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

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| Bill No: | SB 1179 | Hearing Date: | April 13, 2026 |
| Author: | Menjivar | | |
| Version: | April 9, 2026 | | |
| Urgency: | No | Fiscal: | Yes |
| Consultant: | Sarah Mason | | |

Subject: Doctors from El Salvador Program

SUMMARY: Establishes a Doctors from El Salvador Program (El Salvador Program) to authorize licensed physicians from El Salvador to become licensed by the Medical Board of California (MBC) and practice in California for three years.

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 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)
- 7) 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 decisionmaking 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.)

- 8) 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.)
- 9) 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.)
- 10) 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) Establishes the El Salvador Program, modeled after the Mexico Program, and specifies that the program must be developed in consultation with representatives from a community health clinic in California that has an established partnership and framework with the Universidad Evangélica de El Salvador and Universidad de El Salvador. Requires the program to include coordinating entities for securing required documents; recruiting and vetting candidates; assisting candidates for the program in El Salvador to meet all program requirements; selecting appropriate federally qualified health centers (FQHCs) throughout California; ensuring compliance with program provisions; developing policy and clinical workshops; monitoring productivity and increased access to medical care and; assessing the necessity of policy and programmatic improvements.
- 2) Requires MBC to issue a nonrenewable three-year physician's and surgeon's license to a person who:
 - a) Is licensed, certified, or recertified, and in good standing in the applicable medical specialty in El Salvador by the Consejo Nacional de las Especialidades Médicas or the Ministry of Health in El Salvador.

- b) Prior to leaving El Salvador, passed the MBC review course with a score equivalent to United States applicants in each of the physician's specialty areas and passed an interview examination for each specialty area. Specifies that a family practitioner who includes obstetrics and gynecology in their practice is prohibited from performing deliveries in California unless they have performed 50 live birth deliveries, as required by United States standards, confirmed by written documentation by the supervising department chair, hospital administrator, or hospital chief medical officer. Requires each obstetrician and gynecologist from El Salvador to be a fellow in good standing of the American College of Obstetricians and Gynecologists.
 - c) Satisfactorily completed an orientation program developed in consultation with the with representatives from a community health clinic in California that has an established partnership and framework with the Universidad Evangélica de El Salvador and Universidad de El Salvado
- 3) Provides for the same peer review, employment limitations to the employing clinic, and fee requirements as participants in the Mexico Program.
 - 4) Requires program costs to be secured from philanthropic entities and requires an evaluation of the program to be conducted by a medical school in Southern California and either a named university in El Salvador or foreign medical school approved by MBC that includes specified information and recommendations on whether the program should be continued, expanded, altered, or terminated.

FISCAL EFFECT: Unknown. This bill is keyed fiscal by Legislative Counsel.

COMMENTS:

- 1. **Purpose.** This bill is co-sponsored by Clínica Monseñor Oscar A. Romero and California Primary Care Association Advocates. According to the Author, "California continues to grapple with a physician workforce shortage. The numbers are even worse when considering physicians with cultural competency and bilingual expertise. According to the most recent U.S. Census data, 45.3% of Californians spoke a language other than English at home. Of those who spoke a language other than English, nearly 29% spoke Spanish. However, according to data from the California Department of Health Care Access and Information, Spanish is the most underrepresented language in the healthcare workforce. Speaking Spanish, however, is not the only requirement for cultural competency; patients in the most recent Mexico Physicians program reported that this experience was different than when using an interpreter, as some things can get lost in translation, compared with comfortably communicating with the provider and not having to dance around words.

The lack of linguistic and cultural competency poses significant barriers, given its importance. The same report on the Mexico Physicians Program found that it made a difference for someone's key determinants of health, as the linguistic connections are directly linked to better interpersonal communication, improved access to care, mutual trust, and ultimately improved satisfaction in patient-doctor relationships. Building upon this for physicians from El Salvador, we want to ensure that we are

building up this workforce, thus increasing accessibility to patients. SB 1179 expands on the success of the existing successful framework of the Mexico Physicians Program and creating a similar program for Physicians from El Salvador.”

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.

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.** AB 2386 (Alvarez) requires MBC to issue a full and unrestricted license to a person who has completed the 3-year term of the Mexico Program in good standing upon satisfaction of specified requirements, including having an offer of continued employment from a health care facility or practice in California and also establishes the Provisional License for Qualified International Physicians Act which would require the board which requires MBC to issue a provisional license to an applicant who holds a full and unrestricted license to practice medicine in another country who meets specified requirements. (Status: The bill is pending in the Assembly Committee on Business and Professions)

4. **Arguments in Support.** Supporters write that “The physician shortage has reached a critical stage in California. More than 7 million residents live in federally designated Health Professional Shortage Areas, and the Association of American Medical Colleges projects a national shortage of up to 124,000 physicians by 2034. Despite comprising nearly 40% of the state’s population, Latinos represent only 6–7% of California’s physicians, a gap that would take 500 years to close at current rates. California is home to more than 850,000 Salvadoreans, the largest concentration of any state in the nation, yet culturally and linguistically competent providers remain critically scarce... SB 1179 is not a temporary fix. It is a meaningful step toward addressing the shortage by bringing highly trained physicians from El Salvador into the communities that need them.”

SUPPORT AND OPPOSITION:

Support:

CPCA Advocates, Subsidiary of the California Primary Care Association (co-sponsor)
 Academic Futbol Juvenil Amatense
 Access Reproductive Justice
 Alexander Valley Healthcare
 All Inclusive Community Health Center
 Altamed Health Services
 APLA Health
 Aria Community Health Center
 Arroyo Vista Family Health Center
 Bravo Medical Magnet High School
 Buen Vecino
 California Immigrant Policy Center
 Camino Health Center
 Central American Resource Center of California
 Central City Neighborhood Partners
 Central Neighborhood Christian Health Clinics
 Central Valley Health Network
 Centro Cultural Costa Rica California
 Chinatown Service Center
 Coalition for Humane Immigrant Rights
 Comite De Cultura Belize
 Comite De Cultura Dominicano
 Comite De Cultura El Salvador
 Comite De Cultura Hondureno LA
 Comite Fiestas Patrias Contigente Guatemalteco
 Community Clinic Association of Los Angeles County
 Community Health Association of Inland Southern Region
 Community Health Partnership
 Comprehensive Community Health Centers
 Consejo De Federaciones Mexicanas
 Courage California
 Dientes Community Dental
 Eisner Health
 El Proyecto Del Barrio, INC.

El Rescate
Family Health Care Centers of Greater Los Angeles, INC.
Fecunica Nicaragua
Garfield Health Center
Golden Valley Health Centers
Health Alliance of Northern California
Health Care LA IPA
Health Center Partners of Southern California
Hill Country Community Clinic
Homies Unidos INC
Indivisible Ca: Statestrong
Innecare
JWCH Institute, INC
Kheir Clinic
La Clinica De La Raza, INC.
Latino Coalition for a Healthy California
Los Angeles Lgbt Center
Mchc Health Centers
Neighborhood Healthcare
North Coast Clinics Network
Northeast Valley Health Corporation
One LA-IAF
Open Door Community Health Centers
Opsam Health
Panama: Mola, Pollera Y Tambor
Pilipino Workers Center of Southern California
Pupusas With a Purpose
Ravenswood Family Health Network
Ritter Center
Saban Community Clinic
Salef
Salva
Samuel Dixon Family Health Center, INC.
San Francisco Community Clinic Consortium
Seiu California
Share Ourselves
Shasta Community Health Center
South Central Family Health Center
St John's Community Health
Thai Community Development Center
The Coalition of Orange County Community Health Centers
Umma Health
Valley Community Healthcare
Venice Family Clinic
Via Care Community Health Center
Watts Healthcare Corporation
Members of the Los Angeles City Council

Opposition:

None received

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