rejected the Board's request to first

study this matter so that the Board could appropriately consider, along with input from various interested parties, how to structure an ITP licensing program that increases access to care and provides necessary consumer protections. Before enacting significant changes to licensing standards, such changes should be thoroughly vetted, including consideration of all relevant evidence and guidance from appropriate experts." According to MBC, the bill raises various major consumer protection questions. MBC is also concerned that the bill allows Mexico Program participants to become licensed and practice in any setting throughout California.

The California Academy of Family Physicians writes that "While this bill requires supervision and employment within a sponsoring entity, supervised employment is not equivalent to accredited residency training. The bill would effectively allow an individual to substitute employment-based experience for a standardized graduate medical education program that has long served as the benchmark for physician competency in California and across the United States. CAFP is also concerned that the bill creates multiple pathways to physician licensure that apply different standards depending on where an individual obtained their training. California patients should have confidence that all physicians holding a physician and surgeon license have met a consistent set of educational and training requirements before independently practicing medicine. Moreover, this bill represents a significant restructuring of California's physician licensure framework and physician workforce pipeline that warrants a more deliberate and collaborative process before implementation. California has spent decades building an integrated physician training continuum that includes medical school, graduate medical education, physician workforce programs, and retention initiatives designed to prepare physicians for independent practice and address workforce shortages. A proposal of this magnitude, which would establish alternative pathways to physician licensure outside of California's existing graduate medical education structure, should be thoroughly evaluated before being codified into statute. CAFP believes changes of this significance should be developed through a comprehensive stakeholder process that includes physician organizations, residency program leaders, medical schools, international medical graduates, community health centers, licensing boards, and patient advocates. Such a process would allow policymakers to carefully assess how these new pathways would interact with California's existing physician training infrastructure, whether they would achieve the intended workforce goals, and what unintended consequences they may have for physician education, residency training capacity, and patient safety."

Cedars-Sinai states that the bill "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."

SUPPORT AND OPPOSITION:

Support:

Altamed Health Services (co-sponsor)
California Primary Care Association (co-sponsor)
Aliados Health
Asian Americans for Community Involvement
Axis Community Health
California Consortium for Urban Indian Health
Camino Health Center
Clinica Monseñor Oscar A. Romero
Clinica Romero
Community Clinic Association of Los Angeles County
Community Health Association of Inland Southern Region
Comprehensive Community Health Centers
El Proyecto Del Barrio, INC.
Elica Health Centers
Fresno American Indian Health Project
Health Alliance of Northern California
Healthright 360
Hill Country Community Clinic
Innercare
LA Clinica De LA Raza, INC.
Latino Coalition for a Healthy California
Mendocino Community Health Clinic
More Doctors for California (MD4CA)
National Hispanic Health Foundation
Neighborhood Healthcare
Niskanen Center
North Coast Clinics Network
Open Door Community Health Centers
Peach Tree Healthcare
Salud Para LA Gente
San Benito Health Foundation
San Francisco Community Clinic Consortium
Share Ourselves
Sikh Medical Initiative
South Central Family Health Center
The Coalition of Orange County Community Health Centers
Truecare
Unicare Community Health Center
Via Care Community Health Center
Vista Community Clinic
World Education Services

Opposition:

California Association of Family Physicians
California Medical Association
Cedars Sinai
Medical Board of California

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