UCDAVIS HEALTH | Center for Reducing Health Disparities

Licensed Physicians from Mexico Pilot Program
1st Annual Progress Report – August 2022

To: California State Legislature

From: Center for Reducing Health Disparities, University of California, Davis

Subject: AB1045 – Licensed Physicians from Mexico Pilot Program

Summary

In April 2021, the Medical Board of California (California Department of Consumer Affairs) contracted the Center for Reducing Health Disparities (CRHD) at the University of California, Davis to conduct a three-year evaluation of the Licensed Physicians from Mexico Pilot Program (LPMPP), mandated by Business and Professions Code (BPC) section 853, Assembly Bill 1045. The impetus behind the LPMPP project was to innovatively address a national physician shortage with doctors from Mexico that also meet the cultural and linguistic needs of California's underserved Latinx community.

The goal of the evaluation is to make recommendations on whether the LPMPP should be continued, expanded, altered, or terminated. This recommendation will be based on six (6) broadly defined, multidimensional, outcomes: Quality of Care, Adaptability of Physicians, Impact on Working and Administrative Environment, Patient Experience, Impact on Culturally and Linguistically Appropriate Services (CLAS), and the Impact on Limited-English-Speaking Patient Encounters. This 1st Annual Progress Report for the LPMPP project covers fiscal years 1 (2020-2021) and 2 (2021-2022) and includes baseline data results and interpretations from the *CLAS Organizational Assessment*.

The *CLAS Organizational Assessment for Staff* and *Patients* examine the extent to which health organizations are implementing the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care. Two separate assessments were administered to staff and patients from four (4) participating Community Health Centers: Altura Centers for Health, Clínica de Salud del Valle de Salinas, Clínicas del Camino Real, and San Benito Health Foundations.

The staff assessment's overall score for each of the 15 CLAS Standards was calculated using aggregate data from all Community Health Centers and range from 0 (lowest) to 3 (highest). The four participating health centers collectively scored in the "yellow" range for nearly all of the CLAS Standards at baseline. Although the health centers scored in the "yellow" range (2.53 to 2.03) for most of the CLAS Standards at baseline, there are still Opportunities for Improvement (1.69).

The patient assessment is meant to be an informational needs assessment for health care providing organizations. Many of the items have been designed to ask about actionable implementation strategies related to the CLAS Standards The items ask about the frequency to which health centers engaged in actions that were responsive to the needs of limited-English-speaking patients. Each item on the assessment is scored on a four-point scale, from 0 (Never)

to 3 (Always). The four participating health centers collectively scored in the "green" range (90th percentile) on 11 items, which are Opportunities to Celebrate. The Health Centers collectively scored in the "red" range (below 60th percentile) for 17 items, Opportunities for Improvement.

AB 1045 Licensed Physicians from Mexico Pilot Program
2nd Annual Progress Report – October 2023

Summary

In April 2021, the Medical Board of California (California Department of Consumer Affairs) contracted the Center for Reducing Health Disparities at the University of California, Davis to conduct a three-year evaluation of the Licensed Physicians from Mexico Pilot Program (LPMPP), mandated by Business and Professions Code section 853, Assembly Bill 1045.

The evaluation aims to provide recommendations on the LPMPP program, whether it should be continued, expanded, altered, or terminated. This recommendation on the future of LPMPP will be based on the following six broadly defined, multidimensional, outcomes: 1) Quality of Care, 2) Adaptability of Physicians, 3) Impact on Working and Administrative Environment, 4) Patient Experience, 5) Impact on Culturally and Linguistically Appropriate Services, and 6) Impact on Limited-English-Speaking Patient Encounters. This 2nd Annual Progress Report covers fiscal year 2 (2022-2023) and provides baseline data results and interpretations from Q*ualitative InDepth Interviews*, the *LPMPP Assessment for Staff*, and *LPMPP Knowledge Assessment*.

An initial round of in-depth interviews was conducted between November 2022 and April 2023 with thirteen administrators from the four Community Health Centers (CHC): AltaMed Health Services, Altura Centers for Health, Clínica de Salud del Valle de Salinas, and San Benito Health Foundation. Based on the interview results, most administrators believe that the LPMPP project has been a valuable undertaking for their CHC, and that LPMPP physicians are adapting seamlessly to the clinic environment. The integration of LPMPP physicians is anticipated to enhance clinic productivity, resulting in greater access to healthcare for patients. Furthermore, the alignment between cultural beliefs and customs with the integration of LPMPP physicians in the clinic has led to an increase in patient trust.

The *LPMPP 360 Assessment for Staff* is designed to provide a comprehensive evaluation of the clinical working environment and employee wellbeing at the CHCs. This assessment was administered to staff from three participating CHCs in the summer of 2022[1]. A large majority of staff expressed strong satisfaction with their medical office's systems and clinical process when it comes to preventing, identifying, and correcting problems that could affect patients. Staff demonstrated exceptional resiliency in supporting patients despite facing numerous competing demands during the COVID-19 pandemic. A large majority of staff expressed confidence in their ability to provide high-quality of care to their patients. Staff felt comfortable asking questions and expressing concerns, and they believe that the teamwork environment is highly supportive and constructive.

The Knowledge Assessment aimed to evaluate the preparedness and readiness of LPMPP physicians to adapt to and incorporate California medical standards into their practice. This assessment was administered to 22 out of 30 LPMPP physicians between March and September of 2022. The findings revealed that LPMPP physicians demonstrated a strong understanding of the California Medical Standards.

Thus far, LPMPP has strong positive feedback from all. Physicians integrated seamlessly, making healthcare more accessible, and increasing patient trust. Staff reported excellent patient care processes and a supportive environment. LPMPP physicians demonstrated a solid understanding of California Medical Standards.

[1] AltaMed had not yet joined the project and are therefore their staff responses are not included.

AB 1045 Licensed Physicians from Mexico Pilot Program
3rd Annual Progress Report – August 2024

Summary

The third annual progress report for the Licensed Physicians from Mexico Pilot Program (LPMPP) by the University of California, Davis Center for Reducing Health Disparities (CRHD) provides a detailed analysis of patient and staff experiences at four participating Community Health Centers (CHCs)/Federally Qualified Health Centers (FQHCs): AltaMed Health Services, Altura Centers for Health, Clínicas de Salud del Valle de Salinas, and San Benito Health Foundation. The report includes evaluations from both the 360 Assessment for Patients and the CLAS Organizational Assessment for Staff, supplemented by qualitative insights.

For the 360 Assessment, 88% of respondents were Hispanic or Latino, 7% were white, and 5% identified as other races. About 36% of respondents were 34 years old or younger. Women made up 72% of the respondents. The data collected reflects excellent patient satisfaction. Patients consistently report positive experiences: 82% find appointment access timely, 90% appreciate on-time starts, and 94% are satisfied with staff interactions. Additionally, 96% of patients find their provider's explanations clear, and 98% feel respected during their visits. Despite some challenges with video appointments, primarily related to patient digital literacy rather than clinic procedures, the report highlights ongoing efforts to support patients in navigating these technologies.

Most of the respondents for the CLAS Organizational Assessment identify as Hispanic or Latino (82%), 13% White, and 2% Asian. 40% are between 25 and 44 years old. 82% of respondents were female. The findings indicate that clinics are making commendable progress in offering culturally and linguistically appropriate services. While there is always room for growth, many clinics are already integrating culturally sensitive care into their missions and engaging effectively with their communities. The report encourages further development in training and policies and notes the commitment of clinics to adapting to the diverse needs of their communities.

Qualitative feedback highlights the program's positive impact and vast support for its continued expansion and sustainability. Interviews and focus groups reveal high levels of satisfaction with the culturally and linguistically attuned care provided by LPMPP physicians. While the report acknowledges some implementation challenges, it also emphasizes the proactive efforts of the program in addressing these areas.

In summary, the findings demonstrate the program's substantial positive impact on patient care and organizational practices. The enthusiastic support from respondents and high patient satisfaction reflects positively on LPMPP's impact.

Licensed Physicians from Mexico Pilot Program
3rd Annual Progress Report

University of California, Davis
Center for Reducing Health Disparities
Licensed Physicians from Mexico Pilot Program

Table of Contents

Introduction

The University of California, Davis Center for Reducing Health Disparities (hereafter called CRHD) is pleased to present the third annual progress report for the Licensed Physicians from Mexico Pilot Program (LPMPP). The report provides an in-depth analysis of the 360 Assessment for Patients and the Culturally and Linguistically Appropriate Services (CLAS) Organizational Assessment for Staff, evaluating patient experiences and organizational implementation of culturally and linguistically appropriate services. This report also outlines the progress of the qualitative portion of the program evaluation. The analysis details the baseline results from the four participating Community Health Centers (CHC)/Federally Qualified Centers (FQHCs; AltaMed Health Services, Altura Centers for Health, Clínicas de Salud del Valle de Salinas, San Benito Health Foundation), highlighting areas of success and opportunities for improvement.

Qualitative Updates

Through a collaborative effort between the CRHD and the UC Davis School of Medicine Office of Research (SOMOR) Evaluation Unit, the qualitative component of the evaluation now includes other groups of interest (e.g., physicians, patients, and staff); where the previous phase of the qualitative evaluation focused on interviewing FQHC leadership. The scheduling and the approach of the focus groups at each of the FQHC's has also been adapted to meet the dynamic needs of these sites, including clinic relocations, timing of interviews to minimize impact on clinic operations, and interview modalities. Table 1 provides an overview of the qualitative data collection activities by audience group from April 2024 to July 2024.

Table 1. Data Collection Activities by Audience Group

Audience Group	No. of Interviews/Focus Groups
LPMPP Physicians Focus Group	3
Non-LPMPP Physicians Focus Group	2
Staff Focus Group	1
Administrator (second wave) Interviews	1

To date, focus group guides (see Appendix A, B, and C) have been developed, translated into Spanish, and piloted among LPMPP physicians and patients with this preferred language. Additionally, two bilingual CRHD notetakers have been trained to assist the moderator in all Spanish-language data collection and note summaries. Two LPMPP physician focus groups and one interview have been conducted, with participants representing the four FQHCs.

Preliminary findings indicate a high dedication and commitment among LPMPP physicians to see the program continue and succeed. Most participants underscored the need to both increase and expand the program to meet the needs of the populations served. They also provided insights to strengthen the program's sustainability and suggestions to improve the feasibility and

acceptability for future participating LPMPP physicians. In-person focus groups with patients have been scheduled for the fall with participating clinic sites.

Focus group guides have also been created for non-LPMPP physicians and clinic staff. Two focus groups with non-LPMPP physicians have already taken place, and short interviews are planned for the future to ensure more physicians can participate confidentially. Preliminary findings from these groups suggest approval of LPMPP counterparts, citing high quality of care and high satisfaction among patients served, particularly for language and cultural congruency. Clinic staff focus groups have been scheduled and will aid in understanding the fit of LPMPP physicians in the work setting and its potential impact on the FQHC system.

The administrator interview guide has been modified for the second round of interviews, which began in July 2024. Only one interview has been conducted, and preliminary findings are not yet available.

In the coming months, qualitative focus groups and interviews will continue to be conducted among these groups to allow for final comprehensive reporting (a report on the qualitative findings will be included in the final report expected on March 31, 2025). Data collection scheduling and approach will be adapted to the specific needs and contexts of each collaborating FQHC site, ensuring that this approach remains flexible and responsive.

360 Assessment for Patients

About the 360 Assessment for Patients

The 360 Assessment for Patients is based on the Consumer Assessment of Healthcare Providers (CAHPS®) Clinician & Group Survey (CG-CAHPS), developed by the Agency for Healthcare Research and Quality (AHRQ). CG-CAHPS aims to boost scientific understanding of patient experience with healthcare as part of a larger effort to advance the delivery of safe and patient-centered care.

The 360 Assessment for Patients asks patients to report their experiences with providers and staff in primary and specialty care settings. The assessment includes questions about getting timely appointments, how well providers communicate with patients, providers' use of information to coordinate patient care, office staff, and patients' provider rating.

This report describes the baseline results of the CLAS Organizational Assessment for the four FQHCs participating in the LPMPP.

Methodology

Procedure

The 360 Assessment for Patients was administered from July 2022 through March 2024. The data collection period was extended due to staffing challenges. Patient data collection requires surveyors who recruit patients and record responses. The process entails coordinating with clinics and their respective workloads and calendars, which can lead to a more extended data collection period.

Patients from all four FQHCs participated in the 360 Assessment, and it took approximately 10 minutes per survey to complete. In total, 580 patients participated.

Instrument

The 360 Assessment for Patients covers four broad domains of the patient experience: 1) accessibility of care; 2) communication with providers; 3) care coordination; and 4) interactions with staff. The core items apply to various medical practices, including primary and specialty care and different patient populations. This report analyzes a curated selection of survey items representing the four aspects of the patient experience.

Demographic Information

Most respondents identify as Hispanic or Latino (88%). The second most populous group is White, representing 7% of the patient population. The age demographics are more evenly distributed, with the largest group being 25–34-year-olds (23%), and the smallest being 18–24-year-olds (13%). Women were more inclined to participate in the survey, comprising 72% of the respondents (see Appendix D).

Findings

Summary of Findings

The results from the survey highlighted strong performance in several areas. Appointment accessibility was highly rated, with 82% of patients finding timely appointments and 90% noting punctual starts. Staff interactions were also overwhelmingly positive, with 94% of respondents finding staff helpful and respectful. Patients also reported excellent communication with providers, with 96% understanding their explanations and 98% feeling respected. There is also a notable high level of continuity in care, with 89% of patients seeing their regular provider and rating their visits 9 out of 10 overall. While video appointments had some challenges, clinics provided clear instructions to assist patients. Overall, the assessment reflects exceptional provider communication and patient satisfaction.

Appointment

Patients were asked to answer a series of questions regarding their appointment experience. Based on the feedback, patients have been able to find appointments as soon as they need, and the appointments start on time. Both factors are directly related to adequate clinical staffing, which the LPMPP physician's supplement. There is room for improvement regarding following up on patient testing results.

Question:	Yes responses
Was that recent visit as soon as you needed?	82%
Did your most recent visit start on time?	90%
Was your most recent visit for an illness, injury, or condition that needed care right away?	44%
During your most recent visit...did this provider order a blood test, x-ray, or other test for you?	41%
Did someone from this provider's office follow up to give you those results?	40%
Thinking about your most recent visit...did you talk to staff from this provider's office?	82%

Office Staff

Overall, patients reported being extremely satisfied with the staffing at the clinics.

Question:	Yes responses
Was the staff from this provider's office as helpful as you thought they should be?	94%
Did the staff from this provider's office treat you with courtesy and respect?	94%

Provider Communication

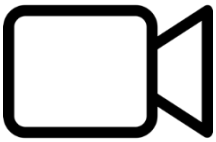
Patients are close to being unanimously satisfied with provider care. Providers are reported to be respectful towards patients and active listeners. Based on the survey, they also share adequate and relevant medical information with their patients.

Question: During your most recent visit…	Yes responses
Did this provider explain things in a way that was easy to understand?	96%
Did this provider listen carefully to you? (you may select "N/A" if necessary for test result visit)	92%
Did this provider show you respect for what you had to say? (you may select "N/A" if necessary for test result visit)	98%
Did this provider spend enough time with you?	96%
Did this provider have the medical information they needed about you?	96%

Appointment Format

Based on survey responses, patients still primarily seek medical care in-person. Over 84% of respondents reported having in-person visits. The least common appointment format is phone visits.

Question:	Yes responses
Was your most recent visit with this provider in-person, a video visit, or by phone?	See below

In-Person	Phone	Video
		
84%	14%	2%

Video Appointments

Patients seem to face some difficulty with video appointments. However, it is important to note that this may be likely due to a lack of digital literacy and unrelated to the processes within clinics. Clinics provided most of their patients with instructions on utilizing the video conferencing software.

Question: During your most recent visit...	Yes responses
Did this provider's office give you all the instructions you needed to use video for this visit?	94%
During your most recent visit was the video easy to use?	70%
During your most recent visit were you and this provider able to hear each other clearly?	75%
Did you need instructions from this provider's office about how to use video for this visit?	53%

Patients' Rating of the Provider

Question:	Yes responses
For this visit, what was your provider's specialty?	See below

Family Medicine

64%

OB/GYN

20%

Pediatrics

17%

The results from these two questions are notably positive. Patients can see their usual providers, which is important for continuity of care, consistency, and comfort. Most patients also rate their visit highly, with an overall score of 9 out of 10.

Question:	Yes responses
Is this the provider you usually talk to if you need a check-up, want advice about a health problem, or get sick or hurt?	89%
Using any number from 0 to 10, where 0 is the worst visit possible and 10 is the best visit possible, what number would you use to rate your most recent visit?	9 out of 10

CLAS Assessment for Staff

About the CLAS Organizational Assessment for Staff

Disparities in health care are widely considered a major public health concern across the United States (National Academies of Sciences, Engineering, and Medicine, 2024). Studies have shown, however, that the delivery of culturally and linguistically appropriate services (CLAS) is essential in reducing health disparities (Betancourt et al., 2003). This is especially true in light of the fact that minoritized populations have worse health outcomes (National Academies of Sciences, Engineering, and Medicine, 2024). Whereas the lack of cultural competence and sensitivity among healthcare professionals may exacerbate disparities

In 2000, the US Department of Health and Human Services Office of Minority Health (OMH) announced the publication of the National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Health Care in the Federal Register (U.S. Department of Health and Human Services, Office of Minority Health, 2000). The OMH released an Enhanced version of the CLAS Standards which increased from 14 to 15 Standards to guide health-providing organizations across the country to improve the quality of their services (U.S. Department of Health and Human Services, Office of Minority Health, 2016). Meanwhile, the CLAS Organizational Assessment is a tool that evaluates an organization's implementation of the 15 National Standards for Culturally and Linguistically Appropriate Services (CLAS). The CRHD adapted this assessment from the Communication Climate Assessment Tool created by Matthew Wynia and colleagues. It has been endorsed by the US Department of Health & Human Services' Office of Minority Health and the National Quality Forum (Wynia et al., 2010). To evaluate the LPMPP's impact on cultural and linguistic services at participating health centers, CRHD has administered the CLAS Organizational Assessment for Staff. The assessment covers the extent to which the four FQHCs participating in the LPMPP have provided effective, equitable, understandable, and respectful quality care and services responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. This report describes the baseline results of the CLAS Organizational Assessment for the four FQHCs participating in the LPMPP.

Methodology

Procedure

The CLAS Organizational Assessment was first administered from February through May 2023 to all staff at the health centers participating in the LPMPP. The assessment took approximately 25 to 35 minutes for respondents to complete. Of 1,415 staff, 397 individuals completed the CLAS Organizational Assessment (Response Rate of 28%), representing 26 clinics across the four participating FQHCs. Most respondents (52%) comprised clinical staff, such as physicians, nurses, and other providers. Meanwhile, 33 percent of respondents included administrative staff and managers. Over 81 percent of respondents reported having regular contact with patients as part of their job.

Instrument

The CLAS Organizational Assessment is meant to be an informational needs assessment for healthcare-providing organizations. The CLAS Organizational Assessment is comprised of 15 sections that represent each of the National CLAS Standards. Each item from the assessment has been specifically assigned to one of the 15 CLAS Standards. Many items have been designed to ask about actionable implementation strategies related to the CLAS Standard. This was done in accordance with the US Department of Health & Human Services' Blueprint for Advancing and Sustaining CLAS Policy and Practice resource (U.S. Department of Health and Human Services, Office of Minority Health, 2013).

Findings

Summary of Findings

The results from the CLAS Organizational Assessment reveal overwhelmingly positive outcomes, with most responses exceeding 90%. This indicates that clinics are effectively integrating culturally and linguistically appropriate care into their mission statements and strategic plans. However, there is room for further elaboration and training. Efforts to foster cultural competence and diversity are also evident through the findings. Clinics also excel in providing interpreter services, achieving a 97% satisfaction rate for ease of arrangement. Emphasizing the use of certified interpreters for informed consent is recommended. It is also important to recognize that community collaboration rates are strong, with clinics actively engaging partners to promote health literacy and mental health awareness, achieving a 91% engagement rate. Overall, the findings indicate significant progress in delivering culturally and linguistically appropriate services.

Demographic Information

The demographics of the CLAS Assessment for Staff correspond with those of the 360 Assessment for Patients. Most of the respondents identify as Hispanic or Latino (82%), the second largest group is White (13%), and the third is Asian (2%). Most respondents are between 25 and 44 years old (40%). 82% of respondents are female (see Appendix E).

Clinic Commitment

Most staff members report that clinics include culturally and linguistically appropriate care in their mission statements, strategic plans, and policies. However, the mission could be elaborated on further, and more staff members could be trained on it.

Question:	Yes responses
The clinic's mission and/or vision states its commitment to culturally and linguistically appropriate care.	61%
The clinic's strategic plan illustrates its commitment to culturally and linguistically appropriate care.	60%
The clinic's policies, programs, and procedures are responsive to the cultural, linguistic, and health literacy needs of its patients.	62%

Clinic Leadership - Patient Communication

Overall, clinics are taking steps to improve communication with patients, indicated by responses surpassing 55%. Based on the survey results, clinics are allocating time and funding to work on patient communication. Staff also report that clinics are prioritizing meeting the needs of diverse populations.

Question: During the past 12 months, senior leaders have…	Yes responses
Taken steps to create a more welcoming environment for patients.	56%
Taken steps to promote a more patient-centered environment.	62%
Allocated resources annually to meet the cultural and linguistic needs of its patients.	61%
Made effective communication with diverse populations a priority.	64%
Rewarded staff and departments that work to improve communication.	66%

Efforts to Foster Cultural Competence and Diversity in Staffing

Staff report that clinics are taking steps to welcome diverse cultural perspectives and actively trying to serve those populations better. Many staff members report being acknowledged for providing high-quality care for diverse populations. However, the data suggest room for growth in most of the categories. In particular, enhancing recruitment efforts to establish more diverse candidate pools through professional fairs, job boards, and other specialized media or networks can significantly contribute to a more inclusive and representative workforce. This focused approach can ensure that clinics reflect the diversity of the patient community they are providing health services to and benefit from a broader range of perspectives and experiences.

Question: During the last 12 months, senior leaders have...	Yes responses
Taken steps to show that the diverse cultural perspectives of staff are welcomed and valued.	59%
Assessed whether staff provide high-quality culturally competent services.	62%
Recognized or promoted staff that provide high-quality culturally competent services.	63%
Monitored the retention of staff that provide high-quality culturally competent services.	63%
Taken steps to track the demographic characteristics of clinic staff.	61%
Worked to recruit employees that reflect the patient community.	58%
Worked to establish diverse candidate pools by recruiting employees through minority professional fairs, job boards, publications, and other specialized media or networks.	61%
Worked to advance a diverse leadership and governance structure.	62%

Initiatives to Enhance Staff Training and Community Engagement

Many staff members report having access to training on providing culturally and linguistically competent care. Based on the survey responses, clinics can improve their internal training administration, which could help address clinic-specific educational opportunities for staff members.

Question: During the past 12 months, senior leaders have…	Yes responses
Scheduled continuing education or professional development trainings on delivering culturally and linguistically appropriate care during work hours.	61%
Created opportunities for staff to volunteer in the patient community.	57%
Asked staff and/or patients for feedback to improve training.	56%
Administered trainings that helped staff communicate better with patients.	56%

Training in Culturally Competent Communication

Staff were asked about their clinics' training on culturally competent care. 56% of staff members report senior leaders have administered trainings to improve communication. However, there is room to increase the number of staff members who participate or are aware of them.

Additionally, many staff members are not aware of the communication policies within the clinics. Clinics can also work on incorporating elements that teach cultural humility, the impact of miscommunication, and ways to check whether a patient understands them.

Question: During the last 12 months, staff have received adequate training on…	Yes responses
How to ask patients about their racial/ethnic background in a culturally appropriate way.	60%
How to ask patients about their health care values and beliefs?	57%
Interacting with patients from diverse cultural and spiritual backgrounds.	58%
Approaching patients with cultural humility.	54%
Communication policies at the clinic.	51%
The impact of miscommunication on patient safety.	59%
Serving patients who speak little or no English.	62%
The importance of communicating with patients in plain language instead of using technical terms.	59%
Ways to check whether patients understand instructions.	59%
Finding out when patients need an interpreter.	62%
How to work with interpreters effectively.	59%

Supervisors' Efforts to Enhance Staff-Patient Communication

According to survey responses, clinic supervisors could improve by providing feedback to staff members regarding communication skills, supporting staff in improving their communication and encouraging them to discuss spiritual and or cultural beliefs that affect patient care.

Question: During the past 12 months, supervisors have…	Yes responses
Provided useful feedback to staff on how to improve communication skills.	57%
Encouraged staff to get patients more involved in their health care decisions.	56%
Encouraged staff to talk with patients about cultural and spiritual beliefs that might influence their health care.	58%
Been recognized based on their ability to make staff feel supported.	57%

Language Interpretation Services and Accessibility at the Clinic

Staff report that clinics are doing an excellent job at providing patients with interpreters when necessary. They also report that arranging interpreters in such scenarios was easy. Based on the survey responses, staff members were not encouraged to utilize such services to discuss informed consent with patients, which is a fundamental element in providing high-quality care. This may be because most staff members are bilingual. However, only certified interpreters should be translating in the clinical setting. This is due to their specialized training in professional and medical terminology. In critical circumstances such as acquiring informed consent, certified interpreters must be involved.

Question: During the last 12 months, how often were the following statements true?	Yes responses
The clinic established or maintained contracts to be able to provide in-person, over-the-phone, or video remote interpretation services.	51%
Patients who needed an interpreter were offered one.	91%
Patients were charged for using interpreters.	16%
Staff members were encouraged to use trained medical interpreters to discuss informed consent with patients with limited English proficiency.	11%
It was easy to arrange for an interpreter when needed.	97%
The clinic tracked how long staff waited for interpreters.	95%

Staff Practices in Language and Cultural Assessment

Staff reports that clinics actively record patients' demographic information, language, and interpretations preferences, making this information readily available to staff members.

Question: During the last 12 months, how often did staff…	Yes responses
Collect race and ethnicity information from patients?	92%
Ask patients what language they prefer using when the patients registered or scheduled appointments?	92%
Ask patients if they need an interpreter when the patients registered or scheduled appointments?	90%
Ask patients if they would like help filling out clinic forms?	86%
Have easy access to information on what language patients speak?	96%
Have easy access to information on whether patients need an interpreter?	92%

Clinic Practices in Informing Patients About Language Assistance

Clinics are actively informing patients of no-cost language services.

Question: In general, during the last 12 months, the clinic…	Yes responses
Has had a plan for informing patients about the availability of no-cost language assistance.	94%
Has used culturally and linguistically appropriate written notifications to inform patients about the availability of language assistance services.	94%
Has used culturally and linguistically appropriate verbal notifications to inform patients about the availability of language assistance services.	94%

Staff Perception and Utilization of Interpreters

Staff members understand effective medical interpretation. They report understanding the difference between a specialized interpreter and having a friend or family member translate. Clinics also regularly gauge the interpretation skills of their interpreters. Often, it seems that though a high percentage of staff members work with patients' children under 18, this is not an appropriate means of interpretation. Although this may be due to a patient's personal preference, clinics should attempt to encourage the use of interpreters in such scenarios.

Question:	
Question: Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a...	Yes responses
Rate how much you DISAGREE or AGREE with the statements: Effective medical interpretation requires specialized training.	77%
Rate how much you DISAGREE or AGREE with the statements: A patient's family member or friend can usually interpret as effectively as a trained medical interpreter.	37%
The clinic routinely assesses the competence and skills of its interpreters.	89%
Question: Think about the times staff needed to work with an interpreter during the last 12 months. How often did they work with a...	Yes responses
Trained medical interpreter?	28%
Interpreter over the phone (telephonic interpreter)?	55%
Bilingual staff member who is untrained in interpretation?	65%
Patient's adult friend or family?	60%
Patient's child (under age 18)?	56%

Frequency of Clinic Practices Regarding Patient Resources and Communication

Based on the survey results, clinics use culturally and linguistically appropriate media, signage, and forms. They also report actively working on translating materials and actively seeking feedback to improve their documents and media.

Question: During the last 12 months…	Yes responses
How often were the following statements true? - The clinic distributed user-friendly guides on community resources to patients.	69%
The clinic posted culturally and linguistically appropriate signage in its service area.	88%
The clinic sought feedback from the community about whether its media materials were culturally and linguistically appropriate.	76%
There was a process for materials to be translated into other languages that were not readily available.	89%
It was easy to request translated documents.	93%
Staff noticed that patients had difficulty filling out clinic forms.	90%

Forms and Educational Materials

Staff have notably high ratings for clinic educational materials, signs, maps, and forms. They also report being satisfied with the interpretation services overall.

Question: Overall, during the last 12 months, how would you rate...	Yes responses
The clinic's efforts to help patients access community resources?	92%
The cultural appropriateness of the clinic's patient education materials?	93%
The understandability of the clinic's patient education materials?	97%
The signs and maps at the clinic?	98%
The availability of translated documents and forms at the clinic?	96%
The clinic's informed consent forms?	97%
The signs informing patients that free language assistance is available?	96%
The clinic's interpretation services?	97%

Senior Leaders' Actions to Enhance CLAS Standards

Clinics are actively assessing, disseminating information, and collecting information on their culturally and linguistically appropriate care.

Question: During the last 12 months, senior leaders have …	Yes responses
Utilized the results of clinic self-assessments to revise its policies and practices to better provide culturally and linguistically appropriate services.	91%
Received reports describing the clinic's progress toward its communication goals.	90%
Sought feedback from patients on how the clinic can improve its delivery of culturally and linguistically appropriate services.	91%
Conducted a routine self-assessment or audit of clinic policies, procedures, and practices to evaluate its implementation of the CLAS standards.	92%

Supervisors' Communication Oversight and Improvement Efforts

Clinic supervisors have proactively utilized staff feedback to implement meaningful changes, achieving a 90.7% success rate in enhancing clinic-wide communication practices. These efforts underscore their critical role in fostering a supportive and communicative environment for quality patient care.

Question: During the last 12 months, supervisors have...	Yes responses
Monitored whether staff communicated effectively with patients.	91%
Asked for staff suggestions on how to improve communication within the clinic.	85%
Used staff feedback to improve communication within the clinic.	90%

Documentation Policies Regarding Patient Information

Clinics have policies that encourage documenting critical patient information including race, ethnicity, language preferences, and the need for interpreters. Clinics also record other pieces of information that help provide better care such as patients' need for transportation and religious beliefs.

Question: During the last 12 months, it has been clinic policy to document a patient's...	Yes responses:
Race and ethnicity.	96%
Language preference.	97%
Need for interpreters.	93%
Ability to understand important documents.	94%
Need for assistance with filling out forms.	94%
Barriers to communication.	94%
Desire and motivation to learn about their health.	93%
Cultural and religious beliefs.	91%
Emotional health challenges.	92%
Cognitive health challenges.	94%
Physical health challenges.	95%
Need for transportation assistance.	91%

Clinic Engagement with Community Needs and Assets

Clinics track literacy levels, health service accessibility, and stakeholder information. Every response within this sub-section of questions has an impressive positive response rate of over 90%. With this information, they create patient demographic profiles and report on disparities. Clinics also share the availability of resources within the community with staff members to improve patient care.

Question:	
In general, during the last 12 months, the clinic...	Yes responses
Has had a plan for routinely assessing the needs and assets of its service community.	93%
Has worked with local community and advocacy groups to collect information about new and emerging populations.	92%
During the last 12 months, the clinic has used community needs and assets data to...	Yes responses
Track the literacy and education levels of its patient community.	93%
Evaluate the accessibility of health services within the community.	94%
Generate profile reports of its various service community populations.	93%
Identify and report on potential disparities in care or services to community leaders and stakeholders.	93%
Improve the delivery of culturally and linguistically appropriate services.	94%
Inform staff about resources for patients that are available in the community.	93%

Collaboration with Community Partners on Health and Mental Health Initiatives

Staff have been deployed in neighborhoods to educate patients on accessing social services and promote health literacy. Clinics also have relationships with various faith and youth organizations to share further information on mental health and opportunities in the field.

Question: During the last 12 months, the clinic has worked with...	Yes responses
Community partners to place staff in neighborhoods where they can educate patients on how to access social services and available care.	90%
Community partners to promote health literacy.	91%
Community partners to educate adults and youth about mental health.	91%
Schools to educate students about mental health careers.	88%
Schools to establish volunteer or internship program opportunities in mental health services.	88%
Faith organizations to advance mental health.	86%

Clinic Engagement with Community and Partner Collaboration

Over the past year, the clinics have made significant strides in community engagement and partnership. They have implemented written plans to foster relationships with patient communities and outreach to maintain strong ties with community partners. They also share data with other organizations, which helps to uplift communities wholistically.

Question: During the past 12 months, the clinic has…	Yes responses
Implemented written plans for developing relationships with the patient communities it serves.	90%
Charged an individual or committee to conduct outreach and maintain ties to community partners.	89%
Worked to build alliances and coalitions between different community partners to improve the delivery of culturally and linguistically appropriate services.	93%
Shared data and findings with community partners to improve service delivery.	92%
Involved community representatives in its planning processes.	91%

Supervisors' Oversight of Patient Relations and Conflict Resolution

Supervisors have intervened in staff behavior and improved conflict resolution processes, ensuring cultural sensitivity and effective communication handling. They have also designated a contact for community feedback, enhancing patient operational effectiveness.

Question: During the last 12 months, supervisors have...	Yes responses
Intervened if staff were not respectful towards patients.	86%
Implemented a timely conflict and grievance resolution process for patients.	96%
Ensured that its conflict and grievance resolution process is culturally and linguistically appropriate.	96%
Tracked communication-related complaints.	97%
Designated a point-of-contact (person or office) for community members to provide complaints and feedback.	96%

Staff Communication Practices and Support

Staff have shown strong communication skills, prioritizing respectful interactions and effective communication for quality care. They have demonstrated care in communicating effectively over the phone. Acknowledging the need for more time in patient interactions, they have also proactively sought support from supervisors to address any communication challenges.

Question: During the last 12 months, staff have...	Yes responses
Communicated with one another respectfully.	91%
Communicated with one another effectively to ensure high-quality care.	93%
Shown that they care about communicating effectively with diverse populations.	95%
Communicated well with patients over the phone.	95%
Needed more time to communicate well with patients.	94%
Known whom to call if they have a problem or suggestion.	94%
Spoken openly with supervisors about any miscommunications.	90%

Community Engagement and Outreach Efforts

Clinics have effectively informed community members about their wellness initiatives and collaborated strategically with partners to report progress. Moreover, they have held community forums and advisory boards to gather feedback and discuss ongoing improvements.

Question: During the last 12 months, the clinic has...	Yes responses
Informed community members about its efforts to promote wellness in their neighborhoods.	94%
Strategized with community partners on how to report on its progress toward making services more culturally and linguistically appropriate.	92%
Convened community forums to discuss their progress towards making services more culturally and linguistically appropriate.	90%
Convened community advisory boards to discuss their progress towards making services more culturally and linguistically appropriate.	90%

Conclusion

The third annual progress report reveals valuable insights into patient experiences, highlighting both successes and areas for improvement in service delivery. Overall, patients have reported positive experiences with timely appointments, effective communication, and coordinated care, reflecting the dedication and hard work of the clinic staff. These achievements highlight the commitment to delivering high-quality care that meets patient needs efficiently.

The CLAS Organizational Assessment further illustrates the significant progress made in implementing culturally and linguistically appropriate services. Health centers have successfully aligned many of their practices with the National CLAS Standards, ensuring that patients receive care that is respectful and responsive to their cultural and language needs. Key accomplishments include the provision of interpretation services, the availability of multilingual materials, and the proactive efforts to build strong relationships with community partners to better understand and address community needs.

Despite some challenges, such as the need for increased staff diversity and enhanced training policies, the overall commitment to overcoming language barriers and improving patient interactions is evident. These efforts demonstrate a clear dedication to creating an inclusive healthcare environment that prioritizes cultural competence and patient satisfaction.

The assessment identifies areas for continued focus, encouraging further development to unlock the full potential of culturally competent care. The dedication of participating clinics is commendable, making it apparent that they are dedicated to fostering a more inclusive and welcoming healthcare environment for all patients. Through ongoing efforts and improvements,

these centers are well on their way to setting a standard for excellence in culturally and linguistically appropriate care.

References

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. I. (2003). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public health reports*.

National Academies of Sciences, Engineering, and Medicine. (2024). Ending Unequal Treatment: Strategies to Achieve Equitable Health Care and Optimal Health for All.

National Academies of Sciences, Engineering, and Medicine. (2024). *Unequal treatment revisited: the current state of racial and ethnic disparities in health care: proceedings of a workshop*.

Lee, S. (2021). Evaluation of the national CLAS standards: Tips and resources. *Journal of Gerontological Social Work*, *64*(4), 442-445.

Quigley, D. D., Elliott, M. N., Qureshi, N., Predmore, Z., & Hays, R. D. (2024). How the CAHPS Clinician and Group Patient Experience Survey Data Have Been Used in Research: A Systematic Review. *Journal of Patient-Centered Research and Reviews*, *11*(2), 88-96.

U.S. Department of Health and Human Services. (2001). *National standards for culturally and linguistically appropriate services in health care*. US Department of Health and Human Services. Office of Minority Health.

U.S. Department of Health and Human Services, Office of Minority Health. (2013). *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice.* Washington, DC: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services, Office of Minority Health. (2016). *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: Compendium of State-Sponsored National CLAS Standards Implementation Activities.* Washington, DC: U.S. Department of Health and Human Services.

Wynia, M. K., Johnson, M., McCoy, T. P., Griffin, L. P., & Osborn, C. Y. (2010). Validation of an organizational communication climate assessment toolkit. *American Journal of Medical Quality*, *25*(6), 436-443.

Appendix A

Non-LPMPP Physician Focus Group Guide

Area: Experience with the program

1. Share 1-2 words to describe your experience with the LPMPP physicians(s).
2. How has the experience been with the physician(s) overall?
    a. Probe: What was done to prepare you for the arrival of these physicians?
    b. Probe: How is the fit?

Area: Greatest area of need/determining success

3. What has been beneficial about your clinic's participation in the program, if anything?
    a. Probe: Influence/impact on patients serviced/systems of care.
    b. Probe: What are some of the ways you've seen change?
    c. Probe: Have additional physicians help to alleviate patient load?

4. What have been some of the challenges or obstacles you have noticed?
    a. What gaps do you see/exist in the program's implementation?
    b. What gaps still exist in the clinic's ability to meet patient needs?
    c. Have additional physicians negatively affected the system in some way?

Area: Expectations

5. What will happen if the program is not continued?
6. Based on your experience, is there a need for the program?
7. Do you have any concerns about the program continuing?

Area: Opportunity to Provide Feedback

8. Is there anything we have not yet covered that you would like to share?

Prompts:

- Quality of Care
- Working admin expectations
- Interpersonal relations
- Patient experience
- Cultural/linguistic services
- Limited English-speaking patients

Appendix B

Clinic Staff Focus Group Guide

Area: Experience with preparation and implementation

1. Share 1-2 words to describe your experience with the LPMPP program.
2. How has the experience been with the program overall?
    a. Probe: How is the fit?
    b. Probe: How has program implementation impacted your work?

Area: Greatest area of need/determining success

3. What has been beneficial about your clinic's participation in the program if anything?
    a. Probe: influence/impact on patients' service/systems of care
    b. Probe: What are some of the ways you've seen change?
    c. Probe: Have additional physicians help to alleviate patient load?
4. What have been some of the challenges you have experienced with the program?
    a. What gaps do you see/exist in the program's implementation?
    b. What gaps still exist in the clinic's ability to meet patient needs?
    c. Have additional physicians negatively affected the clinic/system in some way?

Area: Expectations

5. What are your thoughts on what will happen if the program is not continued?
6. Based on your experience, is there a need for the program?
7. Do you have any concerns about the program continuing?

Area: Opportunity to Provide Feedback

8. Is there anything we have not yet covered that you would like to share?

Prompts:

- Quality of care
- Working admin expectations
- Interpersonal relations
- Patient experience
- Cultural services
- Linguistic services
- Limited English-speaking patients

Prompts: Future Cohorts

- Timing of the cohorts
- Overlap
- Specialties
- #

Appendix C

Administrator Interview Guide

Area: Experience with preparation and implementation

In one or two words, please describe your experience with the program in the last year.

1. Please tell us about your experience working toward the implementation of the program and the process for reaching this point.
2. What is the significance/importance or meaning of this program to you?
3. How has your experience been with the program overall?
4. Were there special preparations for the Mexican physicians' onboarding?

Area: Greatest area of need/determining success

5. What are the greatest areas of need for your health organization regarding providers?
6. How do you think the Mexican physicians will influence or address these needs?
7. What are early successes you have seen in the program?
8. What have been some of the greatest challenges or obstacles of the program so far?
9. What do you hope will change or be different at the conclusion of the program?

Area: Expectations

10. Has your experience working with the program been what you expected?
11. Considering your early experiences with the program, what are your thoughts of its feasibility moving forward. What are the necessary ingredients for a program such as this?

Area: Opportunity to Provide Feedback

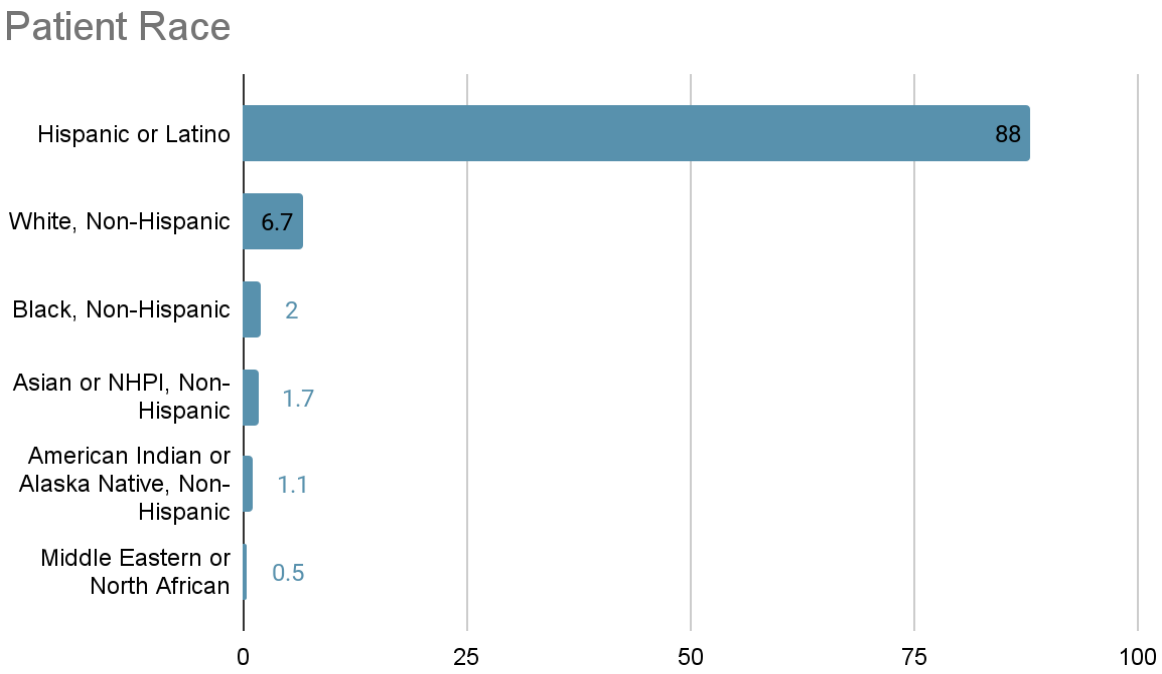
12. Is there anything we have not yet covered that you would like to discuss?
13. From your experience, are there other questions or topics that should be added?

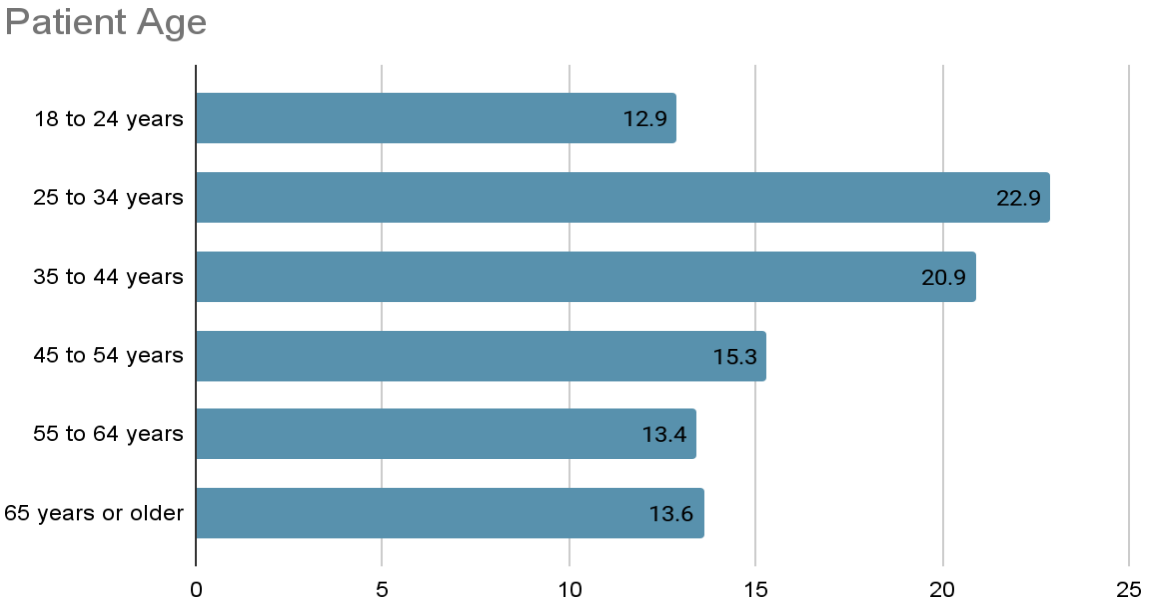
Probes:

- Quality of Care
- Working administration sustainability
- Translation
- Interpersonal relationships
- Patient Experiences
- Cultural Services
- Linguistic Services

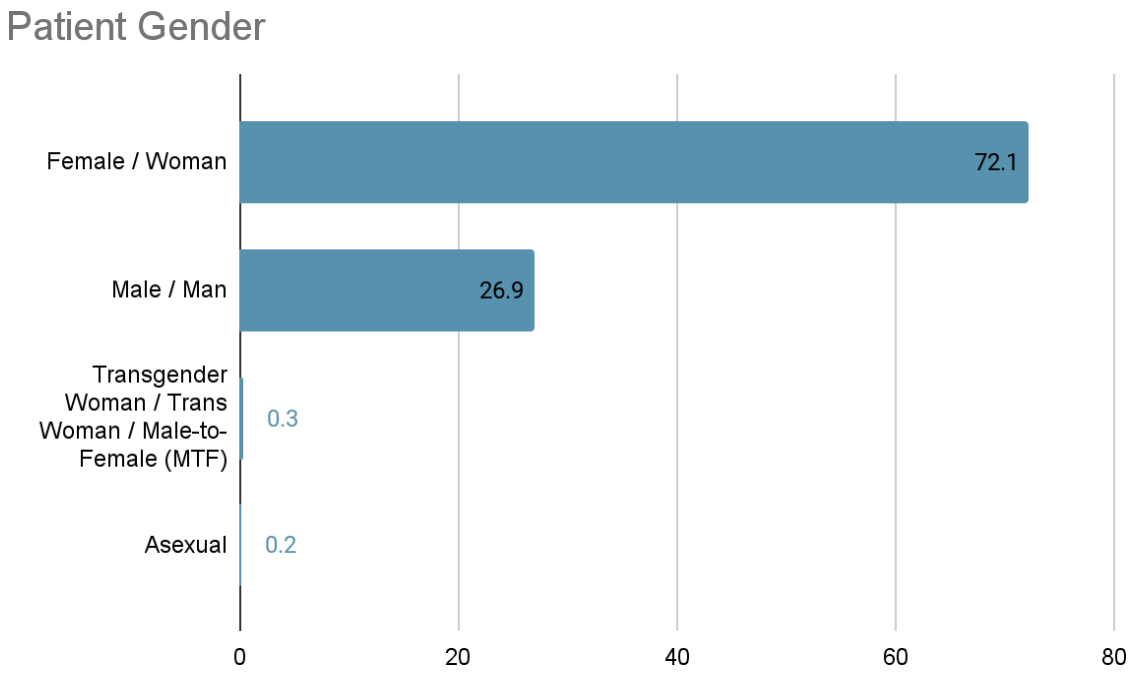
Appendix D

360 Assessment for Patients –Demographic Information



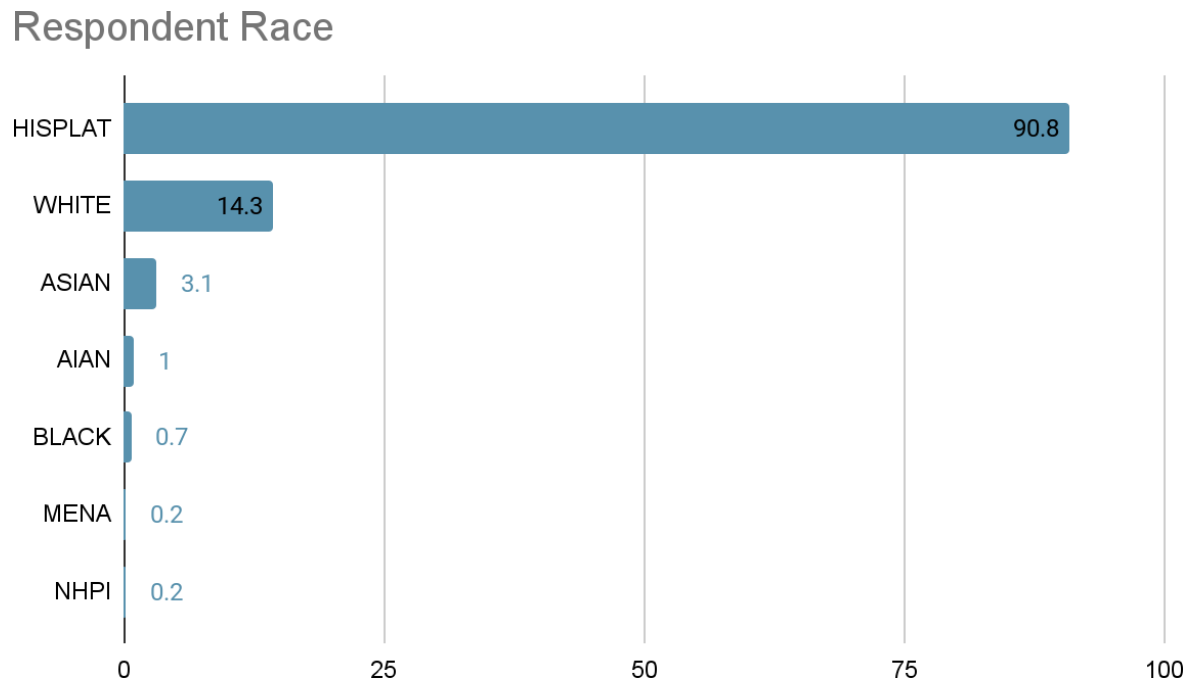


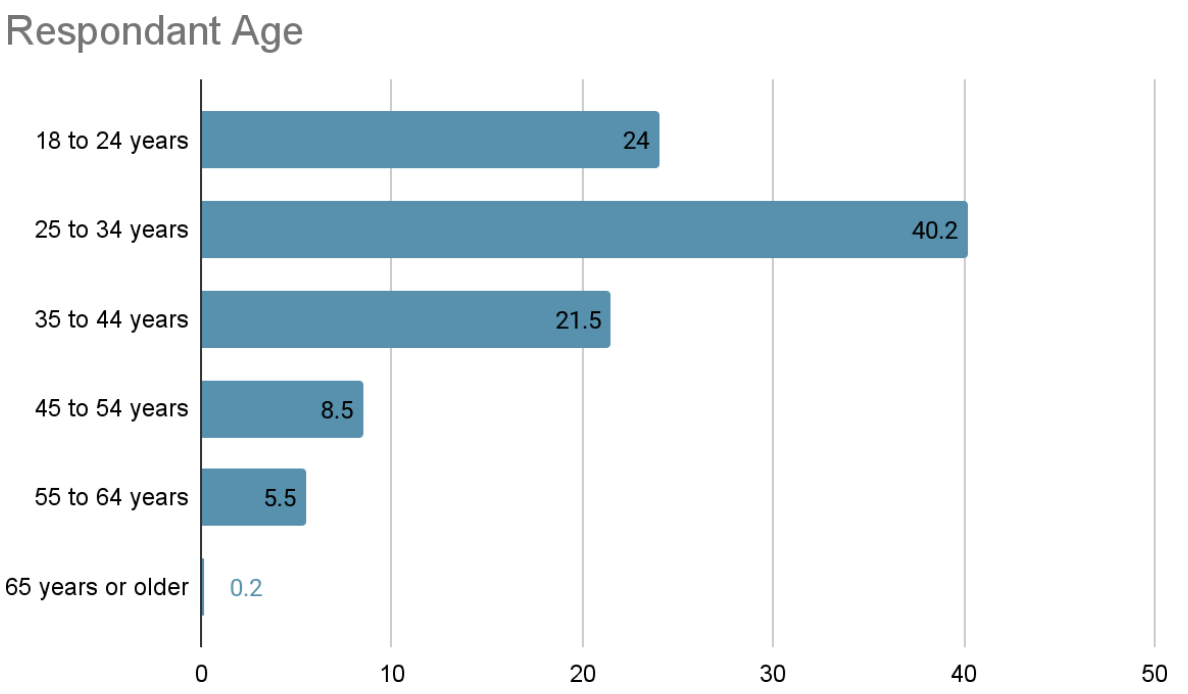
360 Assessment for Patients – Demographic Information
(continued)



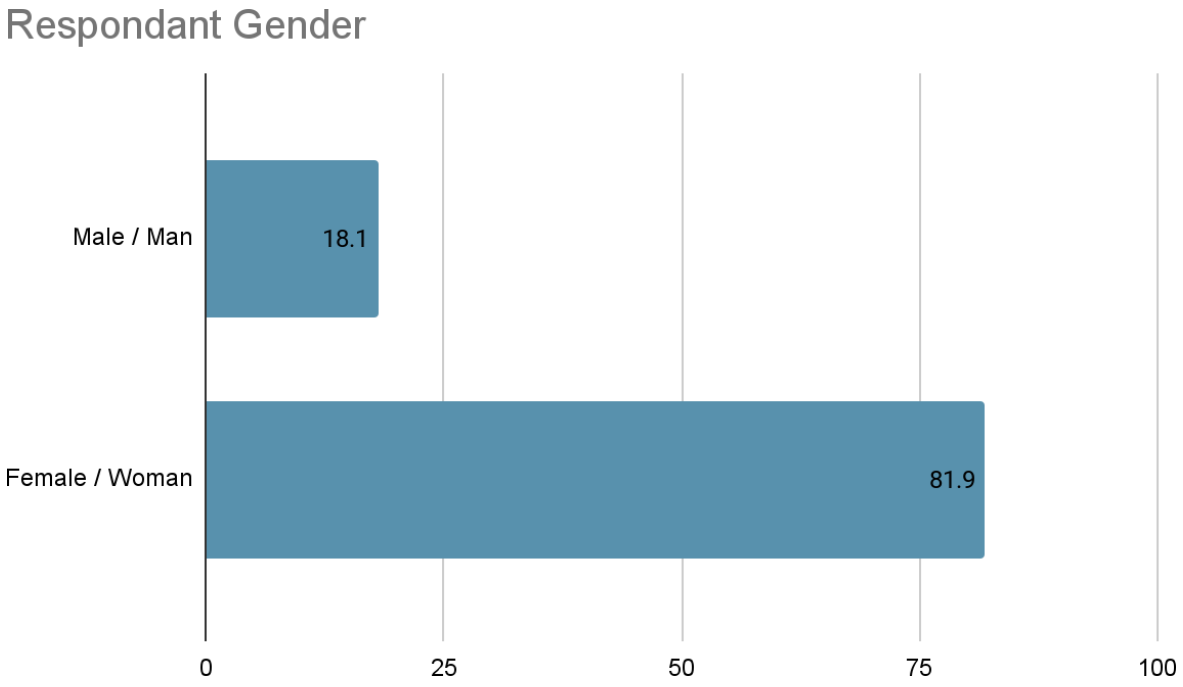
Appendix E

CLAS Organizational Assessment for Staff – Demographic Information





CLAS Organizational Assessment for Staff – Demographic Information (continued)



2Assembly Bill No. 1045

CHAPTER 1157

An act to repeal and add Section 853 of, and to add Sections 854 and 855 to, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 30, 2002. Filed with Secretary of State September 30, 2002.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1045, Firebaugh. Healing arts: practice.

Existing law provides for a Task Force on Culturally and Linguistically Competent Physicians and Dentists in the Department of Consumer Affairs. Pursuant to existing law there is a subcommittee within the task force to examine the feasibility of a pilot program allowing Mexican and Caribbean licensed physicians and dentists to practice in nonprofit community health centers in medically underserved areas. Existing law requires the subcommittee to report to the task force by March 1, 2001, and requires the report to be forwarded to the Legislature by April 1, 2001, with any additional comments.

This bill would delete the provisions for the subcommittee.

The bill would create the Licensed Physicians and Dentists from Mexico Pilot Program. The bill would set forth the program's provisions related to eligibility, licensing, location, and hiring. The bill would also provide for an evaluation of the program, and for funding of administrative and evaluation costs by philanthropic entities. The bill would authorize a 3-year nonrenewable license for physician participants and a 3-year nonrenewable dental permit for participating dentists and would prohibit these medical licenses and dental permits from being used as the standard for issuing a license to practice medicine or dentistry in this state on a permanent basis.

The bill would additionally specify certain requirements international medical graduates are required to meet to participate in a separate pilot program and to receive an applicant status letter. The bill would provide the Medical Board of California the authority to issue a license to practice medicine to an international medical graduate participating in the program if specified criteria are met.

The bill would require the Medical Board of California and the Dental Board of California, in consultation with other entities, to provide oversight of these programs. The bill would require the Medical Board of California to report to the Legislature every January regarding the physicians program and the international medical graduate program.

The bill would also require the Dental Board of California to report to the Legislature every January regarding the dental program.

The bill would provide that these programs shall only be implemented if the necessary amount of nonstate funding is obtained.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares all of the following:

The 2000 United States Census determined the population of California to be over 35 million people with approximately 11 million being Latino.

From July 1990 to July 1999, California's population increased by approximately 4 million people. Approximately 61 percent of this growth can be attributed to the growth in the Latino population. The Latino population has increased at an average rate of 275,000 persons per year from 1990 to 1999. The Latino population is estimated to have grown in virtually all counties over this period.

The United States General Accounting Office reports that the United States Community Health Centers patients are comprised of 65 percent ethnic and racial minorities.

Title VI of the Civil Rights Act of 1964 requires any federally funded health facility to ensure persons with limited English proficiency may meaningfully access health care services. Persons with limited English proficiency are often excluded from programs, experience delays or denials of services, or receive care and services based on inaccurate or incomplete information.

The Health Resources and Services Administration reports the number of physicians in California grew 17 percent between 1989 and 1998.

The Health Resources and Services Administration found in 1998 that only 4 percent of active patient care physicians were Latino.

The Association of American Medical Colleges in 1998 found only 6.8 percent of all graduates from United States medical schools were of an ethnic or racial minority group.

In 1999 only 11 percent of dentists in California were a member of a racial or ethnic minority group with 5 percent being classified as Asian or Pacific Islanders.

In 1996 only 4 percent of dentists in California were Latino.

According to the Institute of Medicine report requested by the United States Congress, research evidence suggests that provider-patient communication is directly linked to patient satisfaction, adherence, and subsequently health outcomes. Thus, when sociocultural differences between the patient and the provider are not appreciated, explored,

understood, or communicated in the medical encounter, the result is patient dissatisfaction, poor adherence, poorer health outcomes, and racial and ethnic disparities in health care.

A Commonwealth Fund of New York study 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.

The Summit on Immigration Needs & Contributions of the Bridging Borders in the Silicon Valley Project found that approximately 50 percent of participants reported that having a provider that speaks his or her language will improve the quality of health care services they receive.

Only two states in the country have reported cultural competency standards for care.

No states in the country have reported foreign language competencies for physicians or dentists.

According to the Dallas Morning News, many immigrants travel to Mexico to receive health care due to the cultural and language barriers they encounter in the United States health care system. According to the San Jose Mercury News, 65 percent of the membership of the largest medical association in California reported that if they were required to pay for medical interpreters, they would stop seeing patients that required interpretation services.

According to the Journal of the American Medical Association, in 1999, one medical school had a separate course covering cultural diversity, 109 medical schools included cultural diversity content as part of a required course or clerkship, and 84 medical schools included information on cultural beliefs or practices related to death or dying in a required course or clerkship.

SEC. 2. Section 853 of the Business and Professions Code is repealed.

SEC. 3. Section 853 is added to the Business and Professions Code, to read:

853. (a) The Licensed Physicians and Dentists from Mexico Pilot Program is hereby created. This program shall allow up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology, and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed three years. The program shall also maintain an alternate list of program participants.

(b) The Medical Board of California shall issue three-year nonrenewable licenses to practice medicine to licensed Mexican physicians and the Dental Board of California shall issue three-year nonrenewable permits to practice dentistry to licensed Mexican dentists.

(c) Physicians from Mexico eligible to participate in this program shall comply with the following:

(1) 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 Ginocologia y Obstetricia, A.C., the Consejo Mexicano de Certificacion en Medicina Familiar, A.C., the Consejo Mexicano de Medicina Interna, A.C., or the Consejo Mexicano de Certificacion en Pediatria, A.C.

(2) Prior to leaving Mexico, each physician shall have completed the following requirements:

(A) 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 his or her specialty areas and passed an interview examination developed by the National Autonomous University of Mexico (UNAM) for each specialty area. Family practitioners who shall include obstetrics and gynecology in their practice, shall also be required to have appropriately documented, as specified by United States standards, 50 live births. Mexican obstetricians and gynecologists shall be fellows in good standing of the American College of Obstetricians and Gynecologists.

(B) (i) Satisfactorily completed a six-month orientation program that addressed 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, and pharmacology differences. This orientation program shall be approved by the Medical Board of California to ensure that it contains the requisite subject matter and meets appropriate California law and medical standards where applicable.

(ii) Additionally, Mexican physicians participating in the program shall be required to be enrolled in adult English as a Second Language (ESL) classes that focus on both verbal and written subject matter. Each physician participating in the program shall have transcripts sent to the Medical Board of California from the appropriate Mexican university showing enrollment and satisfactory completion of these classes.

(C) Representatives from the National Autonomous University of Mexico (UNAM) in Mexico and a medical school in good standing or a facility conducting an approved medical residency training program in California shall confer to develop a mutually agreed upon distant

learning program for the six-month orientation program required pursuant to subparagraph (B).

(3) Upon satisfactory completion of the requirements in paragraphs (1) and (2), and after having received their three-year nonrenewable medical license, the Mexican physicians shall be required to obtain continuing education pursuant to Section 2190 of the Business and Professions Code. Each physician shall obtain an average of 25 continuing education units per year for a total of 75 units for a full three years of program participation.

(4) Upon satisfactory completion of the requirements in paragraphs (1) and (2), the applicant shall receive a three-year nonrenewable license to work in nonprofit community health centers and shall also be required to participate in a six-month externship at his or her place of employment. This externship shall be undertaken after the participant has received a license and is able to practice medicine. The externship shall ensure that the participant is complying with the established standards for quality assurance of nonprofit community health centers and medical practices. The externship shall be affiliated with a medical school in good standing in California. Complaints against program participants shall follow the same procedures contained in the Medical Practice Act (Chapter 5 (commencing with Section 2000)).

(5) After arriving in California, Mexican physicians participating in the program shall be required to be enrolled in adult English as a Second Language (ESL) classes at institutions approved by the Bureau of Private Post Secondary and Vocational Education or accredited by the Western Association of Schools and Colleges. These classes shall focus on verbal and written subject matter to assist a physician in obtaining a level of proficiency in English that is commensurate with the level of English spoken at community clinics where he or she will practice. The community clinic employing a physician shall submit documentation confirming approval of an ESL program to the Medical Board of California for verification. Transcripts of satisfactory completion of the ESL classes shall be submitted to the Medical Board of California as proof of compliance with this provision.

(6) (A) Nonprofit community health centers employing Mexican physicians in the program shall be required to have medical quality assurance protocols and either be accredited by the Joint Commission on Accreditation of Health Care Organizations or have protocols similar to those required by the Joint Commission on Accreditation of Health Care Organizations. These protocols shall be submitted to the Medical Board of California prior to the hiring of Mexican physicians.

(B) In addition, after the program participant successfully completes the six-month externship program, a free standing health care

organization that has authority to provide medical quality certification, including, but not limited to, health plans, hospitals, and the Integrated Physician Association, shall be responsible for ensuring and overseeing the compliance of nonprofit community health centers medical quality assurance protocols, conducting site visits when necessary, and developing any additional protocols, surveys, or assessment tools to ensure that quality of care standards through quality assurance protocols are being appropriately followed by physicians participating in the program.

(7) Participating hospitals shall have the authority to establish criteria necessary to allow individuals participating in this three-year pilot program to be granted hospital privileges in their facilities.

(8) The Medical Board of California shall provide oversight review of both the implementation of this program and the evaluation required pursuant to subdivision (j). The Board shall consult with the medical schools applying for funding to implement and evaluate this program, executive and medical directors of nonprofit community health centers wanting to employ program participants, and hospital administrators who will have these participants practicing in their hospital, as it conducts its oversight responsibilities of this program and evaluation. Any funding necessary for the implementation of this program, including the evaluation and oversight functions, shall be secured from nonprofit philanthropic entities. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The Medical Board of California shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities. The board shall, upon appropriation in the annual Budget Act, expend funds received from nonprofit philanthropic entities for this program.

(d) (1) Dentists from Mexico eligible to participate in this program shall comply with the following:

(A) Be graduates from the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontologia).

(B) Meet all criteria required for licensure in Mexico that is required and being applied by the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontologia), including, but not limited to:

(i) A minimum grade point average.

(ii) A specified English language comprehension and conversational level.

(iii) Passage of a general examination.

(iv) Passage of an oral interview.

(C) Enroll and complete an orientation program that focuses on the following:

(i) Practical issues in pharmacology which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(ii) Practical issues and diagnosis in oral pathology which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iii) Clinical applications which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iii) Biomedical sciences which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(iv) Clinical history management which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(v) Special patient care which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vi) Sedation techniques which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(vii) Infection control guidelines which shall be taught by an instructor who is affiliated with a California dental school approved by the Dental Board of California.

(viii) Introduction to health care systems in California.

(ix) Introduction to community clinic operations.

(2) Upon satisfactory completion to a competency level of the requirements in paragraph (1), dentists participating in the program shall be eligible to obtain employment in a nonprofit community health center pursuant to subdivision (f) within the structure of an extramural dental program for a period not to exceed three years.

(3) Dentists participating in the program shall be required to complete the necessary continuing education units required by the Dental Practice Act (Chapter 4 (commencing with Section 1600)).

(4) The program shall accept 30 participating dentists. The program shall also maintain an alternate list of program applicants. If an active program participant leaves the program for any reason, a participating dentist from the alternate list shall be chosen to fill the vacancy. Only active program participants shall be required to complete the orientation

program specified in subparagraph (C) of paragraph (1) of this subdivision.

(5) (A) Additionally, an extramural dental facility may be identified, qualified, and approved by the board as an adjunct to, and an extension of, the clinical and laboratory departments of an approved dental school.

(B) As used in this subdivision, ''extramural dental facility'' includes, but is not limited to, any clinical facility linked to an approved dental school for the purposes of monitoring or overseeing the work of a dentist licensed in Mexico participating in this program and that is employed by an approved dental school for instruction in dentistry which exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved dental school, and in which dental services are rendered. These facilities shall include nonprofit community heath centers.

(C) Dental services provided to the public in these facilities shall constitute a part of the dental education program.

(D) Approved dental schools shall register extramural dental facilities with the board. This registration shall be accompanied by information supplied by the dental school pertaining to faculty supervision, scope of treatment to be rendered, arrangements for postoperative care, the name and location of the facility, the date operations shall commence at the facility, and a description of the equipment and facilities available. This information shall be supplemented with a copy of the agreement between the approved dental school and the affiliated institution establishing the contractual relationship. Any change in the information initially provided to the board shall be communicated to the board.

(6) The program shall also include issues dealing with program operations, and shall be developed in consultation by representatives of community clinics, approved dental schools, and the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontologia).

(7) The Dental Board of California shall provide oversight review of the implementation of this program and the evaluation required pursuant to subdivision (j). The Dental Board shall consult with dental schools in California that have applied for funding to implement and evaluate this program and executive and dental directors of nonprofit community health centers wanting to employ program participants, as it conducts its oversight responsibilities of this program and evaluation. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The Dental Board of California shall report to the Legislature every January during which the program is operational regarding the status of the program and

the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities.

(e) Nonprofit community health centers that employ participants shall be responsible for ensuring that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary.

(f) Physicians and dentists from Mexico having met the applicable requirements set forth in subdivisions (c) and (d) shall be placed in a pool of candidates who are eligible to be recruited for employment by nonprofit community health centers in California, including, but not limited to, those located in the Counties of Ventura, Los Angeles, San Bernardino, Imperial, Monterey, San Benito, Sacramento, San Joaquin, Santa Cruz, Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno, Stanislaus, San Luis Obispo, and San Diego. The Medical Board of California shall ensure that all Mexican physicians participating in this program have satisfactorily met the requirements set forth in subdivision (c) prior to placement at a nonprofit community health center.

(g) Nonprofit community health centers in the counties listed in subdivision (f) shall apply to the Medical Board of California and the Dental Board of California to hire eligible applicants who shall then be required to complete a six-month externship that includes working in the nonprofit community health center and a corresponding hospital. Once enrolled in this externship, and upon payment of the required fees, the Medical Board of California shall issue a three-year nonrenewable license to practice medicine and the Dental Board of California shall issue a three-year nonrenewable dental special permit to practice dentistry. For purposes of this program, the fee for a three-year nonrenewable license to practice medicine shall be nine hundred dollars ($900) and the fee for a three-year nonrenewable dental permit shall be five hundred forty-eight dollars ($548). A licensee or permitholder shall practice only in the nonprofit community health center that offered him or her employment and the corresponding hospital. This three-year nonrenewable license or permit shall be deemed to be a license or permit in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs, including managed care organizations and health maintenance organizations.

(h) The three-year nonrenewable license or permit shall terminate upon notice by certified mail, return receipt requested, to the licensee's

or permitholder's address of record, if, in the Medical Board of California or Dental Board of California's sole discretion, it has determined that either:

(1) The license or permit was issued by mistake.

(2) A complaint has been received by either board against the licensee or permitholder that warrants terminating the license or permit pending an investigation and resolution of the complaint.

(i) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical and dental practitioners from Mexico participating in this pilot program. This shall include nonprofit community health centers providing malpractice insurance coverage.

(j) Beginning 12 months after this pilot program has commenced, an evaluation of the program shall be undertaken with funds provided from philanthropic foundations. The evaluation shall be conducted jointly by one medical school and one dental school in California and the National Autonomous University of Mexico in consultation with the Medical Board of California and the Dental Board of California. If the evaluation required pursuant to this section does not begin within 15 months after the pilot project has commenced, the evaluation may be performed by an independent consultant selected by the Director of the Department of Consumer Affairs. This evaluation shall include, but not be limited to, the following issues and concerns:

(1) Quality of care provided by doctors and dentists licensed under this pilot program.

(2) Adaptability of these licensed practitioners to California medical and dental standards.

(3) Impact on working and administrative environment in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers.

(4) Response and approval by patients.

(5) Impact on cultural and linguistic services.

(6) Increases in medical encounters provided by participating practitioners to limited English-speaking patient populations and increases in the number of limited English-speaking patients seeking health care services from nonprofit community health centers.

(7) Recommendations on whether the program should be continued, expanded, altered, or terminated.

(8) Progress reports on available data listed shall be provided to the Legislature on achievable time intervals beginning the second year of implementation of this pilot program. An interim final report shall be issued three months before termination of this pilot. A final report shall be submitted to the Legislature at the time of termination of this pilot

program on all of the above data. The final report shall reflect and include how other initiatives concerning the development of culturally and linguistically competent medical and dental providers within California and the United States are impacting communities in need of these health care providers.

(k) Costs for administering this pilot program shall be secured from philanthropic entities.

(l) Program applicants shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

SEC. 4. Section 854 is added to the Business and Professions Code, to read:

854. Criteria for issuing three-year nonrenewable medical licenses and dental permits under this article shall not be utilized at any time as the standard for issuing a license to practice medicine or a permit to practice dentistry in California on a permanent basis.

SEC. 5. Section 855 is added to the Business and Professions Code, to read:

855. (a) Up to 70 international medical graduates who have passed their United States medical license examination on the first attempt and who have been working in the medical field in the capacity of a medical assistant, a nurse practitioner, a nurse-midwife, a physician assistant, a dental hygienist, or a quality assurance and peer review specialist for not less than three years, shall be selected to participate in a pilot program. Preference shall be given to international medical graduates who are residents of California, have experience working in communities whose language is other than English and whose culture is not from the dominant society, and have a proven level of literacy in the foreign language of a medically underserved community.

(b) If there are not 70 international medical graduates who meet the criteria of subdivision (a), the remaining openings may be filled by participants who have passed the United States medical license examination on two or more attempts, have been working in the medical field in the capacity of a medical assistant, a nurse practitioner, a nurse-midwife, a physician assistant, a dental hygienist, or a quality assurance and peer review specialist for not less than three years, and who pass an additional test to be determined by the medical facility and the medical school participating in the pilot program. Preference shall be given to international medical graduates who are residents of California, have experience working in communities whose language is other than English and whose culture is not from the dominant society, and have a proven level of literacy in the foreign language of a medically underserved community.

(c) An international medical graduate shall not be eligible for this program if he or she has not graduated from a school in good standing that is recognized by the Medical Board of California.

(d) Upon selection for the pilot program, participants may submit an application to the International Medical Graduate Liaison of the Medical Board of California's Division of Licensing, with the appropriate fee, to initiate the medical licensing review process, providing the participant time to remediate any deficiency during the three-year international medical graduates pilot program.

(e) All program participants shall be required to have the foreign language fluency and the cultural knowledge necessary to serve the non-English-speaking community at the nonprofit community health center where they practice.

(f) The Medical Board of California shall issue an applicant status letter to participating and qualifying international medical graduates.

(g) International medical graduates shall be required to participate and satisfactorily complete a six-month orientation program that will address 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, and pharmacology differences. International medical graduates who have passed the Educational Commission for Foreign Medical Graduates (ECFMG) language exam shall not be required to be enrolled in English language classes. However, if a participating international medical graduate has not passed the ECFMG language exam, he or she shall be enrolled in English language acquisition classes until he or she obtains a level of English language proficiency equivalent to the ECFMG language exam.

(h) (1) Upon satisfactorily completing the orientation program and the one-year residency training program, international medical graduates shall be selected by nonprofit community health centers to work in nonprofit community health centers and disproportionate share hospitals whose service areas include federally designated Health Professional Shortage Areas, Dental Professional Shortage Areas, Medically Underserved Areas, and Medically Underserved Populations for a period not to exceed three years.

(2) There shall be two residency programs operated under the auspices of a medical school in good standing, with one in southern California and one in northern California. These residency programs shall be in family practice, internal medicine, or obstetrics and gynecology.

(3) After successfully completing the one-year residency program, the training institution for the one-year residency program for

international medical graduates may transfer the program participant into an approved residency program.

(i) (1) All program participants shall be required to satisfy the medical curriculum requirements of Section 2089, the clinical instruction requirements of Section 2089.5, and the examination requirements of Section 2170 prior to being admitted into an approved residency program.

(2) Those international medical graduates who are transferred into an approved residency program shall be required to work in nonprofit community health centers or disproportionate share hospitals whose service areas include federally designated Health Professional Shortage Areas, Dental Professional Shortage Areas, Medically Underserved Areas, and Medically Underserved Populations for not less than three years after being fully licensed.

(j) For individuals in this program as specified in this section, the applicant status letter shall be deemed a license in good standing pursuant to the provisions of this article for the purpose of participation and reimbursement in all federal, state, and local health programs, including managed care organizations and health maintenance organizations.

(k) (1) The Director of General Medical Education or an equivalent position in the training institution of the one-year residency program for international medical graduates shall have the authority to make a recommendation to the Medical Board of California for the full medical licensure of an international medical graduate who has successfully completed the one-year residency program if the director believes, based on the performance and competency of international medical graduate, that the international medical graduate should be fully licensed.

(2) After reviewing the recommendation for full licensure from the director, the Medical Board of California shall have the authority to issue a permanent license to practice medicine in this state to the international medical graduate.

(l) If an international medical graduate desires to secure a permanent license to practice medicine from the board, he or she shall, among other things, be required to be admitted into an approved residency program.

(m) The Medical Board of California, in consultation with medical schools located in California, executive and medical directors of nonprofit community health centers, and with hospital administrators, shall provide oversight review of the implementation of this program. The Medical Board of California shall ensure that funding proposals by appropriate institutions to implement these provisions meet the necessary funding thresholds to fulfill the intent of this program. Implementation of this program shall not proceed unless appropriate

funding is secured. The Medical Board of California shall report to the Legislature every January the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions.

SEC. 6. The programs in Sections 853 and 855 of the Business and Professions Code shall be implemented only if the necessary amount of nonstate resources are obtained. General Fund moneys shall not be used for these programs.

O

Assembly Bill No. 2860

CHAPTER 246

An act to add Article 2.7 (commencing with Section 1645.4) to Chapter 4 of, to add Article 6 (commencing with Section 2125) to Chapter 5 of, Division 2 of, and to repeal Section 853 of, the Business and Professions Code, relating to healing arts.

[Approved by Governor September 14, 2024. Filed with Secretary of State September 14, 2024.]

legislative counsel's digest

AB 2860, Garcia. Licensed Physicians and Dentists from Mexico programs.

Existing law, the Licensed Physicians and Dentists from Mexico Pilot Program, allows up to 30 licensed physicians and up to 30 licensed dentists from Mexico to practice medicine or dentistry in California for a period not to exceed 3 years, in accordance with certain requirements. Existing law requires the Medical Board of California and the Dental Board of California to provide oversight pursuant to these provisions. Existing law requires appropriate funding to be secured from nonprofit philanthropic entities before implementation of the pilot program may proceed.

Existing law requires physicians participating in the Licensed Physicians and Dentists from Mexico Pilot Program to be enrolled in English as a second language classes, to have satisfactorily completed a 6-month orientation program, and to have satisfactorily completed a 6-month externship at the applicant's place of employment, among various other requirements.

This bill would repeal the provisions regarding the Licensed Physicians and Dentists from Mexico Pilot Program, and would instead establish two bifurcated programs, the Licensed Physicians from Mexico Program and the Licensed Dentists from Mexico Pilot Program. Within these 2 programs, the bill would generally revise and recast certain requirements pertaining to the Licensed Physicians and Dentists from Mexico Pilot Program, including deleting the above-described requirement that Mexican physicians participating in the program enroll in adult English as a second language classes. The bill would instead require those physicians to have satisfactorily completed the Test of English as a Foreign Language or the Occupational English Test, as specified. The bill would remove the requirement that the orientation program be 6 months, and would further require the orientation program to include electronic medical records systems utilized by federally qualified health centers and standards for medical chart notations. The bill would also delete the requirement that the physicians participate in a 6-month externship. The bill would further delete provisions requiring an evaluation

of the pilot program to be undertaken with funds provided from philanthropic foundations, and would make various other related changes to the program. The bill would require the Dental Board of California to, notwithstanding existing requirements to provide specified federal taxpayer information, issue a 3-year nonrenewable permit to an applicant who has not provided an individual taxpayer identification number or social security number if the applicant meets specified conditions.

Commencing January 1, 2025, the bill would authorize the Medical Board of California to issue a limited number of active licenses to eligible applicants to participate in the Licensed Physicians from Mexico Program, as specified. Under the bill, each additional physician selected for the program would not be eligible to renew their 3-year license.

The bill would require the federally qualified health centers employing physicians pursuant to the program to continue specified peer review protocols and procedures and to work with an approved medical school or an approved residency program, as provided. The bill would also require specified entities to be the points of contact involved in securing required documents, recruiting and vetting candidates, assisting candidates to meet all program requirements, selecting appropriate federally qualified health centers 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. The bill would impose fees in connection with both programs, as specified.

This bill would make legislative findings and declarations as to the necessity of a special statute.

The people of the State of California do enact as follows:

SECTION 1. The Legislature finds and declares the following:

(a) The facts and sources cited in this subdivision describe the physician shortages that existed up to 2001 in California and the United States, including an emphasis on the lack of Latino medical students and licensed physicians in proportion to their population in California. These critical and dangerous shortages led to the creation of the Licensed Physicians and Dentists from Mexico Pilot Program.

(1) The 2020 United States Census determined the population of California to be over 39 million people with approximately 16 million being Latino.

(2) From July 1990 to July 1999, California’s population increased by approximately 4 million people. Approximately 61 percent of this growth can be attributed to the growth in the Latino population. The Latino population has increased at an average rate of 275,000 persons per year from 1990 to 1999. The Latino population is estimated to have grown in virtually all counties over this period.

(3) The United States General Accounting Office reports that the United States Community Health Centers patients comprise 65 percent ethnic and racial minorities.

(4) Title VI of the Civil Rights Act of 1964 requires any federally funded health facility to ensure persons with limited English proficiency may meaningfully access health care services. Persons with limited English proficiency are often excluded from programs, experience delays or denials of services, or receive care and services based on inaccurate or incomplete information.

(5) The federal Health Resources and Services Administration reports the number of physicians in California grew 17 percent between 1989 and 1998.

(6) The federal Health Resources and Services Administration found in 1998 that only 4 percent of active patient care physicians were Latino.

(7) The Association of American Medical Colleges in 1998 found only 6.8 percent of all graduates from United States medical schools were of an ethnic or racial minority group.

(8) In 1999, only 11 percent of dentists in California were a member of a racial or ethnic minority group with 5 percent being classified as Asian or Pacific Islanders.

(9) In 1996, only 4 percent of dentists in California were Latino.

(10) According to the Institute of Medicine report requested by the United States Congress, research evidence suggests that provider-patient communication is directly linked to patient satisfaction, adherence, and subsequently health outcomes. Thus, when sociocultural differences between the patient and the provider are not appreciated, explored, understood, or communicated in the medical encounter, the result is patient dissatisfaction, poor adherence, poorer health outcomes, and racial and ethnic disparities in health care.

(11) A Commonwealth Fund of New York study 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.

(12) The Summit on Immigration Needs & Contributions of the Bridging Borders in the Silicon Valley Project found that approximately 50 percent of participants reported that having a provider that speaks their language will improve the quality of health care services they receive.

(13) Only two states in the country have reported cultural competency standards for care.

(14) No states in the country have reported foreign language competencies for physicians or dentists.

(15) According to the Dallas Morning News, many immigrants travel to Mexico to receive health care due to the cultural and language barriers they encounter in the United States health care system. According to the San Jose Mercury News, 65 percent of the membership of the largest medical

association in California reported that if they were required to pay for medical interpreters, they would stop seeing patients that required interpretation services.

(16) According to the Journal of the American Medical Association, in 1999, one medical school had a separate course covering cultural diversity, 109 medical schools included cultural diversity content as part of a required course or clerkship, and 84 medical schools included information on cultural beliefs or practices related to death or dying in a required course or clerkship.

(b) The facts and data set forth in this subdivision reflect physician shortages from 2015 onward, as projected through 2034 nationwide, but do not include the shortage of culturally and linguistically competent medical providers in the nation or California, which seriously exacerbates the problems of accessing medical care in non-English-dominant communities.

(1) Despite the Latino population comprising approximately 38 percent of the people in California in 2015, the percentage of Latino physicians in California was only 7 percent in 2015.

(2) In 2015, the percentage of Doctor of Osteopathic Medicine graduates in California was 3 percent, physician assistants was 20 percent, nurse practitioners was 9 percent, and registered nurses was 20 percent.

(3) According to data reported in the Physicians Almanac, 7 percent of physicians working in the San Joaquin Valley in 2021 were Latina or Latino, whereas the Latino population in that region was 53 percent.

(4) In 2021, Latina and Latino physicians working in the County of Los Angeles accounted for 6 percent of the population, whereas the Latino population in that region was 49 percent.

(5) In 2021, Latina and Latino physicians working in the Inland Empire accounted for 7 percent of the population, whereas the Latino population in that region was 52 percent.

(6) In 2021, Latina and Latino physicians in the Sacramento area accounted for 4 percent, whereas Latinos comprised 22 percent of the population in that region.

(7) The Physicians Almanac reported in 2021 that all of the most populated regions of California where Latinos reside had less than the recommended number of primary care physicians, with only 60 per 100,000 patients.

(8) The region with the highest percentage of doctors who spoke Spanish in 2021 was the Central Coast, with 28 percent, followed by the County of Los Angeles, with 27 percent. There was no detailed information on this data based on Spanish language fluency or knowledge of cultural beliefs and practices related to health care.

(9) Based on a study published in the Journal of Health Affairs, “Latino and Hispanic groups are underrepresented in medical professions that require advanced degrees and overrepresented in similar professions that don’t require a bachelor’s or higher degree.”

(10) In 2020, the American Community Survey found that, “Mexican Americans made up 10.7 percent of the U.S. workforce but just 1.77 percent of U.S. physicians.”

(11) According to a recent article in the Washington Post from 2023, "Underrepresentation among Latino health care workers is a concern because data suggests racially, and ethnically diverse and culturally competent medical providers can help reduce health care 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. Studies have shown that providers from minority groups are more likely to work in areas with health care shortages, accept Medicaid, and spend more time with patients."

(12) As of November 1, 2023, California has the nation's most federally designated Primary Care Health Professional Shortage Areas (HPSAs) with 694, followed by Texas with 436. An HPSA is an area that must have 3,500 in population for one primary care physician.

(13) The Association of American Medical Colleges (AAMC) is a leading voice in medical academia and research. The AAMC issued a significant study in June 2021 on physician shortages in the United States titled "The Complexities of Physician Supply and Demand: Projections from 2019 to 2034."

(14) In this study, the AAMC projects that the United States could see an estimated shortage of between 37,800 and 124,000 physicians by 2034, including shortfalls in both primary and specialty care.

(15) The study cites the COVID-19 pandemic as exposing "many of the deepest disparities in health and access to health care services and exposed vulnerabilities in the health care system," according to AAMC President and CEO David J. Skorton, MD.

(16) The AAMC projected the following physician shortages by 2034:

(A) Primary Care (e.g., family medicine, general pediatrics, geriatric medicine): between 17,800 and 48,000.

(B) Surgical Specialties (e.g., general surgery, obstetrics and gynecology, orthopedic surgery): between 15,800 and 30,200.

(C) Medical Specialties (e.g., cardiology, oncology, infectious diseases, pulmonology): between 3,800 and 13,400.

(D) Other Specialties (e.g., anesthesiology, neurology, emergency medicine, addiction medicine): between 10,300 and 35,600.

(17) The President and CEO of the AAMC, David J. Skorton, MD, testified before Congress, stating that "the issue of increasing clinician burnout, which the pandemic has intensified, could cause doctors and other health workers to cut back their hours or accelerate their plans for retirement."

(18) Despite Congressional efforts in 2021 to introduce bipartisan legislation to increase medical residencies by 2,000 annually for seven years, the shortages identified by the AAMC will come about.

(19) On the matter of workforce diversity, equity, and inclusion (DEI), the AAMC stated in this study as follows:

"The physician workforce lacks sufficient diversity and inclusion (i.e., it lacks diversity overall and in positions of leadership and influence). The AAMC has identified addressing this lack as a core strategic priority.

Extensive long-term data-collection work is needed, as is extensive and nuanced research about physician workforce diversity and the anti-racist policies that can combat the endemic structural and systemic racism that harms the current physician workforce, damages the nation's ability to create a more diverse and inclusive physician workforce, and impedes a diverse population from receiving equitable health care."

(20) In 1980, the United States Census found an unprecedented growth in the Latino community that would continue beyond the decade. The United States census predicted that Latino demographic trends would have Latinos being the largest minority population in the United States during the first decade of the 2000s.

(21) Latinos were already 19 percent of the state's population in California in 1980. From 1980 to 1990, the state's total population grew by 26 percent, but the Latino population increased by 69 percent.

(22) In other words, the need to be more inclusive of Latinos in the health care workforce and the health care needs of Latinos was well known to California policymakers in the 1980s, 1990s, 2000s, and since 2010. However, the academic medical community and health care policymakers made no substantive move to prevent the situation from getting to the point that the AAMC and many other studies on the health care workforce have warned us to take immediate action to resolve this matter.

(23) The AAMC and the majority of all studies on health care workforce shortages have underestimated the impact of physician shortages in the Latino community over the last four decades. They have also underestimated its impact on other communities that are not predominantly English speaking and are at least first- and, at times, second-generation foreign born. The lack of culturally and linguistically competent physicians exacerbates and worsens the physician shortages in these communities for generations. Hence, the poor health profile of Latinos and other ethnic and racial populations in California.

(c) Underscoring the lack of preparation, creativity, and commitment to deal with the needs of a culturally and linguistically diverse society, such as California since the 1980s, and the growing physician shortages in the state, the University of California Schools of Medicine and the three private university medical schools at Stanford University, the University of Southern California, and Loma Linda University do not offer any mandatory cultural or foreign language courses to prepare medical students to serve the diverse populations that reside in California. The actions and policies taken by these medical institutions confirm the need for programs such as the Licensed Physicians from Mexico Program.

SEC. 2. Section 853 of the Business and Professions Code is repealed.

SEC. 3. Article 2.7 (commencing with Section 1645.4) is added to Chapter 4 of Division 2 of the Business and Professions Code, to read:

Article 2.7. Licensed Dentists from Mexico Pilot Program

1645.4. (a) For purposes of this article, the following definitions apply:

(1) "Board" means the Dental Board of California.

(2) "Program" means the Licensed Dentists from Mexico Pilot Program.

(b) The Licensed Dentists from Mexico Pilot Program is hereby created.

(c) (1) This program continues the dentist component of the Licensed Physicians and Dentists Pilot Program, as established in former Section 853, which authorized no more than 30 dentists from Mexico to practice dentistry in California for a period not to exceed three years.

(2) The program shall also maintain an alternate list of program participants.

(d) The board shall issue a three-year nonrenewable permit to practice dentistry to each dentist from Mexico who meets the criteria set forth in this section.

(e) (1) Each dentist from Mexico who is eligible to participate in this program shall comply with the requirements specified in subparagraphs (A) to (C), inclusive, or the requirements contained in paragraph (2):

(A) Be a graduate from the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(B) Meet all criteria required for licensure in Mexico that is required and being applied by the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología), including, but not limited to:

(i) A minimum grade point average.

(ii) A specified English language comprehension and conversational level.

(iii) Passage of a general examination.

(iv) Passage of an oral interview.

(C) Enroll and complete an orientation program that focuses on the following:

(i) Practical issues in pharmacology that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(ii) Practical issues and diagnosis in oral pathology that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(iii) Clinical applications that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(iv) Biomedical sciences that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(v) Clinical history management that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(vi) Special patient care that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(vii) Sedation techniques that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(viii) Infection control guidelines that shall be taught by an instructor who is affiliated with a California dental school approved by the board.

(ix) Introduction to health care systems in California.

(x) Introduction to community clinic operations.

(2) (A) Graduate within the three-year period before enrollment in the program, from a foreign dental school that has received provisional approval or certification by November 2003 from the board under the Foreign Dental School Approval Program.

(B) Enroll and satisfactorily complete an orientation program that focuses on the health care system and community clinic operations in California.

(C) Enroll and satisfactorily complete a course taught by an approved foreign dental school on infection control approved by the board.

(3) Upon satisfactory completion to a competency level of the requirements in paragraph (1) or (2), each dentist participating in the program shall be eligible to obtain employment in a nonprofit community health center pursuant to subdivision (f) within the structure of an extramural dental program for a period not to exceed three years.

(4) Dentists participating in the program shall be required to complete the necessary continuing education units required by this chapter.

(5) The program shall accept 30 participating dentists. The program shall also maintain an alternate list of program applicants. If an active program participant leaves the program for any reason, a participating dentist from the alternate list shall be chosen to fill the vacancy. Only active program participants shall be required to complete the orientation program specified in subparagraph (C) of paragraph (1).

(6) (A) Additionally, an extramural dental facility may be identified, qualified, and approved by the board as an adjunct to, and an extension of, the clinical and laboratory departments of an approved dental school.

(B) As used in this subdivision, "extramural dental facility" includes, but is not limited to, any clinical facility linked to an approved dental school for the purposes of monitoring or overseeing the work of a dentist licensed in Mexico participating in this program and that is employed by an approved dental school for instruction in dentistry that exists outside or beyond the walls, boundaries, or precincts of the primary campus of the approved dental school, and in which dental services are rendered. These facilities shall include nonprofit community health centers.

(C) Dental services provided to the public in these facilities shall constitute a part of the dental education program.

(D) Approved dental schools shall register extramural dental facilities with the board. This registration shall be accompanied by information supplied by the dental school pertaining to faculty supervision, scope of treatment to be rendered, arrangements for postoperative care, the name and location of the facility, the date operations shall commence at the facility, and a description of the equipment and facilities available. This information shall be supplemented with a copy of the agreement between the approved dental school and the affiliated institution establishing the contractual

relationship. Any change in the information initially provided to the board shall be communicated to the board.

(7) The program shall also include issues dealing with program operations, and shall be developed in consultation with representatives of community clinics, approved dental schools, or the National Autonomous University of Mexico School of Faculty Dentistry (Facultad de Odontología).

(8) The board shall provide oversight review of the implementation of this program and the evaluation required pursuant to subdivision (j). The board shall consult with dental schools in California that have applied for funding to implement and evaluate this program and executive and dental directors of nonprofit community health centers wanting to employ program participants, as it conducts its oversight responsibilities of this program and evaluation. Implementation of this program may not proceed unless appropriate funding is secured from nonprofit philanthropic entities. The board shall report to the Legislature every January during which the program is operational regarding the status of the program and the ability of the program to secure the funding necessary to carry out its required provisions. Notwithstanding Section 11005 of the Government Code, the board may accept funds from nonprofit philanthropic entities.

(f) Nonprofit community health centers that employ participants shall be responsible for ensuring that participants are enrolled in local English-language instruction programs and that the participants attain English-language fluency at a level that would allow the participants to serve the English-speaking patient population when necessary and have the literacy level to communicate with appropriate hospital staff when necessary.

(g) For purposes of this program, the fee for a three-year nonrenewable dental permit shall be five hundred forty-eight dollars ($548). A permitholder shall practice only in the nonprofit community health center that offered the permitholder employment and the corresponding hospital. This three-year nonrenewable permit shall be deemed to be a permit in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs.

(h) The three-year nonrenewable permit shall terminate upon notice by certified mail, return receipt requested, to the permitholder’s address of record, if, in the board's sole discretion, it has determined that either:

(1) The permit was issued by mistake.

(2) A complaint has been received by either board against the permitholder that warrants terminating the permit pending an investigation and resolution of the complaint.

(i) (1) Notwithstanding subdivisions (a) to (d), inclusive, of Section 30, the board shall issue a three-year nonrenewable permit pursuant to this section to an applicant who has not provided an individual taxpayer identification number or social security number if the board staff determines the applicant is otherwise eligible for a permit only under the program pursuant to this section, subject to the following conditions:

(A) The applicant shall immediately seek both an appropriate three-year visa and the accompanying social security number from the United States

government within 14 days of being issued a medical license under this section.

(B) The applicant shall immediately provide to the board a social security number obtained in accordance with subparagraph (A) within 10 days of the federal government issuing the social security card related to the issued visa.

(C) The applicant shall not engage in the practice of dentistry pursuant to this section until the board determines that the conditions in subparagraphs (A) and (B) have been met.

(2) The board, if it determines that an applicant has met the conditions in paragraph (1), shall notify the applicant that the applicant may engage in the practice of dentistry under the permit in accordance with this section.

(j) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical and dental practitioners from Mexico participating in this pilot program. This shall include nonprofit community health centers providing malpractice insurance coverage.

(k) Beginning 12 months after this pilot program has commenced, an evaluation of the program shall be undertaken with funds provided from philanthropic foundations. The evaluation shall be conducted by one dental school in California and either the National Autonomous University of Mexico or a foreign dental school approved by board. If the evaluation required pursuant to this section does not begin within 15 months after the pilot project has commenced, the evaluation may be performed by an independent consultant selected by the Director of Consumer Affairs. This evaluation shall include, but not be limited to, the following issues and concerns:

(1) Quality of care provided by dentists under this pilot program.

(2) Adaptability of these practitioners to California dental standards.

(3) Impact on working and administrative environments in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers.

(4) Response and approval by patients.

(5) Impact on cultural and linguistic services.

(6) Increases in medical encounters provided by participating practitioners to limited-English-speaking patient populations and increases in the number of limited-English-speaking patients seeking health care services from nonprofit community health centers.

(7) Recommendations on whether the program should be continued, expanded, altered, or terminated.

(8) Progress reports on available data listed shall be provided to the Legislature on achievable time intervals beginning in the second year of implementation of this pilot program. An interim final report shall be issued three months before termination of this pilot program. A final report shall be submitted to the Legislature at the time of termination of this pilot program on all of the above-described data. The final report shall reflect and include how other initiatives concerning the development of culturally

and linguistically competent medical and dental providers within California and the United States are impacting communities in need of these health care providers.

(l) Costs for administering this pilot program shall be secured from philanthropic entities.

(m) Program applicants shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

SEC. 4. Article 6 (commencing with Section 2125) is added to Chapter 5 of Division 2 of the Business and Professions Code, to read:

Article 6. Licensed Physicians from Mexico Program

2125. (a) For purposes of this article, the following definitions apply:

(1) "Board" means the Medical Board of California.

(2) "Program" means the Licensed Physicians from Mexico Program.

(b) (1) The Licensed Physicians from Mexico Program is hereby created.

(2) The board shall approve physician candidates from Mexico for program participation.

(c) (1) This program extends the physician component of the Licensed Physicians and Dentists from Mexico Pilot Program, as established in former Section 853, which authorized up to 30 licensed physicians specializing in family practice, internal medicine, pediatrics, and obstetrics and gynecology from Mexico to practice medicine in California for a period not to exceed three years.

(2) The program shall also maintain an alternate list of program participants.

(d) The board shall issue a nonrenewable three-year physician's and surgeon's license to each licensed physician from Mexico who meets the criteria set forth in this section.

(e) Each physician from Mexico, to be eligible to participate in this program, shall comply with all of the following:

(1) 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.

(2) Before leaving Mexico, have completed all of the following requirements:

(A) 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 and 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.

(B) (i) Satisfactorily completed an orientation program approved by the board in connection with the Licensed Physicians and Dentists from Mexico Pilot Program, as established in former Section 853, and 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 federally qualified health centers, and standards for medical record documentation to support medical decisionmaking and quality care. This orientation program may be changed by a committee of at least five chief medical officers at federally qualified health centers employing program licensees to ensure that the orientation program contains the requisite subject matter and meets appropriate California law and medical standards where applicable.

(ii) 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.

(C) Representatives from California and the UNAM in Mexico that executed and implemented the provisions of the former Physicians and Dentists from Mexico Pilot Program shall be the points of contact involved in securing required documents, recruiting and vetting candidates, assisting candidates for this program in Mexico to meet all program requirements, selecting appropriate federally qualified health centers 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.

(3) Upon satisfactory completion of the requirements in paragraphs (1) and (2), and after having received their nonrenewable three-year physician's and surgeon's license, each licensee shall be required to obtain continuing education pursuant to Section 2190. Each physician shall obtain 25 continuing education units per year for three years of program participation, which shall be subject to random audits by the board to ensure compliance. The board may issue a citation and administrative fine against a licensee who fails to comply with the requirements of this paragraph.

(4) The federally qualified health centers employing physicians from Mexico shall continue the peer review protocols and procedures as required by the federal government. The federally qualified health centers shall work with a California medical school approved by the board pursuant to Section 2084 or a residency program approved by the Accreditation Council for

Graduate Medical Education to conduct 10 secondary reviews of randomly selected patient encounters with each licensee per six-month period, and the reviews shall be transmitted to the approved medical school or medical institution with an approved residency program in PDF format. The secondary reviews shall be undertaken every six months of each year for the three years that the physicians from Mexico are employed by federally qualified health centers. The faculty reviewers in family medicine, pediatrics, internal medicine, psychiatry, and obstetrics and gynecology from the California medical school approved by the board pursuant to Section 2084 or the residency program approved by the Accreditation Council for Graduate Medical Education shall provide feedback to the federally qualified health centers of the findings of their secondary reviews. The faculty and federally qualified health center chief medical officers shall jointly develop no less than two quality assurance (QA) seminars for all physicians from Mexico to attend during the six months of secondary reviews conducted. The purpose of the approved medical school or medical institution with an approved residency program secondary peer reviews shall be to provide feedback on compliance with medical standards, protocols, and procedures required by the federal government and assessed by the monthly or quarterly peer reviews conducted by federally qualified health centers. The associated costs for the secondary reviews and QA seminars shall be the responsibility of the federally qualified health centers on a pro rata basis.

(5) The federally qualified health centers employing physicians in the program shall be required to have medical quality assurance protocols and be accredited by The Joint Commission, National Committee for Quality Assurance, or Accreditation Association for Ambulatory Health Care.

(6) Participating hospitals shall have the authority to establish criteria necessary to allow individuals participating in this program to be granted hospital privileges in their facilities, taking into consideration the need and concerns for access to patient populations served by federally qualified health centers and attending doctors from Mexico, especially in rural areas that do not have hospitals staffed to provide deliveries of newborns.

(7) A licensee shall practice only in the nonprofit community health center that offered the licensee employment and the corresponding hospital. This three-year physician's and surgeon's license shall be deemed to be a license in good standing pursuant to the provisions of this chapter for the purpose of participation and reimbursement in all federal, state, and local health programs. These programs shall include the Medicare Program, the fee-for-service and managed care delivery systems of the Medi-Cal program, and private insurance. A physician from Mexico shall not be denied credentials by a health plan because the physician is a participant in this state program and did not receive their medical education and training in the United States. The nonrenewable three-year physician's and surgeon's license issued pursuant to this program shall be referred to as a Physician's and Surgeon's from Mexico License and shall not include any additional notations beyond the current numerical identifiers that the board applies.

(f) (1) Notwithstanding subdivisions (a) to (d), inclusive, of Section 30, the board shall issue a nonrenewable three-year physician's and surgeon's license pursuant to this section to an applicant who has not provided an individual taxpayer identification number or social security number if the board staff determines the applicant is otherwise eligible for a license only under the program pursuant to this section, subject to the following conditions:

(A) The applicant shall immediately seek both an appropriate three-year visa and the accompanying social security number from the United States government within 14 days of being issued a medical license under this section.

(B) The applicant shall immediately provide to the board a social security number obtained in accordance with subparagraph (A) within 10 days of the federal government issuing the social security card related to the issued visa.

(C) The applicant shall not engage in the practice of medicine pursuant to this section until the board determines that the conditions in subparagraphs (A) and (B) have been met.

(2) The board, if it determines that an applicant has met the conditions in paragraph (1), shall notify the applicant that the applicant may engage in the practice of medicine under the license in accordance with this section.

(g) (1) (A) Between January 1, 2025, and January 1, 2029, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 155 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 30 of the 155 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2025, and December 31, 2025, except that the board may accept up to 15 applications after December 31, 2025, and before January 1, 2028.

(2) (A) Between January 1, 2029, and January 1, 2033, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 195 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 195 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2029, and December 31, 2029, except that the board may accept up to 19 applications after December 31, 2029, and before January 1, 2032.

(3) (A) Between January 1, 2033, and January 1, 2037, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 225 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 225 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2033, and December 31, 2033, except that the board may accept up to 22 applications after December 31, 2033, and before January 1, 2036.

(4) (A) Between January 1, 2037, and January 1, 2041, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 255 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 255 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2037, and December 31, 2037, except that the board may accept up to 25 applications after December 31, 2037, and before January 1, 2040.

(5) (A) Between January 1, 2041, and January 1, 2045, the board shall coordinate with the representatives described in subparagraph (C) of paragraph (2) of subdivision (e) to ensure that no more than 275 program participants have a current and active license at the same time.

(B) During the time period described in subparagraph (A), no more than 40 of the 275 licenses may be issued to physicians whose primary area of practice is psychiatry.

(C) During the time period described in subparagraph (A), an applicant shall submit an application to the board between October 1, 2041, and December 31, 2041, except that the board may accept up to 27 applications after December 31, 2041, and before January 1, 2044.

(6) A physician's eligibility pursuant to this subdivision is subject to the physician complying with all of the requirements set forth in this section.

(h) All applicable employment benefits, salary, and policies provided by nonprofit community health centers to their current employees shall be provided to medical practitioners from Mexico participating in this program. This shall include nonprofit community health centers providing malpractice insurance coverage.

(i) Each program applicant shall be responsible for working with the governments of Mexico and the United States in order to obtain the necessary three-year visa required for program participation.

2126. (a) The following fees apply to the licensure of physicians and surgeons authorized by this article:

(1) The application and processing fee shall be the amount specified in subdivision (b) of Section 2435.

(2) The initial license fee shall be one and one-half times the amount specified in subdivision (c) of Section 2435.

(3) The fee for the Controlled Substance Utilization Review and Evaluation System (CURES) shall be three times the annual fee specified under subdivision (a) of Section 208.

(4) The fee for the Steven M. Thompson Physician Corps Loan Repayment Program shall be one-and one-half times the amount specified in subdivision (a) of Section 2436.5.

(b) The fees required by this section shall be deposited into the Contingent Fund of the Medical Board of California, except that the fee described in paragraph (3) of subdivision (a) shall be deposited into the CURES Fund.

(c) Any unencumbered funds collected by the board pursuant to former Section 853 shall be deposited into the Contingent Fund of the Medical Board of California.

SEC. 5. The Legislature finds and declares that a special statute is necessary and that a general statute cannot be made applicable within the meaning of Section 16 of Article IV of the California Constitution because of the unique and immediate need for physicians and dentists in California that have the cultural competency, language fluency, and requisite expertise to treat the large Latino patient population.

O

CREATION OF ACCESS TO COMPREHENSIVE PRIMARY CARE BY DOCTORS FROM MEXICO UNDER AB 1045

DOCTORS FROM MEXICO PILOT PROGRAM

MEDICAL ENCOUNTERS IN
FOUR COMMUNITY HEALTH CENTERS
IN CALIFORNIA

AUGUST 2021 TO SEPTEMBER 2023

Prepared by:

Dr. Maximiliano Cuevas
CEO, Clinicas de Salud del Valle de Salinas
Arnoldo Torres
Public Policy Consultant, Torres2 Policy Consultants
Hailey Ralston
Technical Contributor

October 23, 2023

Table of Contents

AB 1045 Pilot Program Overview

Source: "Médicos de México tratan a trabajadores agrícolas en zonas rurales de California." Published June 27, 2023. Written by Claudio Boyd-Barrett. Photography courtesy of Zaydee Sanchez.

"La paciente Marta Alicia Monteya, derecha, que estaba preocupada por tener que empezar a conocer a su nuevo médico después de sufrir un aborto, se sorprendió y se alegró por el carácter relajado y amistoso del ginecólogo/obstetra de habla hispana Armando Moreno, izquierda, médico de México." (Translation: The patient Marta Alicia Monteya, right, who was worried about having to get to know a new doctor after suffering from a miscarriage, is surprised and happy by the relaxed and friendly nature of her new OB/GYN Armando Moreno, left, doctor from Mexico.)

Governor Gray Davis signed The Doctors and Dentists from Mexico Pilot Program (AB 1045, B&P Code 853) in September 2002. It provided for thirty doctors and dentists from Mexico to practice in California in Federally Qualified Health Centers (FQHCs), primarily in rural/farmworker communities while including some urban centers. It took more than eighteen years to execute the provisions of this program due to the reluctance of certain institutions in the state to undertake the six-month orientation program for Mexican doctors and dentists before being able to be licensed in California.

This program is unique and the only one of its nature and structure in the nation. There are specific criteria that Mexican physicians and dentists must meet to be issued a three-year

medical license by the Medical Board of California. There are no limitations on this license. Physicians can participate in all private and public insurance programs, including Medi-Cal managed care and Medi-Care.

The need for this program was evident when initially drafted due to the severe and structural shortage of doctors in 2000. This physician shortage in California was underscored by an even greater scarcity of doctors who were culturally and linguistically competent to treat a high concentration of farmworkers whose population was growing due to the high demand for an agriculture workforce. The doctor shortages have worsened, and the demand for culturally and linguistically competent doctors far exceeds the supply. The demand has grown due to the poor health conditions of the Latino community (and farmworkers in particular) and the decades of the lack of access to comprehensive preventive primary health care services.

Perhaps the most telling fact that underscores the lack of access is the fact that California has the most federally designated Health Professional Shortage Areas (HPSA) in the nation. Specifically, California has 698 HPSA designations, while second place Texas has 438. The patient-to-doctor ratio is 3500 to 1 primary care physician, constituting a HPSA designation. Despite knowing since the 1980s, if not earlier, that California's demographic, cultural, and linguistic diversity would only continue to grow, our medical academic institutions and healthcare industry, in general, did little if anything to prepare for the situation we have been facing since 2000 when then-Assemblyman Marco Antonio Firebaugh initially introduced AB 1045.

Despite the delays encountered on many fronts, in August 2021, the first doctors from Mexico began treating patients at San Benito Health Foundation (SBHF) in San Benito County. From March to May 2022, another fifteen doctors from Mexico started serving patients at Clinicas de Salud del Valle de Salinas (Monterey County), Altura Centers for Health (Tulare County) and San Benito Health Foundation. From January 2023 to November 2023, the remaining eight doctors from Mexico will have started serving patients in the above counties, including seven doctors practicing in the Alta Med Health Corporation in Los Angeles and Orange Counties.

The data that follows provides a very detailed tracking of how the doctors from Mexico have adjusted to the healthcare system executed in Federally Qualified Health Centers (FQHCs). This program was initiated to place culturally and linguistically competent doctors in HPSA-designated areas with high concentrations of farmworkers and Latino urban communities. Access to comprehensive preventive primary care services was the key objective of this pilot program, and the data this report provides confirms that access has been created and offered, especially to patients whose primary language and cultural practices are not English language dominated. We have included some news articles about the program and how patients, in their own words, consider this program to benefit their health and well-being significantly.

Within the first full year of practicing in FQHCs, doctors from Mexico are performing as well as doctors educated, trained, and licensed in the US and California. The federal government encourages and supports FQHCs to treat up to four patients per hour in an eight-hour workday. The data confirms that most doctors from Mexico average collectively above three patients per

hour and between twenty-five to thirty-two patients per day. It is important to note that most doctors must return to Mexico for two to four weeks to their previous employment if they worked for one of Mexico's two major health insurance programs. This allows them to maintain the job they left to participate in the AB 1045 pilot project. Also, some have had to return to address family and business matters. In other words, they have not worked the full schedules doctors in FQHCs are expected to meet because of these and other factors, including visa issues.

The data for each doctor employed up to September 2023 reflects their steady integration into the FQHC system of comprehensive preventive primary care services. They have adapted to the protocols and procedures required to meet in community health centers and the electronic medical record systems all health centers follow and maintain. Collectively, the doctors practicing have provided 118,498 medical encounters with an average of 2.79 visits per hour. Recognizing that each health center has various levels of comprehensive care due to the availability of medical specialists, this average per hour is excellent. We must also consider that this figure reflects that not all doctors began treating patients in the same year and month. The doctors were staggered in the start dates due to visa issues, and in the last cohort when medical licenses were issued.

Another critical element they have had to deal with, which has curbed their productivity, is the time the patients they treat require. Many of their patients are non-English speakers who prefer a doctor who has an understanding of their cultural beliefs and practices when it comes to their health. Many of these patients have not been treated by a culturally and linguistically competent physician. This barrier cannot and should not be ignored when diagnosing a patient's health and developing a treatment plan for the illness found. The lack of communication and understanding between doctor and patient is critical in providing quality healthcare services and securing favorable outcomes. We have found that many patients who are non-English speakers request and appreciate additional time with a physician who can communicate at various levels and matters. This does place a dilemma for the doctors from Mexico that they have adjusted to without reducing their access to health care.

As written into law, the evaluation being conducted by UC Davis School of Medicine of AB 1045 is to assess the 1) quality of care provided by doctors and dentists under this pilot program, 2) adaptability of these licensed practitioners to California medical and dental standards, 3) impact on working and administrative environment in nonprofit community health centers and impact on interpersonal relations with medical licensed counterparts in health centers, 4) response and approval by patients, 5) impact on cultural and linguistic services, and 6) increase in medical encounters provided by participating practitioners to limited English-speaking patient populations and increases in the number of limited English speaking patients seeking health care services from nonprofit community health centers.

The data provided in this report more than satisfactorily confirms the success of how doctors from Mexico have met objectives 2,4,5 and 6. FQHCs have a very elaborate peer review process required by the federal government, with a sample of medical charts of all doctors reviewed monthly or quarterly. In addition, the health plans contracting with the participating FQHCs for Medi-Cal managed care also assess and evaluate how well all doctors employed in hired FQHCs perform in health care outcomes. Insurance companies contracting with FQHC

also assess patient outcomes of all doctors employed by FQHCs, including doctors from Mexico. Lastly, under AB 1045, there is a six-month secondary peer review of a sample of patient medical charts by professors at the University of California at San Francisco (UCSF) School of Medicine. No other doctors anywhere in California are under such extensive monitoring of their work.

Based on the medical encounter data we report to the federal and state governments and the extensive monitoring these doctors undergo, we consider this program and the doctors' performance from Mexico to be a qualified success. The pilot reflects the high level of access created in some of California's most medically underserved areas. The doctors from Mexico have demonstrated their effectiveness and efficiency in serving patients who otherwise would not be served. Many times these patients would hesitate to come in for care until conditions are dire. The doctors from Mexico have made a very positive connection with patients and have established the trust necessary between doctor and patient. This is resulting in better health outcomes.

The two reports below affirm the productivity of the doctors from Mexico in providing greater access to comprehensive preventive primary health care services for working poor patients and those in need of culturally and linguistically competent physicians.

1.) Executive Summary of the 2nd Annual Progress Report: Licensed Physicians from Mexico Pilot Program --- UC Davis School of Medicine Center for Reducing Health Disparities.
    a. Conclusion: "Thus far, LPMPP has received strong positive feedback from all. Physicians integrated seamlessly, making healthcare more accessible and increasing patient trust. Staff reported excellent patient care processes and a supportive environment. LPMPP physicians demonstrated a solid understanding of California Medical Standards."

2.) Second Evaluation Cycle of the Bilateral Program for Access to Health Services in Migrant Communities of the California State by Means of Mexican Physicians General Report --- Centro de Investigacion en Politicas, Poblacion y Salud (CIPPS) Universidad Nacional Autonoma de Mexico (UNAM).
    a. The evaluation included interviews with 462 patients from November 28 to December 2, 2022. Significant findings include increased satisfaction by patients being able to communicate in their native language, Spanish, with physicians. Patient satisfaction increased in knowing that physicians understand the patient's symptoms better. While patients' satisfaction with the quality of care was already high (in the 90 percentile) before the doctors from Mexico treated patients, these satisfaction levels were maintained and increased. The doctors from Mexico considered the clinic work environment "…very positive." The "…collaborative work and organization" at each health center was found conducive by all doctors from Mexico working at the three health centers. Over 70 percent of patients at all three clinics prefer their medical consultations in Spanish. Having doctors from Mexico allowed the community health centers to satisfy this preference more than any year before they worked at the health center.

Table: Total Medical Encounters for Doctors from Mexico Pilot Program
From August 2021 to September 2023

Total Medical Encounters for Doctors from Mexico Pilot Program			
From August 2021 to September 2023			
Community Health Center	**Visits Per Year (2021)**	**Visits Per Year (2022)**	**Visits Per Year (2023)**
San Benito Health Foundation	2728	10874	13,855
AltaMed	0	0	4855
Altura Centers for Health	0	7478	16,758
Clinicas de Salud del Valle de Salinas	0	23687	38,279
Total Visits Per Year	**2,728**	**42,039**	**73,731**
Community Health Center	**Visits Per Day (2021)**	**Visits Per Day (2022)**	**Visits Per Day (2023)**
San Benito Health Foundation	36	65	96
AltaMed	0	0	13.6
Altura Centers for Health	0	64	111
Clinicas de Salud del Valle de Salinas	0	181	221
Average Visits Per Day	**9.0**	**77.5**	**110.25**
Community Health Center	**Visits Per Hour (2021)**	**Visits Per Hour (2022)**	**Visits Per Hour (2023)**
San Benito Health Foundation	2.65	2.7	3.7
AltaMed	0	0	1.83
Altura Centers for Health	0	2.9	2.4
Clinicas de Salud del Valle de Salinas	0	2.59	2.94
Average Visits Per Hour	**0.6625**	**2.0475**	**2.79**

In summary, from August 2021 to September 2023, twenty-two of the thirty doctors from Mexico allowed to practice medicine in California under AB 1045 provided 118,498 medical encounters to more than 36,00000 patients at four community health centers.

Visa and Medical License Activation Dates for all Doctors from Mexico

Clinicas de Salud del Valle de Salinas			
#	Name	Visa	Medical License
1	Eva Maria Perusquia Frias	O-1 visa approved 01/31/2022.	Medical license issued 01/05/2022.
2	Nadia Cristina Arias Pena	H-1B visa approved 01/28/2022.	Medical license issued 01/13/2022.
3	Erardo Ismael Rodriguez Bautista	H-1B visa approved 02/01/2022.	Medical license issued 01/21/2022.
4	Daniel Abidan Alarcon Lerin	H-1B visa approved 03/01/2022.	Medical license issued 02/08/2022.
5	Edgard Uriel Robles Salgado	O-1 visa approved 03/09/2022.	Medical license issued 02/15/2022.
6	Olga Padron Lopez	O-1 visa approved 03/07/2022.	Medical license issued 02/09/2022.
7	Juana Lucio Gonzalez	O-1 visa approved 08/01/2022.	Medical license issued 04/21/2022.
8	Georgina Centeno Duran	H1-B visa approved 05/11/2022.	Medical license issued 04/21/2022.
9	Armando Moreno Santillan	O-1 visa approved 05/09/2022.	Medical license issued 04/21/2022.
10	Daniel Magana	H1-B visa in process.	Medical license not issued, but visa being processed. A license will be issued when the visa and SSN are provided to the doctor.
11	Susana Torres Renteria	Dual Citizen.	Medical license issued 01/24/2022.

San Benito Health Foundation			
#	Name	Visa	Medical License
1	Erica Ceballos Cabrera	H-1B visa approved 08/20/2021.	Medical license issued 07/15/2021.
2	Yazmin Gomez Vargas	H-1B visa approved 10/22/2021.	Medical license issued 07/30/2021.
3	Javier Sotomayor	H-1B visa approved 06/08/2023.	Medical license issued.
4	Nathaniel Cordero Valentin	US Citizen.	Medical license issued 01/25/2023.
5	Maria Luisa Vargas Torres	Dual Citizen.	Medical license issued 06/09/2022.

Altura Centers for Health			
#	Name	Visa	Medical License
1	Andres Benincore	H-1B visa approved 01/11/2022.	Medical license issued 12/08/2021.
2	Jorge Rocha Millan	H-1B visa approved 08/30/2022.	Medical license issued 11/03/2021.
3	Raul Resendiz Rios	H-1B visa approved 03/29/2022.	Medical license issued 02/15/2022.
4	Jacobo Labastida Torres	H-1B visa approved 05/10/2022.	Medical license issued 04/21/2022.

5	Jose Puente Moreno	H-1B visa approved 10/26/2022.	Medical license issued 09/21/2022.
6	De la Cruz Santamaria	H-1B visa approved 11/17/2022.	Medical license issued 07/13/2022.
7	Navarro Castellanos	H-1B visa, waiting for letters in support to be executed.	

AltaMed			
#	**Name**	**Visa**	**Medical License**
1	Castro Castrezana	O-1 visa approved 11/08/2022.	Medical license issued.
2	Christopher Emmanuel Wissar Acosta	O-1 visa approved 10/03/2022.	Medical license issued 09/15/2022.
3	Moises Islas	H-1B visa approved 05/19/2023.	Medical license issued.
4	Daniel Altamirano Abad	H-1B visa in process.	Medical license issued.
5	Carla America Gonzalez Guzman	H-1B visa in process.	Medical license issued.
6	Steffany Carballo Maggard	Dual Citizen.	Medical license issued 04/17/2023.
7	Macrina Alejandra Rosas	Dual Citizen.	Medical license issued 04/17/2023.

AB 1045 Visits Per Year

Physician Name	Specialty	2021	2022	2023 (Jan - Sept)	Total
Dr. Ceballos (August 2021)	Family Medicine Physician	2,638	6,529	4,672	13,839
Dr. Gomez (December 2021)	Pediatrician	90	1,818	2,163	4,071
Dr. Vargas (July 2022)	Family Medicine Physician		2,527	4,324	6,851
Dr. Cordero (February 2023)	Family Medicine Physician			2,535	2,535
Dr. Sotomayor (August 2023)	Family Medicine Physician			191	191
Total AB 1045 Physicians		**2,728**	**10,874**	**13,885**	**27,487**

AB 1045 Days Worked Per Year

Physician Name	Specialty	2021	2022	2023 (Jan - Sept)	Total
Dr. Ceballos (August 2021)	Family Medicine Physician	88	223	167	478
Dr. Gomez (December 2021)	Pediatrician	14	158	174	346
Dr. Vargas (July 2022)	Family Medicine Physician		104	171	275
Dr. Cordero (February 2023)	Family Medicine Physician			138	138
Dr. Sotomayor (August 2023)	Family Medicine Physician			16	16
Total AB 1045 Physicians		**102**	**485**	**665**	**1,252**

AB 1045 Visits Per Day

Physician Name	Specialty	2021	2022	2023 (Jan - Sept)	Average
Dr. Ceballos (August 2021)	Family Medicine Physician	30	29	28	29
Dr. Gomez (December 2021)	Pediatrician	6	12	12	12
Dr. Vargas (July 2022)	Family Medicine Physician		24	25	25
Dr. Cordero (February 2023)	Family Medicine Physician			18	18
Dr. Sotomayor (August 2023)	Family Medicine Physician			12	12
Total AB 1045 Physicians		**36**	**65**	**96**	**96**

AB 1045 Visits Per Hour

Physician Name	Specialty	2021	2022	2023 (Jan - Sept)	Average
Dr. Ceballos (August 2021)	Family Medicine Physician	3.7	3.7	3.5	3.6
Dr. Gomez (December 2021)	Pediatrician	1.6	2.9	3.1	2.9
Dr. Vargas (July 2022)	Family Medicine Physician		3.0	3.2	3.1
Dr. Cordero (February 2023)	Family Medicine Physician			2.3	2.3
Dr. Sotomayor (August 2023)	Family Medicine Physician			3.0	3.0
Total AB 1045 Physicians		**3.6**	**3.8**	**3.8**	**3.7**

AB 1045 Visits Per Month							
Physician Name	**Specialty**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Total**
Dr. Ceballos	Family Medicine Physician	149	654	651	558	626	2638
Dr. Gomez	Pediatrician	-	-	-	-	90	90
Total AB 1045 Physicians		**149**	**654**	**651**	**558**	**716**	**2,728**

AB 1045 Days Worked							
Physician Name	**Specialty**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Total**
Dr. Ceballos	Family Medicine Physician	7	21	21	19	20	88
Dr. Gomez	Pediatrician	-	-	-	-	14	14
Total AB 1045 Physicians		**7**	**21**	**21**	**19**	**34**	**102**

AB 1045 Visits Per Day							
Physician Name	**Specialty**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Average**
Dr. Ceballos	Family Medicine Physician	21	31	31	29	31	30
Dr. Gomez	Pediatrician	-	-	-	-	6	6
Total AB 1045 Physicians		**21**	**31**	**31**	**29**	**37**	**36**

AB 1045 Visits Per Hour							
Physician Name	**Specialty**	**Aug-21**	**Sep-21**	**Oct-21**	**Nov-21**	**Dec-21**	**Average**
Dr. Ceballos	Family Medicine Physician	2.7	3.9	3.9	3.7	3.9	3.7
Dr. Gomez	Pediatrician	-	-	-	-	1.6	1.6
Total AB 1045 Physicians		**2.7**	**3.9**	**3.9**	**3.7**	**3.7**	**1.5**

SAN BENITO HEALTH FOUNDATION
Community Health Center

AB 1045 Visits Per Month

Physician Name	Specialty	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Dr. Ceballos	Family Medicine Physician	615	418	554	700	472	540	614	511	350	577	613	565	6529
Dr. Gomez	Pediatrician	143	201	254	119	221	265	110	-	-	171	93	241	1818
Dr. Vargas	Family Medicine Physician	-	-	-	-	-	-	69	460	601	488	514	395	2527
Total AB 1045 Physicians		**758**	**619**	**808**	**819**	**693**	**805**	**793**	**971**	**951**	**1,236**	**1,220**	**1,201**	**10,874**

AB 1045 Days Worked

Physician Name	Specialty	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Dr. Ceballos	Family Medicine Physician	20	14	19	21	17	21	20	18	12	21	20	20	223
Dr. Gomez	Pediatrician	18	19	22	8	18	21	11			15	6	20	158
Dr. Vargas	Family Medicine Physician	-	-	-	-	-	-	5	23	21	21	18	16	104
Total AB 1045 Physicians		**38**	**33**	**41**	**29**	**35**	**42**	**36**	**41**	**33**	**57**	**44**	**56**	**485**

AB 1045 Visits Per Day

Physician Name	Specialty	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Average
Dr. Ceballos	Family Medicine Physician	31	30	29	33	28	26	31	28	29	27	31	28	29
Dr. Gomez	Pediatrician	8	11	12	15	12	13	10	-	-	11	16	12	12
Dr. Vargas	Family Medicine Physician	-	-	-	-	-	-	14	20	29	23	29	25	24
Total AB 1045 Physicians		**39**	**41**	**41**	**48**	**40**	**39**	**55**	**48**	**58**	**61**	**76**	**65**	**65**

AB 1045 Visits Per Hour

Physician Name	Specialty	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Average
Dr. Ceballos	Family Medicine Physician	3.8	3.7	3.6	4.2	3.5	3.2	3.8	3.5	3.6	3.4	3.8	3.5	3.7
Dr. Gomez	Pediatrician	2.0	2.6	2.9	3.7	3.1	3.2	2.5	-	-	2.9	3.9	3.0	2.9
Dr. Vargas	Family Medicine Physician	-	-	-	-	-	-	1.7	2.5	3.6	2.9	3.6	3.1	3.0
Total AB 1045 Physicians		**3.9**	**4.3**	**4.4**	**5.3**	**4.4**	**4.2**	**3.2**	**3.0**	**3.6**	**3.7**	**4.5**	**3.9**	**2.7**

SAN BENITO HEALTH FOUNDATION
Community Health Center

AB 1045 Visits Per Month

Physician Name	Specialty	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Total
Dr. Ceballos	Family Medicine Physician	528	559	615	495	561	403	438	520	553	4672
Dr. Gomez	Pediatrician	212	244	289	261	248	194	230	226	259	2163
Dr. Vargas	Family Medicine Physician	499	469	565	412	523	335	420	576	525	4324
Dr. Cordero	Family Medicine Physician		34	195	284	376	401	350	498	397	2535
Dr. Sotomayor	Family Medicine Physician							-	52	139	191
Total AB 1045 Physicians		**1,239**	**1,306**	**1,664**	**1,452**	**1,708**	**1,333**	**1,438**	**1,872**	**1,873**	**13,885**

AB 1045 Days Worked

Physician Name	Specialty	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Total
Dr. Ceballos	Family Medicine Physician	18	19	22	18.5	20.5	16	14.0	18.5	20.0	167
Dr. Gomez	Pediatrician	20	19	21	20	17	21	19	17	20	174
Dr. Vargas	Family Medicine Physician	19	18.5	22	18.5	21.5	15	16	21.5	19	171
Dr. Cordero	Family Medicine Physician		6	22	18.5	20.5	21	10	21.5	18	137.5
Dr. Sotomayor	Family Medicine Physician							-	4	12	16
Total AB 1045 Physicians		**57**	**63**	**87**	**76**	**80**	**73**	**59**	**83**	**89**	**665**

AB 1045 Visits Per Day

Physician Name	Specialty	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Average
Dr. Ceballos	Family Medicine Physician	29	29	28	27	27	25	31	28	28	28
Dr. Gomez	Pediatrician	11	13	14	13	15	9	12	13	13	12
Dr. Vargas	Family Medicine Physician	26	25	26	22	24	22	26	27	28	25
Dr. Cordero	Family Medicine Physician		6	9	15	18	19	35	23	22	18
Dr. Sotomayor	Family Medicine Physician							-	13	12	12
Total AB 1045 Physicians		**66**	**73**	**76**	**77**	**85**	**76**	**105**	**104**	**102**	**96**

AB 1045 Visits Per Hour

Physician Name	Specialty	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Average
Dr. Ceballos	Family Medicine Physician	3.7	3.7	3.5	3.3	3.4	3.1	3.9	3.5	3.5	3.5
Dr. Gomez	Pediatrician	2.7	3.2	3.4	3.3	3.6	2.3	3.0	3.3	3.2	3.1
Dr. Vargas	Family Medicine Physician	3.3	3.2	3.2	2.8	3.0	2.8	3.3	3.3	3.5	3.2
Dr. Cordero	Family Medicine Physician		0.7	1.1	1.9	2.3	2.4	4.4	2.9	2.8	2.3
Dr. Sotomayor	Family Medicine Physician							-	3.3	2.9	3.0
Total AB 1045 Physicians		**3.8**	**3.1**	**3.2**	**3.2**	**3.5**	**3.0**	**4.2**	**3.6**	**3.5**	**3.8**

	Provider: Ceballos, Erika		
	Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD-10
1	11. Hypertension	3,676	I10
2	09. Diabetes mellitus	2,500	E11.9
3	14a. Overweight and obesity	690	E66.9
4	23. Pap test	533	Z12.4
5	20b. Anxiety disorders including PTSD	326	F41.9
6	26. Health supervision of infant or child (ages 0 through 11)	274	Z00.129
7	04. Syphillis and other sexually transmitted diseases	187	A64
8	22. Mammogram	152	Z12.31
9	05. Asthma	117	J45.909
10	25. Contraceptive management	115	Z30.09
	Provider: Gomez, Yazmin		
	Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD-10
1	26. Health supervision of infant or child (ages 0 through 11)	1,275	Z00.129
2	14a. Overweight and obesity	904	E66.9
3	05. Asthma	59	J45.909
4	11. Hypertension	41	I10
5	20b. Anxiety disorders including PTSD	34	F41.9
6	06. Chronic bronchitis and emphysema	20	J40
7	26a. Childhood lead test screening (9 to 72 months)	20	Z13.88
8	04c. Novel coronavirus (SARS-CoV-2) disease	18	U07.1
9	20c. Attention deficit and disruptive behavior disorders	18	F90.9
10	12. Contact dermatitis and other eczema	17	L30.9
	Provider: Vargas-Torres, Maria L		
	Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD-10
1	11. Hypertension	958	I10
2	09. Diabetes mellitus	571	E11.9
3	14a. Overweight and obesity	470	E66.9
4	23. Pap test	454	Z12.4
5	26. Health supervision of infant or child (ages 0 through 11)	274	Z00.129
6	20b. Anxiety disorders including PTSD	194	F41.9
7	25. Contraceptive management	120	Z30.9
8	22. Mammogram	104	Z12.31
9	04. Syphillis and other sexually transmitted diseases	79	A64
10	20a. Depression and other mood disorders	52	F32.9
	Provider: Cordero Valentin, Nathanael		
	Diagnostic Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD-10
1	11. Hypertension	135	I10
2	09. Diabetes mellitus	111	E11.9
3	14a. Overweight and obesity	82	E66.9
4	22. Mammogram	41	Z12.31
5	26. Health supervision of infant or child (ages 0 through 11)	40	Z00.129
6	04. Syphillis and other sexually transmitted diseases	33	A64
7	19a. Tobacco use disorder	23	F17.200
8	20b. Anxiety disorders including PTSD	22	F41.9
9	05. Asthma	19	J45.909
10	20a. Depression and other mood disorders	14	F32.9

SAN BENITO HEALTH FOUNDATION
Community Health Center

San Benito Health Foundation

AB1045 Providers

Dr. Erika Jazmin Ceballos Cabrera

Dr. Ceballos has been enthusiastic about caring for patients of all ages and genders. She is a champion on preventive care such as age-specific and seasonal vaccinations, breast and cervical cancer screenings and birth control. She has also reached out to the community beyond the clinic, helping in other programs with her spouse at the high school and for local organizations. Dr. Ceballos is a member of the Rotary Club of San Juan Bautista California, currently serving as Co-Chair for the club's Rainbow Run, and volunteering for its various fundraisers and community events.

AB 1045 Program Requirements:

- California Medical Board License P1 (From 07/15/2021 to 07/15/2024).
- H1B visa approved (from 08/16/2021 to 07/15/2024). Mexican Citizen.
- ESL at Salinas Adult School. Six months completed.
- Six Peer Reviews by UCSF.
- Current Member of the California Medical Association.
- Dr. Ceballos was the first Mexican Doctor to arrive in California:
    - Started helping the next day she arrived (March 8, 2021) at San Benito Health Foundation as a volunteer, assisting with the process of vaccination for COVID during the pandemic (volunteered for a month).
    - In April 8, 2021, Dr. Ceballos was hired as a Physician researcher and in August 23, 2021, she started as a Family Medicine Physician and mentor for Nurse Practitioners and Physician Assistant students and also for the doctors who arrived at San Benito Health Foundation.

Continuing Education Units (CEU)

- ECRI Clinical Risk Management Basics, Risk Management Fundamentals, Ambulatory Care Risk Management Level 1 to 4; Obstetrics: Safe, Equitable Care for All Women, Part 1, 2 and 3; Safe Ambulatory Care; Technology for Medication Safety: Sustained and Appropriate Use.
- CDC Certifications: COVID-19 Vaccine Webinar Series, Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know.
- CPSP Family Planning.

- EZIZ: VFC Program Requirements 1 through 8.

Dr. Erika Jazmin Ceballos Cabrera (Continued)

- Lactation Educator Counselor, at University of California, San Diego, certificate from 9/04/2021 to 09/04/2026.
- UCSF CME Essentials of Primary Care: A Core Curriculum for Ambulatory Practice (July 31-August 5, 2022).
- Basic Life Support (CPR and AED) program 11/12/2022 to 11/2024.
- CAPTC: Family PACT Long-Acting Reversible Contraception (LARC) Training Comprehensive IUD & Contraceptive Implant Insertion Training.
- Clinical Record in the USA at UC Irvine School of Medicine.
- Current Member of the California Medical Association.
- Current student of USMLE INBDE preparation course October 7-December 17 2023. This course has increased knowledge and skills in management of most common disease in patient population. Course will also result in 100 CME Units post successful completion of examination in 2024.

- CME credits in 2021: 51
- CME Credits in 2022: 20
- CME Credits in 2023: 25

San Benito Health Foundation

AB1045 Providers

Dr. Yazmin Gomez Vargas

Dr. Gomez is currently acting as WIC Supervisor, in addition to being Provider of Record for the Children Vaccines Program. She is a recent new mother, which has made her even more committed to SBHF's WIC participants and pediatric patients. She has greatly enhanced and expanded the lactation counseling services at the clinic and her similar cultural background has helped Latino patients resolve any doubts about breastfeeding. Dr. Gomez is the only pediatrician at the SBHF.

AB 1045 Program Requirements:

- California Medical Board License P2 (From 07/30/2021 to 07/30/2024).
- H1B visa approved. Mexican Citizen.
- ESL at Salinas Adult School. Six months completed.
- Six Peer Reviews by UCSF.
- Current Member of the California Medical Association.
- Dr. Gomez was the second Mexican Doctor to arrive in California:
    - Started helping the next day she arrived (April 13, 2021) at San Benito Health Foundation as a volunteer, assisting with the process of vaccination for COVID during the pandemic (volunteered for a month).
    - In July 13, 2021, Dr. Gomez was hired as a Physician researcher and in November 18, 2021, she started as a Pediatrician.
    - Dr. Gomez has led the immunization efforts for COVID, Pediatric and Adults at SBHF. This has resulted in a 76% COVID immunization rates for SBHF patients. In addition, SBHF achieved immunization rates 23% above community health centers throughout the nation in 2022.
    - Dr. Gomez has also led the WIC services averting the Formula Crisis by increasing Breastfeeding rates, which are 56% for SBHF WIC participants, above the Health People 2030 Goals.
    - In August 2022 Dr. Gomez had a Baby thus her gap in service delivery during her Pregnancy Disability Leave.

San Benito Health Foundation

AB1045 Providers

Dr. Yazmin Gomez (Continued)

Continuing Education Units (CEU)

- ECRI Clinical Risk Management Basics, Risk Management Fundamentals, Ambulatory Care Risk Management Level 1 to 4; Obstetrics: Safe, Equitable Care for All Women, Part 1, 2 and 3; Safe Ambulatory Care; Technology for Medication Safety: Sustained and Appropriate Use; Children and Trauma: Tackling the Pediatric Mental Health Crisis.

o CDC Certifications: COVID-19 Vaccine Webinar Series, Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know.

o EZIZ: VFC Program Requirements 1 through 8.

o Lactation Educator Counselor, at University of California, San Diego (09/04/21 to 09/04/2026).

o UC San Diego Division of Extended Studies: Medical Terminology: An Anatomy and Physiology Approach.

o Basic Life Support (CPR and AED) program 07/12/2023 to 07/12/24.

o Clinical Record in the USA at UC Irvine School of Medicine.

- CME credits in 2021: 46.25

- CME Credits in 2022: 11

- CME Credits in 2023: 40

SAN BENITO HEALTH FOUNDATION
Community Health Center

San Benito Health Foundation

AB1045 Providers

Dr. Maria Luisa Vargas Torres

Dr. Vargas is a champion on preventive care such as age-specific and seasonal vaccinations, breast exams and birth control. Dr. Vargas has been enthusiastic about caring for patients in behavioral health and mental health in primary care, putting into practice knowledge from the Fellowship. Her spouse is trained as a nurse, and he has been a big support to the clinic as a medical assistant. They both have represented the San Benito Health Foundation at community health fairs and events.

AB 1045 Program Requirements:

- California Medical Board License P17 (From 06/29/2022 to06/29/2023). Started seeing patients July 16, 2023.
- US Permanent Resident / Colombian Citizen and Naturalized Mexican.
- ESL at Salinas Adult School. Six months completed.
- Three Peer Reviews by UCSF.
- Current student in Primary Care Psychiatry Fellowship at UC Irvine School of Medicine.
- Current Member of the California Medical Association.

Continuing Education Units (CEU)

- o ECRI Clinical Risk Management Basics, Risk Management Fundamentals, Ambulatory Care Risk Management Level 1 to 4; Obstetrics: Safe, Equitable Care for All Women, Part 1, 2 and 3; Safe Ambulatory Care; Technology for Medication Safety: Sustained and Appropriate Use.
- o CDC Certifications: (COVID-19 Vaccine Webinar Series, Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know.
- o CAPTC: Family PACT Long-Acting Reversible Contraception (LARC) Training Comprehensive IUD & Contraceptive Implant Insertion Training.
- o Clinical Record in the USA at UC Irvine School of Medicine.
- o EZIZ: VFC Program Requirements 1 through 8.
- o American Heart Association: CPR and AED.
- o Current student in Primary Care Psychiatry Fellowship at UC Irvine School of Medicine.

- CME credits in 2022: 13.75

SAN BENITO HEALTH FOUNDATION
Community Health Center

San Benito Health Foundation
AB1045 Providers

- CME credits in 2023: 70.25

Dr. Nathanael Cordero Valentin

Dr. Cordero is delighted to be part of a team where the main goal is to provide quality health care to the underserved community. He is passionate about caring for patients in behavioral health and mental health in primary care, putting into practice knowledge from the Fellowship. Dr. Cordero also serves as Director of San Benito Health Foundation's Laboratory Area.

AB 1045 Program Requirements:

- California Medical Board License P23 (From 01/25/2023 to 01/25/2026). Started seeing patients February 13, 2023.
- US Citizen born in Puerto Rico and Naturalized Mexican since 2017.
- Two Peer reviews by UCSF.
- Current student in Primary Care Psychiatry Fellowship at UC Irvine School of Medicine.
- Current Member of the California Medical Association.

Continuing Education Units (CEU)

- o ECRI: Clinical Risk Management Basics, Risk Management Fundamentals, Ambulatory Care Risk Management: Level 1, 2, 3 and 4; Obstetrics: Safe Equitable Care for All Women: Part 1, 2 and 3; Managing Patient Grievances and Complaints; Managing 10,000 Medications.
- o EZIZ: VFC Program Requirements 1 through 8.
- o CDC Certifications: Moderna COVID-19 Vaccine: What Healthcare Professionals Need to Know; Pfizer-BioNTech (COMIRNATY) COVID-19 Vaccine: What Healthcare Professionals Need to Know; COVID-19 Vaccine Training: General Overview of Immunization Best Practices for Healthcare.
- o Clinical Record in the USA at UC Irvine School of Medicine.
- ○ Up-to-Date CEU 58.5

- CME credits in 2023: 139.25

SAN BENITO HEALTH FOUNDATION
Community Health Center

San Benito Health Foundation
AB1045 Providers

Dr. Javier Sotomayor Tapia

Dr. Sotomayor is the most recent Mexican physician working at San Benito Health Foundation. Within two months of his arrival he instituted a Diabetes and Hypertension Education Program for the clinic with explanatory classes to help patients better understand their illness and how to live with it. He is excited about coordinating and collaborating with Health Educators and a Registered Dietitian on future classes and creating support groups to follow up with the patients who participate in the classes. Dr. Sotomayor specializes in Diabetes prevention and management, which is a great asset to the Hispanic population SBHF serves.

AB 1045 Program Requirements:

- California Medical Board License P27 (From 07/25/2023 to 07/25/2026).
- H1B approved (from 06/21/2023 to 05/14/2024). Mexican Citizen.
- Will begin ESL Class Winter 2024
- Current Member of the California Medical Association.

Continuing Education Units (CEU)

- ESL in Salinas Adult School (started this fall).
- ECRI Ambulatory Care Risk Management Level 1 to 4; Managing Patient Grievances and Complaints; Managing 10,000 Medications; Obstetrics: Safe, Equitable Care for All Women, Part 2: Prenatal and Childbirth Protocols; Technology for Medication Safety: Sustained and Appropriate Use; Diabetes Quality Improvement Talks: Foundation of Change.
- CDC Certifications: COVID-19 Vaccine Training: Overview of Immunizations Best Practices for Healthcare; Moderna COVID-19: What Healthcare Professional Need to Know; Pfizer-BioNTech (COMIRANTY) COVID-19: What Healthcare Professional Need to Know.
- INFORMED: Substance Use Disorders: A DEA Requirement.
- EZIZ: VFC Program Requirements 1 through 8.
- Clinical Record in the USA at UC Irvine School of Medicine.

- CME credits in 2023: 35.25.

Licensed Physician's from Mexico Pilot Program Participant Summary

AltaMed

UCSF externship/peer review:

- Our UCSF partnership for the externship peer review of our Licensed Physicians from Mexico began March 30, 2023, when our contract was finalized. Quarter two chart reviews were completed for Dr. Christopher Wissar and Dr. Laura Castro. Results were shared with UCSF team and they have begun their secondary reviews of them.

AB 1045 Visits Per Month						
Physician Name	**Specialty**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Total**
Dr. Christopher Wissar	Family Medicine	320	408	471	393	**1592**
Dr. Laura Castro	Internal Medicine	398	349	416	362	**1525**
Dr. Steffany Carballo	Family Medicine	30	164	306	336	**836**
Dr. Macrina Rosas	Internal Medicine	32	155	268	261	**716**
Dr. Moises Islas Alvarez	Internal Medicine			25	161	**186**
Total for all physicians		**780**	**1076**	**1486**	**1513**	**4855**

AB 1045 Days Worked						
Physician Name	**Specialty**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Total**
Dr. Christopher Wissar	Family Medicine	19	20	23	20	**82**
Dr. Laura Castro	Internal Medicine	22	20	23	19	**84**
Dr. Steffany Carballo	Family Medicine	5	20	23	20	**68**
Dr. Macrina Rosas	Internal Medicine	5	20	23	20	**68**
Dr. Moises Islas Alvarez	Internal Medicine			4	20	**24**
Total for all physicians		**51**	**80**	**96**	**99**	**326**

AB 1045 Visit Average Per Day						
Physician Name	**Specialty**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Total**
Dr. Christopher Wissar	Family Medicine	16.84	20.4	20.48	19.65	**19.3425**
Dr. Laura Castro	Internal Medicine	18.09	17.45	18.09	19.05	**18.19667**
Dr. Steffany Carballo	Family Medicine	6	8.2	13.3	16.8	**12.76667**
Dr. Macrina Rosas	Internal Medicine	6.4	7.75	11.65	13.05	**10.81667**
Dr. Moises Islas Alvarez	Internal Medicine			6.25	8.05	**7.15**
Total for all physicians		**11.8325**	**13.45**	**13.954**	**15.32**	**13.6545**

AB 1045 Visit Average Per Hour						
Physician Name	**Specialty**	**Jun-23**	**Jul-23**	**Aug-23**	**Sep-23**	**Total**
Dr. Christopher Wissar	Family Medicine	2.53	2.72	2.73	2.62	**2.65**
Dr. Laura Castro	Internal Medicine	2.41	2.33	2.41	2.54	**2.426667**
Dr. Steffany Carballo	Family Medicine	0.8	1.09	1.77	2.24	**1.7**
Dr. Macrina Rosas	Internal Medicine	0.85	1.03	1.55	1.74	**1.44**
Dr. Moises Islas Alvarez	Internal Medicine			0.83	1.07	**0.95**
Total for all physicians		**1.6475**	**1.7925**	**1.858**	**2.042**	**1.833333**

AB 1045 Top 10 Diagnoses			
Dr. Christopher Wissar			
Top 10	**Diagnoses Category**	**Number of Visits by Diagnosis**	**ICD-10 Code**
1	ESSENTIAL (PRIMARY) HYPERTENSION	245	I10
2	ENCOUNTER FOR IMMUNIZATION	181	Z23
3	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	162	Z00.00
4	HYPERLIPIDEMIA, UNSPECIFIED	129	E78.5
5	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	121	Z12.11
6	TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	117	E11.9
7	OTHER OBESITY DUE TO EXCESS CALORIES	111	E66.09
8	OTHER CHRONIC PAIN	94	G89.29
9	ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF PROSTATE	87	Z12.5
10	LONG TERM (CURRENT) USE OF INSULIN	80	Z79.4
AB 1045 Top 10 Diagnoses			
Dr. Laura Castro			
Top 10	**Diagnoses Category**	**Number of Visits by Diagnosis**	**ICD-10 Code**
1	ENCNTR FOR GENERAL ADULT MEDICAL EXAM W/O ABNORMAL FINDINGS	415	Z00.00
2	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	120	E11.65
3	ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	117	Z01.89
4	ESSENTIAL (PRIMARY) HYPERTENSION	145	I10
5	ENCOUNTER FOR IMMUNIZATION	59	Z23
6	HYPERLIPIDEMIA, UNSPECIFIED	51	E78.5
7	ENCOUNTER FOR OTHER SPECIFIED SPECIAL EXAMINATIONS	47	Z01.89
8	HYPERLIPIDEMIA, UNSPECIFIED	46	E78.5
9	ENCOUNTER FOR IMMUNIZATION	77	Z23
10	ESSENTIAL (PRIMARY) HYPERTENSION	36	I10

Licensed Physician's from Mexico Pilot Program Participant Summary

AltaMed

Dr. Christopher Wissar

- California Medical License P20 issued 09/15/2022 to 09/15/2025
- O1B Visa approved 11/03/2022 – 10/30/2023
- First day of employment was 01/09/2023 where he participated in AltaMed's two-week specialized provider onboarding
- Dr. Wissar began seeing patients January 23, 2023 on a two-month ramp-up schedule
- **ESL courses** – Began courses on 02/13/2023 at Santa Monica Community College and completed them 06/23/2023
- **CME** – Dr. Wissar has completed a total of 18.75 credits to date.
- Dr. Wissar has supported AltaMed's Urgent Care significantly by taking on shifts when other providers call in sick or extra staff is needed

Dr. Laura Castro

- California Medical License P19 issued 09/15/2022 to 09/15/2025
- O1B Visa approved 12/13/2022 – 11/29/2023
- First day of employment was 02/13/2023 where she participated in AltaMed's two-week specialized provider onboarding
- Dr. Castro began seeing patients 02/27/2023 on a two-month ramp-up schedule
- **ESL courses** – Began courses on 02/13/2023 at Santa Monica Community College and completed them 06/23/2023
- **CME** – Dr. Castro has completed a total of 29.5 credits to date.

Dr. Macrina Alejandra Rosas Rosas

- California Medical License P25 issued 04/17/2023 to 04/17/2026
- U.S. Mexico Dual Citizen
- First day of employment was 06/12/2023 where she participated in AltaMed's two-week specialized provider onboarding
- Dr. Rosas began seeing patients 06/26/2023 on a two-month ramp-up schedule
- **ESL courses** – Registered at Santa Ana Community College. Classes began 09/05/2023
- **CME** – no credits to date

Dr. Steffany Carballo Maggard

- California Medical License P24 issued 04/17/2023 to 04/17/2026
- U.S. Mexico Dual Citizen
- First day of employment was 06/12/2023 where she participated in AltaMed's two-week specialized provider onboarding
- Dr. Carballo Maggard began seeing patients 06/26/2023 on a two-month ramp-up schedule
- **ESL courses** – Registered at Santa Ana Community College. Classes began 09/05/2023
- **CME** – no credits to date

Dr. Moises Islas

- California Medical License P24 issued 07/10/2023 to 07/10/2026
- H1B Visa approved 06/08/2023 – 04/14/2023
- First day of employment was 08/14/2023 where he participated in AltaMed's two-week specialized provider onboarding
- Dr. Moises Islas began seeing patients 08/28/2023 on a two-month ramp-up schedule
- **ESL courses** – Registered at Santa Ana Community College. Classes began 09/05/2023
- **CME** – no credits to date

AB 1045 Visits Per Year		
Physician Name	**Specialty**	**Total- 2022 & 2023**
Benincore MD, Andres	Pediatrics	9,529
De La Cruz MD, Rodrigo	Pediatrics	3,455
Rocha MD, Jorge	Pediatrics	6,600
Total Pediatrics		**19,584**
Labastida MD, Jacobo	OB Medicine	1,563
Resendiz MD, Faustino	OB Medicine	2,552
Puente Moreno, Jose	Family Medicine	537
Total AB 1045 Physicians		**43,820**

AB 1045 Visits Per Day		
Physician Name	**Specialty**	**Total- 2022 & 2023**
Benincore MD, Andres	Pediatrics	29
De La Cruz MD, Rodrigo	Pediatrics	22
Rocha MD, Jorge	Pediatrics	25
Total Pediatrics		**76**
Labastida MD, Jacobo	OB Medicine	10
Resendiz MD, Faustino	OB Medicine	10
Puente Moreno, Jose	Family Medicine	15
Total AB 1045 Physicians		**186**

AB 1045 Visits Per Hour		
Physician Name	**Specialty**	**Total- 2022 & 2023**
Benincore MD, Andres	Pediatrics	4.0
De La Cruz MD, Rodrigo	Pediatrics	2.9
Rocha MD, Jorge	Pediatrics	3.5
Total Pediatrics		**3.7**
Labastida MD, Jacobo	OB Medicine	1.2
Resendiz MD, Faustino	OB Medicine	1.2
Puente Moreno, Jose	Family Medicine	1.4
Total AB 1045 Physicians		**2.7**

CY-2022 AB 1045 Visits Per Month											
Physician Name	**Specialty**	**Apr 22**	**May 22**	**June 22**	**July 22**	**Aug 22**	**Sept 22**	**Oct 22**	**Nov 22**	**Dec 22**	**Total 22**
Benincore MD, Andres	Pediatrics	80	437	595	491	553	580	631	625	540	4,532
Rocha MD, Jorge	Pediatrics	-	-	-	-	-	495	586	603	581	2,265
Total Pediatrics		**80**	**437**	**595**	**491**	**553**	**1,075**	**1,217**	**1,228**	**1,121**	**6,797**
Resendiz MD, Faustino	OB Medicine	-	-	-	-	138	149	151	116	127	681
Total All Physicians		**80**	**437**	**595**	**491**	**691**	**1,224**	**1,368**	**1,344**	**1,248**	**7,478**

CY-2022 AB 1045 Visits Per Day											
Physician Name	**Specialty**	**Apr 22**	**May 22**	**June 22**	**July 22**	**Aug 22**	**Sept 22**	**Oct 22**	**Nov 22**	**Dec 22**	**Average 22**
Benincore MD, Andres	Pediatrics	11	23	25	25	26	28	32	39	30	27
Rocha MD, Jorge	Pediatrics	-	-	-	-	-	24	28	34	34	29
Total Pediatrics		**11**	**23**	**25**	**25**	**26**	**51**	**59**	**73**	**64**	**57**
Resendiz MD, Faustino	OB Medicine	-	-	-	-	7	7	8	15	6	8
Total All Physicians		**11**	**23**	**25**	**25**	**33**	**58**	**67**	**87**	**70**	**64**

CY-2022 AB 1045 Visits Per Hour											
Physician Name	**Specialty**	**Apr 22**	**May 22**	**June 22**	**July 22**	**Aug 22**	**Sept 22**	**Oct 22**	**Nov 22**	**Dec 22**	**Average 22**
Benincore MD, Andres	Pediatrics	1.6	3.2	3.4	3.4	3.7	3.8	4.4	5.4	4.2	3.7
Rocha MD, Jorge	Pediatrics	-	-	-	-	-	3.3	3.9	4.7	4.7	4.1
Total Pediatrics		**1.6**	**3.2**	**3.4**	**3.4**	**3.7**	**3.6**	**4.1**	**5.0**	**4.5**	**3.9**
Resendiz MD, Faustino	OB Medicine	-	-	-	-	0.9	0.9	0.9	1.8	0.8	1.1
Total All Physicians		**1.6**	**3.2**	**3.4**	**3.4**	**2.3**	**2.7**	**3.1**	**4.0**	**3.2**	**3.0**

CY-2023 AB 1045 Visits Per Month

Physician Name	Specialty	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Total 23
Benincore MD, Andres	Pediatrics	565	569	529	598	669	389	497	591	590	**4,997**
De La Cruz MD, Rodrigo	Pediatrics	-	16	240	603	580	545	457	549	465	**3,455**
Rocha MD, Jorge	Pediatrics	501	551	577	387	557	424	450	542	346	**4,335**
Total Pediatrics		**1,066**	**1,136**	**1,346**	**1,588**	**1,806**	**1,358**	**1,404**	**1,682**	**1,401**	**12,787**
Labastida MD, Jacobo	OB Medicine	8	35	50	185	254	289	257	277	208	**1,563**
Resendiz MD, Faustino	OB Medicine	154	98	247	237	245	121	248	305	216	**1,871**
Puente Moreno, Jose	Family Medicine	-	-	-	-	-	-	3	301	233	**537**
Total All Physicians		**1,228**	**1,269**	**1,643**	**2,010**	**2,305**	**1,768**	**1,912**	**2,565**	**2,058**	**16,758**

CY-2023 AB 1045 Visits Per Day

Physician Name	Specialty	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Average
Benincore MD, Andres	Pediatrics	31	44	28	28	33	24	33	26	30	**30**
De La Cruz MD, Rodrigo	Pediatrics	-	1	10	27	31	23	30	24	21	**22**
Rocha MD, Jorge	Pediatrics	27	31	24	23	25	22	20	24	18	**24**
Total Pediatrics		**58**	**76**	**62**	**79**	**89**	**69**	**84**	**73**	**69**	**76**
Labastida MD, Jacobo	OB Medicine	1	3	2	9	13	14	14	14	14	**10**
Resendiz MD, Faustino	OB Medicine	9	6	11	12	11	12	13	13	11	**11**
Puente Moreno, Jose	Family Medicine	-	-	-	-	-	-	2	13	19	**15**
Total All Physicians		**68**	**84**	**76**	**100**	**113**	**95**	**113**	**113**	**114**	**111**

CY-2023 AB 1045 Visits Per Hour

Physician Name	Specialty	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Average
Benincore MD, Andres	Pediatrics	4.4	6.1	3.9	4.0	4.6	3.4	4.6	3.6	4.1	**4.3**
De La Cruz MD, Rodrigo	Pediatrics	-	0.2	1.4	3.8	4.2	3.2	4.2	3.3	3.0	**2.9**
Rocha MD, Jorge	Pediatrics	3.8	4.3	3.3	3.2	3.5	3.1	2.8	3.3	2.5	**3.3**
Total Pediatrics		**4.1**	**3.5**	**2.9**	**3.6**	**4.1**	**3.2**	**3.9**	**3.4**	**3.2**	**3.5**
Labastida MD, Jacobo	OB Medicine	0.1	0.3	0.3	1.2	1.6	1.7	1.8	1.7	1.7	**1.2**
Resendiz MD, Faustino	OB Medicine	1.1	0.7	1.4	1.5	1.4	1.5	1.6	1.7	1.4	**1.4**
Puente Moreno, Jose	Family Medicine	-	-	-	-	-	-	0.2	1.6	2.4	**1.4**
Total All Physicians		**2.3**	**2.3**	**2.1**	**2.7**	**3.1**	**2.6**	**2.5**	**2.5**	**2.5**	**2.4**

Diagnosis Activity Report

ICD10 Code	Office Code	Description	# Occurrences	Associated ICD9 Codes
Provider: Benincore MD, Andres				
Z71.3	Z71.3	Dietary counseling and surveillance	1,739	V65.3
Z71.82	Z71.82	Exercise counseling	1,481	
J06.9	J06.9	Acute upper respiratory infection, unspecified	1,329	465.8, 465.9
Z68.52	Z68.52	Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age	1,098	V85.52
Z00.121	Z00.121	Encounter for routine child health examination with abnormal findings	955	V20.2
Z23	Z23	Encounter for immunization	835	V05.9
J30.9	J30.9	Allergic rhinitis, unspecified	727	477.9
Z68.54	Z68.54	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age	596	V85.54
H66.90	H66.90	Otitis media, unspecified, unspecified ear	478	382.9
Z00.129	Z00.129	Encounter for routine child health examination without abnormal findings	382	V20.2

ICD10 Code	Office Code	Description	# Occurrences	Associated ICD9 Codes
Provider: De La Cruz MD, Rodrigo				
Z71.3	Z71.3	Dietary counseling and surveillance	783	V65.3
Z71.82	Z71.82	Exercise counseling	769	
Z68.52	Z68.52	Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age	413	V85.52
J06.9	J06.9	Acute upper respiratory infection, unspecified	348	465.8, 465.9
Z68.54	Z68.54	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age	228	V85.54
Z00.121	Z00.121	Encounter for routine child health examination with abnormal findings	132	V20.2
Z68.53	Z68.53	Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age	130	V85.53
J30.9	J30.9	Allergic rhinitis, unspecified	102	477.9
Z23	Z23	Encounter for immunization	86	V05.9
K52.9	K52.9	Noninfective gastroenteritis and colitis, unspecified	82	558.9

ICD10 Code	Office Code	Description	# Occurrences	Associated ICD9 Codes
Provider: Labastida MD, Jacobo				
Z34.92	Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester	72	V22.1
Z34.91	Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester	39	V22.1
Z32.01	Z32.01	Encounter for pregnancy test, result positive	24	V72.42
Z34.93	Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester	60	V22.1
Z32.02	Z32.02	Encounter for pregnancy test, result negative	36	V72.41
Z34.90	Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	22	V22.1
N89.8	N89.8	Other specified noninflammatory disorders of vagina	75	623.4, 623.5, 623.6, 623.8
Z01.419	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	42	V72.31
O21.9	O21.9	Vomiting of pregnancy, unspecified	28	643.93
Z23	Z23	Encounter for immunization	20	V05.9

ICD10 Code	Office Code	Description	# Occurrences	Associated ICD9 Codes
Provider: Resendiz MD, Faustino				
N89.8	N89.8	Other specified noninflammatory disorders of vagina	183	623.4, 623.5, 623.6, 623.8
Z34.93	Z34.93	Encounter for supervision of normal pregnancy, unspecified, third trimester	175	V22.1
Z34.92	Z34.92	Encounter for supervision of normal pregnancy, unspecified, second trimester	157	V22.1
Z32.02	Z32.02	Encounter for pregnancy test, result negative	111	V72.41
Z34.91	Z34.91	Encounter for supervision of normal pregnancy, unspecified, first trimester	105	V22.1
Z71.2	Z71.2	Person consulting for explanation of examination or test findings	93	V65.8
Z01.419	Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	88	V72.31
Z34.90	Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester	86	V22.1
Z23	Z23	Encounter for immunization	81	V05.9
E66.01	E66.01	Morbid (severe) obesity due to excess calories	78	278.01

ICD10 Code	Office Code	Description	# Occurrences	Associated ICD9 Codes
Provider: Rocha MD, Jorge				
Z71.3	Z71.3	Dietary counseling and surveillance	1,639	V65.3
Z71.82	Z71.82	Exercise counseling	1,622	
J06.9	J06.9	Acute upper respiratory infection, unspecified	1,050	465.8, 465.9
Z68.52	Z68.52	Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age	725	V85.52
Z00.121	Z00.121	Encounter for routine child health examination with abnormal findings	608	V20.2
Z23	Z23	Encounter for immunization	589	V05.9
Z68.54	Z68.54	Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age	540	V85.54
J45.909	J45.909	Unspecified asthma, uncomplicated	377	493.90
Z68.53	Z68.53	Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age	366	V85.53
J00	J00	Acute nasopharyngitis [common cold]	355	460

Altura Centers for Health

Physician Directory - Participants

Jorge Rocha Millan, MD

Pediatrician

· California Medical License P3 issued 11/03/2021 to 11/03/2024
· TN2 Visa approved 07/12/2021 to 07/01/2024
· Arrived to Altura Centers for Health 06/05/2021
· Live Scan completed and submitted to MBC 06/28/2021
· Participated with the COVID19 Vaccine Team providing information to patients
· H1B Petition filed 11/22/2021 - Denied
· H1B Petition filed 02/28/2022 - Denied
· Notice of Appeal filed 07/20/2022
· Enrolled in ESL 08/16/2022
· H1B Visa approved 08/30/2022 to 08/01/2025
· Started seeing patients 09/01/2022
· ESL course completed at The Tulare Adult School 12/15/2022
· Member of American Academy of Pediatrics
· CME - Dr. Rocha has completed 50 CME hours to date
· Dr. Rochas has participated in and continues to participate in Altura Community events such as Cuadrillas, Walk with a Doc, Health Fairs, Altura Patient Baby Showers

Andres Benincore Robledo, MD

Pediatrician

· California Medical License P4 issued 12/08/2021 to 12/08/2024
· H1B Visa approved 01/11/2022 to 11/30/2024
· Arrived to Altura Centers for Health 02/15/2022
· Live Scan completed and submitted to MBC 03/31/2022
· Started seeing patients 04/21/2022
· Enrolled in ESL 03/10/2022
· ESL Course completed at The Tulare Adult School 05/26/2022
· Member of The American Academy of Pediatrics
· CME - Dr. Benincore has completed 62.5 CME hours to date
· Dr. Benincore has participated in and continues to participate in Altura Community events such as Walk with a Doc and Altura patient baby showers
· Welcomed his newborn son 12/28/2022 (time off 12/27/2022 - 01/03/2023)

Jacobo Labastida Torres, MD

OB/GYN

· California Medical License P16 issued 04/21/2022 to 04/21/2025
· H1B Visa approved 05/10/2022 to 03/07/2025
· Arrived to Altura Centers for Health
· Enrolled in ESL 08/09/2022
· Live Scan completed and submitted to MBC 10/16/2022
· Delay in obtaining CA Drive Levenses - received 01/02/2023 (could not submit credentialing until received)
· Started seeing patients 01/17/2023
· Applied for Hospital Privileges at Tulare Adventist Hospital 02/08/2023 (pending approval due to license type)
· ESL Course completed at The Tulare Adult School 06/08/2023
· Member of the American Board of Obstetrics and Gynecology
· Member of the American Association of Gynecologic Laparoscopists
· Member of the International Federation of Obstetrics and Gynecology
· CME - Dr. Labastida has completed 26.25 CME hours
· Dr. Labastida has participated in and continues to participate in Altura Community events such as Walk with a Doc

Faustino Resendiz Rios, MS

OB/GYN

· California Medical License P12 issued 02/15/2022 to 02/15/2025
· H1B Visa approved 03/29/2022 to 11/30/2024
· Arrived to Altura Centers for Health 06/22/20222
· Live Scan completed and submitted to MBC 07/11/2022
· Enrolled in ESL 08/16/2022
· Started seeing patients 08/04/2022
· ESL Course completed at The Tulare Adult School 12/15/2022
· Member of the American Board of Obstetrics and Gynecology
· Member of the American Association of Gynecologic Laparoscopists
· CME - Dr. Resendiz has completed 25 CME hours to date
· Dr. Resendiz has participated in and continues to participate in Altura Community events such as Walk with a Doc and health fairs.

Rodrigo De La Cruz Santa Maria, MD

Pediatrician

· California Medical License P18 issued 02/15/2022 to 02/15/2025
· H1B Visa approved 03/29/2022 to 11/30/2024
· Arrived to Altura Centers for Health 01/03/2023
· Enrolled in ESL 01/17/2023
· Live Scan completed and submitted to MBC 01/26/2023
· Started seeing patients 02/10/2023
· ESL Course completed at The Tulare Adult School 05/25/2023
· CME - Dr. De La Cruz has completed 27.5 CME hours to date.
· Dr. De La Cruz has participated in and continues to participate in Altura Community events such as Altura patient baby showers and Walk with a Doc

Jose Puente Moreno, MD

Family Medicine

· California Medical License P22 issued 09/21/2022 to 09/21/2025
· H1B Visa approved 12/08/2022 to 09/14/2025
· Arrived to Altura Centers for Health 04/03/2023
· Obtained CA Driver License 04/28/2023
· Live Scan completed and submitted to MBC 06/04/2023
· Currently waiting to receive CA Driver License card to proceed with credentialing
· Anticipated date to start seeing patients 07/01/2023
· Dr. Puente participates in Altura Community events such as Friday Cuadrillas

Professional Photo
Not Available

Inaki Navarro Castellanos, MD

Pediatrician

· H1B Visa approved 08/28/2023 to 04/14/2026

Clinica de Salud del Valle de Salinas (CSVS)
AB 1045 Visits per Month/Day/Hour for 2022 to 2023

AB 1045 Visits Per Month				
Physician Name	**Specialty**	**Total (2022)**	**Total (2023)**	**Total (Combined)**
Alarcon Lerin, Abidan Daniel	Family Practice	2,770	3,868	6,638
Lucio Gonzalez, Juana	Family Practice	0	3,036	3,036
Padron Lopez, Olga Magalena	Family Practice	2,886	4,491	7,377
Robles Salgado, Edagr Uriel	Family Practice	3,863	2,907	6,770
Rodriguez Bautista, Evardo Ismael	Family Practice	3,026	4,413	7,439
Torres, Susana	Family Practice	2,047	2,868	4,915
Total Family Practice		14,592	21,583	36,175
Centeno Duran, Georgina A.	OBGYN	0	1,574	1,574
Perusquia Frias, Eva Maria	Internal Medicine	4,458	4,895	9,353
Moreno Santillan, Armando Alberto	OB Medicine	1,554	4,417	5,971
Arias Pena, Nadia Cristina	Pediatrician	3,083	5,810	8,893
Total All Physicians		23,687	38,279	61,966

AB 1045 Visits Per Day				
Physician Name	**Specialty**	**Average**	**Average**	**Average**
Alarcon Lerin, Abidan Daniel	Family Practice	18	24	21
Lucio Gonzalez, Juana	Family Practice	0	21	21
Padron Lopez, Olga Magalena	Family Practice	21	27	24
Robles Salgado, Edagr Uriel	Family Practice	24	16	20
Rodriguez Bautista, Evardo Ismael	Family Practice	23	23	23
Torres, Susana	Family Practice	19	23	21
Total Family Practice		106	134	131
Centeno Duran, Georgina A.	OBGYN	0	9	9
Perusquia Frias, Eva Maria	Internal Medicine	27	25	26
Moreno Santillan, Armando Alberto	OB Medicine	21	24	23
Arias Pena, Nadia Cristina	Pediatrician	27	29	28
Total All Physicians		181	221	217

AB 1045 Visits Per Hour				
Physician Name	**Specialty**	**Average**	**Average**	**Average**
Alarcon Lerin, Abidan Daniel	Family Practice	2.14	3.03	2.58
Lucio Gonzalez, Juana	Family Practice	0.00	3.25	3.25
Padron Lopez, Olga Magalena	Family Practice	2.64	3.34	3.02
Robles Salgado, Edagr Uriel	Family Practice	2.74	3.06	2.87
Rodriguez Bautista, Evardo Ismael	Family Practice	2.73	2.93	2.85
Torres, Susana	Family Practice	2.39	6.30	3.75
Total Family Practice		**2.53**	**3.34**	**2.96**
Centeno Duran, Georgina A.	OBGYN	0.00	1.66	1.15
Perusquia Frias, Eva Maria	Internal Medicine	3.18	3.23	3.21
Moreno Santillan, Armando Alberto	OB Medicine	2.49	3.09	2.91
Arias Pena, Nadia Cristina	Pediatrician	3.21	3.75	3.54
Total All Physicians		**2.59**	**3.21**	**2.94**

Clinica de Salud del Valle de Salinas (CSVS)
AB 1045 Visits per Month/Day/Hour for May 2022 to December 2022

AB 1045 Visits Per Month

Physician Name	Specialty	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	2022
Alarcon Lerin, Abidan Daniel	Family Practice	127	163	210	462	441	489	472	406	2,770
Lucio Gonzalez, Juana	Family Practice	-	-	-	-	-	-	-	-	0
Padron Lopez, Olga Magalena	Family Practice	282	363	333	429	479	289	189	522	2,886
Robles Salgado, Edagr Uriel	Family Practice	245	389	517	653	439	316	612	692	3,863
Rodriguez Bautista, Evardo Ismael	Family Practice	355	413	477	550	522	244	-	465	3,026
Torres, Susana	Family Practice	104	336	329	233	553	438	54	-	2,047
Total Family Practice		**1,113**	**1,664**	**1,866**	**2,327**	**2,434**	**1,776**	**1,327**	**2,085**	**14,592**
Centeno Duran, Georgina A.	OBGYN	-	-	-	-	-	-	-	-	0
Perusquia Frias, Eva Maria	Internal Medicine	388	557	500	646	635	466	621	645	4,458
Moreno Santillan, Armando Alberto	OB Medicine	-	-	-	-	137	430	422	565	1,554
Arias Pena, Nadia Cristina	Pediatrician	343	563	466	-	31	624	534	522	3,083
Total All Physicians		**1,844**	**2,784**	**2,832**	**2,973**	**3,237**	**3,296**	**2,904**	**3,817**	**23,687**

AB 1045 Visits Per Day

Physician Name	Specialty	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Average
Alarcon Lerin, Abidan Daniel	Family Practice	7	7	11	20	23	26	28	24	18
Lucio Gonzalez, Juana	Family Practice	-	-	-	-	-	-	-	-	0
Padron Lopez, Olga Magalena	Family Practice	18	17	20	19	23	26	32	27	21
Robles Salgado, Edagr Uriel	Family Practice	13	19	26	27	26	29	27	30	24
Rodriguez Bautista, Evardo Ismael	Family Practice	20	20	23	23	25	27	-	24	23
Torres, Susana	Family Practice	12	15	16	16	26	26	27	-	19
Total Family Practice		**68**	**77**	**95**	**104**	**123**	**134**	**113**	**106**	**106**
Centeno Duran, Georgina A.	OBGYN	-	-	-	-	-	-	-	-	0
Perusquia Frias, Eva Maria	Internal Medicine	20	24	28	27	29	29	31	28	27
Moreno Santillan, Armando Alberto	OB Medicine	-	-	-	-	9	23	23	27	21
Arias Pena, Nadia Cristina	Pediatrician	21	26	27	-	31	28	30	29	27
Total All Physicians		**110**	**127**	**150**	**131**	**192**	**214**	**197**	**190**	**181**

AB 1045 Visits Per Hour

Physician Name	Specialty	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Average
Alarcon Lerin, Abidan Daniel	Family Practice	0.76	0.93	1.31	2.51	2.90	3.06	3.28	2.67	2.14
Lucio Gonzalez, Juana	Family Practice	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Padron Lopez, Olga Magalena	Family Practice	1.99	2.06	2.45	2.33	2.85	3.28	3.94	3.43	2.64
Robles Salgado, Edagr Uriel	Family Practice	1.61	2.21	1.80	3.14	3.43	3.04	3.64	3.76	2.74
Rodriguez Bautista, Evardo Ismael	Family Practice	2.11	2.35	2.84	2.70	3.07	3.39	0.00	3.08	2.73
Torres, Susana	Family Practice	1.18	1.91	2.06	1.94	3.29	3.04	0.00	0.00	2.39
Total Family Practice		**1.55**	**1.89**	**2.05**	**2.59**	**3.10**	**3.13**	**3.69**	**3.26**	**2.53**
Centeno Duran, Georgina A.	OBGYN	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Perusquia Frias, Eva Maria	Internal Medicine	2.55	3.16	2.40	3.36	3.61	3.43	3.53	3.51	3.18
Moreno Santillan, Armando Alberto	OB Medicine	0.00	0.00	0.00	0.00	0.82	2.83	2.93	3.53	2.49
Arias Pena, Nadia Cristina	Pediatrician	2.04	3.20	3.24	0.00	3.88	3.55	3.51	3.84	3.21
Total All Physicians		**1.78**	**2.26**	**2.24**	**2.72**	**2.84**	**2.92**	**2.93**	**2.98**	**2.59**

Clinica de Salud del Valle de Salinas (CSVS)
AB 1045 Visits per Month/Day/Hour for January 2023 to September 2023

AB 1045 Visits Per Month

Physician Name	Specialty	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 2023	Aug 23	Sept 23	Total (2023)
Alarcon Lerin, Abidan Daniel	Family Practice	430	491	525	346	48	509	464	532	523	**3,868**
Lucio Gonzalez, Juana	Family Practice	-	-	271	320	462	579	275	582	547	**3,036**
Padron Lopez, Olga Magalena	Family Practice	467	464	461	235	545	650	515	593	561	**4,491**
Robles Salgado, Edagr Uriel	Family Practice	600	632	549	502	624	630	673	806	531	**2,907**
Rodriguez Bautista, Evardo Ismael	Family Practice	480	419	557	496	563	490	464	470	474	**4,413**
Torres, Susana	Family Practice	-	-	60	376	615	429	389	452	547	**2,868**
Total Family Practice		**1,977**	**2,006**	**2,423**	**2,275**	**2,857**	**3,287**	**2,780**	**3,435**	**3,183**	**21,583**
Centeno Duran, Georgina A.	OBGYN	195	451	556	372	381	659	577	561	608	**1,574**
Perusquia Frias, Eva Maria	Internal Medicine	544	464	554	467	605	534	539	607	581	**4,895**
Moreno Santillan, Armando Alberto	OB Medicine	540	356	502	472	514	316	549	595	573	**4,417**
Arias Pena, Nadia Cristina	Pediatrician	589	600	693	607	679	674	606	688	674	**5,810**
Total All Physicians		**3,845**	**3,877**	**4,728**	**4,193**	**5,036**	**5,470**	**5,051**	**5,886**	**5,619**	**38,279**

AB 1045 Visits Per Day

Physician Name	Specialty	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 2023	Aug 23	Sept 23	Average
Alarcon Lerin, Abidan Daniel	Family Practice	23	26	25	23	24	23	23	24	28	**24**
Lucio Gonzalez, Juana	Family Practice	-	-	14	16	20	24	28	24	25	**21**
Padron Lopez, Olga Magalena	Family Practice	25	26	23	26	29	30	26	27	28	**27**
Robles Salgado, Edagr Uriel	Family Practice	43	30	29	31	26	26	29	31	31	**16**
Rodriguez Bautista, Evardo Ismael	Family Practice	22	23	25	25	23	21	22	21	24	**23**
Torres, Susana	Family Practice	-	-	15	20	28	20	19	22	29	**23**
Total Family Practice		**112**	**105**	**132**	**141**	**150**	**145**	**147**	**149**	**164**	**134**
Centeno Duran, Georgina A.	OBGYN	14	21	24	25	21	27	27	27	28	**9**
Perusquia Frias, Eva Maria	Internal Medicine	25	27	24	25	25	25	25	24	25	**25**
Moreno Santillan, Armando Alberto	OB Medicine	26	22	22	22	22	26	26	26	26	**24**
Arias Pena, Nadia Cristina	Pediatrician	27	29	30	30	30	28	28	30	32	**29**
Total All Physicians		**203**	**204**	**232**	**243**	**248**	**252**	**253**	**256**	**275**	**221**

AB 1045 Visits Per Hour

Physician Name	Specialty	Jan 23	Feb 23	Mar 23	Apr 23	May 23	June 23	July 2023	Aug 23	Sept 23	Average
Alarcon Lerin, Abidan Daniel	Family Practice	2.83	3.23	3.13	2.88	3.00	2.91	2.76	3.04	3.46	3.03
Lucio Gonzalez, Juana	Family Practice	0.00	0.00	1.69	2.00	2.63	3.03	1.81	3.05	3.13	3.25
Padron Lopez, Olga Magalena	Family Practice	3.07	3.22	2.96	3.46	3.59	3.74	3.07	3.41	3.55	3.34
Robles Salgado, Edagr Uriel	Family Practice	3.57	3.95	4.04	4.18	3.55	3.30	4.01	3.89	3.93	3.06
Rodriguez Bautista, Evardo Ismael	Family Practice	2.73	2.91	3.16	3.26	3.27	2.68	2.76	2.69	2.98	2.93
Torres, Susana	Family Practice	0.00	0.00	1.88	4.70	3.49	2.57	2.32	2.71	3.62	6.30
Total Family Practice		**2.57**	**2.76**	**2.93**	**3.25**	**3.29**	**3.04**	**2.80**	**3.15**	**3.43**	**3.34**
Centeno Duran, Georgina A.	OBGYN	1.22	2.68	3.02	3.32	2.80	3.45	3.43	3.34	3.47	1.66
Perusquia Frias, Eva Maria	Internal Medicine	3.40	3.22	3.01	3.43	3.44	3.20	3.21	3.05	3.17	3.23
Moreno Santillan, Armando Alberto	OB Medicine	3.38	2.78	2.73	2.95	2.92	3.33	3.27	3.25	3.27	3.09
Arias Pena, Nadia Cristina	Pediatrician	3.51	3.57	3.94	3.99	3.86	3.53	3.61	3.76	4.04	3.75
Total All Physicians		**2.72**	**2.90**	**3.04**	**3.33**	**3.29**	**3.17**	**3.04**	**3.23**	**3.45**	**3.21**

Clinica de Salud del Valle de Salinas (CSVS)
Top Ten Diagnostics Codes

Clinica de Salud del Valle de Salinas			
Top Ten Diagnostics Codes by Provider			
Provider: Alarcon Lerin, Abidan Daniel			
#	**Diagnosis Category**	**Number of Visits by Diagnosis Regardless of Primacy (a)**	**ICD 10**
1	Diabetes mellitus, Type 2	680	E11.9
2	Hypertension	542	I10
3	Routine Adult Health Examination, with abnormal findings	462	ZOO.01
4	Routine Child Health Examination, without abnormal findings	418	ZOO.129
5	Prediabetes	355	R73.03
6	Urinary tract infection	314	N39.0
7	Routine Child Health Examination	306	ZOO.121
8	Acute pharyngitis	280	J02.9
9	Epigastric pain	226	R10.13
10	Diabetes mellitus, Type 2, with High Blood Glucose	168	E11.65
Provider: Arias Pena, Nadia Cristina			
#	**Diagnosis Category**	**Number of Visits by Diagnosis Regardless of Primacy (a)**	**ICD 10**
1	Routine Child Health Examination, with abnormal findings	4069	Z00.121
2	Obesity, unspecified	904	E66.9
3	Routine Child Health Examination, without abnormal findings	856	Z00.129
4	Upper Respiratory Infection	667	J06.9
5	Follow up after treatment, not malignant neoplasm	376	Z09
6	Overweight	307	E66.3
7	Immunizations	273	Z23
8	Single liveborn infant, unspecified as to place of birth	261	Z38.2
9	Contact with and (suspected) exposure to other viral communicable diseases	251	Z20.828
10	Prediabetes	219	R73.03

Provider: Centeno, Georgina			
#	Diagnosis Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD 10
1	Routine gynecological examination, without abnormal findings	248	Z01.419
2	Management of other contraceptives	22	Z30.49
3	Noninflammatory disorders of vagina	17	N89.8
4	Pelvic and perineal pain	13	R10.2
5	Painful Urination (Dysuria)	11	R30.0
6	Management of Oral Contraceptives	9	Z30.21
7	Management of Injectable Contraceptive	8	Z30.42
8	Acute vaginitis	7	N76.0
9	Person consulting for explanation of examination or test findings	7	Z71.2
10	Abnormal uterine and vaginal bleeding	6	N93.9
Provider: Moreno Santillan, Armando			
#	Diagnosis Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD 10
1	Supervision of normal pregnancy, unspecified, third trimester	529	Z34.93
2	Gynecological examination, without abnormal findings	472	Z01.419
3	Supervision of normal pregnancy, unspecified, second trimester	363	Z34.92
4	Supervision of other normal pregnancy, third trimester	247	Z34.83
5	Supervision of other normal pregnancy, second trimester	242	Z34.82
6	Painful Urination (Dysuria)	200	R30.0
7	Encounter for surveillance of other contraceptives	173	Z30.49
8	Positive Pregnancy Test	168	Z32.01
9	Supervision of other normal pregnancy, unspecified trimester	162	Z34.80
10	Other specified noninflammatory disorders of vagina	158	N89.8
Provider: Padron, Olga			
#	Diagnosis Category	Number of Visits by Diagnosis Regardless of Primacy (a)	ICD 10
1	Routine child health examination, with abnormal findings	1185	Z00.121
2	Routine child health examination, without abnormal findings	628	Z00.129
3	Acute pharyngitis, unspecified	407	J02.9
4	Streptococcal pharyngitis	336	J02.0

5	Type 2 diabetes mellitus without complications	335	E11.9
6	Overweight	200	E66.3
7	Routine Adult Health Examination, with abnormal findings	199	Z00.01
8	Prediabetes	183	R73.03
9	Encounter for general adult medical examination without abnormal findings	178	Z00.00
10	Hypertension	171	I10
Provider: Perusquia, Eva			
#	**Diagnosis Category**	**Number of Visits by Diagnosis Regardless of Primacy (a)**	**ICD 10**
1	Person consulting for explanation of examination or test findings	4586	Z71.2
2	Hypertension	3074	I10
3	Encounter for general adult medical examination without abnormal findings	1644	Z00.00
4	Diabetes mellitus, Type 2	886	E11.9
5	Diabetes mellitus, Type 2 with hyperglycemia	780	E11.65
6	Prediabetes	775	R73.03
7	Mixed hyperlipidemia	403	E78.2
8	Acute pharyngitis	262	J02.9
9	Hypothyroidism	249	E03.9
10	Hyperlipidemia	240	E78.5
Provider: Robles Salgado, Edgar			
#	**Diagnosis Category**	**Number of Visits by Diagnosis Provider**	**ICD 10**
1	Routine child health examination, with abnormal findings	3582	Z00.121
2	Routine Adult Health Examination, with abnormal findings	2675	Z00.01
3	Routine child health examination, without abnormal findings	945	Z00.129
4	Diabetes mellitus, Type 2	493	E11.9
5	Hypertension	465	I10
6	Prediabetes	443	R73.03
7	Streptococcal pharyngitis	387	J02.0
8	Acute pharyngitis, unspecified	281	J02.9
9	Immunizations	203	Z23
10	Painful Urination (Dysuria)	171	R30.0

Provider: Rodriguez, Erardo			
#	Diagnosis Category	Number of Visits by Diagnosis Provider	ICD 10
1	Routine child health examination, with abnormal findings	1108	Z00.121
2	Hypertension	611	I10
3	Diabetes mellitus, Type 2	521	E11.9
4	Routine child health examination, without abnormal findings	440	Z00.129
5	Diabetes mellitus, Type 2, with hyperglycemia	308	E11.65
6	Prediabetes	240	R73.03
7	Routine Adult Health Examination, with abnormal findings	199	Z00.01
8	Routine Adult Health Examination, without abnormal findings	197	Z00.00
9	Painful Urination (Dysuria)	166	R30.0
10	Immunizations	152	Z23
Provider: Torres, Susana			
#	Diagnosis Category	Number of Visits by Diagnosis Provider	ICD 10
1	Diabetes mellitus, Type 2	623	E11.9
2	Routine child health examination, without abnormal findings	390	Z00.129
3	Essential (primary) hypertension	323	I10
4	Routine Adult Health Examination, without abnormal findings	309	Z00.00
5	Diabetes mellitus, Type 2, with hyperglycemia	241	E11.65
6	Routine child health examination, with abnormal findings	241	Z00.121
7	Prediabetes	155	R73.03
8	Immunizations	126	Z23
9	Routine gynecological examination, without abnormal findings	123	Z01.419
10	Mixed hyperlipidemia	118	E78.2
Provider: Gonzales, Juana lucio			
#	Diagnosis Category	Number of Visits by Diagnosis Provider	ICD 10
1	Routine child health examination, without abnormal findings	156	Z00.129
2	Vitamin D deficiency	118	E55.9
3	Prediabetes	116	R73.03
4	Essential (primary) hypertension	103	I10
5	Encounter for general adult medical examination without abnormal findings	72	Z00.00
6	Acute pharyngitis, unspecified	45	J02.9

7	Diabetes mellitus, Type 2	40	E11.9
8	Diabetes mellitus, Type 2, with hyperglycemia	38	E11.65
9	Anemia	35	D64.9
10	Urinary tract infection	24	N39.0

Clinica de Salud del Valle de Salinas

AB 1045 Mexico Pilot Program - Physician Directory

Abidan Daniel Alarcon Lerin, MD

Family Medicine

· California Medical License P9 issued 02/09/2022 to 02/09/2025
· H-1B Visa approved 03/01/2022 to 04/30/2024
· Arrived at CSVS 05/15/2021
· Live Scan completed and submitted to MBC 08/04/2021
· Started seeing patients 04/21/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Alarcon has completed X CME hours to date
· Dr. Alarcon has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Armando Alberto Moreno Santillan, MD

Obstetrics and Gynecology

· California Medical License P15 issued 02/08/2022 to 02/08/2025
· O-1A Visa approved 05/09/2022 to 04/15/2023
· Arrived to CSVS 07/18/2022
· Live Scan completed and submitted to MBC 07/21/2022
· Started seeing patients 09/12/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Moreno has completed X CME hours to date
· Dr. Moreno has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Edgar Uriel Robles Salgado, MD

Family Medicine

· California Medical License P11 issued 02/15/2022 to 02/15/2025
· H-1B Visa approved 03/09/2022 to 03/01/2025
· Arrived to CSVS 05/03/2021
· Live Scan completed and submitted to MBC 08/04/2021
· Started seeing patients 04/26/2022.
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Robles has completed X CME hours to date
· Dr. Robles has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Erardo Ismael Rodriguez Bautista, MD

Family Medicine

· California Medical License P7 issued 01/21/2022 to 01/21/2025
· H-1B Visa approved 02/01/2022 to 11/30/2024
· Arrived to CSVS 05/03/2021
· Live Scan completed and submitted to MBC 08/04/2021
· Started seeing patients 04/11/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Rodruguez has completed X CME hours to date
· Dr. Rodriguez has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Eva Maria Perusquia Frias, MD

Internal Medicine

· California Medical License P5 issued 01/11/2022 to 01/11/2025
· O-1A Visa approved 01/31/2022 to 01/03/2025
· Arrived to CSVS 05/03/2021
· Live Scan completed and submitted to MBC 08/04/2021
· Started seeing patients 04/11/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Perusquia has completed X CME hours to date
· Dr. Perusquia has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Georgina Alejandra Centeno Duran, MD

Obstetrics and Gynecology

· California Medical License P14 issued 04/21/2022 to 04/21/2025
· H-1B Visa approved 05/11/2022 to 04/14/2025
· Arrived to CSVS on 10/07/2022
· Live Scan completed and submitted to MBC 10/12/2022
· Started seeing patients 01/12/2023
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Centeno has completed X CME hours to date
· Dr. Centeno has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Juana Lucio Gonzales, MD

Family Medicine

· California Medical license P13 issued 04/21/2022 to 04/21/2025
· O-1A Visa approved 08/01/2022 to 04/15/2025
· Arrived to CSVS on 01/07/2023
· Live Scan completed and submitted to MBC 01/11/1023
· Started seeing patients 03/02/2023
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Lucio has completed X CME hours to date
· Dr. Lucio has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Nadia Cristina Arias Pena, MD

Pediatrician

· California Medical License P6 issued 01/13/2022 to 01/13/2025
· H-1B Visa approved 01/27/2022 to 11/30/2024
· Arrived to CSVS on 02/25/2021
· Live Scan completed and submitted to MBC 08/04/2021
· Started seeing patients 05/09/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Arias has completed X CME hours to date
· Dr. Arias has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Olga Magdalena Padron Lopez, MD

Family Medicine

· California Medical License P10 issued 02/09/2022 to 02/09/2025
· O-1A Visa approved 03/07/2022 to 02/15/2025
· Arrived to CSVS 05/023/2021
· Live Scan completed and submitted to MBC
· Started seeing patients 04/11/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Padron has completed X CME hours to date
· Dr. Padron has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Susana Torres Renteria, MD

Family Medicine

· California Medical License P8 issued 01/21/2022 to 01/21/2025
· USC
· Arrived to CSVS 01/21/2022
· Live Scan completed and submitted to MBC 01/25/2022
· Started seeing patients 04/25/2022
· Enrolled in ESL starting on 07/13/2023 at Salinas Adult School
· CME - Dr. Torres has completed X CME hours to date
· Dr. Torres has participated in and continues to participate in CSVS Community events such as COVID-19 Vaccination clinics

Los Angeles Times

CALIFORNIA

California imports doctors from Mexico to fill gaping holes in farmworker healthcare

Dr. Nadia Arias with her baby, Mia, visits with Dr. Olga Padron at an after-hours social gathering. (Dania Maxwell / Los Angeles Times)

BY MELISSA GOMEZ | STAFF WRITER

Photography by DANIA MAXWELL

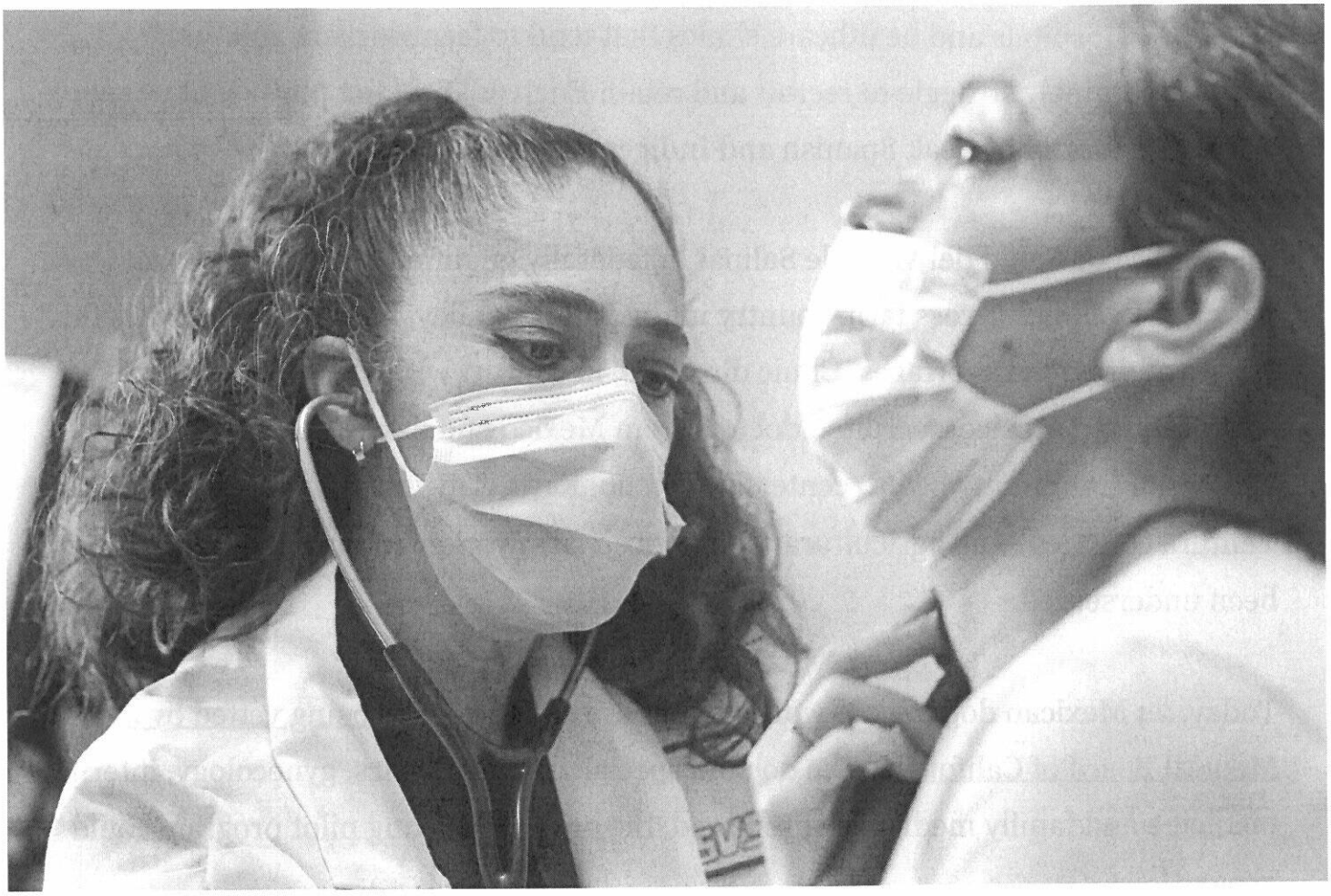
NOV. 8, 2023 3 AM PT

SALINAS, Calif. — Neri Ortiz tucked her hands in her lap as she earnestly recounted her latest health episode to Dr. Eva Perusquia.

Recently at work, where Ortiz packages vegetables overnight, she was hit with a wave of nausea and tears. She managed to pull herself together enough to continue her shift, she told the doctor. But it had been years since she'd experienced such an overwhelming emotional surge.

Perusquia listened closely. Ortiz, 42, had been her patient since last year, after seeking out a Spanish-speaking physician at the Clinica de Salud del Valle de Salinas. Perusquia had been the first doctor to explain her hypothyroidism and why she needed to take a thyroid medication to regulate the condition. Ortiz knew the doctor would understand how she felt.

Perusquia said the spike in emotion could be related to Ortiz's glucose levels, which can cause mood swings. She would order tests to see whether Ortiz's levels were normal.



Dr. Eva Perusquia, recruited from Mexico, examines Neri Ortiz at the Clinica de Salud del Valle de Salinas. After years of seeing different doctors, Ortiz said, having Perusquia explain everything in Spanish has been a welcome change. (Dania Maxwell / Los Angeles Times)

Ortiz was grateful. Having Perusquia explain everything in Spanish was a welcome change after years of going to different doctors. Before, English-speaking doctors had left her confused and doubtful that she understood their instructions.

"I understand everything. She explains it all clearly," Ortiz said.

A 2002 state bill — which took nearly two decades to implement — made it possible for Mexican doctors such as Perusquia to work in California amid a chronic shortage of Spanish-speaking physicians. Latinos make up about 40% of the state population but just 6% of licensed physicians. The language and cultural gaps are felt most acutely in the vast rural stretches of California's Central Coast and Central Valley, where immigrants from Mexico and Central America are integral to the farming

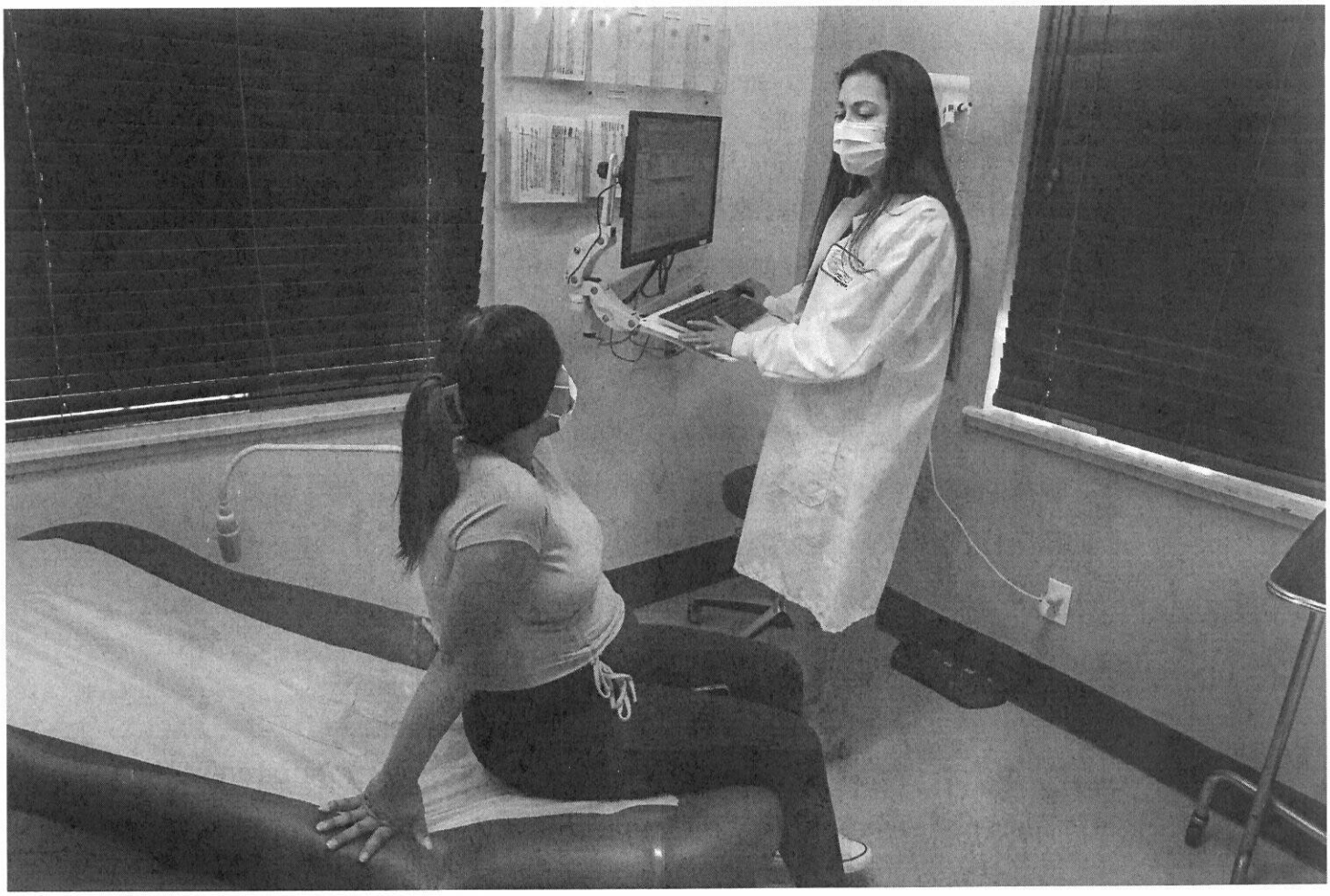
economy. Hospitals and healthcare clinics that tend to farmworkers and their families routinely struggle to recruit and retain English-speaking physicians, let alone attract doctors who speak Spanish and Indigenous languages.

The Clinica de Salud del Valle de Salinas, a federally qualified health center that operates 13 clinics across farm country in the Salinas Valley, has taken a meaningful step to address the shortages. Clinic directors, in concert with health officials in California and Mexico, recruited doctors from Mexico and have deployed some to additional community health centers in Fresno, Kern, San Joaquin, Tulare and Ventura counties — all agricultural hubs whose farmworker communities have long been underserved.

Today, 24 Mexican doctors are working in these counties after being vetted by the Medical Board of California. The doctors specialize in pediatrics, gynecology, internal medicine and family medicine. If renewed, the groundbreaking pilot program could expand.

"This is something that has never happened before," said Maximiliano Cuevas, chief executive of Clinica de Salud del Valle de Salinas. "We acknowledge the fact that this is not a cure-all, end-all for the problem our nation is facing, and that is a shortage of doctors."

Still, he sees the effort as a crucial step forward in meeting the mission of community health centers: "We're going to provide access to people who need healthcare," Cuevas said. "We *can* bring in qualified doctors."



Dr. Georgina Centeno said she finds her patients relieved to be treated by someone fluent in Spanish: "They tell me things that have happened to them, and they say, 'Well, I've never been able to talk about it before, because my other doctor never understood me.'"
(Dania Maxwell / Los Angeles Times)

Many of the Mexican doctors involved in the program said they see it as a civic duty, a way to serve their fellow countrymen and other immigrants seeking a better life in the U.S. They have found that their patients yearn for someone to talk to in their native Spanish.

Dr. Georgina Centeno, an OB-GYN who worked in Mexico City before coming to Salinas, said she's had patients who open up about intimate health concerns and even sadness during the first appointment. "They tell me things that have happened to them," Centeno said, "and they say, 'Well, I've never been able to talk about it before, because my other doctor never understood me.'"

After their exams, patients often invite her for meals at their homes or church to express their gratitude.

The doctors trickled across the border from Mexico, heading past San Diego and Los Angeles. It was early 2021, and for many, their final destination would be the Salinas Valley, the "Salad Bowl of the World."

Some left behind a husband or wife, while others brought along spouses and young children. They were seeking an opportunity to work in the U.S. and filling a need for labor — not unlike the farmworkers they were coming to treat. They could see the parallels between their lives and those of migrant fieldworkers who often fled poverty, hunger or violence and sought a new start in the north.

As they began taking on clients, the doctors said they felt the immediate weight of their work; mothers opened up about domestic abuse, teens spilled over with anxiety and depression. Their patients described difficult work toiling in the fields and the body aches that come with it. The trauma, both physical and mental, of the migrants who come into their modest exam rooms spills out of them almost as soon as the doctors begin asking in Spanish about their health, work and lifestyle.

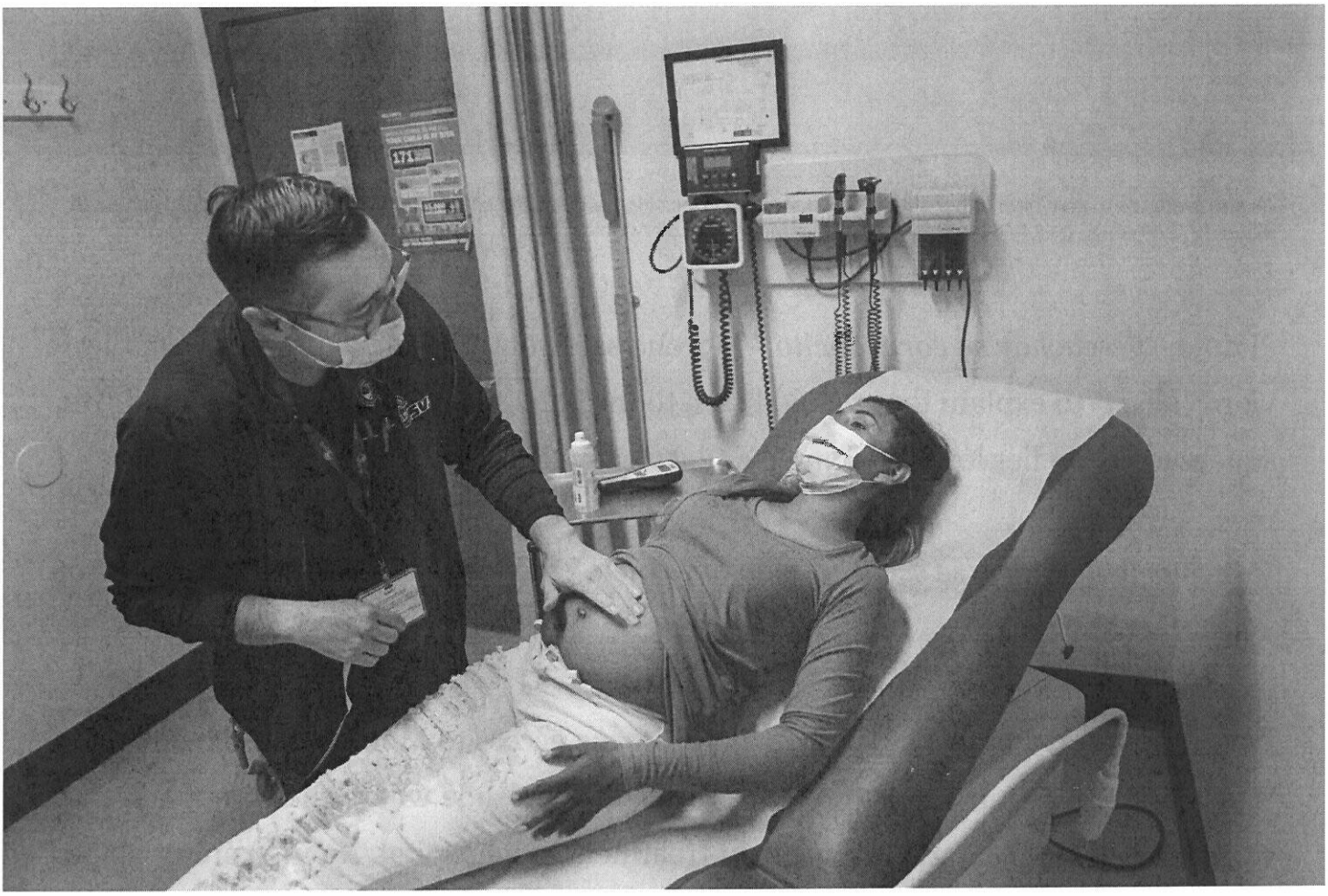
When she meets with patients, Perusquia, a petite woman who wears her hair in a high ponytail, usually sets a timer for 15 minutes to stay on schedule. But for her first checkup with Yolanda Torres, she allowed her patient to unravel her story over half an hour.

Torres, 58, explained how she had suffered a car accident and was receiving disability pay, but she had struggled to find a doctor to take her pain seriously; how one lab charged her $160 for an X-ray; how her pain persisted. Perusquia struggled to keep her shock from showing. She made plans for Torres to get the tests and procedures she would need to continue to qualify for disability payments.

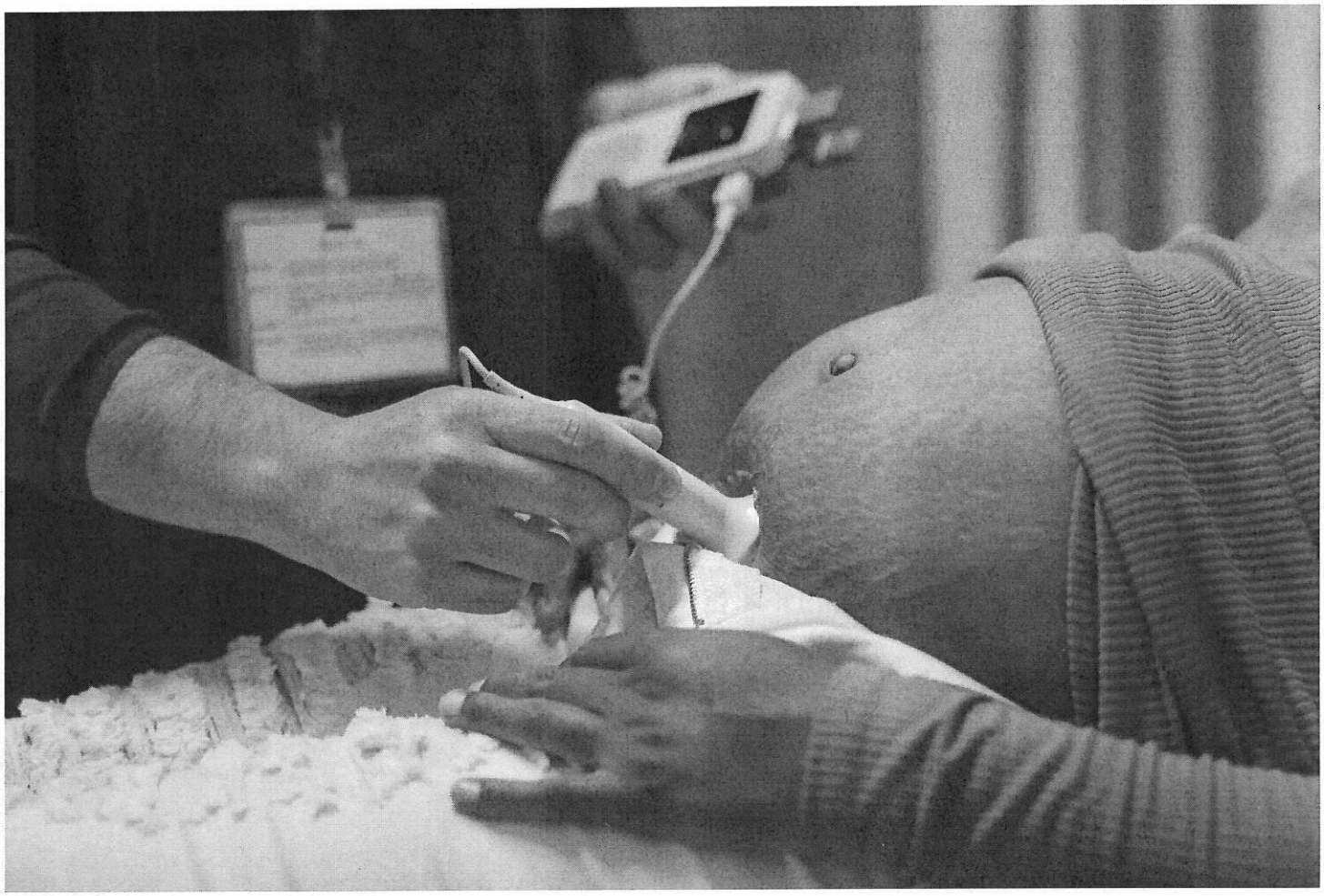
"*Si dios quiere, le veo en tres semana*," Perusquia said. "God willing, I will see you in three weeks." After the visit, Torres said she was grateful Perusquia took the time to listen. The doctor used terms Torres hadn't heard since she left Mexico years ago.

Andrea Lopez Hernandez, 20, arrived on a recent Wednesday for her monthly appointment with Dr. Armando Moreno, an OB-GYN. He spritzed hand sanitizer into his palms and rubbed his hands together as he updated Hernandez on the latest test results for her baby.

"*Gracias a dios, todo ha ido bien*," he told her. "Thank God, everything is going well." At 20 weeks, Hernandez was halfway through her pregnancy and she had a name picked out: Ashley.



Dr. Armando Moreno is a Mexican physician in California as part of a pilot program to bolster farmworker healthcare. Although the program is still being evaluated, he said there is no measuring what he and other doctors involved in the program experience every day. (Dania Maxwell / Los Angeles Times)



As she prepares to give birth to her second child, Andrea Lopez Hernandez said she's comforted to have found Dr. Armando Moreno: "Everything he's told me, I trust." (Dania Maxwell / Los Angeles Times)

"*Vamos a escuchar su corazoncito,*" Moreno said gently, using a diminutive of the word "heart" to explain they would listen to the baby's heart with an ultrasound. He squeezed gel on her lower abdomen and a steady thrum filled the room.

"*Muchas felicidades, se escucha todo muy bien,*" Moreno said, congratulating her on a healthy baby.

For Hernandez, a native of Hidalgo state, having access to Moreno eased her anxiety that she might be misunderstood. She recalled an episode where she was experiencing stomach pain and sought treatment at a hospital. An interpreter helped navigate the visit, but had an accent that made it difficult for Hernandez to understand what the doctor was trying to convey.

"I asked questions, but they couldn't explain the answers really well to me," she said.

Hernandez picks field lettuce, a taxing job she started in May. Previously, she worked in Utah, painting houses. As she prepares to give birth to her second child, she said she's comforted to have found Moreno, who can guide her in her native language.

"It's different with this doctor," she said. "Everything he's told me, I trust."

Building trust is part of the reason the clinic fought so hard to get the program launched.

"I keep hearing over and over stories of people who have put off healthcare because they felt that no one was listening, that doctors were making fun of them because they couldn't speak the language, or doctors were insulting them," Cuevas said.

But getting from conception to reality was a frustrating and wearying campaign.

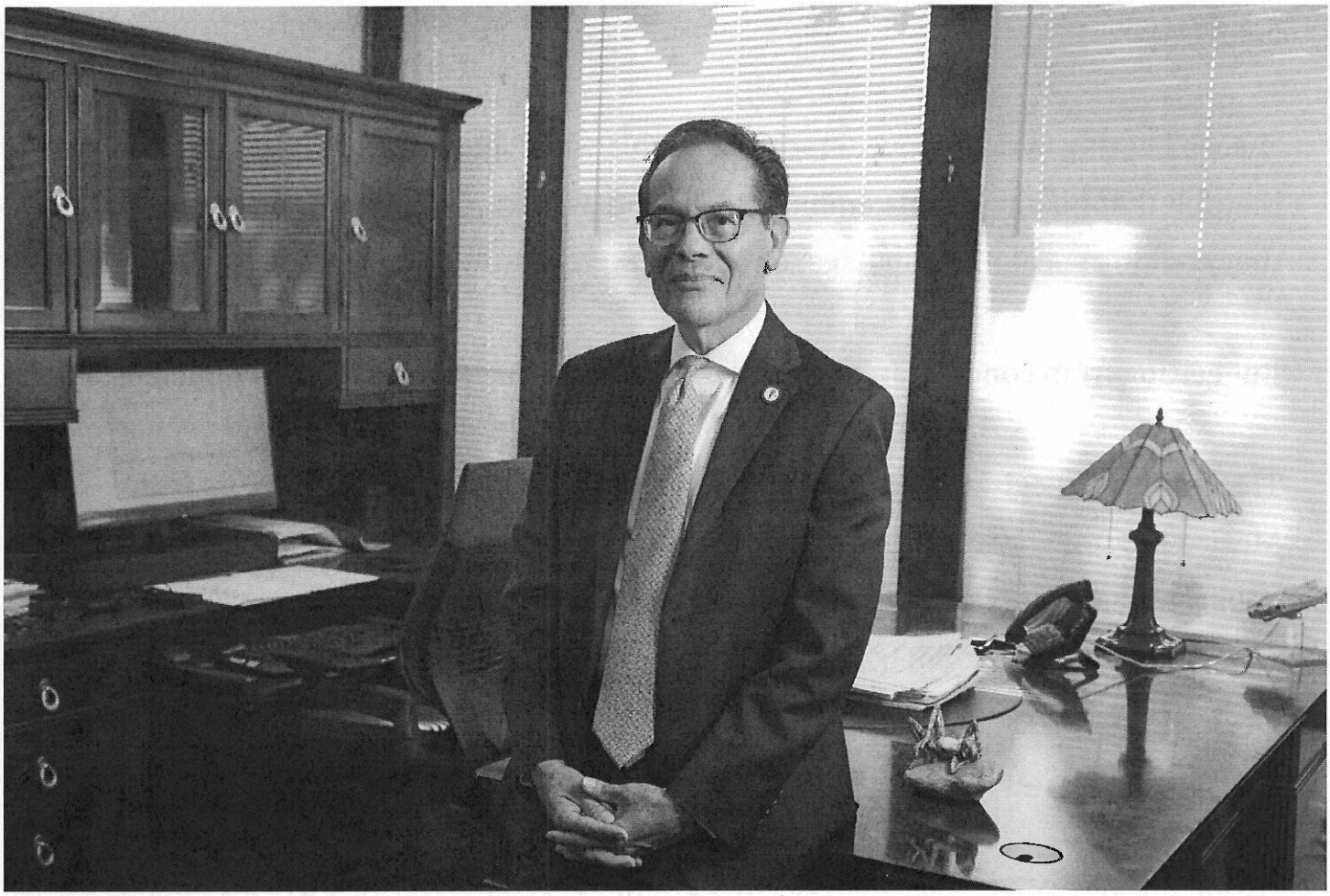
The California Legislature approved a pilot program for recruiting doctors from Mexico in 2002, laying out basic requirements the physicians needed to meet and an application process. But the California Medical Assn. and Latino physicians in the U.S. mounted opposition, warning of a two-tiered system of care that would relegate farmworkers to less-skilled
doctors. The program stalled.

Latino physicians accused Cuevas and Arnoldo Torres, then executive director of the California Hispanic Health Care Assn. and an advocate for the program, of creating a "doctor bracero program," a reference to the 1942 agreement between the U.S. and Mexico to send over laborers to work the fields and railroads during a labor shortage.

"There was quite a bit of opposition to this little idea to provide physicians in these rural communities," Cuevas recounted. With no headway, they let the program rest

for more than a decade.

By 2015, with the need for Spanish-speaking doctors growing ever greater, opposition to the concept had muted. Cuevas and Torres rekindled their efforts, traveling to Mexico to recruit doctors. The Mexican government was willing to oblige — on condition that the doctors it exported serve no more than three years in the U.S. The strict time limit helped allay concerns in Mexico about a permanent "brain drain" of medical talent.



Dr. Maximiliano Cuevas, chief executive of the Clinica de Salud del Valle de Salinas, worked nearly two decades to launch a trial program that brings in physicians from Mexico to serve farmworkers in California's agricultural hubs. (Dania Maxwell / Los Angeles Times)

The visiting doctors' salaries in California range by specialty, but start around $250,000 a year. The expense is covered by the Clinica de Salud health system, which

is federally funded to serve low-income and uninsured residents. Cuevas said the Mexican doctors are paid the same salaries as clinic doctors trained in the U.S.

The program will be peer-reviewed at the end of the year by UC San Francisco and the Medical Board of California to ensure the doctors are providing care on par with physicians trained in the U.S. The review will determine whether the program will be extended for three more years.

There are early signs of success, Cuevas said, including the rate at which the doctors are seeing patients. The Mexican doctors are on track to handle an average annual patient load of 4,500 visits each, meeting expectations.

CALIFORNIA

This rural California county lost its only hospital, leaving residents with dire healthcare choices

June 6, 2023

Monterey County, home to the Salinas Valley, has one of the largest farmworker populations in California. Nearly 90% of farmworkers in the state say Spanish is their primary language. But many also speak Indigenous languages including Triqui, Mixteco and Zapotec. It's estimated that a third of farmworkers come from Indigenous communities.

If the program continues, Cuevas said, they will try to recruit doctors who speak those languages.

Dr. Olga Padron, who specializes in family medicine and works out of the clinic's Greenfield office, has begun learning Triqui so she can better understand her patients. A native of Monterrey, she said she had never heard of Triquis before coming to Salinas.

Many of the patients that Clinica de Salud del Valle de Salinas serves are farmworkers integral to California's agricultural economy. (Dania Maxwell/Los Angeles Times)

She said that her youth and privilege led her to believe that Mexicans migrating north had abandoned their people instead of fighting for a better country. But in coming to Salinas in 2021, she said, she realized that economic opportunities in Mexico aren't equal, with Indigenous Mexicans far more likely to live in poverty.

"How were they going to save Mexico, Olga?" she recalled telling herself. "They were hungry. Mexico failed them, and that's why they're here."

Last year, Padron hired a Triqui tutor to better understand her Indigenous patients. She carries a notebook filled with Triqui translations for body parts. Her colleague, Perusquia, has picked up words in Mixteco and has a napkin filled with translations. Words like "pain," "head" and "thank you," have become keys to connecting with her patients. In her office, she keeps a plastic pink rose that a patient gifted her.

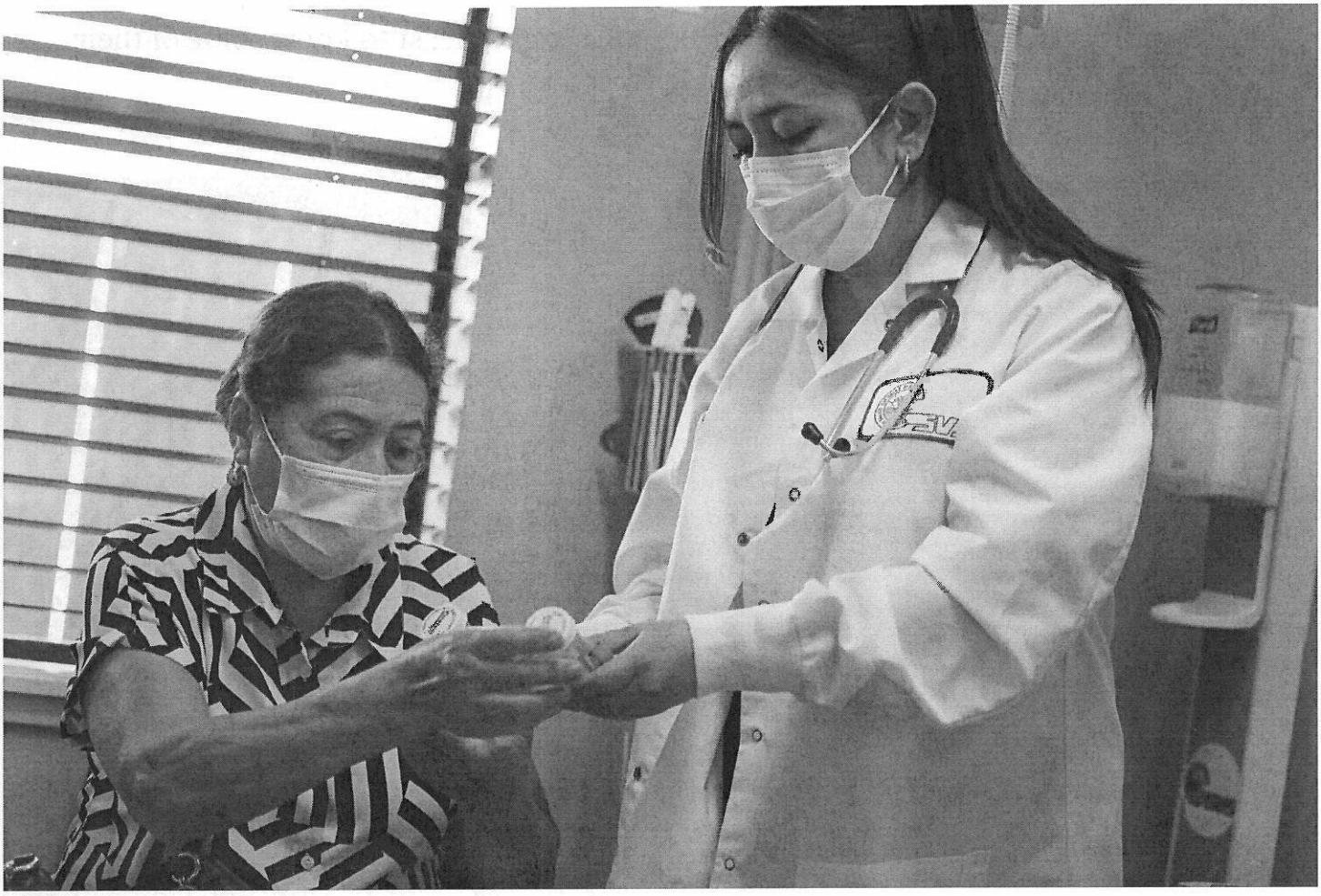
"For them, it's important to know that someone tries at least to know some of their words," Perusquia said.

Neri Ortiz, right, said Dr. Eva Perusquia was the first doctor to help her understand her hypothyroidism and why she needed to take a thyroid medication. (Dania Maxwell / Los Angeles Times)

There have been trials for the Mexican doctors as they have made California home.

Dr. Nadia Arias, a pediatrician, was the first to arrive in February 2021. She remembers searching for a restaurant around 9 p.m., a customary dinner time in Mexico, her first night in Salinas. But every restaurant was shuttered and the town quiet. Confused, she texted Cuevas, asking where she could eat.

He apologized. Everything in Salinas closes early, he explained. Arias returned to her hotel.



Dr. Juana Lucio reviews medications with Maria Remedios at Clinica de Salud del Valle de Salinas. (Dania Maxwell / Los Angeles Times)

Perusquia arrived without family. The weekends are the toughest without her husband, she said. She spends Saturday nights on FaceTime with him, a tequila in her hand, a whisky in his.

The doctors, who were strangers before the program, lean on one another for support. And they have acquired a new skill: speaking in Spanish while typing up notes in English.

They've attended a Maná concert together and spent weekends watching movies and making group dinners. They gather for birthdays and turn to one another for medical advice. On a recent weeknight, some of the doctors gathered at a taphouse for drinks and dinner. They cooed over Arias' daughter, Mia, who had learned to walk in her Salinas home.

Drs. Nadia Arias, from left, Olga Padron and Eva Maria Perusquia, all Mexican physicians working in rural California, regularly meet after work with other doctors in the program. (Dania Maxwell / Los Angeles Times)

Dr. Juana Lucio, from Los Cabos, was the newest addition, having arrived in January. Six more are set to arrive by the end of the year. She joked that the most nervous she gets these days is when she treats English-speaking patients.

"I panic," Padron agreed.

"Me too," Moreno chimed in as others nodded. The group laughed.

The program's future remains to be seen. But Moreno said there is no measuring what he and the other doctors witness every day: patients opening up at the sound of their native language.

"I don't know if in the future the program will be reviewed positively or negatively," he said in Spanish. "But for me, and all of us who see patients every day, to see how their faces light up when you come in and you say, 'Hi, how are you? How can I help you?' That, for me, I will carry with me."

Times staff photographer Dania Maxwell contributed to this report.

Melissa Gomez

Melissa Gomez is a Metro reporter for the Los Angeles Times. She previously covered education and the 2020 presidential campaign at The Times. A native Floridian, she graduated from the University of Florida.

Dania Maxwell

Dania Maxwell is a staff photographer at the Los Angeles Times. Before joining the newsroom in 2018, she worked in Colombia, South America and at the Naples Daily News in Florida. Her work has been awarded an Emmy, POYi, Sigma Delta Chi and Edward R. Murrow. Maxwell received a master's degree in visual communication from Ohio University and a bachelor of arts from Sarah Lawrence College.

Doctors From Mexico Treat Farmworkers in Rural California

'We're going to understand each other,' says one Spanish-speaking patient who avoided medical care for 20 years

JUNE 27, 2023

By **Claudia Boyd-Barrett**

Marta Monteya, 39, sat nervously in a corner of the exam room at the Circle Drive Clinic of the Clinica de Salud del Valle de Salinas, waiting for her first visit with Dr. Armando Moreno.

Her appointment at the nonprofit health clinic in Salinas, an agricultural city in Monterey County, was to receive a contraceptive injection. But Monteya had an additional concern. Since suffering a miscarriage three months earlier, she'd been overwhelmed with feelings of sadness. Would she feel comfortable telling this new doctor about it? Would he understand her if she did? A native of El Salvador, Monteya only speaks Spanish. She has struggled to communicate with American medical providers in the past because they spoke only English.

The door opened, and a young, bespectacled man strode into the room, beaming at her.

"Martita, how are you?" Moreno exclaimed, greeting Monteya in fluent Spanish and using the diminutive form of her name, an expression of warmth and affection common in Latin America. "My dear Martita," he continued as if he'd known her for years, and then he launched into questions about her health and the reason for her visit.

Monteya's tense face melted into a smile.

A medical doctor and practicing ob/gyn in Mexico City for 11 years, Moreno arrived in Salinas last summer as part of a unique program that brings Mexican doctors to work at Federally Qualified Health Centers in California. The **Licensed Physicians from Mexico Pilot Program (PDF)** was approved by former California Governor Gray Davis in 2002, but the program's champions had to work tirelessly for 19 years to overcome administrative and political obstacles before the first doctors came to work in California.

24 Physicians So Far

The CEO of the **Clinica de Salud del Valle de Salinas** system, Maximiliano Cuevas, MD, and longtime policy Latino/x consultant, journalist, and civil rights activist **Arnoldo Torres,** invested years of work to create the program in collaboration with the **National Autonomous University of Mexico (UNAM)** in Mexico City. Their goal is to help alleviate a dire shortage of Spanish-speaking and culturally responsive primary care physicians in California, particularly in agricultural areas like Salinas, where large populations of Mexican and Central American immigrants reside.

Dr. Maximiliano Cuevas, CEO of the Clinica de Salud del Valle de Salinas system, left, has teamed with consultant, journalist, and civil rights activist Arnoldo Torres, right, to improve health services for the Latino/x community. Since 1998, they have worked to win and implement a California program that enables physicians from Mexico to practice in agricultural areas to serve patients who do not speak English. The men are gearing up to get the project extended for 15 years. Photo of Cuevas: Zaydee Sanchez. Photo of Torres: José Luis Villegas

Currently 24 Mexican doctors serve majority Latino/x and farmworker populations at clinics in Monterey, San Benito, Tulare, and Los Angeles Counties. Each doctor is licensed by the **Medical Board of California** to work in the state for three years. Specialties included in the project are family medicine, internal medicine, pediatrics, and obstetrics and gynecology. The first Mexican doctors began arriving in mid-2021, and six more are due soon. As of last December, the doctors had

treated tens of thousands of Californians. In Salinas alone, they'd conducted 24,000 medical visits for routine screenings, diabetes care, urinary tract infections, and a broad array of other matters.

Latino/x people comprise the largest racial and ethnic group in California, making up 39% of the population in 2020. Yet, only **12% of the state's medical school graduates and 6.9% of licensed physicians were Latinos/x by 2019 (PDF)**, according to the Fitzhugh Mullan Institute for Health Workforce Equity at George Washington University.

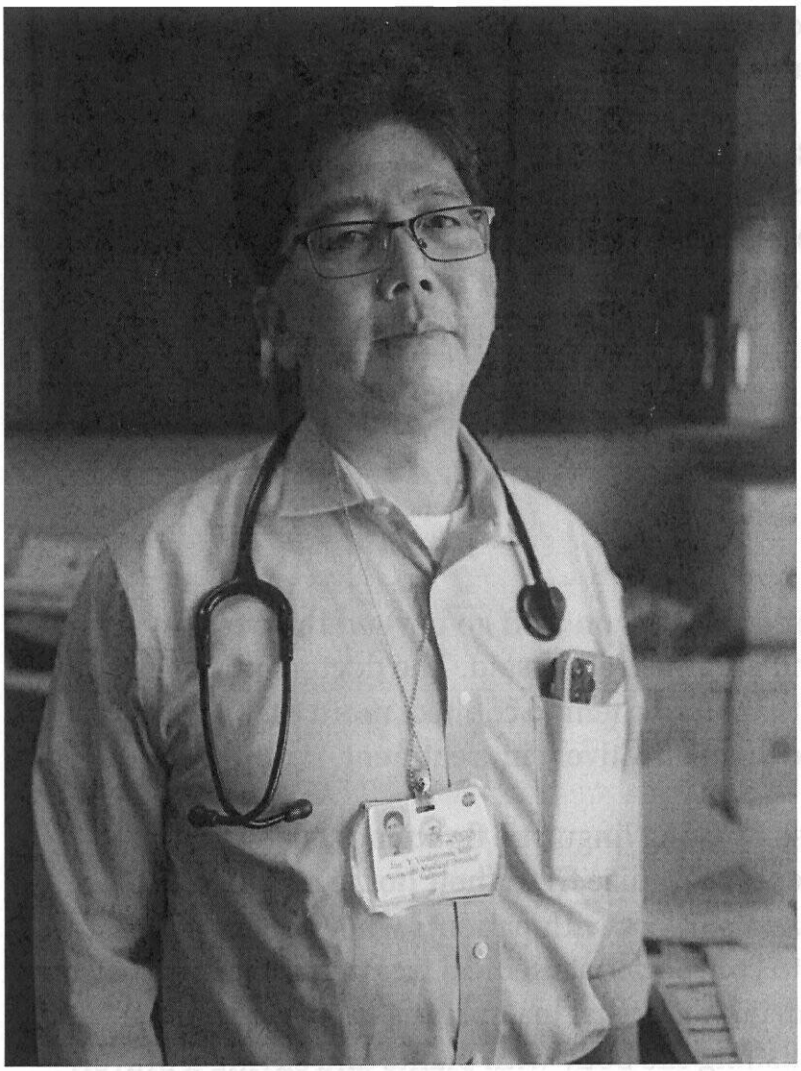
This disparity in representation of Spanish-speaking Latino/x doctors detracts from patient satisfaction and can harm the quality of care, said Cuevas, whose organization operates 13 clinics across the Salinas Valley and the Greater Monterey Bay Area. **Research from UCLA (PDF)** backs up Cuevas's years of personal experience.

"It's important for physicians to be able to speak the language of the population [they serve]. That way you're able to communicate and get the little nuances of what people are saying," Cuevas said. "Another part is an emotional aspect, where the patient has to feel that they can trust their doctor, and I think first and foremost to trust anybody you have to be able to communicate with them, preferably in a language that they understand."

> ***Each consultation becomes a small tribute to those who have risked everything for a better life, progress, and the well-being of their loved ones.***
>
> —Armando Moreno, ob/gyn from Mexico

Researchers at UC Davis are evaluating the impact of the program, and results are expected this year. Anecdotally, since the doctors from Mexico began arriving at health centers operated by Clinica de Salud del Valle de Salinas, patient satisfaction has increased, said Hina Sheth, the organization's director of compliance and quality. Patients used to complain to her about not feeling understood by their providers, Sheth said. Now they tell her how much they love the Spanish-speaking

physicians. Appointments with the doctors fill up fast, with many patients asking for them by name. Moreno said at least one patient a day tells him how glad they are that he's there.



Dr. Jon Yoshiyama, Clinica de Salud's associate medical director and a practicing physician at the Circle Drive location, said he understands why some of his patients have switched to a Mexican doctor at his site. "Having someone who's fluent makes all the difference," he said. Photo: Zaydee Sanchez.

Jon Yoshiyama, MD, Clinica de Salud's associate medical director and a practicing physician at the **Circle Drive location**, said some of his patients have switched to seeing one of the four Mexican doctors now working at his site. Although he and other English-speaking doctors there can call in an interpreter to translate for Spanish speakers, many patients prefer a more direct option, Yoshiyama said.

"I try not to take it personally," he said. "Having someone who's fluent makes all the difference. The communication is faster. Patients are more willing to open up. There are fewer misunderstandings."

Circle Drive patient Mari Zepeda, who was born in Mexico, knows just how uncomfortable it feels not to be able to communicate directly with the doctor. She saw an English-speaking ob/gyn for all three of her pregnancies even though she speaks only Spanish. When her niece, Leticia Rubio, 26, became pregnant earlier this year, Zepeda was determined to help her find a

Spanish-speaking provider. She scoured the web for reviews and asked friends for advice on where to find one. On a recent afternoon, she and Rubio sat smiling in the exam room after an appointment with Moreno.

"He was very nice; he answered all my questions," Rubio said. The fact that he spoke Spanish "was very important," she added.

Down the hall, Jose Arias, a 43-year-old farmworker from El Salvador, was waiting for a physical with another doctor from Mexico, Juana Lucio, MD. It was Arias's first visit to a doctor in over 20 years, and lately he'd been experiencing chest pains and backache. He, too, sought out the clinic because he had heard that the doctors there speak his language.

"I said, 'Great, we're going to understand each other,'" Arias said.

Cultural Familiarity

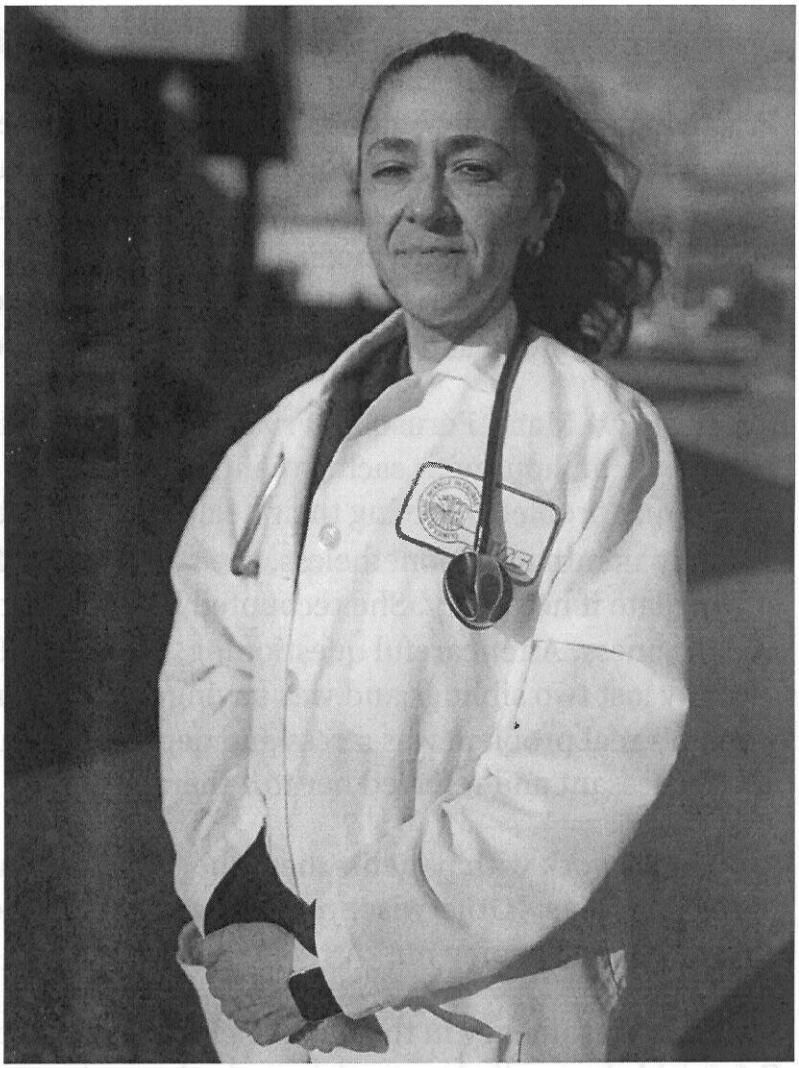
The advantages of having Mexican doctors on staff go beyond their facility with the Spanish language, providers and administrators said. The doctors offer cultural familiarity and understanding that allow them to connect more easily with patients from Latin America and engage them effectively in treatment.

Moreno puts his patients at ease by using linguistic flourishes, slang, and lighthearted jokes that his patients recognize from their home countries. He and other Mexican doctors in Salinas also work with patients who wish to incorporate traditional healing practices into conventional medical treatment plans if they don't pose risks. This might include drinking herbal tea, making a special soup, or performing a small ritual by brushing the body with plants and saying a prayer. Even if this doesn't heal them physically, Moreno said, the process helps "heal their minds" and makes them feel respected.

"We don't have to fight with their beliefs," said Moreno, who is fluent in English like the other doctors in the program. "We have to listen and understand what they believe, and we have to treat them according to their beliefs. . . . Then they don't feel like you're over them, like you are bossing them. They feel like you are equal."

Because the doctors have lived in and practiced medicine in Mexico, some in indigenous communities, they understand culturally specific words and beliefs about illness that might confuse an American physician or interpreter, Cuevas said. These include terms like *empacho*, or indigestion, which patients typically attribute to particular food choices, but which may signal issues such as irritable bowel

syndrome or back problems. Patients also might believe that they are sick because a jealous person gave them *mal de ojo* — the evil eye. Or that they're experiencing back pain or muscle spasms from exposure to cold temperatures or "bad air." The doctors use these terms as clues to ask further questions or order tests to figure out what's really ailing the patient.



Eva Maria Perusquía Frías, a physician from Mexico who practices at a clinic in Salinas, wanted to join the pilot project for the satisfaction of serving a population with whom other providers did not want to serve. Photo: Zaydee Sanchez

Treatment is another area that benefits from the Mexican doctors' cultural awareness, particularly when it comes to lifestyle changes, said the clinic's patient services manager, Terry Gomez. In the past, Latino/x patients have balked at some doctors' suggestions to switch to unfamiliar or expensive foods such as tofu, quinoa, or olive oil, or to eliminate staples such as tortillas from their diet, she said. The doctors know to offer recommendations that align with patients' dietary norms and economic reality, she said. They might advise simply cutting back on tortillas, for example, or tell them to boil their beans and flavor them with cilantro and onion instead of frying them in lard.

Preparing to Practice in California

Practicing medicine in America has required the Mexican doctors to adapt, too. As part of their licensing requirements for the program, each physician must complete a six-month orientation course, approved by the Medical Board of California, that teaches about California's medical delivery system and protocols. It has taken time to get used to computerized medical records, America's complex insurance and billing code system, and short appointment times, some doctors said.

Internist Eva María Perusquía Frías, MD, said that in Mexico she sometimes would spend over an hour with each patient, listening and asking questions to uncover underlying problems driving their health complaints. In Salinas her appointments last only 15 minutes. Nonetheless, she still tries to offer a deep level of attention, staying late if necessary. She recounted how one patient complained of headaches and dizziness. After careful questioning, Perusquía Frías learned the patient had recently lost two siblings and was having trouble parenting a teenage son. The woman's real problem was stress and depression, the doctor said. She prescribed an antidepressant and referred her to a therapist.

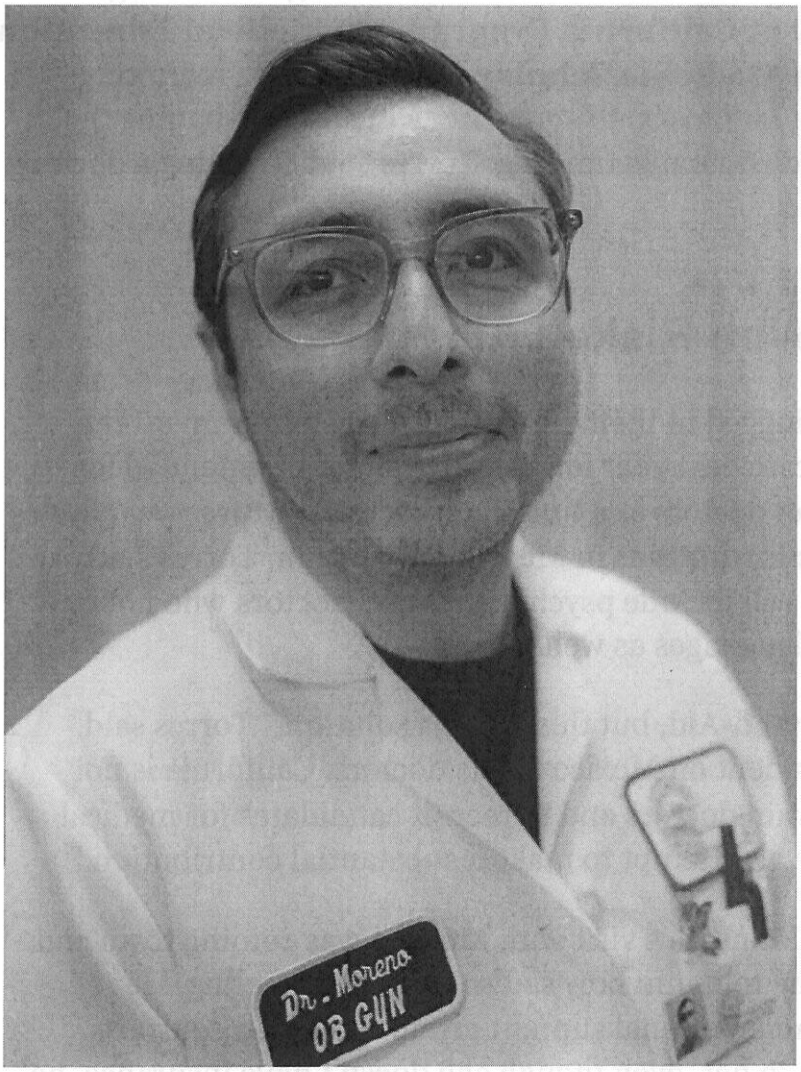
"You must work with patients, hear the patients, read between the lines," said Perusquía Frías. "Otherwise, you only get the surface of the problem and don't find out what's really going on."

That requires fluency in the patient's language and culture, she noted. Perusquía Frías said she applied to participate in the project for the satisfaction of serving a population with whom other providers did not want to work. She also wanted "to prove to myself that my academic and personal skills were good enough to work not only in my own country and language, but also in a foreign place following the highest international standards to protect the health and safety of the patients."

Past Struggles and Future Plans

Board members at Clinica de Salud del Valle de Salinas first proposed bringing Mexican doctors to the US in 1998 after hearing complaints from patients about the lack of Spanish-speaking providers. The clinic was having a hard time finding enough physicians to work in Salinas, let alone doctors who spoke Spanish and understood the culture, Cuevas said. Many US physicians don't want to work in rural areas, he said.

Cuevas and Torres had to get buy-in from the Mexican government, the Medical Board of California, and the California legislature; navigate immigration obstacles; and obtain $1.7 million in philanthropic support to fund the administration of the program and evaluations by UNAM and UC Davis. The doctors' salaries are similar to compensation for American physicians, which is higher than in Mexico, and are paid and funded by the community clinics themselves.



Armando Moreno, an ob/gyn from Mexico now helping Salinas patients, says practicing in California is "a small tribute to those who have risked everything for a better life, progress, and the well-being of their loved ones." Photo: Zaydee Sanchez

The project met with pushback from some California medical school officials, physicians, and the California Medical Association, which argued that the program would create a "two-tier" health care system in which doctors treating Latino/x patients don't have to meet the same licensing requirements as American doctors. Cuevas argued that the Mexican doctors are just as qualified as their American counterparts. UNAM's medical school is internationally recognized, and physicians in the pilot program must pass a medical board review course commensurate with American standards.

At the end of their three-year license terms, the doctors are required to return home — a rule designed to prevent a "brain drain" of medical talent from Mexico.

"I think people saw the program as a form of competition against US-trained physicians," Cuevas said. "We told them it's not competition. Doctors are not taking care of this population to begin with in adequate numbers."

The program isn't intended to resolve California's shortage of Latino/x physicians, Cuevas and Torres said. Rather, it's a stopgap measure to provide relief to underserved Latino/x patients while the state works on reducing the shortage. Efforts such as the **University of California Programs in Medical Education (UC PRIME)** and **California Medicine Scholars Program** are recruiting more people of color, including Latinos/x, to study medicine. But reshaping the medical workforce involves a considerable time lag, Torres said. Training a doctor takes a decade or more.

A Tribute to Those Who Risked All

Cuevas and Torres have been dogged in their efforts to get this program off the ground, and they plan to advocate next year for the program to be extended for another 15 years so 150 Mexican doctors at a time can practice for three-year cycles in California clinics. Talks with institutions in Mexico have begun, Torres said. Cuevas hopes the next cohorts will include psychiatrists and doctors who not only speak Spanish but indigenous languages as well.

The program "is a reasonable Band-Aid, but this is not a solution," Torres said. "California should not be dependent on Mexico for its doctors. California is not doing enough to educate and train doctors and to recruit candidates for medical school. So, our proposal will be an attempt to make a substantial contribution."

Back at the Circle Drive clinic, Monteya's visit with Moreno was coming to an end. Comfortable in his presence, she told him how sad she had been feeling. He promised to connect her with an emotional support group through a contract agency. The help would be free to her, even though she doesn't have insurance, he reassured her.

After he left, Monteya marveled at how well the doctor spoke Spanish and how different the visit was compared to seeing an English-speaking physician.

"It felt great," she said, noticeably relieved. "I felt like he's going to support me better."

"Practicing medicine in California has been a powerful experience –a challenging yet unforgettable adventure," Moreno said. "Leaving home, family, and friends was not easy, and adapting to a new environment presented its own challenges.

"Beyond the ability to provide medical attention in Spanish and understand their cultural background, fears, and expectations, each consultation becomes a small tribute to those who have risked everything for a better life, progress, and the well-being of their loved ones."

Claudia Boyd-Barrett

Claudia Boyd-Barrett is a longtime journalist based in Southern California. She writes regularly about health and social inequities. Her stories have appeared in the Los Angeles Times, San Francisco Chronicle, San Diego Union-Tribune, and California Health Report, among others. **Read More**

More by this Author: Community Health Workers Offer Lifeline to Fresno's Punjabi Residents, 'Joy After So Much Struggle', Is AI Good for Health Equity? California Leaders Weigh In

Zaydee Sanchez

Zaydee Sanchez is a Mexican-American visual storyteller, documentary photographer, and writer. Inspired by her upbringing in Tulare, in California's agricultural San Joaquin Valley, her work is rooted in addressing the complexities of migration. With a focus on workers, gender, and displacement, she seeks to tell impactful, meaningful stories. Her work has been published in *Al Jazeera*, NPR, *High Country News*, *palabra* and more. **Read More**

José Luis Villegas

José Luis Villegas is a freelance photojournalist based in Sacramento, California, where he does editorial and commercial work. He has coauthored three books on Latino/x baseball. His work appears in the