



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Harbhajan Ajrawat, M.D., Chair

2025 SESSION POSITION PAPER

BILL NO.: HB 1199 – Physicians – Licensing – Internationally Trained Physicians
COMMITTEE: Health and Government Operations
POSITION: Letter of Support

TITLE: Physicians – Licensing – Internationally Trained Physicians

BILL ANALYSIS:

House Bill (HB) 1199 proposes to authorize the Maryland Board of Physicians (the Board) to issue a limited license to Foreign Trained Physicians (FTPs) to practice medicine in the state of Maryland.

POSITION AND RATIONALE:

The Maryland Board of Physicians is submitting this Letter of Support for House Bill (HB) 1199: Physicians—Licensing—Internationally Trained Physicians. The Board has worked closely with Bill Sponsors, Proponents, and Stakeholders to develop recommendations for a new licensure pathway for Foreign-Trained Physicians to help address the state's healthcare workforce shortage.

During the interim, the Board conducted the Workgroup to Study Licensure of Foreign Trained Physicians and International Medical Graduates (IMGs) in Maryland (the Workgroup). The Workgroup examined challenges faced by IMGs and FTPs, licensure models in other states, data from the Federation of State Medical Boards, and recommendations from the Advisory Commission on Additional Licensing Models. Based on this research, the Workgroup developed recommendations regarding applicant qualifications, application requirements, and the implementation of future legislation. A copy of the Workgroup's final report has been attached to this written testimony for reference.

Both the Board and the Workgroup support the use of FTPs to strengthen Maryland's physician workforce. However, it is essential to emphasize the necessity of delaying the implementation date to October 1, 2027. At this time, there is no infrastructure for credentialing, and additional requirements such as employment and supervision need further research and feedback from other states and medical boards.

For these reasons, the Board of Physicians urges a favorable report on House Bill (HB) 1199: Physicians—Licensing—Internationally Trained Physicians.

Thank you for your consideration. For more information, please contact Christine Farrelly, Executive Director, Christine.Farrelly@maryland.gov

Sincerely,

A handwritten signature in black ink that reads "Harbhajan Ajrawat". The signature is written in a cursive style with a large initial 'H'.

Harbhajan Ajrawat, M.D.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.



Maryland Board of Physicians

Final Report

Workgroup to Study Licensure of Foreign-Trained
Physicians (FTP) and International
Medical Graduates (IMGs) in Maryland

Harbhajan Ajrawat, M.D., Chair
Christine A. Farrelly, Executive Director

Workgroup Information

Meeting 1: August 28, 2024 **Meeting 2:** September 25, 2024 **Meeting 3:** November 20, 2024

Invitees: AltaMed, Council of Canada, House Health and Government Operations Committee, Maryland Board of Physicians, Maryland Hospital Association, Maryland Legislative Coalition, MedChi, Office of Government Affairs, Office of Minority Health and Health Disparities, Public Health Services, Senate Finance Committee, State Office of Rural Health, Rural Maryland Council

Attendees:

Harbhajan Ajrawat, M.D.....Chair, Maryland Board of Physicians
Mark Olszyk, M.D.....Vice Chair, Maryland Board of Physicians
Vinu Ganti, M.D.....Board Member, Board of Physicians
Richard Scholz, M.D.....Board Member, Board of Physicians
Senator Pam Beidle.....Senate Finance Committee Chair
Nancy Crawford.....Chief of Staff (Sen. Pam Beidle)
Senator Clarence Lam, M.D.....Senate Finance Committee
Scott Tiffin.....Chief of Staff (Sen. Clarence Lam)
Nathan McCurdy.....Senate Finance Committee Counsel
Delegate Terri Hill, M.D.....House Health and Government Operations Committee
Lindsay Rowe.....House Health and Government Operations Committee Counsel
Steve Wise.....MedChi
Loralie Ma, M.D.....MedChi
Jane Krienke.....Maryland Hospital Association
Meghan Lynch.....Office of Governmental Affairs
Samuel Paul.....Office of Governmental Affairs
Camille Blake Fall.....Office of Minority Health and Health Disparities
Kimberly Hiner.....Office of Population Health Improvement
Elizabeth Vaidya.....Office of Population Health
Michelle Darling.....Office of Population Health Improvement
Padmini Ranasinghe, M.D.....John Hopkins School of Medicine
Stephen Selinger.....Luminis Health
Ilan Shapira, M.D.....AltaMed
Humayun “Hank” Chaudhry, D.O.....Federation of State Medical Boards
Shafat Hassan.....

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Lisa Dorsey.....Physician Licensure Supervisor

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Definitions

For the purposes of this report, the term “IMGs” will refer to international medical graduates who obtained a doctor of medicine degree outside of the United States but who have not obtained a license to practice medicine and do not have clinical experience. IMGs are required to complete postgraduate training and have several pathways to licensure in Maryland and the U.S.

Foreign-trained physicians (FTPs), on the other hand, are fully trained physicians who hold a license in good standing with a medical licensing agency or regulatory authority in a country outside of the United States or Canada and have some clinical experience practicing as physicians internationally.

Executive Summary

The Workgroup to Study Licensure of Foreign-Trained Physicians (FTPs) and International Medical Graduates (IMGs) in Maryland, referred to in this report as the Workgroup, was established by the Maryland Board of Physicians (the Board) following discussion during the 2024 legislative session of the Maryland General Assembly. In response to House Bill 1054, introduced by the Honorable Delegate Terri L. Hill, MD, the Board offered to convene a stakeholder workgroup to explore issues surrounding the licensure of IMGs and FTPs in Maryland.

The Workgroup reviewed various resources, including barriers that IMGs and FTPs currently face in Maryland, additional licensure models from other states, information from the Federation of State Medical Boards, and the preliminary recommendations of the Advisory Commission on Additional Licensing Models (the Commission).

At the conclusion of the meetings, the Workgroup developed recommendations for establishing an additional licensure pathway for FTPs in Maryland. This pathway would eliminate the requirement to complete a postgraduate training program in the United States or Canada, but still require postgraduate training that is substantially similar to a postgraduate training program in the U.S. The recommendations in this report account for ongoing research from the Commission, the available data from policy implementation in other states, and a review of the resources available to state medical boards.

Background

During the 2024 legislative session of the Maryland General Assembly, the Honorable Delegate Terri L. Hill, MD, introduced House Bill 1054 (HB 1054). HB 1054 was intended to create a pathway to licensure for foreign-trained physicians (FTPs) currently residing in Maryland. To qualify through the pathway model established by the bill, a foreign practicing physician would be required to:

- Have graduated from a foreign medical school;

- Have practiced for at least 5 years before the date of the application;
- Be in good standing with the medical licensing agency or regulatory authority in their country of principal licensure;
- Have an offer of employment as a physician from a Maryland health care provider that operates a postgraduate training program; and
- Maintain a logbook of patients seen during the first 2 years of licensure.

Pursuant to HB 1054, as introduced, the Board would be required to issue a license for a two-year term to foreign practicing physicians who meet these qualifications. Before renewal of the license, the foreign practicing physician would be required to undergo an assessment and examination, including a review of the physician’s logbook and an assessment of a subset of cases. To administer this examination, HB 1054 would have established a consortium of postgraduate medical education programs under the authority of the Board and tasked the consortium to develop, implement, and administer the examination.

While the Board acknowledged the importance of addressing the current process for IMGs and FTPs, it was concerned that the consortium model proposed under HB 1054 exceeded the Board’s resources and expertise. Establishing a consortium of postgraduate medical education programs and developing and administering an examination and review process for FTPs would require a significant outlay of financial and employee resources. The Board proposed further studying this issue, including a review of other state models, and reporting back to the Maryland General Assembly by December 2024. Following the hearing and a commitment by the Board to convene a stakeholder workgroup to address these issues, the sponsor withdrew the bill.

In a letter to the Board dated March 11, 2024, the Honorable Delegate Joseline A. Peña-Melnyk, Chair of the Health and Government Operations Committee, formally requested that the Board convene a workgroup during the interim to examine licensure pathways for foreign practicing physicians, including:

- The licensure process for foreign practicing physicians in the State;
- Barriers faced by foreign practicing physicians from pursuing State licensure;
- The licensure processes for foreign practicing physicians in other states;
- Options to improve the licensure process for foreign practicing physicians in the State; and
- Methods to ensure the accurate verification of training and experience for foreign practicing physicians.

The letter requested the Board to submit a final report and recommendations to the Health and Government Operations Committee of the Maryland House of Delegates on or before December 1, 2024.

The Workgroup met three times during the interim, in August, September, and November 2024. These meetings were open to the public and included members of the legislature, as well as representatives from the Board, the Maryland Department of Health, MedChi, the Maryland

Hospital Association, the Federation of State Medical Boards, Johns Hopkins School of Medicine, and other interested stakeholders.

Qualifications for Physician Licensure in Maryland:

There are three core components to determining whether an applicant is qualified to practice medicine in Maryland and other states: medical education, postgraduate training, and national medical licensing examinations.

Medical Education Requirements:

To obtain a medical license in Maryland, applicants must possess a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) degree from a recognized medical school. In the United States and Canada, the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA) accredits qualifying medical schools.

Postgraduate Training:

- American Medical Graduates (AMGs):

Following medical school graduation, AMGs must complete at least one year of postgraduate training at an accredited clinical medical education program. Accredited programs are overseen by the Accreditation Council for Graduate Medical Education (ACGME), the AOA, or the Royal College of Physicians and Surgeons of Canada (RCPSC).

- International Medical Graduates (IMGs):

Following medical school, IMGs must complete two years of postgraduate training in a clinical medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the AOA, or the Royal College of Physicians and Surgeons of Canada (RCPSC).

- Foreign Trained Physicians (FTPs):

Under current requirements, an FTP would be required to complete two years of postgraduate training in a clinical medical education program accredited by the Accreditation Council for Graduate Medical Education (ACGME), the AOA, or the Royal College of Physicians and Surgeons of Canada (RCPSC).

Medical Licensing Examinations:

Applicants must achieve a passing score on all components of a nationally approved medical examination. The most common options are the United States Medical Licensure Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX-USA).

Additional Requirements for International Medical Graduates (IMGs):

International Medical Graduates (IMGs) are required to have Educational Commission for Foreign Medical Graduates (ECFMG) Certification for licensure. This is the standard for evaluating the qualifications of IMGs entering the U.S. healthcare system and includes requirements for medical schools, examination requirements (including USMLE Step 1 and Step 2 Clinical Knowledge, among other requirements), and verification of medical education credentials directly with the issuing institution. ECFMG certification is currently required for IMG licensure¹ because it assesses whether IMGs are ready to enter U.S. graduate medical postgraduate training programs accredited by the ACGME.

IMGs are eligible for various pathways to licensure once they complete these steps.

Existing Licensure Pathways for IMGs and FTPs:

There are currently multiple pathways in which an individual who graduated from an international medical school may apply for licensure in Maryland.

Traditional Licensure Pathway for IMGs and FTPs:

An applicant for initial licensure who has graduated from an international medical school must have:

- Graduated from a medical school and successfully completed the requirements for and obtained Education Commission on Foreign Medical Graduates (ECFMG) certification;
- Successfully completed 2 years of postgraduate training at a program accredited by ACGME; and
- Achieved a passing score on an examination approved by the Board (Generally the USMLE).

Licensure By Conceded Eminence for FTPs:

The Board has the authority to grant licensure by conceded eminence. This process allows the dean of a medical school or the director of the National Institutes of Health to sponsor experienced physicians from other countries. Applicants must submit evidence of teaching, research, publications, or other achievements to demonstrate eminence in the profession.

Limited Postgraduate Teaching License for FTPs:

A postgraduate teaching license authorizes an individual to teach at a medical university for up to two years. A licensee with a postgraduate teaching license may only practice medicine in conjunction with their teaching responsibilities and may only practice within the teaching institution and program specified in their application for licensure. An initial postgraduate teaching license will be valid for a one-year term and may be renewed once for another one-year term. To qualify, individuals must meet certain requirements.

¹ <https://www.ecfmg.org/certification-pathways/>

Workgroup Focus

Barriers for FTPs:

Although not the focus of this report, the Workgroup acknowledges that many inherent factors may impact FTPs relocating to the U.S., including, but not limited to:

- Lack of familiarity with the U.S. healthcare system and licensure requirements;
- Loss of professional identity;
- Limited English proficiency;
- Lack of a professional network in Maryland and the U.S. generally; and
- Resource constraints of working “survival” jobs to meet family obligations

Additionally, there are also systemic barriers such as:

- Lack of financial assistance to cover licensing/testing/other fees;
- Lack of dedicated support from workforce and adult education bodies, and higher education systems to help navigate barriers;
- English proficiency standards for licensure; and,
- Complexity and state-by-state differences in licensure requirements.

The Workgroup identified several barriers specific to practicing medicine that FTPs and IMGs may face when attempting to obtain a license in Maryland:

Immigration Status:

As several other states have identified, U.S. federal immigration and visa requirements impact the ability of those who are not U.S. citizens or permanent U.S. residents to use any additional pathway, so many FTPs may not be able to take advantage of additional pathways. The Workgroup mentioned this topic but did not discuss it.

Limited Residency Slots:

IMGs and FTPs are required to complete 2 years of training in an accredited postgraduate training program, typically referred to as a medical residency. Residencies are an essential part of the licensure process, ensuring that applicants receive hands-on training and clinical experience in a supervised setting. Unfortunately, there are limited residency slots, and graduates must go through a highly competitive application process to match with a residency program, especially in high-demand specialties such as dermatology or neurosurgery.

This creates a potential bottleneck for U.S. graduates and IMGs, but IMGs bear the brunt. According to the National Residency Match Program (NRMP), in 2023, 27,788 graduates of U.S.

MD or DO programs applied for a match. Of the 27,788 graduates, 25,877 successfully matched into a residency program, for a match rate of 93.1%. However, for IMGs, these numbers were significantly lower. Among the 14,772 IMGs who applied for a match, only 9,045 successfully matched into a residency program, for a match rate of 61.2%.²

Time Limits for Residency Slots (postgraduate training):

Many residency programs require applicants to have graduated from medical school within 5 years of applying, which further limits the available pool of residency slots for IMGs and FTPs.

Redundant Requirements for FTPs:

Under current law, an FTP with years of clinical experience in another country seeking licensure through the traditional pathway would still be required to complete 2 years of postgraduate training and retake their examinations before becoming licensed in Maryland.

Financial Burdens:

IMGs and FTPs face significant financial burdens when obtaining the credentials required for licensure in Maryland. Many of the costs associated with obtaining the qualifications for licensure must be paid upfront before the applicant begins earning any income. While medical residency programs have stipends for residents, this is still significantly lower than a physician's salary. According to the American Association of Medical Colleges' 2023 Survey of Resident/Fellow Stipends and Benefits, the median stipend of a first-year medical resident is \$62,722.³

Employment While Waiting for Residency Match:

In addition to licensure pathways, last year, legislation provided an option for medical graduates, both AMGs and IMGs, who do not match into a residency or their preferred residency program on the first attempt. Although practitioners who utilize this option would not be licensed or employed as licensed physicians, this legislation provides an opportunity to participate in the healthcare workforce and allows practitioners to continue using their clinical skills while improving access to care for Marylanders.

Supervised Medical Graduates (SMGs): HB 757 - State Board of Physicians - Supervised Medical Graduates and Cardiovascular Invasive Specialists (Bridge to Medical Residency Act) passed as emergency legislation during the 2024 legislative session and was signed into law by the Governor on April 25, 2024. SMGs may practice for up to two years if they meet certain requirements, including working under the supervision of a licensed physician who is on the premises and immediately available to provide assistance.

National Collaboration:

The Federation of State Medical Boards (FSMB), Intealth™, and the Accreditation Council for Graduate Medical Education (ACGME) formed the “Advisory Commission on Alternate Licensing

² <https://www.nrmp.org/match-data/2024/06/results-and-data-2024-main-residency-match/>

³ <https://www.aamc.org/media/8361/download>

Models” (the Advisory Commission) that includes representatives of national organizations representing medical schools, graduate medical education accreditation, IMG certification, specialty certification, and medical education, as well as representatives from several state medical boards.

The Advisory Commission was established in response to the increasing interest among state policymakers/legislators in addressing patient access and projected workforce shortages through legislation to advance additional licensing models enabling foreign-trained practicing physicians in various specialties to get licensed to practice medicine.

Its primary goal is to provide guidance on additional pathways to obtaining state licensure for physicians who have completed training and practiced outside the United States. The Advisory Commission issued its preliminary recommendations on October 2, 2024 (see below). The recommendations are meant to guide states as they introduce and implement these proposals so that there is a consistent approach that protects patients and assures the readiness of these physicians to practice in the American healthcare system while improving access to care, which are shared goals among this Workgroup and the Advisory Commission. Additional guidance from the Advisory Commission will be available in 2025.

- 1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing additional licensure pathways.**
 - a. States should empower their medical boards to promulgate rules and regulations should they choose to enact additional licensure pathway requirements for qualified, internationally trained physicians.**
 - b. State legislatures should ensure state medical boards have the necessary resources to fully implement, operationalize, and evaluate any new, additional licensure pathways including the ability to hire or assign staff with knowledge and understanding of licensing international medical graduates.**
- 2. An offer of employment prior to application for an additional pathway.**
 - a. States should require internationally trained physicians applying under an additional licensure pathway to have an offer of employment from a medical facility, as defined by the state medical board.**
 - b. State medical boards should have the authority to determine which medical facilities can supervise and assess the IMG’s proficiency and capabilities (e.g., an ACGME-accredited program, an FQHC, a CHC, an RHC or other state-licensed medical facility that has capacity and experience with medical education and assessment).**
- 3. ECFMG Certification and graduation from a recognized medical school.**
 - a. States should require ECFMG Certification for internationally trained physicians to enter an additional licensure pathway.**
- 4. Completion of postgraduate training (PGT) outside the United States.**

- a. Completion of formal, accredited PGT outside the United States should be a requirement for entry into an additional licensure pathway.
 - b. State medical boards may make use of a variety of existing proxies for determining that a PGT program completed outside the United States is “substantively similar” for purposes of additional licensure pathway eligibility for internationally trained physicians, including whether the IMG’s program has been accredited by ACGME International (ACGME-I) and/or whether the IMG has completed an ACGME-accredited fellowship training program in the United States. Boards may also wish to ask the IMG to produce their training program’s curriculum (and case requirements, for surgical specialties) for review.
5. States should require internationally trained physicians applying for a license under an additional licensure pathway to be fully licensed, registered, or authorized to practice medicine in another country or jurisdiction and to provide evidence of medical practice experience of at least three years.
6. A limit on “time out of practice” before becoming eligible to apply for an additional licensure pathway.
 - a. States should consider limits on time out of practice for physicians entering additional licensing pathways that are consistent with re-entry to practice guidelines for other physician applicants within their jurisdiction.
7. A requirement for a period of temporary provisional licensure prior to eligibility to apply for a full and unrestricted license to practice medicine.
 - a. States should require a period of temporary provisional licensure for qualified internationally trained physicians under an additional licensure pathway before they become eligible to apply for a full and unrestricted license.
 - b. During their period of temporary provisional licensure, applicants should be supervised by licensed physicians within the same specialty as the applicant’s intended practice.
 - c. During this period of temporary provisional licensure, applicants should receive progressive assessment (as defined by the state medical boards and suggested in this section) and adequate support from the employer to help the international physician navigate and bridge cultural and boundary differences, including understanding billing, coding, and electronic health records.
8. Eligibility for a Full and Unrestricted Licensure (i.e., not automatic)
 - a. State medical boards in states that have enacted legislation to create additional licensing pathways for internationally trained physicians should work with their legislatures, where permitted, to retain their historic and statutory ability to exercise their due diligence and assess each applicant on their merits before they progress from provisional to full and unrestricted licensure.
 - b. State medical boards should add a requirement for passing USMLE Step 3 (as already required of all IMGs) for a full and unrestricted license and a proviso that the

applicant not have any disciplinary actions or investigations pending from their provisional licensure period.

9. Standard data collection requirements.

- a. State medical boards, assisted by partner organizations as may be necessary, should collect information that will facilitate the evaluation of these additional licensure pathways to make sure they are meeting their intended purpose. This information should include:
 - i. The number of applicants
 - ii. The number of internationally trained physicians receiving provisional licensure under the pathway and the number denied provisional licensure under the pathway
 - iii. The number of individuals achieving full and unrestricted licensure,
 - iv. The percentage of individuals that stay and practice in their specialty of training and in rural or underserved areas
 - v. The number of complaints received and disciplinary actions taken (if any)
 - vi. The practice setting and specialty of applicants
 - vii. The number of IMGs licensed through additional licensure pathways who ultimately remain in the United States versus returning to their home countries
 - viii. The number of individuals achieving specialty board certification
 - ix. The costs to the board of operating an additional licensing pathway

Licensure for IMGs and FTPs In Other States:

In addition to considering the recommendations of FSMB's Advisory Commission on Alternate Licensing Models, the Workgroup conducted a review and policy analysis of other State legislation initiatives that are similarly focused on utilizing IMGs and FTPs to improve patient access to healthcare and address workforce shortages.

Other States' Legislative Initiatives:

Since August of 2023, eight states have enacted legislation creating additional licensure pathways for IMGs and FTPs that do not require completion of ACGME-accredited training in the U.S. or Canada. As of November 20, 2024, only one license has been issued under these additional pathways. Tennessee issued a temporary license to a FTP to practice at a specific healthcare entity until the FTP has a Declaratory Hearing in January of 2025, to determine if the applicant will qualify for a full license. The applicant also completed a one-year fellowship in the U.S.

Florida:⁴

The Florida Board of Medicine may certify qualified IMGs and FTPs for licensure who have not met all the requirements typically needed for licensure by examination. Along with additional requirements, Florida law states that an applicant must complete “a residency or substantially similar postgraduate medical training in a country recognized by his or her licensing jurisdiction which is substantially similar to a residency program accredited by the ACGME, as determined by the board.”

Louisiana:⁵

The Louisiana legislature passed House Bill 972, and the governor signed it into law effective August 1st, 2024. The Louisiana law authorizes the State Board of Medical Examiners to grant a license to practice medicine in the State to an IMG who satisfies certain requirements. It further states that the IMG “shall submit documentation or a certification from a medical school whose curriculum is judged to be acceptable by the board.” The statute does not detail the criteria for how the Board will deem a foreign medical school’s curriculum acceptable, and as of this report, no rules or regulations have been fully promulgated.

Wisconsin:⁶

The Wisconsin Medical Examining Board may issue a provisional license to FTPs to practice within the State as a physician. The Wisconsin law, along with additional requirements, also uses the term “substantially similar” when stating the requirement for IMG licensure approval. The language in the law, “the applicant has completed a residency program or a postgraduate medical training program that is substantially similar to a residency program,” omits the requirement of ECFMG accreditation or certification of foreign medical education.

Idaho:⁷

House Bill 542 has an effective date of January 1st, 2025. This Idaho Law allows international physicians to apply for the licensure pathway so long as the applicant has graduated from any "medical education or training outside of the U.S. or Canada that is substantially similar" to the training required for physicians in Idaho and has been certified by ECFMG and completed a residency or PGT, practiced medicine for at least three years post-PGT or completed at least 500 hours of clinical experience. The provisional license issued to the FTP may convert to a full license after three years of practice if the FTP meets certain qualifications.

Illinois:⁸

Effective January 1, 2025, authorizes the Dept. of Financial and Professional Regulation (IDFPR) to issue limited licenses to qualified IMGs, pursuant to rules the IDFPR must adopt regarding qualifications and fees. According to the Illinois State Medical Society, IMGs “would work for two years with limited practice under supervision... in an area with a medical need or with a health professional who treats underserved populations.” Relatedly, HB 2948 (2023) creates a new ombudsman position within IDFPR to help eligible IMGs navigate the relicensing process.

⁴ <https://www.flsenate.gov/Session/Bill/2024/7016/?Tab=BillText>

⁵ <https://www.legis.la.gov/Legis/ViewDocument.aspx?d=1380718>

⁶ <https://docs.legis.wisconsin.gov/2023/related/proposals/ab954>

⁷ <https://legislature.idaho.gov/sessioninfo/2024/legislation/h0542/>

⁸ <https://www.ilga.gov/legislation/BillStatus.asp?DocNum=778&GAID=17&DocTypeID=HB&SessionID=112&GA=103>

Iowa:⁹

The Iowa Board of Medicine may grant provisional licenses to IMGs that are graduates of foreign medical schools evaluated by the ECFMG, licensed and in good standing for the immediately preceding five years, have completed a residency or “substantially similar” PGT in their resident country, and have practiced medicine for at least five years following their PGT. The provisional license may be converted to a full license after three years of practice in good standing as long as the health care facility employed the licensee for the entirety of the three years and has passed a background check, among other administrative components.

Tennessee:¹⁰

Effective July 1, 2024, the Tennessee Medical Board may allow foreign medical graduates to obtain a temporary license of a limited duration if the applicant practiced as a physician for three years outside the U.S. and has an offer for employment as a physician in a Tennessee healthcare facility that operates a postgraduate training program accredited by the ACGME. The law further requires demonstrated competency as determined by the Board and completion of a 3-year postgraduate training program in the graduate’s licensing country. The Tennessee legislation was revised, and the new law is effective January 1, 2025, and includes additional requirements.¹¹

Virginia:¹²

In April 2024, the Governor signed HB 995. HB 995 authorizes an FTP to receive a 2-year provisional license if the FTP obtains ECFMG certification, is licensed in another country, has five years of clinical experience, passed USMLE Steps 1 and 2, and has entered into an agreement with a medical care facility that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with standards appropriate for medical practice. The license is renewable only if the FTP agrees to work in an underserved area for two years, has successfully completed the participating medical care facility's assessment and evaluation program, will enter into a full-time employment agreement with a medical facility, and has passed Step 3 of the USMLE. An individual may apply for a full license only after the completion of the renewable term.

Other States’ Programs (non-licensure):

Other than establishing and requiring certain licensure criteria, some states, such as Maine and Massachusetts, have created workgroups like this to study the implementation and deployment of IMGs and FTPs to address healthcare workforce issues but have not yet enacted legislation.

Maine:¹³

Maine created the Commission Regarding Foreign-Trained Physicians Living in Maine to study integrating foreign-trained physicians, including physicians who identify as surgeons, living in the State into the health care workforce to best reflect their level of skills and training, with a focus on refugees and asylum seekers, and reducing barriers to licensing for foreign-trained physicians and physicians from other states. The Maine Commission reported to their legislature in January 2024 with 12 recommendations that seek to address utilizing IMGs and FTPs to respond to their

⁹ <https://www.legis.iowa.gov/legislation/BillBook?ga=90&ba=HF%202564>

¹⁰ <https://wapp.capitol.tn.gov/apps/Billinfo/default.aspx?BillNumber=SB1451&ga=113>

¹¹ <https://publications.tnsosfiles.com/acts/113/pub/pc0929.pdf>

¹² <https://legacylis.virginia.gov/cgi-bin/legp604.exe?241+ful+CHAP0464>

¹³ <https://legislature.maine.gov/doc/10599>

healthcare workforce shortage. They included the creation of a fund and program to prepare and educate IMGs and FTPs for eligibility for a sponsorship or assistance program. These recommendations look deeper than legislation and onward to non-licensure means to assist IMGs and FTPs in returning to practicing medicine. Maine has not enacted legislation.

Massachusetts:¹⁴

Massachusetts enacted the Special Commission on Foreign-Trained Medical Professionals (The Massachusetts Commission) in 2019, and its findings were reported to the legislature in 2022. Its recommendations allow the state to make quantitative and qualitative-backed decisions in crafting legislation for licensing internationally trained health professionals to expand and improve medical services in rural and underserved areas. It suggests expanding the scope of the State’s Welcome Back Center to include support for other internationally trained health professionals. Massachusetts also points out that IMGs and FTPs do not just face a legal and regulatory barrier to licensure but also a financial barrier, as the expenses that accompany the licensure process (educational, test preparation classes, and exam and licensing fees) can be a costly burden and deterrence to career advancement for under-employed internationally trained professionals. Massachusetts has not enacted legislation.

Workgroup Recommendations

While the Workgroup can make recommendations for FTPs related to the practice of medicine, the Workgroup believes that other groups, entities, agencies, and resources are necessary for a more comprehensive solution. The legislature may also want to consider a more formal task force that includes other internationally trained healthcare professionals, such as nurses, and those entities and agencies that can provide the necessary foundation for a successful transition to a healthcare-related career in Maryland.

The Workgroup recommends that eventual legislation is the best route to establishing an additional licensure pathway for FTPs. The legislation would eliminate the requirement that FTPs complete an ACGME-accredited postgraduate training program in the U.S. or Canada; however, FTPs would be required to have already completed at least two years of postgraduate training equivalent to an ACGME-accredited U.S. postgraduate residency.

Based on the research and information presented to the Workgroup, the Workgroup has agreed upon a variety of recommendations that are necessary for any legislation proposed:

- Monitor the activities and recommendations of the “Advisory Commission on Additional Licensing Models.” The Advisory Commission’s purpose of supporting the alignment of policies, regulations, and statutes and providing clarity and specificity to statutory and procedural language to better protect the public aligns with the mission of the Maryland Board of Physicians and this Workgroup.
- Monitor the enactment and progress of other State legislation on implementing IMGs and FTPs additional licensure pathways. This would include monitoring and analyzing current studies, data, other states’ activities, and outcomes as they become available. The

¹⁴ <https://malegislature.gov/Bills/192/SD3237>

Workgroup also recommends monitoring and analyzing other States' progress in enacting and implementing legislation regarding the utilization of IMGs and FTPs to bolster their State's healthcare workforce.

- Enhanced Online Resources (Administrative). All Boards should revise and reorganize licensing information on websites to better inform internationally trained health professionals of licensing requirements and processes.
- Licensing Guides (Administrative). All Boards should develop easy-to-follow licensing guides to better inform internationally trained health professionals of licensing requirements and processes.

Due to the recency of legislation, there is extremely limited information on implementing policies, plans, and processes in other states related to FTPs and IMGs. Other states have had proposals that omitted or bypassed specific requirements related to U.S. postgraduate training designed to ensure physicians have acquired the necessary knowledge, skills, and abilities to provide safe and competent patient care.

Although studying and analyzing these states' implementation may delay our own legislation, Maryland can gain valuable insights into the logistical and regulatory challenges the other states faced during the proposal and implementation phases of their new policies. This knowledge will be instrumental in the Maryland General Assembly passing concrete, evidence-based legislation that can successfully create a pathway for FTPs. Ultimately, this approach aims to bolster the State's physician workforce through well-informed and proven means that enhance patient access to quality care and support the needs of diverse patient populations in the State.

Workgroup Recommendation: Pathway to Full Licensure

The Workgroup recommends proposing legislation in collaboration with the Board of Physicians that incorporates the Workgroup's recommendations and aligns, to the extent practicable, with national standards and processes. The legislation should allow the Board to develop regulations.

Delayed Implementation of Legislation:

At this time, legislation may be premature. If legislation is proposed in 2025, it should have a delayed implementation date of at least October 1, 2027, so that the forthcoming Advisory Commission recommendations on additional areas, such as determining equivalency of postgraduate training, can be included. In addition, a delayed effective date will allow modifications to legislation as best practices in other states and jurisdictions are established. There is very limited data on the implementation of similar policies in other states, and there are additional forthcoming recommendations from the Advisory Commission that the legislature should consider before enacting legislation.

Given that there are no existing resources and infrastructure to properly enact legislation at this time, the impact of legislation may be delayed for years to come. For example, as mentioned previously in this report, there is no accrediting or verification body for postgraduate training or medical education received in other countries. Therefore, determining "substantially equivalent"

would be very difficult, if not impossible, depending on where the physician applicant attended medical school, completed postgraduate training, and obtained the required clinical experience.

Minimum Requirements for an Additional Licensure Pathway:

The Workgroup agreed, by consensus, on the following minimum requirements for any legislation that creates an additional pathway for FTPs:

1. Eligibility Criteria:

- a.** License: Must be in good standing with the medical licensing or regulatory authority in another country to verify the physician's discipline and criminal background history.
- b.** Medical Education: Graduation from a recognized medical school.
- c.** ECFMG certification: Must hold this certification. Many other States that have enacted legislation for the utilization and deployment of IMGs or FTPs to address healthcare workforce shortages have specifically required ECFMG accreditation of a foreign medical program or the certification of the applicant by ECFMG.
- d.** English language proficiency: Must demonstrate English language proficiency.

2. Clinical Training and Experience

- a.** Postgraduate training: Must complete at least 2 years of postgraduate training equivalent to an ACGME-accredited U.S. postgraduate residency. Must have had no discipline or competency issues during the training.
- b.** Clinical Practice Experience: Must have been practicing for a minimum of 5 years immediately preceding the application for licensure.

3. Licensure Examinations

- a.** Examination: Must pass Steps I, II, and III of the USMLE to be licensed. Additionally, they must have no pending disciplinary actions or investigations.

4. Employment and Practice Restrictions

- a.** Employment: The Workgroup discussed the concept of a “sponsoring” employer and supervision but did not reach a consensus. The Workgroup acknowledges that some of these areas will require additional discussions and study to flesh out details.
- b.** Note: All states that have enacted additional pathways have statutorily required an offer of employment from a medical facility, as defined by the State’s Medical Board. The general regulatory scheme is that the FTP, during their initial term of licensure, may only practice medicine at a hospital or other facility that is licensed by the State and performs independent credentialing under the supervision of a

physician in the same specialty. The employer must be mandated to report any standard-of-care or disciplinary-related issues to the Board.

5. Licensure Type, Duration, and Renewal:

- a. License issued in Maryland: The Workgroup agreed that a license issued would be a provisional, special category of licensure that is time-limited, not "temporary." The legislature may want to consider that upon renewal, the FTP would be required to serve in a rural or underserved area, similar to Virginia's model.

6. State Residency, Nexus, and Commitment to the State

- a. Residency in Maryland: The applicant should have a nexus with the State of Maryland. Several states require that an individual has lived in that State for at least one year before they would qualify.
- b. Service in Maryland: Additionally, the legislature should consider mandating service through a commitment to serve Maryland patients for at least five years.

Any proposed legislation should authorize the Board of Physicians to develop a pathway to full licensure for physicians previously authorized to practice medicine outside the United States and develop regulations to implement the pathway. This pathway would include the Workgroup's recommendations, including one to two years of mentored/supervised, limited licensure in a licensed medical facility approved by the Board, resulting in eligibility for a full, unrestricted license after demonstrated competence. FTPs would be required to complete all other licensure requirements, such as a good moral character and a criminal history record check.

Remaining Unresolved Issues

Potential Health Equity Concerns:

The "Brain Drain" Phenomenon:

Concerns have been raised in low- and middle-income countries about migrating physicians to high-income countries, a phenomenon colloquially referred to as the "brain drain."

One example in which physician emigration negatively affects the health care system in the other country is Egypt. Egypt is experiencing a significant physician shortage partially due to the "brain drain" phenomenon. It was estimated that 11,500 doctors left Egypt's public health sector between 2019 and 2022 to pursue employment in other countries. In 2023, it was estimated that Egypt's physician-patient ratio was 7.09 physicians per 10,000 population.¹⁵ Comparatively, Maryland has a physician-patient ratio of 39.7 physicians per 10,000 population.

This threatens the sustainability of health systems in low and middle-income countries by:

¹⁵ <https://www.washingtonpost.com/world/2023/02/26/egypt-doctors-economic-crisis/>

- Negatively impacting the physician-patient ratio;
- Enhancing health disparities within the low-and-middle-income countries, especially for their vulnerable and/or rural communities;
- Widening worldwide health gaps;
- Depleting the healthcare resources in the low-and-middle-income countries; and,
- Increasing the workload of the existing physicians in the low-and-middle-income countries.

Concerns for Rural Areas:

It is also important to recognize that a high percentage of IMGs and FTPs practice in rural areas. This may be partially due to visa obligations. Most residents who come to the U.S. to train are using the J-1 Visa, which is valid for up to seven years. The Maryland Conrad 30 (J-1 Visa Waiver) Program is a program by which the Maryland Department of Health can recommend up to 30 J-1 Visa Waiver physicians per year to be granted through U.S. Citizenship and Immigration Services. Physicians receive a waiver from returning to their home country following training in the United States in exchange for a 3-year service obligation. The majority of Conrad 30 physicians work in federally-designated Health Professional Shortage Areas, which are more often found in Maryland's rural areas and Baltimore City. Additional J-1 Visa Waivers are available via programs such as U.S. Health and Human Services and the Appalachian Regional Commission J-1 Programs.

The use of IMGs and FTPs is a viable option to increase the number of physicians in rural and/or other underserved areas, but it is essential to uphold the current training, clinical, and educational standards expected of physicians in any additional licensure pathway. The tendency for IMGs and FTPs to work in rural areas raises concerns about creating increased disparities between rural and urban areas if legislation establishing an additional pathway does not have appropriate requirements and safeguards. Rural and underserved areas should not have less qualified individuals providing healthcare, which could occur without purposeful and precise expansion of licensure pathways.

Board Operational and Regulatory Concerns:

At the final Workgroup meeting, Board staff identified various operational and implementation related concerns, most of which involve the inability to verify an FTP's medical education, postgraduate training program, and years of clinical experience. Some countries have comparable medical schools and training programs; however, some countries have not evaluated them.

Lack of methods to ensure the accurate verification of medical education, postgraduate training, and clinical experience for FTPs:

Currently, the Maryland Board has no methods to ensure the accurate verification of medical education or postgraduate training for FTPs who have not completed the ECFMG credentialing process. Even through the ECFMG certification process, not all medical schools or international postgraduate training programs have been evaluated. There is a World Directory of Medical

Schools; however, the listing or inclusion of a medical school in its database does not connote accreditation or endorsement.¹⁶

Further, the Maryland Board has no methods available to ensure the accurate verification of clinical experience. There is no system in place to verify the clinical practice of an FTP. Other countries may not have centralized reporting for employment-related or quality-of-care issues. In the U.S., all medical boards, hospitals, other entities, insurance companies, and others must report adverse actions to the National Practitioner Database (NPDB).

Without critical evaluation, the Board could not determine whether the medical education, postgraduate training, and clinical experience have prepared an FTP to practice competently in Maryland.

Lack of international accreditation infrastructure necessary to ensure accurate verification for certain medical schools and international postgraduate training programs:

Some existing bodies, such as the ECFMG, the ACGME-I, and the World Federation for Medical Education (WFME),¹⁷ have taken steps toward addressing the lack of accreditation.

However, these credential-related issues still need to be resolved.

Lack of Objective “Equivalency” Criteria:

The criteria for graduates of U.S./Canadian medical schools, IMGs, and FTPs to receive medical licensure must be equal. There has been concern about protecting the educational and training standards and expectations for all medical licensees in creating additional licensure pathways for IMGs and FTPs. An international postgraduate training program should be substantially equivalent to an ACGME postgraduate program.

Many States that have enacted legislation for the utilization and deployment of IMGs or FTPs to address healthcare workforce shortages have specifically required ECFMG accreditation of a foreign medical program or the certification of the applicant by ECFMG. The Workgroup and the Advisory Commission recommend that this requirement be in place for future legislation to maintain quality healthcare access within Maryland and the Nation. Without the requirement for accreditation of a foreign medical school or program by ECFMG or a similar credible body, the onus of verifying medical training, postgraduate education, and experience may fall to the Board.

¹⁶ The World Directory of Medical Schools states that, “The listing of a medical school in the World Directory of Medical Schools does not denote recognition, accreditation, or endorsement by the World Directory of Medical Schools or by its partner organizations, WFME and FAIMER. Similarly, the listing of a medical school in the World Directory of Medical Schools does not denote recognition, accreditation, or endorsement by any or all of the sponsors of the World Directory of Medical Schools, except where this is expressly stated either on the website of the World Directory or on the website or other literature of any sponsor.

¹⁷ WFME maintains a list of over 3,500 medical schools but does not denote the quality of medical education. WFME has a variety of current and upcoming accrediting programs for medical education and postgraduate training (coming in 2025), but there is not yet a system in place.

Board Resources and Fiscal Considerations:

Given the pending questions that may delay and/or complicate the implementation of any additional licensure pathway, it is highly likely that no IMGs or FTPs would qualify for licensure as a physician through this additional pathway. However, this does not mean the Board will not receive a flood of applications requiring review once legislation passes. Estimating conservatively, the Board would likely need a minimum of one licensure analyst to support this licensure pathway. The cost of one Licensure Analyst position would be \$91,538 (Grade 14, Step 15 \$69,721 salary and fringe). Virginia estimated that one staff person would be required to staff the additional pathway for \$97,476.00, and Illinois also requested one staff person to support the additional pathway.

There is no system in place or entity to evaluate non-recognized medical schools, nor is there a process to accredit or determine that an international postgraduate training program is equivalent to an ACGME-accredited program. Verification of clinical experience will also be challenging for the Board.

The Cicero Institute advised that a medical board should hire 4 FTEs and estimated the approximate cost of reviewing postgraduate programs to be \$600,000.00 per year. It also recommended charging residency program applicants a fee of \$25,000.00 per application and individual provider applicants a fee of \$3,000.00 per application.¹⁸ Additional staff would be required to perform equivalency reviews for medical schools.

If legislation is passed before establishing an international accreditation system, the onus of verifying that a medical school, postgraduate training, and clinical experience are “substantially equivalent” will fall to the Board. If the Board is required to undertake these reviews, the Board would need the staff and resources to do so. The Board would have to evaluate the curricula of medical schools, postgraduate training programs, and case requirements, particularly for surgical specialties. The Board anticipates expending significant effort to obtain documentation from international medical schools and postgraduate training programs. The Board would then submit the documentation obtained to an expert in the field to determine equivalency.

To obtain the required expertise, the Board would have to develop a procurement for solicitation to find a vendor to perform these reviews or hire individual experts with the appropriate education and background. The Board would further need to obtain primary source verification for all documentation submitted by applicants concerning their licensure, employment, practice history, disciplinary history, and criminal history. The Board would also need all primary source documents translated into English to facilitate review. Given these additional tasks, the Board would require more positions and resources. The necessary full-time position, a contract, or expert reviews, and additional resources were not part of the Workgroup’s discussions, but the Board anticipates the cost of implementing the FTP pathway may be in the range of \$2 million dollars. It should be noted that the Board is special-funded and has a fund balance that could be used toward implementation and hiring a full-time licensure analyst.

¹⁸ For a description of the proposed review process included in the White Paper, see <https://ciceroinstitute.org/research/overview-of-a-pathway-to-practice-for-foreign-trained-physicians/> (accessed 10/28/2024).

Challenges for FTPs Seeking Additional Pathway:

If a physician is licensed through this additional pathway, they will continue to face challenges, including the inability to obtain Board Certification, licensure in a State other than Maryland, provider status on insurance panels, hospital privileges, and limited employment opportunities.