



Issue

Since the 1980s, there has been a well-documented shortage of physicians in California. This shortage is exacerbated by an even more significant shortage of culturally and linguistically competent physicians. This “double jeopardy” has denied millions of California residents who reside in federally designated Health Professional Shortage Areas (HPSA) access to essential primary health care services and are not predominantly English speaking.

Background

Governor Gray Davis signed AB 1045 (Firebaugh) in 2002, The Doctors and Dentists from Mexico pilot program. It allowed 30 doctors from Mexico who met specific criteria to be issued a 3-year California medical license and be employed in Federally Qualified Health Centers (FQHCs) for 3 years. This initiative was urgent due to the 4 million-population growth in the state, of which Latinos comprised 61%. Only 5% of doctors were Latino, and 4% were dentists. According to the Association of American Medical Colleges (AAMC), in 1998, 6.8% of all medical graduates in the nation were of an ethnic or racial minority group. A Commonwealth Fund of New York found that (1) one-third of Latinos said they had problems communicating with their doctors with barriers to this poor communication including language, cultural traditions, and sensitivity; (2) communication is essential to quality health care; and (3) inadequate communication can lead to the perception of inhumane health care service delivery.

In 2020, the American Community Survey found that Mexican Americans comprised 10.7 percent of the U.S. workforce but just 1.77 percent of U.S. physicians.” An article in the Washington Post from 2023 found, “Underrepresentation among Latino healthcare workers is a concern because data suggests racially, and ethnically diverse and culturally competent medical providers can help reduce healthcare disparities among minority populations. Minority patients with providers who share their race, ethnicity, or language report receiving better care than when they see providers from different racial or language groups.

Latinos comprise 39.7% of California’s population but continue to have no more than 5% of the doctor’s workforce in the state. This physician shortage is disproportionately in Latino communities and other working-poor populations, but is worsen by the lack of culturally and linguistically competent doctors. In June 2021, the AAMC issued a report

that projected an estimated shortage of doctors in the nation between 37,800 and 124,000.

Bill Summary

In response to the ever-worsening structural and institutional barriers causing doctor shortages, especially with culturally and linguistically competent doctors, this legislation removes the pilot status from the Doctors and Dentists from Mexico and establishes a 15-year program. In 2025, 65 new doctors in four specialties (family medicine, internal medicine, pediatrics, and OBGYN) and 30 psychiatrists from Mexico will be required to meet specific criteria to receive a 3-year medical license in California to work in FQHCs that are located primarily in farmworker and some urban communities with HPSA designations.

The medical licenses issued will be identical to those issued to doctors educated and trained in the U.S. The doctors from Mexico will be allowed to serve patients in Medi-Cal managed care, fee for service, Medicare, and private health plans. The number of doctors will increase every three years from 30 to 40 more until 2044 when the program terminates. Psychiatrists will begin with 30 in 2025 and increase to 40 every three years until 2041. This bill also implements the Dentists from Mexico Pilot Program, initially signed into law in 2002. The future of the dental program will depend on the findings of a 3-year evaluation, which will be conducted by a dental school in California.

The University of California at San Francisco (UCSF) School of Medicine will conduct two secondary peer reviews of 10 medical charts and offer 2 Quality Assurance seminars every six months for 3-years. Doctors from Mexico will follow all medical standards, procedures, and protocols in current law. Their salaries and benefits shall be the same as offered by FQHCs to all other medical providers they employ.

For More Information:

Fabiola Moreno Ruelas | Legislative Aide
Office of Assemblymember Eduardo Garcia
fabiola.ruelas@asm.ca.gov | (916) 319-2036

Support

California Primary Care Association (*Co-Sponsor*)
Clinica De Salud Del Valle De Salinas (*Co-Sponsor*)
Alameda Health Consortium - San Leandro, CA
AltaMed Health Services
Altura Centers for Health



Assemblymember Eduardo Garcia, 36th Assembly District

Arroyo Vista Family Health Center
CaliforniaHealth+ Advocates
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
Medical Board of California (*If Amended*)
North Coast Clinics Network
Petaluma Health Center
Redwoods Rural Health Center
Sac Health
San Benito Health Foundation
San Francisco Community Clinic Consortium
Share Our Selves
Shasta Community Health Center
South Central Family Health Center
The Children's Clinic (TCC Family Health)
West County Health Centers