

Impacts of California's AB 1045 Licensed Physicians from Mexico Pilot Program (LPMPP)

Reagan Ince

University of Washington — SOC301 C

Word Count: 1857

\*In this essay, "Latin@" is employed as an inclusive term for Latino/Latina. This term is attributed to Marisol Berrios-Miranda, Ph.D., an Associate Professor of Ethnomusicology at the University of Washington, notably in her work, "American Sabor: Latinos in U.S. Popular Music."\*

Migration and immigration shape culture, society, and interaction, with policies often attempting to address societal, economic, social, and political needs. California's history, including the Bracero program, highlights the complexities of immigration. Today, many communities in California have high Latin@ populations due to the United States history of colonization and exclusionary policies. Subsequently, Latin@ communities here experience challenges accessing adequate healthcare due to cultural differences. Subsequently, the Licensed Physicians and Dentists from Mexico Pilot Program (LPMPP), as created in 2002, sought to address labor needs of this area. This bill allowed a limited number of physicians and dentists to temporarily work in Latin@ communities in California, contingent on successful completion of prerequisite and continuing education courses. Although this policy appears inclusionary, it fails to address the labor and social needs of involved parties. This program perpetuates the centering of white Americans while not offering substantial reciprocity to Latin@ physicians. Within this essay, we will examine the extensive implications of policy ranging from the local impact, to its failures as a policy.

The LPMPP program originates from a need for language and cultural gaps that impact California's Central Coast and Central Valley. Healthcare centers in this area often struggle to retain doctors who can meet the cultural and linguistic needs of their patients. Latin@ communities utilize less care, are medically underserved, and face barriers to accessing adequate care considering their linguistic and cultural needs. For one, "undocumented immigrants, of which 80% are Latino, are still denied the ability to obtain insurance coverage" (Daar et Al., 2017). In states like California that are becoming "majority minority" (Hayes-Bautista et Al., 2000), physicians who can meet the needs of residents are increasingly critical. These physicians act as an access point for an already marginalized group, as minority physicians are "more likely to serve poor, underinsured, and uninsured populations". Since the number of Latin@ physicians is declining, these communities will receive exponentially less preferential care compared to white communities. Without these key actors, "physicians' [in]ability to relate to Latinos both linguistically and culturally adversely affects proper diagnosis and treatment of illness" within Latin@ communities (Daar et Al., 2017). To expand, "Latinos and other ethnic minorities

consistently receive poorer management of acute and chronic pain, which includes less opioid prescribing for equally measured pain as well as being more frequently subjected to drug tests” (Daar et Al., 2017). Despite current medical literature that illustrates the prospective health benefits and access to care that the US Latin@ population has access to in context of the Affordable Care Act, there is a lack of published work regarding supply-side changes for Latin@ physicians under new legislation (Daar et Al., 2017). The distribution of care across demographics reveals a disproportional inadequate knowledge and understanding of Latin@ culture.

The LPMPP (Assembly Bill 1045) was a pilot program created in California in 2002, but has been amended as recently as 2022. The goals of the Licensed Physicians from Mexico Pilot Program (LPMPP) is to provide a way for Mexican physicians and dentists a way to legally work in the United States. As well as providing a way to address the physician shortage experienced in California. Although it minimally works to allow increased opportunity for Mexican immigrants to contribute to the economy, it largely fails to address the larger need for a program like this. However, this program serves to benefit the needs of the communities in this area as “(Quintanilla, 2023) one-third of Latinos [reported] problems communicating with their doctors”, with barriers to communication “including language, cultural traditions, and sensitivity” (CA AB 1045, 2002). This program will allow the “applicant [to] receive a three-year nonrenewable license to work in nonprofit community health centers” (CA AB 1045, 2002). 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. (Gomez, 2023)

This policy was designed to be inclusive, by nature of providing a specific avenue for physicians and dentists to work in the United States. However, this policy is exclusive since it neglects to provide a way for people to work in the US without high levels of education. To elaborate, the Bracero program focused on bringing in agricultural work to the US from Mexico, allowing a wide variety of people to work within the US. This program, despite providing jobs to a select few migrants from Mexico, is

largely exclusive in the type of work it accepts. This program does allow immigrants to build professional relationships with companies in the United States, and create opportunities for Employment Based green card sponsorship. This policy specifically targets immigrants from Mexico, who hold physician or dentist titles. Although these are the people specifically addressed in the policy, the more broad implications include their family members by extension if they receive Employment based sponsorship following participation in the program. More specifically, this policy allows for thirty licensed physicians from Mexico to fill the linguistic and labor needs of underserved communities in California.

The LPMPP program shares many similarities with the 1942 Bracero Program Agreement between Mexico and the United States that allowed Mexican laborers to take temporary agricultural work in the US. Gomez compares the Mexican Physicians to the migrant field workers that came to the US during the Bracero Program. Within both of these communities, they were seeking “opportunity to work in the U.S. and filling a need for labor — not unlike the farmworkers they were coming to treat” (Gomez 2023). It is not difficult to see the parallels between their experiences and the lived experiences of the migrant field workers who “often fled poverty, hunger or violence and sought a new start in the north” (Gomez 2023). The LPMPP has been referred to as the “Doctor Bracero Program” by Latino physicians, Cuevas and Arnoldo Torres. At the time Torres was executive director of the California Hispanic Health Care Association (Gomez 2023). Although both programs provide job opportunities to Latin@ workers, the original Bracero Program has been critiqued on the basis of its tendency to exploit Latin@ laborers in denial of safe conditions, overworking, and underpay.

This policy does not go far enough to address the need for transitional labor from Mexico within the US. It touches on many of the impacts that the Bracero program had, however it neglects to go far enough, and provides additional avenues for people from Mexico to significantly contribute to the US economy. Within this, it provides extremely limited integration within the US, and requires multiple additional qualifications including English as Second language classes, continuing education credits, among others. Although these requirements are necessary for adequate care, three years of eligibility for these physicians without opportunity for renewal or family sponsorship, is a brief time and doesn't

adequately meet the needs of the physicians or the US economy. Within this policy, there have been extensive structural failures that have limited the effectiveness and potential benefits of this program. Bringing Physicians to Underserved Areas highlights the motivations of this policy, particularly as it caters toward the American population, and neglects to consider Mexican perspectives. There is a cohesive prioritization of native born US citizens, with a lack of focus on this policy impacts broader trends, and neglecting the need for transitional labor between the US and Mexico. This prioritization is highlighted through the California Medical Association's (CMA's) statement, particularly as they "feel that lowering the licensure criteria that have been developed over the years is a poor way of fulfilling the needs of society," says Anmol Mahal, MD, vice chair of the CMA's board of trustees and himself the product of an overseas medical education. "We're not against the concept of foreign-trained physicians coming and working in California. To the contrary, foreign physicians are an integral part of our healthcare system here. In fact, there are presently 1,200 physicians who went to medical school in Mexico who are licensed in California." Beyond this, the program has been unable to secure a medical school to educate the physicians, and its overall effectiveness is impacted by a lack of planning and coordination with larger institutions.

As we look to the future to anticipate multicultural and national needs, the need for a more expansive iteration of this program is clear, as well as more inclusive language expansions. The Latino US Medical Graduate rate is falling, and paired with the "rapid growth of the Latino population in the state and the shortage of doctors" (Quintanilla, 2023), an increased number of doctors equipped to serve Latin@ communities will be needed. However Latino International Medical Graduates (IMG) may "provide a temporary solution to the Latino physician shortfall" (Gomez, 2023). Moreover, "Non-Latino physicians need to be prepared to be culturally effective with a large and growing Latino patient population" (Gomez, 2023). As this program is preparing to be peer-reviewed at the beginning of 2024 by the UC San Francisco and the Medical Board of California to determine if the program will be extended for an additional three years, it is critical to keep these increasing needs in mind. Within this consideration, many individuals in California "speak Indigenous languages including Triqui, Mixteco and

Zapotec”, it is estimated that “a third of farmworkers come from Indigenous communities” (Gomez, 2023). As review continues on the efficacy of this program, it may be worthwhile to consider how to address the larger communal needs for increased language accessibility. Another aspect of the policy that could be potentially adjusted after review is the 3 year limit for physicians. Although this limit was initially imposed by the Mexican government to prevent “brain drain”, and allay concerns about a permanent depletion of medical talent, there are additional solutions that could be explored, including: investment in education and research, enhancing infrastructure, offering dual citizenship, among other solutions. Reflecting on the achieved success of the program, Maximiliano Cuevas, chief executive of Clinica de Salud del Valle de Salinas says there are “early signs of success” (Gomez, 2023), including the rate at which patients are being seen. The physicians are able to treat an estimated 4,500 patients annually each (Gomez, 2023).

In sum, the multifaceted implications of the Licensed Physicians from Mexico Pilot Program (LPMPP) can be seen, as well as its attempts to address healthcare disparities and physician shortages within California. Through comparison with historical precedents such as the Bracero program and healthcare access challenges faced by Latin@ communities, the LPMPP falls short in providing a comprehensive solution to these issues. Despite its intent to bridge cultural and linguistic gaps, the program's temperate and limited scope reduce its capacity to institute significant long term change. Looking to the future, future policy iterations should prioritize long term integration and empowerment of immigrant healthcare professionals, as well as larger systematic reforms that address healthcare accessibility. A concerted effort to rectify structural inequities and generate inclusive policy frameworks, solidifying inclusive healthcare, and workforce diversity. Additionally, there should be concerted efforts and policymaking to provide cultural competence training for non-Latin@ physicians.

## REFERENCES:

- Daar, David A., Miguel Alvarez-Estrada, and Abigail E. Alpert. 2017. "The Latino Physician Shortage: How the Affordable Care Act Increases the Value of Latino Spanish-Speaking Physicians and What Efforts Can Increase Their Supply." *Journal of Racial and Ethnic Health Disparities* 5(1):170–78.
- Durand, Jorge, Douglas S. Massey, and Emilio A. Parrado. 1999. "The New Era of Mexican Migration to the United States." *The Journal of American History* 86(2):518.
- Gomez, Melissa. 2023. "California Imports Doctors from Mexico to Fill Gaping Holes in Farmworker Healthcare." *Los Angeles Times*. Retrieved January 26, 2024 (<https://www.latimes.com/california/story/2023-11-08/california-imports-doctors-from-mexico-farmworker-health-care>).
- Hayes-Bautista, David E. PhD; Hsu, Paul; Hayes-Bautista, Maria RN, MPH; Stein, Robert M. PhD; Dowling, Patrick MD; Beltran, Robert MD; Villagomez, Juan MD. Latino Physician Supply in California: Sources, Locations, and Projections. *Academic Medicine* 75(7):p 727-736, July 2000.
- Quintanilla, Esther. 2023. "In California, Doctors from Mexico Help Fill the Need for Some Patients. 'as Good as Any Doctor.'" *KVPR*. Retrieved January 26, 2024 (<https://www.kvpr.org/local-news/2023-09-28/in-california-doctors-from-mexico-help-fill-the-need-for-some-patients-as-good-as-any-doctor>).
- Romney, Lee. 2003. "The State; Plan to Bring in Mexican Doctors may be Revised; no Medical School has been Willing to Oversee a State Program to Treat Migrant Farm Workers.: [HOME EDITION]." *Los Angeles Times*, Jul 06, <https://www.proquest.com/newspapers/state-plan-bring-mexican-doctors-may-be-revised/docview/421802152/se-2>.