

MEDICAL BOARD OF CALIFORNIA
LEGISLATIVE ANALYSIS

BILL NUMBER: AB 2860
 AUTHOR: Garcia
 CHAPTER: Chaptered, #246
 BILL DATE: August 19, 2024, Amended
 SUBJECT: Licensed Physicians and Dentists from Mexico Program
 SPONSOR: Clínicas de Salud del Valle de Salinas
 California Primary Care Association
 POSITION: Support

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) until the year 2045 and authorizes increasingly larger cohorts of licensees (including up to a specified number of psychiatrists in each cohort) authorized to practice medicine under a non-renewable three-year license while employed by a [federally qualified health center](#) (FQHC).

AB 2860 was not amended after the Board's previous meeting.

IMPLEMENTATION TASKS

- Update the relevant application forms and related application review procedures to align with the new licensure requirements (expected Q2 2025).
- Determine staffing and training needs to process applications starting in October 2025 (expected Q2 2025).
- Report in the Board's newsletter (expected to be published in January 2025).
- Feature article in the Q2 2025 Board newsletter about AB 2860 and AB 2864.
- Update Board website with information about the new law (expected Q2 2025).

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 course.

LPMPP 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 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 issued in August 2024. The Board's costs related to issuing LPMPP licenses, taking possible enforcement action against LPMPP licensees, and contracting with UC Davis are covered by nonprofit philanthropic entities donating to an LPMPP fund.

[AB 1395 \(Chapter 205 of 2023 Statutes\)](#) was enacted into law and required the Board to issue a license to practice medicine to LPMPP 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, authorized the Board to extend the expiration date of an LPMPP 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.’”

AB 2860 replaces the existing LPMPP 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.

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 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.
- 1) Satisfactorily completed a distant-learning orientation program 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 FQHCs, and standards for medical record documentation to support medical decision making and quality care. This orientation program may be updated in the future by a committee of at least five chief medical officers at the FQHCs that employ the program physician to ensure that it contains the requisite subject matter and meets appropriate California law and medical standards where applicable.
- 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.

Role of the Employing FQHCs

An FQHC that employs a program licensee shall work with a California medical school approved by the Board pursuant to [BPC section 2084](#) or a residency program approved by the ACGME to conduct 10 secondary reviews of randomly selected visit encounters, per licensee, 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.

FQHCs shall be required to have medical quality assurance protocols, and either be accredited by The Joint Commission, National Committee for Quality Assurance, or Accreditation Association for Ambulatory Health Care.

License Issuance and Maintenance

The bill indicates that only a certain number of individuals shall have a current and active license at the same time and prescribes application windows, per the following schedule:

- Between January 1, 2025, and January 1, 2029: 155 physicians (30 of which may be psychiatrists) may have a current and active license.
 - The primary application window is October 1, 2025, to December 31, 2025. An additional 15 applications may be submitted after December 31, 2025, and before January 1, 2028.
- Between January 1, 2029, and January 1, 2033: 195 physicians (40 of which may be psychiatrists) may have a current and active license.
 - The primary application window is October 1, 2029, to December 31, 2029. An additional 19 applications may be submitted after December 31, 2029, and before January 1, 2032.
- Between January 1, 2033, and January 1, 2037: 225 physicians (40 of which may be psychiatrists) may have a current and active license.
 - The primary application window is October 1, 2033, to December 31, 2033. An additional 22 applications may be submitted after December 31, 2033, and before January 1, 2036.
- Between January 1, 2037, and January 1, 2041: 255 physicians (40 of which may be psychiatrists) may have a current and active license.
 - The primary application window is October 1, 2037, to December 31, 2037. An additional 25 applications may be submitted after December 31, 2037, and before January 1, 2040.
- Between January 1, 2041, and January 1, 2045, 275 physicians (40 of which may be psychiatrists) may have a current and active license.
 - The primary application window is October 1, 2041, to December 31, 2041. An additional 27 applications may be submitted after December 31, 2041, and before January 1, 2044.

As with the LPMPP, licensees under the proposed program must obtain 25 CME units per year, subject to random Board audits. Failure to meet these requirements may result in a citation and fine from the Board.

Funding the Proposed Program

The current bill language moves to a fee-based funding model, like with the Board's other licensing programs. The fees proposed, however, are adjusted to align with the three-year licensure period and otherwise match those paid by other physician licensees, including fees to support the Controlled Substance Utilization Review and Evaluation System, known as CURES, and the Steven M. Thompson Physician Corps Loan Repayment Program. Any unencumbered funds collected for the prior pilot program would be deposited in the Board's Contingent Fund.

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

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 [partial list]

OPPOSITION: None identified.

ATTACHMENT: [AB 2860, Garcia – Licensed Physicians and Dentists from Mexico Programs](#)
 Version: 9/14/24 – Chaptered