

MEDICAL BOARD OF CALIFORNIA  
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2860  
AUTHOR: Garcia  
BILL DATE: April 3, 2024, Amended  
SUBJECT: Licensed Physicians and Dentists from Mexico  
Program and Extension of Expiration Date of Current  
License Expiration Dates  
SPONSOR: Clinicas de Salud del Valle de Salinas (CSVS)  
California Primary Care Association (CPCA)

DESCRIPTION OF CURRENT LEGISLATION

As it pertains to the Medical Board of California (Board), the bill extends the existing Licensed Physicians from Mexico Pilot Program (LPMPP) for approximately 20 years, and authorizes increasingly larger cohorts of licensees (including up to a specified number of psychiatrists in each cohort) who would be authorized to practice medicine under a non-renewable three-year license to be employed by [federally qualified health centers](#) (FQHCs).

RECENT AMENDMENTS

On April 3, 2024, AB 2860 was amended, as follows:

- States that the secondary reviews by UC, San Francisco (UCSF) shall be conducted every six months, rather than quarterly.
- Clarifies that hospitals participating in the program shall include consideration the needs of patients in rural areas of California that do not have hospitals staffed to provide labor and delivery services.
- Clarifies that donations to fund the program may be provided by nonprofit “organizations” rather than “philanthropic entities.”

BACKGROUND

[Business and Professions Code \(BPC\) section 853](#) authorizes the Board to issue up to 30 licenses to practice medicine to individuals participating in the LPMPP. Among other requirements, LPMPP participants must, prior to licensure, complete the following:

- Pass a specified certification and interview examination.
- Satisfactorily complete a six-month orientation program on medical protocols and managed care practices in California.
- Satisfactorily complete an adult English-as-a-second-language courses.

LPMPPP participants are issued a three-year, non-renewable license to practice medicine in an authorized facility. As required by statute, the Board contracted with the University of California (UC), Davis to conduct an evaluation of the MPP. The first UC Davis annual [evaluation report](#) was issued in August 2022 and the second annual [evaluation report](#) was issued in October 2023. The Board's costs related to issuing LPMPPP licenses, taking possible enforcement action against LPMPPP licensees, and contracting with UC Davis are covered by nonprofit philanthropic entities donating to an LPMPPP fund.

[AB 1395 \(Chapter 205 of 2023 Statutes\)](#) was enacted into law and required the Board to issue a license to practice medicine to LPMPPP applicants without a social security number (SSN) or individual tax identification number (ITIN), as specified.

[SB 815 \(Chapter 815 of 2023 Statutes\)](#), the Board's most recent sunset bill, authorizes the Board to extend the expiration date of an LPMPPP license, based on certain delays the licensee has faced, if they were unable to practice medicine more than 30 consecutive business days due to at least one of the following circumstances (and with certain conditions):

- The pregnancy of the licensee.
- The pregnancy of the married spouse of the licensee.
- The pregnancy of the domestic partner who is in a civil union with the licensee.
- Delay caused by the credentialing process of health plans.
- Delay caused by the visa application and review process by the United States Citizenship and Immigration Services.

## ANALYSIS

According to the author:

“Perhaps the most urgent matter confronting the health care of our state and nation is ensuring that we have an adequate supply of doctors available to serve the diversity of our state and nation’s population and access to health care coverage if there are insufficient doctors to provide it and even fewer doctors who are culturally and linguistically competent. The shortage of physicians has only increased since 2000.

AB 2860 addresses this serious structural and institutional problem by increasing the number of doctors from Mexico.... We will have substantially more culturally and linguistically competent doctors [to] create access and serve patients in California. This program is the only program of its type and purpose in the nation. UC Davis School of Medicine’s 2nd annual evaluation of this program, issued in October 2023, found that the program had ‘...strong feedback from all, health care is more accessible, patient trust has increased, and Mexican physicians demonstrate a solid understanding of California Medical Standards.’”

As currently drafted, AB 2860 replaces the existing program with another similar program that also adds psychiatrists to the list of eligible specialties. All program participants would need to meet the following requirements:

- Be licensed, certified or recertified, and in good standing in their medical specialty in Mexico. This certification or recertification shall be performed, as appropriate, by the Consejo Mexicano de Ginecología y Obstetricia, A.C., the Consejo Mexicano de Certificación en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., the Consejo Mexicano de Certificación en Pediatría, A.C., or the Consejo Mexicano de Psiquiatría, A.C.
  - The key difference between the current and proposed program is the addition of the Consejo Mexicano de Psiquiatría, A.C. (Mexican Council of Psychiatry), which relates to the inclusion of psychiatrists in the proposed program)

Before leaving Mexico, applicants shall have completed all the following:

- Passed the board review course with a score equivalent to that registered by United States applicants when passing a board review course for the United States certification examination in each of the physician's specialty areas and passed an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area. Each family practitioner who includes obstetrics and gynecology in their practice shall not perform 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. Each obstetrician and gynecologist from Mexico shall be a fellow in good standing of the American College of Obstetricians and Gynecologists.
  - This is substantially equivalent to the current program.
- Satisfactorily completed a distant-learning orientation program (developed by UNAM in Mexico and a Board-approved medical school or postgraduate training program in California) 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 (EMR) system utilized by federally qualified health centers, and standards for medical record documentation to support medical decision making and quality care. This orientation program shall be approved by the board to ensure that it contains the requisite subject matter and meets appropriate California law and medical standards where applicable.
  - This exceeds the subject areas of the orientation program required in current law by including medication documentation and reconciliation, EMR systems, and standards for medical record documentation. Under

the current program this is required to be a six-month course. Under the proposed program, the course length is unspecified.

- 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 and provided written documentation of their completion to the Board.
  - In the current program, licensees must satisfactorily complete English-as-a-second language classes before coming to California and then satisfactorily complete adult English classes at an accredited educational institution in California.
- Licensees shall be required to obtain 25 continuing education units per year of licensure, subject to random audits from the Board.
  - This is the same as the current program.

### Role of the Employing FQHCs

An FQHC that employs a program licensee shall work with the UCSF School of Medicine to conduct 10 secondary reviews of randomly selected visit encounters per six-month period. The purpose of these peer reviews is to provide feedback on compliance with medical standards, protocols, and procedures required by federal law.

- This would replace the existing externship requirements and the annual evaluations currently being performed by UC Davis.

FQHCs shall be required to have medical quality assurance protocols, and either be accredited by The Joint Commission or have protocols similar to those required by The Joint Commission. These protocols shall be submitted to the Board prior to the hiring of physicians.

- This requirement is similar to the current program.

### License Issuance, Extensions, and Maintenance

AB 2860 continues the existing law established last year that authorizes the issuance of a license if the applicant lacks an ITIN or SSN and that allows an expiration date extension under limited circumstances.

The bill proposes licensing up to the following number of individuals, per the following schedule:

- Commencing January 1, 2025: 95 physicians (30 of which may be psychiatrists)
- Commencing January 1, 2029: 145 physicians (40 of which may be psychiatrists)
- Commencing January 1, 2033: 175 physicians (40 of which may be psychiatrists)

- Commencing January 1, 2037: 210 physicians (40 of which may be psychiatrists)
- Commencing January 1, 2041: 220 physicians (40 of which may be psychiatrists)

As with the LPMPP, licensees under the new program must obtain 25 continuing education (CME) units per year, subject to random Board audits.

### Enforcement

One area of difference between the current and proposed programs is in enforcement. Under current law ([see BPC section 853\(h\)\(2\)](#)), the Board is authorized to terminate a license if a complaint has been received that warrants terminating the license pending an investigation and resolution of the complaint. This authority has not been used.

Under this bill, the current enforcement language has been omitted. Accordingly, the Board would need to follow the process used for physicians licensed in the typical manner.

### Funding the Proposed Program

The current bill language maintains the existing funding model, stating that any funding necessary to implement and oversee the program shall be provided by nonprofit organizations. The bill specifies that implementation shall not proceed unless appropriate funding is provided to the Board, which shall require an appropriation in the annual state budget act. The bill states that applicants must pay an unspecified fee amount to obtain their license.

### Discussions with Program Sponsors and Board Staff Since Prior Board Meeting

The program sponsors and Board staff have engaged in multiple productive conversations in-line with the Board's Support, if Amended position, which reflects the following Board concerns:

- Financial risks to the program's success related to reliance upon funding from nonprofit or philanthropic organizations.
- Concerns related to using a "truncated" enforcement process, as authorized by current law ([see BPC section 853 \(h\)\(2\)](#)).
- Seeking to limit the Board's role in the new program to fulfilling its core licensing and enforcement functions.

Although the bill language has not yet been amended to address those Board concerns, Board staff and sponsors have reached agreement on the following key amendments:

- Transition the funding source away from nonprofit organizations to a fee-based approach, as with other license types. This would include requiring the same application fee and initial licensure fee (increased by 50 percent, to

accommodate that the period of licensure is 50 percent longer than a typical medical license). Those fees would be deposited into, and related costs paid out of, the Board's main fund (the Contingent Fund).

- Providing that any funds that remain in the Board's LPMPP account after the conclusion of the pilot program are deposited into the Contingent Fund.
- Use the Board's existing processes to investigate and discipline complaints related to these licensees when circumstances warrant.
- Limit the Board's role to its typical licensing and enforcement functions, as with other licensees.

Other key topics of discussion between the Board staff and program sponsors include:

- Increasing the number of program participants in each cohort by approximately 30 licensees and collaborating on language that would clarify the timing of application submission and license issuance.
- Referring to this license type in the bill, and on license lookup, as a "Physician's and Surgeon's from Mexico License."
- Providing a penalty for program licensees who fail to meet their annual CME requirements.
- Clarifying that the orientation program curriculum required to be completed by program applicants shall be determined by a committee of chief medical officers at the FQHCs employing these licensees.
- Clarifying that these licensees, as other physicians do, pay appropriate fees to support the Controlled Substances Utilization Renew and Evaluation System (CURES) and Steven M. Thompson Physician Corp Loan Repayment Program.
- Clarifying that the program sponsors and UNAM shall be responsible for selecting appropriate 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.
- Stating that the FQHCs shall be accredited by The Joint Commission, National Committee for Quality Assurance, or the Accreditation Association for Ambulatory Health Care.
- Eliminating language that allows existing pilot program licensees to extend the expiration date of their license due to pregnancy, a delay in the health plan credentialing process, or delays with their visa application review.

Consideration of an Updated Board Position

Staff recommend the Board maintain their Support, if Amended position, and update it to seek the following amendments:

- Require an application fee equivalent to those paid by physician and surgeon applicants and an initial license fee equivalent to 150 percent (one and one-half times) of the same fee paid by physician and surgeon licensees. Specify that those fees are paid into the Contingent Fund and to remove language that authorizes the program to accept funds from nonprofit or philanthropic organizations.
- Require program licensees to pay appropriate fees into the CURES fund and to support the Steven M. Thompson Physician Corp Loan Repayment Program, consistent with other physician and surgeon licensees. Further, require that funds left over after completion of the pilot program be transferred to the Contingent Fund.
- Delegate authority to the Board staff, in consultation with the Board’s President and Vice-President, to finalize and approve a Support position, contingent upon future amendments that the President and Vice-President determine meet the following criteria:
  - The concerns and priorities raised by the Board during their 2024 Board meetings are substantially addressed.
  - The bill language avoids creating substantial implementation challenges or projected costs for the Board that significantly exceed the expected revenues.

FISCAL: Substantial estimated costs to the Board associated with processing applications and issuing licenses, conducting any continuing medical education audits, and projected enforcement action. All costs are expected to be offset by the proposed fee amounts described above.

SUPPORT: Alameda Health Consortium - San Leandro, CA  
 AltaMed Health Services  
 Altura Centers for Health  
 Arroyo Vista Family Health Center  
 CommuniCare+OLE  
 Community Health Partnership  
 Comprehensive Community Health Centers  
 Dientes Community Dental  
 Eisner Health  
 El Proyecto Del Barrio  
 Family Health Centers of San Diego  
 Golden Valley Health Centers

Gracelight Community Health  
Health Alliance of Northern California  
Health and Life Organization (Sacramento Community Clinics)  
Health Center Partners of Southern California  
Lifelong Medical Care  
North Coast Clinics Network  
Petaluma Health Center  
Redwoods Rural Health Center  
Sac Health  
San Benito Health Foundation  
San Francisco Community Clinic Consortium  
Santa Rosa Community Health  
Share Our Selves  
Shasta Community Health Center  
South Central Family Health Center  
Valley Community Healthcare  
West County Health Centers

OPPOSITION: None identified.

ATTACHMENT: [AB 2860, Garcia – Licensed Physicians and Dentists from Mexico Programs](#)  
Version: 4/03/24 – Amended