

AMENDED IN SENATE JUNE 17, 2002  
AMENDED IN SENATE MAY 28, 2002  
AMENDED IN ASSEMBLY MAY 15, 2001  
AMENDED IN ASSEMBLY MAY 3, 2001  
AMENDED IN ASSEMBLY MAY 1, 2001

CALIFORNIA LEGISLATURE—2001–02 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1045**

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**Introduced by Assembly Member Firebaugh**

February 23, 2001

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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.

LEGISLATIVE COUNSEL'S DIGEST

AB 1045, as amended, 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 ~~participants~~ *physician participants and a 3-year nonrenewable dental special permit for participating dentists* and would prohibit these medical-~~and dental~~ 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 a ~~limited nonrenewable license for a 3-year period~~ *an applicant status letter*.

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

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

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

- 1 SECTION 1. The 2000 United States Census determined the
- 2 population of California to be over 35 million people with
- 3 approximately 11 million being Latino.
- 4 From July 1990 to July 1999, California’s population increased
- 5 by approximately 4 million people. Approximately 61 percent of
- 6 this growth can be attributed to the growth in the Latino
- 7 population. The Latino population has increased at an average rate
- 8 of 275,000 persons per year from 1990 to 1999. The Latino
- 9 population is estimated to have grown in virtually all counties over
- 10 this period.
- 11 The United States General Accounting Office reports that the
- 12 United States Community Health Centers patients are comprised
- 13 of 65 percent ethnic and racial minorities.
- 14 Title VI of the Civil Rights Act of 1964 requires any federally
- 15 funded health facility to ensure persons with limited English
- 16 proficiency may meaningfully access health care services. Persons
- 17 with limited english proficiency are often excluded from



1 programs, experience delays or denials of services, or receive care  
2 and services based on inaccurate or incomplete information.

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

6 The Health Resources and Services Administration found in  
7 1998 that only 4 percent of active patient care physicians were  
8 Latino.

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

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

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

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

25 A Commonwealth Fund of New York study found that: (1)  
26 one-third of Latinos said they had problems communicating with  
27 their doctors with barriers to this poor communication including  
28 language, cultural traditions, and sensitivity; (2) communication  
29 is essential to quality health care; and (3) inadequate  
30 communication can lead to the perception of inhumane health care  
31 service delivery.

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

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

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



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

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

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

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

19 853. (a) The Licensed Physicians and Dentists from Mexico  
20 Pilot Program is hereby created. This program shall allow up to  
21 150 licensed physicians specializing in family practice, internal  
22 medicine, pediatrics, and obstetrics and gynecology, and up to 100  
23 licensed dentists from Mexico to practice medicine *or dentistry* in  
24 California for a period not to exceed three years.

25 (b) The Medical Board of California and the Dental Board of  
26 California shall issue three-year nonrenewable licenses to practice  
27 medicine or dentistry to licensed Mexican physicians and dentists,  
28 within the limits set forth in subdivision (a), who satisfactorily  
29 pass the specific requirements contained in this article.

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

32 (1) Be licensed ~~and~~, certified or recertified, *and in good*  
33 *standing* in their medical specialty in Mexico.

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

36 (A) Passed the board review course ~~with a score of 90 or higher~~  
37 *with a score equivalent to that registered by United States*  
38 *Participants when passing a board review course* for the United  
39 States certification examination in each of his or her specialty  
40 areas and passed an interview examination developed by the



1 National Autonomous University of Mexico for each specialty  
2 area. Family practitioners *who shall include obstetrics and*  
3 *gynecology in their practice*, shall also be required to have  
4 appropriately documented, as specified by United States  
5 standards, 50 live births.

6 (B) (i) Satisfactorily completed a six-month orientation  
7 program that addressed medical protocol, community clinic  
8 history and operations, medical administration, hospital  
9 operations and protocol, medical ethics, the California medical  
10 delivery system, health maintenance organizations and managed  
11 care practices, and pharmacology differences. ~~Additionally,~~

12 (ii) ~~Additionally,~~ Mexican physicians shall be required to be  
13 enrolled in English language acquisition classes until they obtain  
14 a level of proficiency in English that is commensurate with the  
15 level of English spoken at community clinics where they will  
16 practice.

17 (C) *Representatives from the National Autonomous University*  
18 *of Mexico (UNAM) in Mexico and an approved medical school or*  
19 *a facility conducting an approved medical residency training*  
20 *program in California, shall confer to develop a mutually agreed*  
21 *upon distant learning program for the six-month orientation*  
22 *program required pursuant to subparagraph (B).*

23 (3) Upon satisfactory completion of the requirements in  
24 paragraphs (1) and (2), and ~~upon arrival in the United States after~~  
25 ~~having received their three-year nonrenewable medical license,~~  
26 the Mexican physicians shall be required to obtain 35 hours of  
27 continuing education credits, as specified by the board, from a  
28 ~~program operating under the auspices of a University of California~~  
29 ~~medical school.~~ *an approved program.*

30 (4) Upon satisfactory completion of the requirements in  
31 paragraphs (1) to (3), inclusive, the applicant shall receive a  
32 three-year nonrenewable license to work in nonprofit community  
33 health centers and shall also be required to participate in a  
34 six-month externship at his or her place of employment. This  
35 externship shall be undertaken after the participant has received a  
36 license and is able to practice medicine. The externship shall  
37 ensure that the participant is complying with the established  
38 standards for quality assurance of nonprofit community health  
39 centers and medical practices. The externship shall be affiliated  
40 ~~with a University of California medical school in good standing.~~



1 *with a medical school in good standing in California.* Complaints  
2 against program participants shall follow the same procedures  
3 contained in the Medical Practice Act (Chapter 5 (commencing  
4 with Section 2000)).

5 (5) Participating hospitals shall have the authority to establish  
6 criteria necessary to allow program participants to be granted  
7 hospital privileges in their facilities.

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

10 (A) Be graduates from the National Autonomous University of  
11 ~~Mexico Dental School~~; *Mexico Faculty Dental School (Facultad*  
12 *de Odontologia).*

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

17 (i) A minimum grade point average.

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

20 (iii) Passage of a general examination.

21 (iv) Passage of an oral interview.

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

24 (i) Practical issues in pharmacology which shall be taught by  
25 an instructor who is affiliated with a California dental school  
26 ~~accredited by the board~~ *approved by the Dental Board of*  
27 *California.*

28 (ii) Practical issues and diagnosis in oral pathology which shall  
29 be taught by an instructor who is affiliated with a California dental  
30 school ~~accredited by the board~~ *approved by the Dental Board of*  
31 *California.*

32 (iii) Clinical applications which shall be taught by an instructor  
33 who is affiliated with a California dental school ~~accredited by the~~  
34 ~~board~~ *approved by the Dental Board of California.*

35 (iii) Biomedical sciences which shall be taught by an instructor  
36 who is affiliated with a California dental school ~~accredited by the~~  
37 ~~board~~ *approved by the Dental Board of California.*

38 (iv) Clinical history management which shall be taught by an  
39 instructor who is affiliated with a California dental school



1 ~~accredited by the board~~ *approved by the Dental Board of*  
2 *California.*

3 (v) Special patient care which shall be taught by an instructor  
4 who is affiliated with a California dental school ~~accredited by the~~  
5 ~~board~~ *approved by the Dental Board of California.*

6 (vi) ~~Hospital dentistry~~ *Sedation techniques* which shall be  
7 taught by an instructor who is affiliated with a California dental  
8 school ~~accredited by the board~~ *approved by the Dental Board of*  
9 *California.*

10 (vii) Introduction to health care systems in California.

11 (viii) Introduction to community clinic operations.

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

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

21 (4) The program shall accept 125 participating dentists. The  
22 first 100 dentists shall be active program participants and the  
23 remaining 25 dentists shall be placed on an alternate list. If an  
24 active program participant leaves the program for any reason, a  
25 participating dentist from the alternate list shall be chosen to fill  
26 the vacancy. Only active program participants shall be required to  
27 complete the orientation program specified in subparagraph (C) of  
28 paragraph (1) of this subdivision.

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

33 (B) As used in this subdivision, “extramural dental facility”  
34 includes, but is not limited to, any clinical facility linked to an  
35 approved dental school for the purposes of monitoring or  
36 overseeing the work of a dentist licensed in Mexico participating  
37 in this program and that is employed by an approved dental school  
38 for instruction in dentistry which exists outside or beyond the  
39 walls, boundaries, or precincts of the primary campus of the



1 approved dental school, and in which dental services are rendered.  
2 These facilities shall include nonprofit community health centers.

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

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

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

23 (f) Physicians and dentists from Mexico having met the  
24 applicable requirements set forth in subdivisions (c) and (d) shall  
25 be placed in a pool of candidates who are eligible to be recruited  
26 for employment by nonprofit community health centers in  
27 California, including, but not limited to, those located in the  
28 Counties of Ventura, Los Angeles, San Bernardino, Imperial,  
29 Monterey, San Benito, Sacramento, *San Joaquin*, Santa Cruz,  
30 Yuba, Orange, Colusa, Glenn, Sutter, Kern, Tulare, Fresno,  
31 Stanislaus, San Luis Obispo, and San Diego.

32 (g) Nonprofit community health centers in the counties listed  
33 in subdivision (f) shall apply to the Medical Board of California  
34 and the Dental Board of California to hire eligible applicants who  
35 shall then be required to complete a six-month externship that  
36 includes working in the nonprofit community health center and a  
37 corresponding hospital. Once enrolled in this externship, and upon  
38 payment of the required fees, the Medical Board of California ~~and~~  
39 ~~the Dental Board of California shall issue a three-year~~  
40 ~~nonrenewable license to practice medicine or dentistry in~~



1 ~~California. A licensee shall practice only in the nonprofit~~  
2 ~~community health center that offered him or her employment and~~  
3 ~~the corresponding hospital. This three-year nonrenewable license~~  
4 ~~shall issue a three-year nonrenewable license to practice medicine~~  
5 ~~and the Dental Board of California shall issue a three-year~~  
6 ~~nonrenewable dental special permit to practice dentistry. A~~  
7 ~~licensee or permitholder shall practice only in the nonprofit~~  
8 ~~community health center that offered him or her employment and~~  
9 ~~the corresponding hospital. This three-year nonrenewable license~~  
10 ~~or permit shall be deemed to be a license permit in good standing~~  
11 ~~pursuant to the provisions of this chapter for the purpose of~~  
12 ~~participation and reimbursement in all federal, state, and local~~  
13 ~~health programs, including managed care organizations and health~~  
14 ~~maintenance organizations.~~

15 (h) The three-year nonrenewable license *or permit* shall  
16 terminate upon notice by certified mail, return receipt requested,  
17 to the licensee's *or permitholder's* address of record, if, in the  
18 Medical Board of California or Dental Board of California's sole  
19 discretion, it has determined that either:

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

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

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

30 (j) Beginning 12 months after this pilot program has  
31 commenced, an evaluation of the program shall be undertaken  
32 with funds provided from philanthropic foundations. The  
33 evaluation shall be conducted jointly by one medical school and  
34 one dental school in California and the National *Autonomous*  
35 University of Mexico. This evaluation shall include, but not be  
36 limited to, the following issues and concerns:

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

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



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

4 (4) Response and approval by patients.

5 (5) Impact on cultural and linguistic services.

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

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

13 (8) *Progress reports on available data listed shall be provided*  
14 *to the Legislature on achievable time intervals beginning the*  
15 *second year of implementation of this pilot program. An interim*  
16 *final report shall be issued three months before termination of this*  
17 *pilot. A final report shall be submitted to the Legislature at the time*  
18 *of termination of this pilot program on all of the above data. The*  
19 *final report shall reflect and include how other initiatives*  
20 *concerning the development of culturally and linguistically*  
21 *competent medical and dental providers within California and the*  
22 *United States is impacting communities in need of these health*  
23 *care providers.*

24 (9) *The Director of Health Services (DHS) along with any*  
25 *voluntarily participating funding philanthropic foundations shall*  
26 *select the California medical and dental schools and work with the*  
27 *National Autonomous University of Mexico (UNAM) to conduct*  
28 *the evaluation of this pilot program.*

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

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

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

36 854. Criteria for issuing three-year nonrenewable medical  
37 ~~and dental licenses under this article shall not be utilized at any~~  
38 *licenses and dental permits under this article shall not be utilized*  
39 *at any time as the standard for issuing a license to practice*



1 medicine or a *permit to practice* dentistry in California on a  
2 permanent basis.

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

5 855. (a) Up to 70 international medical graduates who have  
6 passed their United States medical license examination on the first  
7 ~~or second~~ attempt and who have been working in the medical field  
8 for not less than three years, shall be selected to participate in a  
9 pilot program. *Preference shall be given to international medical*  
10 *graduates who are residents of California, have experience*  
11 *working in communities whose language is other than English and*  
12 *whose culture is not from the dominant society, and have a proven*  
13 *level of literacy in the foreign language of a medically underserved*  
14 *community.*

15 (b) If there are not 70 international medical graduates who meet  
16 the criteria of subdivision (a), the remaining openings may be  
17 filled by participants who have passed the United States medical  
18 license examination on ~~more than two~~ *two or more* attempts, have  
19 been working in the medical field for not less than three years, and  
20 who pass an additional test to be determined by the medical facility  
21 and the medical school participating in the pilot program.  
22 *Preference shall be given to international medical graduates who*  
23 *are residents of California, have experience working in*  
24 *communities whose language is other than English and whose*  
25 *culture is not from the dominant society, and have a proven level*  
26 *of literacy in the foreign language of a medically underserved*  
27 *community.*

28 (c) *An international medical graduate shall not be eligible for*  
29 *this program if he or she has graduated from a school that has not*  
30 *been approved by the Division of Licensing of the Medical Board*  
31 *of California.*

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

39 (e) All program participants shall be required to have the  
40 foreign language fluency and the cultural knowledge necessary to



1 serve the non-English-speaking community at the nonprofit  
2 community health center where they practice.

3 ~~(d)~~

4 (f) The Medical Board of California shall issue ~~a three-year~~  
5 ~~nonrenewable license~~ *an applicant status letter* to participating  
6 and qualifying ~~international medical graduates that shall be~~  
7 ~~limited to specifications determined by the board.~~ *international*  
8 *medical graduates.*

9 ~~(e)~~

10 (g) International medical graduates shall be required to  
11 participate and satisfactorily complete a six-month orientation  
12 program that will address medical protocol, community clinic  
13 history and operations, medical administration, hospital  
14 operations and protocol, medical ethics, the California medical  
15 delivery system, health maintenance organizations and managed  
16 care practices, and pharmacology differences. ~~Additionally,~~  
17 ~~international medical graduates shall be required to be enrolled in~~  
18 ~~English language acquisition classes until they obtain a level of~~  
19 ~~proficiency commensurate with the level of English spoken at~~  
20 ~~community clinics where they will practice.~~ *International medical*  
21 *graduates who have passed the Educational Commission for*  
22 *Foreign Medical Graduates (ECFMG) language exam shall not*  
23 *be required to be enrolled in English language classes. However,*  
24 *if a participating international medical graduate has not passed*  
25 *the ECFMG language exam, he or she shall be enrolled in English*  
26 *language acquisition classes until he or she obtains a level of*  
27 *English language proficiency equivalent to the ECFMG language*  
28 *exam.*

29 ~~(f)~~

30 (h) (1) Upon satisfactorily completing the orientation  
31 program ~~and the one-year residency training program,~~  
32 international medical graduates shall be selected by nonprofit  
33 community health centers to work in nonprofit community health  
34 centers ~~and disproportionate share hospitals whose service area~~  
35 ~~includes federally designated Health Professional Shortage~~  
36 ~~Areas, Dental Professional Shortage Areas, Medically~~  
37 ~~Underserved Areas, and Medically Underserved Populations~~ for  
38 a period not to exceed three years.

39 ~~(2) During his or her first year of employment at a nonprofit~~  
40 ~~community health center, an international medical graduate shall~~



1 ~~participate and satisfactorily complete a one-year residency~~  
2 ~~program in family practice, pediatrics, internal medicine, or~~  
3 ~~obstetrics and gynecology. There shall be two residency programs~~

4 (2) *There shall be two residency programs operated under the*  
5 *auspices of a University of California an approved medical*  
6 *school, with one in Southern California and one in Northern*  
7 *California. These residency programs shall be in family practice,*  
8 *internal medicine, or obstetrics and gynecology.*

9 (3) After successfully completing the one-year residency  
10 program, ~~the nonprofit community health center~~ *the training*  
11 *institution for the one-year residency program for international*  
12 *medical graduates may transfer the program participant into its*  
13 *regular an approved residency program.*

14 (g) ~~The limited license issued to international medical~~  
15 ~~graduates under this program shall allow them to practice~~  
16 ~~medicine only in the nonprofit community health centers and~~  
17 ~~disproportionate share hospitals whose service area includes~~  
18 ~~federally designated Health Professional Shortage Areas, Dental~~  
19 ~~Professional Shortage Areas, Medically Underserved Areas, and~~  
20 ~~Medically Underserved Populations.~~

21 (h) ~~The limited license~~

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

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

35 (j) *The applicant status letter shall be deemed a license in good*  
36 *standing pursuant to the provisions of this article for the purpose*  
37 *of participation and reimbursement in all federal, state, and local*  
38 *health programs, including managed care organizations and health*  
39 *maintenance organizations.*



1 ~~(i) Participating international medical graduates shall be~~  
2 ~~required to take the same amount of continuing medical education~~  
3 ~~classes per year as a licensed physician.~~

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

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

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

