

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2386
 AUTHOR: Alvarez
 BILL DATE: April 22, 2026, Amended
 SUBJECT: License to Practice Medicine: Licensed Physicians from Mexico Program and California Physician Expansion Act
 SPONSOR: AltaMed and the California Primary Care Association

DESCRIPTION OF CURRENT LEGISLATION

Allows a physician who successfully participates in the Licensed Physicians from Mexico Program (LPMP), including the pilot program, to obtain a full and unrestricted physician's and surgeon's (P&S) license from the Medical Board of California (Board).

Requires the Board to issue a provisional medical license to an internationally trained physician (ITP). Among other application requirements, the applicant must have received credit for 36 months of residency or postgraduate training in a program that is substantially equivalent to a program accredited by the Accreditation Council for Graduate Medical Education (ACGME), as determined by the Board. The provisional licensee may practice up to a maximum of six years and only within a sponsoring entity that is approved by the Board. If the provisional licensee meets additional requirements, they will be deemed to have met the education, training, and examination requirements for a full and unrestricted P&S.

BACKGROUND

Under prior law, the Board was authorized to issue up to 30 licenses to practice medicine to individuals participating in the Licensed Physicians from Mexico Pilot Program (LPMPP). Among other requirements, LPMPP participants were required, prior to licensure, to complete the following:

- Be licensed and in good standing in their medical specialty in Mexico (obstetrics & gynecology or OB/GYN, family medicine, pediatrics, or internal medicine).
- Be board certified in their medical specialty.
- Pass an interview examination by the National Autonomous University of Mexico (UNAM) for their specialty area.
- 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 course.

LPMPP participants were issued a three-year, non-renewable license to practice medicine in an authorized facility and were required to complete 25 hours of Board-

approved continuing medical education (CME) per year. As required by that prior statute, the Board contracted with the University of California (UC), Davis to conduct an evaluation of the LPMPP. The first UC Davis annual [evaluation report](#) was issued in August 2022, the second annual [evaluation report](#) was issued in October 2023, and the third evaluation report was discussed at the [Board's Quarterly Meeting in November 2024](#). The final evaluation report was discussed at the [Board's Quarterly Meeting in August 2025](#). The Board's costs related to issuing LPMPP licenses, taking possible enforcement action against LPMPP licensees, and contracting with UC Davis were covered by nonprofit philanthropic entities donating to an LPMPP fund. The evaluations of the LPMPP were positive.

Most of the LPMPP licensees qualified for an extension of the expiration date of their license pursuant to [AB 2864 \(Chapter 247 of 2024 Statutes\)](#) and are still licensed to practice today.

AB 2860 (Chapter 246 of 2024 Statutes) replaced the LPMPP with a revised Licensed Physicians from Mexico Program (LPMP) (see [Business and Professions Code \(BPC\) section 2125](#)) and authorizes the Board through the year 2045 to issue a restricted three-year nonrenewable physician's and surgeon's (P&S) license to qualified applicants to work in certain FQHCs.

LPMP applicants must meet the following requirements:

- Be certified and in good standing with their medical specialty in Mexico in the fields of OB/GYN, internal medicine, family medicine, pediatrics, or psychiatry.
- Pass an interview developed by UNAM for their specialty area. Family practitioners who also perform OB/GYN services must also have performed 50 live birth deliveries. OB/GYNs must also be a fellow in good standing of the American College of Obstetricians and Gynecologists.
- Successfully complete an orientation program approved by the Board.
- Satisfactorily complete an approved English competency examination.
- Pay required fees to the Board.

LPMP licensees must complete 25 hours of Board-approved CME. Further, BPC 2125 states that only a specified number of individuals may hold a current and active LPMP license at any given time (e.g., no more than 155 between January 1, 2025, and January 1, 2029).

Unless an applicant qualifies for a [special permit](#), the LPMP, or the person holds a medical license in another state or in Canada (as authorized by BPC [2135](#) or [2135.5](#)), a P&S applicant must meet the following education, training, and examination requirements:

- Graduated from a [Board-approved medical school](#).
- Received credit for 12 or 24 months of postgraduate training (depending upon where they completed medical school) accredited by the [Accreditation Council for Graduate Medical Education](#) (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC) in Canada, or the College of Family Physicians of Canada (CFPC) in Canada, [pursuant to BPC section 2096](#).
- Passed all steps of the [United States Medical Licensure Examination](#) (USMLE).
- For international medical school graduates, [obtained certification](#) from the Educational Commission for Foreign Medical Graduates (ECFMG).

The Federation of State Medical Boards (FSMB), [Intealth](#), and the ACGME formed the [Advisory Commission on Additional Licensing Models](#) (ACALM) in [December 2023](#) to provide guidance on alternative pathways for state licensure of internationally trained physicians (ITPs) who were trained outside the United States and Canada.

In August 2025, the ACALM released [various recommendations](#) and a [toolkit](#) to inform the assessment and supervision of ITPs, including guidance for state medical boards and ITP employers.

ACALMs key recommendations include:

- **Comprehensive Assessment:** ITPs should be evaluated during the supervisory period on six core competencies: patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, and systems-based practice.
- **Initial Assessment to Understand Current Strengths and Areas for Development:** Individualized assessment at the start of supervision should be conducted to identify strengths and address areas needing support.
- **Specialty-Specific Examinations:** Use of specialty exams should be used to inform learning plans that are developed with the ITP's scope of practice in mind.
- **Regular, Multi-Modal Evaluation:** Standardized knowledge assessments, direct observation, multi-source feedback, and medical record audits should occur periodically throughout supervision.
- **Supervisor Qualifications:** Supervisors must be board-certified, fully licensed physicians in the same specialty, with state medical boards establishing criteria for supervisors and supervisory sites.
- **Protection of ITP Employee Rights:** Institutions must ensure fair treatment, access to resources, and employee rights of ITPs during supervision.

At the Board’s August 2025 Quarterly Meeting, the President and CEO of the FSMB, Dr. Humayun “Hank” Chaudry, DO, [presented on additional licensing models for ITPs](#). During the presentation, Dr. Chaudry also discussed various implementation challenges, including that, at the time, only two physicians were in the “pipeline” for these ITP pathways. Other challenges include navigating immigration requirements, determining what training is substantially similar to current licensing standards, and what assurances employers can make related to the quality-of-care provided by ITPs.

[BPC section 2435](#) provides for the following fees to be paid by physician and surgeon license applicants and licensees:

- Application processing fee – \$625.
- Initial licensure and renewal fees – \$1,255 (effective January 1, 2027)

ANALYSIS

According to the author’s fact sheet:

“AB 2386 builds on the lessons of the Mexican Pilot Program by establishing a provisional license for international physicians. International physicians will still undergo California’s rigorous application process, but with flexible requirements that recognize their training and experience abroad. After a successful provisional period, these physicians will be eligible for permanent licensure. This measure ensures that communities receive the care they need, which will help preserve and strengthen healthcare accessibility for all Californians. By integrating international medical talent into California’s workforce, AB 2386 offers a sustainable, culturally responsive solution to the state’s evolving healthcare needs.”

The sponsors of AB 2386 indicate that 27 states and two U.S. territories have authorized provisional licensure for ITPs and that while there are similarities among the states, no two states have adopted the same requirements.

Permanent Licensure Pathway for LPMP Licensees

AB 2386 would require the Board to issue a full and unrestricted license licensed under either the current LPMP or the prior LPMPP who meets all of the following requirements:

- Has completed their three-year term in good standing.
- Has obtained ECFMG certification.
- Has passed Steps 1, 2, and 3 of the USMLE.

- Has received positive evaluations in the peer reviews required for current LPMP participants from the FQHC's chief medical officer for each year of licensure.
- 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.
- Has completed all CME requirements during the three-year term.
- Otherwise meets all other requirements for licensure within the Medical Practice Act.

Provisional Licensure Pathways for ITPs

AB 2386 also establishes the "California Physician Expansion Act" which defines the following terms:

"ACGME" means the Accreditation Council for Graduate Medical Education.

"ECFMG" means the Educational Commission for Foreign Medical Graduates.

"HPSA" means health professional shortage area as designated by the United States Department of Health and Human Services.

"MUA" means medically underserved area as designated by the United States Department of Health and Human Services.

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

- A federally qualified health center.
- A primary care clinic licensed under Section 1204 of the Health and Safety Code.
- A primary care clinic exempt from licensure pursuant to Section 1206 of the Health and Safety Code.
- A clinic owned or operated by a public hospital or health system.
- 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.
- Any licensed health facility located within a HPSA or MUA.

The Board would be required to issue a three-year provisional license to someone who meets all of the following requirements:

- The applicant holds a full and unrestricted license to practice medicine in another country and has been in good standing for at least four years. Any time spent by the applicant in a residency or postgraduate training program shall not be included in the calculation of this four-year period.
- The applicant, as determined by the Board, has had no disciplinary action taken against them by any medical licensing authority and the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine that the Board determines constitutes evidence of a pattern of negligence or incompetence.
- The applicant has not committed any acts or crimes constituting grounds for denial of a license. In furtherance of this requirement, it states that the Board shall submit the applicant's fingerprint images to the California Department of Justice and that the Board shall be provided with the applicant's appropriate criminal history information.
- The applicant shows evidence satisfactory to the Board that the licensee has received credit for at least 36 months of residency or postgraduate training in the other country that is substantially equivalent to an ACGME-accredited residency program, as determined by the Board.
- The applicant has obtained ECFMG certification.
- The applicant has passed Steps 1 and 2 of the USMLE.
- The applicant 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 levels established by the Board.
- The applicant is authorized to work in the United States.
- The applicant has a valid offer of employment from a sponsoring entity.

Further, the Board may grant a one-time extension of the expiration date of the provisional license for up to three years (for a maximum six-year licensure period) if the licensee demonstrated "continued progress toward meeting licensure requirements."

Requirements for Provisional Licensees, Supervising Physicians, and Sponsoring Entities

The provisional licensee shall be employed by, and practice medicine only within, a sponsoring entity that is approved by the Board. If such a licensee ceases to be employed by the sponsoring entity, the provisional license shall no longer be valid

unless the Board approves a transfer to another sponsoring entity. The provisional licensee shall meet all Board CME requirements.

The provisional licensee shall practice under the supervision of a physician licensed in this state and in good standing who shall oversee the activities of, and accept responsibility for, the medical services rendered by the provisional licensee. The supervising physician and the provisional licensee shall enter into a written agreement that defines the medical services the provisional licensee is authorized to perform. A supervising physician shall not supervise more than four provisional licensees at any one time.

The sponsoring entity employing the provisional licensee shall do all of the following:

- Ensure that the provisional licensee practices under appropriate supervision.
- Maintain a peer review process consistent with applicable state and federal law.
- Be responsible for the medical services provided by the provisional licensee.

The Board is authorized to revoke a provisional license or take other disciplinary action that the Board deems appropriate.

Conversion from Provisional to Full and Unrestricted Medical License

A provisional licensee shall be deemed to meet the professional instruction, preliminary education, and postgraduate training requirements for a medical license if the provisional licensee meets all of the following requirements:

- The provisional licensee has passed Step 3 of the USMLE.
- The provisional licensee has completed at least 36 months of practice with their provisional license without any disciplinary actions.
- The provisional licensee has received a positive recommendation from the supervising physician or director of the sponsoring entity's medical staff.

Fees to be Established by the Board

Under the bill, the Board shall establish by regulation the application, initial licensure, renewal, and conversion fees at amounts sufficient to cover the Board's costs to administer this law.

Opponent's Arguments

Opponents generally contend that the proposed pathway for ITPs does not ensure that they are ready for independent clinical practice and that substituting supervised practice

for ACGME residency will lead to variations in the quality of ITPs' clinical ability. Further, they note that, under the proposed licensure requirements, ITPs would face significant challenges during the hospital credentialing process.

Consideration of a Board Position

Based upon the prior UC Davis evaluations, current LPMP participants (who started out in the LPMPP) seem well prepared to provide appropriate care in a culturally and linguistically competent manner to underserved California residents. Board staff generally believe that it is appropriate for those licensees who have performed adequately to continue to practice medicine in those communities, if they wish, rather than being required to return to Mexico. Granting these licensees, however, a full and unrestricted license to practice anywhere in California, including in areas of medicine outside of their training (e.g., cosmetic procedures), could erode access to care in the communities who are benefitting from the LPMP and create new consumer risks.

Regarding the language that establishes the California Physician Expansion Act, the Board staff believe that it is a worthy endeavor to research and evaluate additional licensure pathways for those trained outside of the United States or Canada so that appropriate qualified physicians can obtain a license to practice medicine in California. The Board staff, however, cannot endorse the approach in AB 2386, or any other ITP licensing framework, at this time.

To help ensure that consumers are adequately protected, the Board should have sufficient time and resources to determine the appropriate requirements (e.g., education, training, supervision, and competency) for those who have not satisfactorily completed 36 months of postgraduate training approved by ACGME, RCPSC, or CFPC. Further, while researching and evaluating ITP licensure pathways, the Board could consider fully the recommendations of the ACALM, laws adopted in other jurisdictions, and any challenges faced in this area by other state medical boards, among other relevant topics.

Based upon the preceding comments, Board staff recommend that the Board adopt a position of Oppose, Unless Amended to seek the following changes to the bill:

- Regarding the LPMP provisions – limit eligibility for ongoing licensure to those who successfully participated in the LPMPP so that they may continue to provide medical care consistent with their training, for the benefit of underserved communities. To do so, staff recommend that these applicants meet the following requirements:
 - The applicant has a Board-license in good standing at the time that they apply to convert their license. Further, require the applicant to apply no earlier than six months prior to the expiration date of their current license.
 - Has obtained ECFMG certification.

- Has passed Steps 1, 2, and 3 of the USMLE.
- The applicant has no open complaints against their license and no history of enforcement action (whether a citation and fine or discipline) against their license.
- The applicant must provide evidence satisfactory to the Board that they have received positive evaluations in the reviews described in the proposed BPC section 2126.1(a)(4).
- Replace the requirement for an offer of continued employment in a facility or medical practice anywhere in California with a requirement that the applicant is only authorized to practice in a nonprofit community health center and the center's corresponding hospital, as currently required of LPMP participants, pursuant to [BPC section 2125\(e\)\(8\)](#).
- Require the applicant and employers to certify that that the applicant will only practice in the areas of family medicine, internal medicine, pediatrics, OB/GYN, or psychiatry, as appropriate to their licensure and certification in Mexico and practice history in California.
- Clarify that the applicant must have completed all required CME throughout the entirety of the time they possessed a license from the Board.
- Require the applicant to pay the same fees (application, initial licensure, and renewal) as those paid by physician and surgeon applicants and licensees.
- Delete "...and who otherwise meets all requirements for licensure under this chapter" from the end of the proposed BPC section 2126.1(b) since that would require the applicant to successfully complete the postgraduate training required by BPC section 2096.

Regarding the language that establishes the California Physician Expansion Act, Board staff recommend that this portion of the bill be deleted and replaced with a requirement for the Board to provide a report to the Legislature, that includes, but is not limited to the following:

- An evaluation of licensing pathways for ITPs among the states that have approved such a pathway, including how those states have determined a method to evaluate whether an ITP's training is substantially equivalent to the training currently required to obtain a license in California.
- Solicit input from, at minimum, consumer advocates, the physician community, potential ITP employers (e.g., FQHCs, hospitals, academic medical centers) and

health insurers to identify risks and challenges that should be addressed so that ITPs can be successfully and appropriately identified, licensed, employed, supervised, and evaluated.

- New licensure pathways, if any, recommended by the Board, including appropriate statutory changes, that authorize qualified ITPs to obtain a license to practice medicine in California.
 - Any such recommendations shall include any appropriate educational, training, supervision, and competency assessment requirements for ITPs.

Further, include language stating that the Board lacks sufficient resources to carry out the work described above related to ITPs and that the Board will commence this work only after appropriate resources are authorized in the state budget.

FISCAL: As currently drafted, major new costs (mitigated by unspecified fee amounts) to conduct an extensive rulemaking process, hire new licensing staff to process applications, and conduct appropriate enforcement activity related to ITPs. Further, staff anticipate major legal expenses to defend the Board against litigation challenging the Board's regulations that determine what international training is substantially equivalent to ACGME training and from those whose application for licensure is denied. Minor and absorbable licensing and enforcement costs anticipated related to LPMP applicants and licensees.

As proposed to be amended by Board staff: major costs to contract with an appropriate outside entity, and possibly hire additional Board staff, to support the Board's work as described above. Minor and absorbable licensing and enforcement costs anticipated related to LPMP applicants and licensees, mitigated by appropriate fees.

SUPPORT:

- Alameda Health Consortium - San Leandro, CA
- Alexander Valley Healthcare
- All Inclusive Community Health Center
- Altura Centers for Health
- Ampla Health
- Arroyo Vista Family Health Center
- Camino Health Center
- Center for Family Health & Education
- Chinatown Service Center
- Clínica Monseñor Oscar A. Romero
- Community Clinic Association of Los Angeles County
- Community Health Association of Inland Southern Region
- Community Health Partnership
- Comprehensive Community Health Centers

Eisner Health
El Proyecto Del Barrio
Garfield Health Center
Golden Valley Health Centers
Health Alliance of Northern California
Health Center Partners of Southern California
Hill Country Community Clinic
Innecare
JWCH Institute
LA Clinica De LA Raza
LatinX Physicians of California
Latino Coalition for a Healthy California
MCHC Health Centers
More Doctors for California
National Hispanic Health Foundation
Neighborhood Healthcare
North Coast Clinics Network
Northeast Valley Health Corporation
Open Door Community Health Centers
Opsam Health
Ravenswood Family Health Network
Ritter Center
Saban Community Clinic
Sacramento Native American Health Center
Samuel Dixon Family Health Center
San Benito Health Foundation
San Francisco Community Clinic Consortium
Senator Juan Carlos Loera De la Rosa, Senate of the Republic of Mexico
Share Ourselves
Shasta Community Health Center
South Central Family Health Center
The Coalition of Orange County Community Health Centers
TrueCare
Universidad Autonoma De Guadalajara
Venice Family Clinic
Via Care Community Health Center
Westside Family Health Center

OPPOSITION:

(list below may not reflect the most current version of the bill)
California Academy of Family Physicians
Cedars-Sinai
Clinicas del Valle de Salinas
Loma Linda University Health
Scripps Health
Stanford Health Care
University of Southern California

POSITION: Recommendation: Oppose, Unless Amended

ATTACHMENT: [AB 2386, Alvarez. License to Practice Medicine: Licensed Physicians from Mexico Program and California Physician Expansion Act.](#)
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