MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER:	AB 2386
AUTHOR:	Alvarez
BILL DATE:	June 16, 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
POSITION:	Oppose, Unless Amended

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 a qualified internationally trained physician (ITP), as specified. 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.

AB 2386 is not expected to move forward this year.

RECENT AMENDMENTS

On June 16, 2026, AB 2386 was amended, as follows:

- Various qualifications for the LPMP permanent licensure applicants were updated.
- For the ITP licensure pathway:
    - The Board's authority to approve the sponsoring entity was removed
    - The requirement for an applicant to show evidence satisfactory to the Board that they have received credit for 36 months of postgraduate training substantially equivalent to training accredited by the Accreditation Council for Graduate Medical Education (ACGME) was removed. This was replaced with a requirement to have either completed two years of postgraduate training approved by the country of licensure or to have

practiced medicine for at least six years after completion of medical school.

- The option to pass another examination approved by the Board in lieu of the United States Medical Licensure Examination (USMLE) was added.

- Various other technical and clarifying changes were made.

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 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 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 is intended to require the Board to issue a full and unrestricted license licensed under the prior LPMPP who meets all of the following requirements:

- Has completed two three-year terms in good standing.
- Has provided evidence satisfactory to the Board establishing that the physician has received positive evaluations in the peer reviews required for current LPMP participants from the FQHC's chief executive or 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 certified that the physician 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.
- Has completed all applicable CME requirements during the three-year term.
- Has not committed any acts or crimes constituting grounds for denial of licensure, as specified.

- Has no 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.

- Is in good standing when applying for a full and unrestricted license and applies no earlier than nine months prior to the expiration of their current license.

- Has submitted payment of all fees typical for a full and unrestricted physician and surgeon license.

- 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 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 located in a HPSA or a MUA.

- 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.

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, the applicant has not been the subject of adverse judgments or settlements resulting from the practice of medicine, or 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.

- 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 has either completed two years of postgraduate training in a graduate medical education program approved by the applicant's country of licensure, or practiced medicine in the applicant's country of licensure for at least six years after completion of medical school.

- The applicant has obtained ECFMG certification.

- The applicant has passed Steps 1 and 2 of the USMLE or passed another assessment approved by the Board.

- 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 renewal 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. 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.
- Maintain a copy of the required written agreement between the provisional licensee and the supervising physician. The sponsoring entity shall make the agreement available to the board upon request, including for purposes of complaint investigation, audit, or disciplinary review.

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.

Amendments Requested by the Board

During their meeting held May 21-22, 2026, the Board adopted a position of Oppose, Unless Amended, seeking various changes to the LPMP provisions and to replace the California Physician Expansion Act with a law that requires the Board to conduct a study of a possible ITP licensure pathway.

The Board's proposed amendments are (newly proposed language is in *underlined italics* and language to be removed is in ~~strikeout~~):

SEC. 2.
Section 2126.1 is added to the Business and Professions Code, to read:

2126.1.
2126.1. (a) A physician ~~from Mexico~~ who ~~has completed the two three-year nonrenewable license terms of a licensing program under this article or~~ *received a license from the board* under the Licensed Physicians and Dentists from Mexico Pilot Program, as established ~~in~~ *by the* former Section 853, may apply for a *renewable physician's and surgeon's license* ~~full and unrestricted physician's and surgeon's license~~ if the physician meets all of the following requirements:

(1) Has *a board license in good standing at the time that they apply for a renewable license.* ~~completed the two three-year term of the nonrenewable license program terms in good standing.~~

(2) Has obtained Educational Commission for Foreign Medical Graduates certification.

(3) Has passed Steps 1, 2, and 3 of the United States Medical Licensing Examination.

(4) Has provided evidence satisfactory to the board establishing that the physician has received positive evaluations in the peer reviews described in paragraph (5) of subdivision (e) of Section 2125 and from the federally qualified health center's ~~chief executive officer or~~ chief medical officer for each year of licensure.
~~(3) 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.~~

(5) Has certified *on a form provided by the board that is signed by the applicant and employer* that the ~~physician~~ *applicant* will practice only in the areas of family medicine, internal medicine, pediatrics, *or* obstetrics and gynecology, ~~or psychiatry~~, as appropriate based on the physician's licensure and certification in Mexico and history of practice in California.

(6) Has completed all applicable continuing medical education requirements of Article 10 (commencing with Section 2190) during each year of board licensure.

(7) Has not committed any acts or crimes constituting grounds for denial of licensure pursuant to Division 1.5 (commencing with Section 475) or Article 12 (commencing with Section 2220).

(8) Has no 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.

(9) ~~Is in good standing when applying for a full and unrestricted license and applies~~ *Has applied* no earlier than ~~nine~~ *six* months prior to the expiration of their current license.

(10) Has submitted payment of all fees for a full and unrestricted physician and surgeon license pursuant to Article 20 (commencing with Section 2435). *Physicians licensed pursuant to this section shall also pay the fee required by Section 208.*

(b) ~~*The board shall issue a full and unrestricted physician's and surgeon's license to an applicant who meets the requirements of subdivision (a) and who otherwise meets all requirements for licensure under this chapter.*~~ *A physician and surgeon licensed pursuant to this section is only authorized to practice medicine while employed in a nonprofit community health center and a corresponding hospital. The licensee shall only practice in the medical specialty associated with their training and certification in Mexico and practice history in California.*

(c) A license issued pursuant to this section shall expire, and may be renewed, pursuant to the requirements of Article 19 (commencing with Section 2421).

SEC. 3.
Article 6.2 (commencing with Section 2128) is added to Chapter 5 of Division 2 of the Business and Professions Code, to read:

(Strike the current contents of this proposed article and insert the following)

Article 6.2. *Evaluation of Licensure Pathways for Internationally Trained Physicians*

2128.
(a) For purposes of this section, the term "internationally trained physician" means a physician who received a diploma from a medical school recognized by the board pursuant to section 2084 and subsequently completed postgraduate medical training in a program that was not approved by an organization described in subdivision (b) of section 2096.

(b) The board shall submit to the appropriate committees of the Legislature a report that includes, but is not limited to, the following information:

(1) An evaluation of licensing pathways established by jurisdictions within the United States of America for internationally trained physicians, including how those jurisdictions determine whether the internationally trained physician's postgraduate training is substantially similar to training required in section 2096.

(2) Licensure pathways, if any, recommended by the board to authorize internationally trained physicians to practice medicine in this state. The recommendation by the board

shall include any educational, training, supervision, and competency assessment requirements for internationally trained physicians.

(c) The board shall seek and consider comments on the requirements of subdivision (b) of this section from interested parties, including, but not limited to:

(1) Consumer advocates and related organizations.

(2) Representatives of health care facilities located in California, including academic medical centers, as defined in section 2168(a)(2).

(3) Board-licensed physicians and related organizations.

(4) Representatives of health care service plans and health insurers.

(5) The Federation of State Medical Boards.

(6) The Accreditation Council for Graduate Medical Education,

(d) The report required by this section shall be published on the board's website.

(e) The Legislature finds and declares that the board requires additional resources to implement this section. Therefore, this section shall become effective following the allocation of resources to the board for the implementation of this section in the annual Budget Act.

(f) This section shall remain in effect until January 1, 2032, and as of that date is repealed.

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 legal expenses to defend the Board against litigation challenging the denial of a licensure application. Minor and absorbable licensing and enforcement costs are 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
Aliados Health
Asian Americans for Community Involvement
Axis Community Health
Ampla Health
Arroyo Vista Family Health Center
California Consortium for Urban Indian Health
Camino Health Center
Center for Family Health & Education
Chinatown Service Center
Clínica Monseñor Oscar A. Romero
Clinica 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
Elica Health Centers
Fresno American Indian Health Project
Garfield Health Center
Golden Valley Health Centers
Health Alliance of Northern California
Health Center Partners of Southern California
Healthright 360
Hill Country Community Clinic
Innercare
JWCH Institute
LA Clinica De LA Raza
LatinX Physicians of California
Latino Coalition for a Healthy California
MCHC Health Centers
Mendocino Community Health Clinic
More Doctors for California
National Hispanic Health Foundation
Neighborhood Healthcare
Niskanen Center
North Coast Clinics Network
Northeast Valley Health Corporation
Open Door Community Health Centers
Opsam Health
Peach Tree Healthcare
Ravenswood Family Health Network
Ritter Center
Saban Community Clinic

Sacramento Native American Health Center
Samuel Dixon Family Health Center
Salud Para LA Gente
San Benito Health Foundation
San Francisco Community Clinic Consortium
Senator Juan Carlos Loera De la Rosa, Senate of the Republic of Mexico
Sikh Medical Initiative
Share Ourselves
Shasta Community Health Center
South Central Family Health Center
The Coalition of Orange County Community Health Centers
TrueCare
Unicare Community Health Center
Universidad Autonoma De Guadalajara
Venice Family Clinic
Via Care Community Health Center
Vista Community Clinic
Westside Family Health Center
World Education Services

OPPOSITION:
California Academy of Family Physicians
California Medical Association
Clinicas del Valle de Salinas

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