FEDERATION OF STATE MEDICAL BOARDS

February 12, 2026

Senator Pamela Beidle, Chair
Finance Committee
Maryland Senate
Room 3
Miller Senate Building
Annapolis, MD 21401

Re: MD Senate Bill 489,
Health Occupations - Physicians Trained in International Medical Schools

Dear Chair Beidle,

On behalf of the Federation of State Medical Boards (FSMB), thank you for the opportunity to comment on Senate Bill 489, which FSMB supports with the amendments proposed by the Maryland Board of Physicians.

As I shared in my testimony before your committee this week for Senate Bill 380, FSMB was pleased to partner with the Accreditation Council for Graduate Medical Education (ACGME) and Intealth – which oversees ECFMG certification – over the last two years to develop thoughtful guidance for the consideration of states and territories of processes and means by which internationally-trained physicians (also sometimes described as fully-trained physicians) may enter into a period of provisional or limited licensure under supervision as part of a pathway to full and unrestricted licensure without requiring U.S.-based training in an ACGME-accredited residency training program. FSMB strongly believes that the adoption of such a licensure pathway, as has been done in 18 other U.S. jurisdictions, should have sufficient screening procedures and safeguards in place to protect the public, the primary mission of state medical and osteopathic licensing boards.

SB 489 as previously written, before the amendment, on its own would have significantly circumvented the existing licensure pathway for international medical graduates (IMGs) that is required by all 69 state medical and osteopathic boards, before any additional licensure pathway for fully-trained physicians is considered, adopted, and implemented in Maryland. Except for certain specific circumstances, state medical and osteopathic boards ordinarily require the vast majority of IMGs that seek licensure in the U.S. to complete one to three years, depending on the jurisdiction, of accredited postgraduate training (PGT) that is based in the U.S. or Canada prior to full medical licensure.

By placing ACGME-I into Health Occupations § 14-308(6)(i), as previously proposed on its own, before a comprehensive pathway for licensure for fully-trained physicians is adopted in Maryland, this statute would have implied accreditation parity between ACGME and ACGME-I for all IMGs, thereby bypassing the traditional route to licensure (U.S.-based ACGME-accredited training) for IMGs in Maryland and other states and territories.

In conversations we had this week with leadership and government affairs staff at ACGME, it is clear that ACGME and ACGME-I have clear differences and were created for different purposes. While ACGME-I may be considered for determining "substantial equivalence" of post-graduate training overseas, that should be part of a comprehensive pathway with additional safeguards and specifically geared to fully trained physicians, as Senate Bill 489 as amended now stipulates. In other words, U.S.-based ACGME-accredited residency training should remain the principal and preferred means of post-graduate training by international medical graduates seeking licensure in the United States.

In summary, we remain concerned if ACGME-I is considered a primary accreditor of international PGT equivalent to ACGME-accreditation of U.S.-based PGT for two principal reasons:

- First, doing so on its own would be premature, as a more comprehensive pathway for licensure of internationally trained physicians has not yet been adopted in Maryland and ACGME-I only accredits international PGT in fourteen countries, including just one, Pakistan, that is among the top five sources of U.S. international medical graduates; and

- Second, ACGME-I is just one organization in the international PGT accreditation space. Other entities, including the World Federation of Medical Education (WFME), are currently and actively engaged in evaluating GME accrediting agencies in other countries to ensure their national accreditors meet certain quality standards.

For these reasons, we respectfully support SB 489, as amended.

Sincerely,

Lisa A. Robin
Chief Advocacy Officer

FEDERATION OF STATE MEDICAL BOARDS

About FSMB

FSMB is a national non-profit organization representing the medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. FSMB serves as the voice for state medical boards, supporting them through education, assessment, research, and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices. FSMB serves the public through Docinfo.org, a free physician search tool that provides background information on the more than 1 million doctors in the United States.

cc: Senator Clarence K. Lam

SB 489 - Suggested Amendments

AMENDMENT TO SENATE BILL 489
(First Reading File Bill)

Strike in its entirety page 1, from line 17 to page 2, line 11, inclusive, and substitute:

Article – Health Occupations

§14–101.

(a) In this title the following words have the meanings indicated.

(A-0) "ACCREDITED TRAINING PROGRAM" MEANS A POSTGRADUATE CLINICAL MEDICAL EDUCATION PROGRAM WHICH IS:

(1) CERTIFIED BY THE:

(i) ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) OR ITS SUCCESSOR; OR

(ii) AMERICAN OSTEOPATHIC ASSOCIATION (AOA) OR ITS SUCCESSOR;

(2) ACCREDITED BY THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA (RCPSC) OR ITS SUCCESSOR;

(3) A PROGRAM THAT MEETS ALL OF THE FOLLOWING CRITERIA:

(i) IS IN A SPECIALTY OR SUBSPECIALTY AREA, OR BOTH, THAT IS NOT BEING ACCREDITED BY THE ACGME, AOA OR RCPSC BUT MEETS ALL THE REQUIREMENTS FOR ACCREDITATION OF THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION, THE AMERICAN OSTEOPATHIC ASSOCIATION, OR THE ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA;

(ii) IS DIRECTED BY A PHYSICIAN WHO IS ACTIVELY LICENSED TO PRACTICE MEDICINE IN THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA;

(iii) IS CONCURRENTLY OFFERED WITH ACGME-ACCREDITED PROGRAMS; AND

(iv) IS TAUGHT AT A HOSPITAL THAT IS ACCREDITED BY THE JOINT COMMISSION OR ITS SUCCESSOR OR PREDECESSOR; OR

(4) A PROGRAM CONDUCTED IN THE UNITED STATES OF AMERICA OR CANADA THAT IS DEEMED TO BE EQUIVALENT BY THE BOARD.

(a–1) "Advisory committee" means a committee appointed by the Board that includes members of a profession regulated under this title or Title 15 of this article and formed to:

(1) Further the Board's regulation of applicants and licensees of the regulated profession;

(2) Assist the Board in protecting the health, safety, and welfare of the public; and

(3) Make recommendations about the regulated profession to the Board on request.

(a–2) "Allied health professional" means an individual licensed by the Board under Subtitle 5A, 5B, 5C, 5D, 5E, 5F, or 5G of this title or Title 15 of this article.

(a–3) "Alternative health system" has the meaning stated in § 1–401 of this article.

(a–4) "Applicant" means, unless the context requires otherwise, an individual applying for initial licensure, renewal, or reinstatement as a physician or an allied health professional in the State.

(b) "Board" means the State Board of Physicians.

(C) "Board certified" means the physician is certified by a public or private board, including a multidisciplinary board, and the certifying board:

(1) Is:

(i) A member of the American Board of Medical Specialties;

(ii) An American Osteopathic Association certifying board;

(iii) The Royal College of Physicians and Surgeons of Canada; or

(iv) The College of Family Physicians of Canada; or

(2) Requires that, in order to be certified, the physician:

(i) Complete a postgraduate training program that:

(1) Provides complete training in the specialty or subspecialty; and

(2) Is accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association; and

(ii) Be certified by:

(1) The member board of the American Board of Medical Specialties;

(2) The American Osteopathic Association in the training field;

(3) The Royal College of Physicians and Surgeons of Canada; or

(4) The College of Family Physicians of Canada.

(d) "Civil action" includes a health care malpractice claim under Title 3, Subtitle 2A of the Courts Article.

(d–1) "Compact physician" means a physician licensed under the Interstate Medical Licensure Compact established under § 14–3A–01 of this title.

(e) (1) "Cosmetic surgical procedure" means the use of surgical services to reshape the structure of a human body in order to change the appearance of an individual.

(2) Except as provided in paragraph (3) of this subsection, "cosmetic surgical procedure" does not include:

(i) A procedure done under local anesthesia or mild sedation; or

(ii) Liposuction that removes less than 1,000 cubic centimeters of aspirate.

(3) "Cosmetic surgical procedure" includes any procedure under paragraph (2) of this subsection that, under the circumstances established by the Secretary in regulations adopted under Title 19, Subtitle 3C of the Health – General Article, is a cosmetic surgical procedure.

(e–1) "Disciplinary panel" means a disciplinary panel of the Board established under § 14–401 of this title.

(e–2) "Employer" means a person that enters an arrangement for professional services, whether paid or unpaid or contractual or otherwise, with an individual licensed under this title or Title 15 of this article.

(X) "ECFMG" MEANS THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES.

(f) "Hospital" has the meaning stated in § 19–301 of the Health – General Article.

(X) "INTERNATIONAL MEDICAL SCHOOL" MEANS A MEDICAL SCHOOL LOCATED OUTSIDE OF THE UNITED STATES, ITS TERRITORIES OR POSSESSIONS, OR CANADA.

(X)"INTERNATIONALLY-TRAINED PHYSICIAN" MEANS A PHYSICIAN WHO HAS:

(1) HAVE RECEIVED A DEGREE OF DOCTOR OF MEDICINE OR ITS EQUIVALENT FROM A MEDICAL SCHOOL LOCATED OUTSIDE THE UNITED STATES WITH RECOGNIZED ACCREDITATION STATUS FROM ECFMG;

(2) MEET THE REQUIREMENTS OF ONE OF THE FOLLOWING PATHWAYS:

(i) Pathway 1:

1. COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM:

A. ACCREDITED BY ACGME-I;

B. IN A COUNTRY WHOSE GME ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WFME; OR

C. ACCREDITED BY ANOTHER ACCREDITATION AUTHORITY APPROVED BY THE BOARD; AND

2. BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST THREE (3) YEARS WITH A MEDICAL LICENSE IN GOOD STANDING; OR

(ii) PATHWAY 2:

1. HAS PRACTICED MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST 5 OUT OF THE 10 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED LICENSE;

(g) “License” means, unless the context requires otherwise, a license issued by the Board to practice medicine or an allied health profession regulated by the Board.

(h) “Licensed physician” means, unless the context requires otherwise, a physician, including a doctor of osteopathy, who is licensed by the Board to practice medicine.

(i) “Licensee” means an individual to whom the Board issues a license, including an individual practicing medicine within or as a professional corporation or professional association.

(X) "LIMITED LICENSE" MEANS A NON-RENEWABLE LICENSE GRANTED TO AN INTERNATIONALLY-TRAINED PHYSICIAN TO PRACTICE MEDICINE AS A FULL-TIME EMPLOYEE SOLELY AT A PARTICIPATING HEALTHCARE FACILITY AND PURSUANT TO THE PROVISIONS OF THIS CHAPTER.

(j) “MedChi” means the Maryland State Medical Society.

(k) “Mild sedation” means a drug–induced state during which:

(1) A patient is able to respond to verbal commands;

(2) A patient's ventilatory and cardiovascular functions are not affected; and

(3) A patient's cognitive function and coordination may be impaired.

(X) "PARTICIPATING HEALTHCARE FACILITY" MEANS A FEDERALLY-QUALIFIED HEALTH CENTER, A HEALTH SYSTEM, HOSPITAL, HOSPITAL-BASED FACILITY, FREESTANDING EMERGENCY FACILITY, OR URGENT CARE CLINIC THAT HAS AN ACGME OR AOA RESIDENCY PROGRAM, OR IS ACGME OR AOA-AFFILIATED, THAT WILL EVALUATE AN INTERNATIONALLY-TRAINED PHYSICIAN'S CLINICAL AND NON-CLINICAL SKILLS.

(l) "Perform acupuncture" means to stimulate a certain point or points on or near the surface of the human body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of ailments or conditions of the body.

(m) "Physician" means an individual who practices medicine.

(n) "Physician assistant" means an individual licensed under Title 15 of this article to practice as a physician assistant.

(o) (1) "Practice medicine" means to engage, with or without compensation, in medical:

(i) Diagnosis;

(ii) Healing;

(iii) Treatment; or

(iv) Surgery.

(2) "Practice medicine" includes doing, undertaking, professing to do, and attempting any of the following:

(i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:

1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or

2. By appliance, test, drug, operation, or treatment;

(ii) Ending of a human pregnancy; and

(iii) Performing acupuncture as provided under § 14–504 of this title.

(3) "Practice medicine" does not include:

(i) Selling any nonprescription drug or medicine;

(ii) Practicing as an optician; or

(iii) Performing a massage or other manipulation by hand, but by no other means.

(p) "Registered cardiovascular invasive specialist" means an individual who is credentialed by Cardiovascular Credentialing International or another credentialing body approved by the Board to assist in cardiac catheterization procedures in a hospital under the direct, in–person supervision of a licensed physician.

(q) "Rehabilitation Program" means the program of the Board or the nonprofit entity with which the Board contracts under § 14–401.1(g) of this title that evaluates and provides assistance to impaired physicians and allied health professionals who are directed by the Board to receive treatment and rehabilitation for alcoholism, chemical dependency, or other physical, emotional, or mental conditions.

(r) "Related institution" has the meaning stated in § 19–301 of the Health – General Article.

(X) "USMLE" MEANS UNITED STATES MEDICAL LICENSING EXAMINATION WHICH CONSISTS OF (3) STEPS:

(1) STEP 1 OF THE USMLE REQUIRES AN ASSESSMENT OF THE EXAMINEE'S UNDERSTANDING OF AND ABILITY TO APPLY IMPORTANT CONCEPTS OF THE BASIC SCIENCES TO THE PRACTICE OF MEDICINE, WITH SPECIAL EMPHASIS ON PRINCIPLES AND MECHANISMS UNDERLYING HEALTH DISEASE, AND MODES OF THERAPY;

(2) STEP 2 OF THE USMLE REQUIRES AN ASSESSMENT OF THE EXAMINEE'S ABILITY TO APPLY KNOWLEDGE, SKILLS, AND UNDERSTANDING OF CLINICAL SCIENCE ESSENTIALS FOR THE PROVISION OF PATIENT CARE UNDER SUPERVISION, WITH AN EMPHASIS ON HEALTH PROMOTION AND DISEASE PREVENTION;

(3) STEP 3 OF THE USMLE REQUIRES AN ASSESSMENT OF THE EXAMINEE'S ABILITY TO APPLY MEDICAL KNOWLEDGE AND UNDERSTANDING OF BIOMEDICAL AND CLINICAL SCIENCE ESSENTIAL FOR THE UNSUPERVISED PRACTICE OF MEDICINE, WITH THE EMPHASIS ON PATIENT MANAGEMENT IN AMBULATORY SETTINGS.

(X) "WFME" MEANS THE WORLD FEDERATION FOR MEDICAL EDUCATION.

§14–307.

(a) To qualify for a license, an applicant shall be an individual who meets the requirements of this section.

(b) The applicant shall be of good moral character.

(c) The applicant shall be at least 18 years old.

(d) Except as provided in **[**~~§ 14–308~~**] § 14–307.1** of this **[**~~subtitle~~**] TITLE**, the applicant shall:

(1) (i) Have a degree of doctor of medicine from a medical school that is accredited by an accrediting organization that the Board recognizes in its regulations; and

(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program that is accredited by an accrediting organization that the Board recognizes in its regulations; or

(2) (i) Have a degree of doctor of osteopathy from a school of osteopathy in the United States, its territories or possessions, **[**~~Puerto Rico,~~**]** or Canada that has standards for graduation equivalent to those established by the American Osteopathic Association; and

(ii) Submit evidence acceptable to the Board of successful completion of 1 year of training in a postgraduate medical training program accredited by an accrediting organization that the Board recognizes in its regulations.

(e) Except as otherwise provided in this subtitle, the applicant shall meet any education, certification, training, or examination requirements established by the Board.

(f) The applicant shall meet any other qualifications that the Board establishes in its regulations for license applicants.

(g) An otherwise qualified applicant who passes the examination after having failed the examination or any part of the examination 3 or more times may qualify for a license only if the applicant:

(1) Has successfully completed 2 or more years of a residency or fellowship accredited by the Accreditation Council on Graduate Medical Education or the American Osteopathic Association;

(2) (i) Has a minimum of 5 years of clinical practice of medicine:

1. In the United States or in Canada;

2. With at least 3 of the 5 years having occurred within 5 years of the date of the application; and

3. That occurred under a full unrestricted license to practice medicine; and

(ii) Has no disciplinary action pending and has had no disciplinary action taken against the applicant that would be grounds for discipline under § 14–404 of this title; or

(3) Is board certified.

(h) (1) The Board shall require as part of its examination or licensing procedures that an applicant for a license to practice medicine demonstrate an oral and written competency in the English language.

(2) Graduation from a recognized English–speaking undergraduate school or high school, including General Education Development (GED), after at least 3 years of enrollment, or from a recognized English–speaking professional school is acceptable as proof of proficiency in the oral and written communication of the English language under this section.

(3) By regulation, the Board shall develop a procedure for testing individuals who because of their speech impairment are unable to complete satisfactorily a Board approved standardized test of oral competency.

(4) If any disciplinary charges or action that involves a problem with the oral and written communication of the English language are brought against a licensee under this title, the Board shall require the licensee to take and pass a Board approved standardized test of oral and written competency.

(i) The applicant shall complete a criminal history records check in accordance with § 14–308.1 of this subtitle.

(j) (1) The Board shall license an applicant to practice medicine if:

(i) The applicant:

1. Became licensed or certified as a physician in another jurisdiction under requirements that the Board determines are substantially equivalent to the licensing requirements of this title;

2. Is in good standing under the laws of the other jurisdiction;

3. Submits an application to the Board on a form that the Board requires; and

4. Pays to the Board an application fee set by the Board; and

(ii) The jurisdiction in which the applicant is licensed or certified offers a similar reciprocal licensing process for individuals licensed to practice medicine by the Board.

(2) The Board shall adopt regulations to implement this subsection.

§14–307.1 INTERNATIONAL MEDICAL GRADUATES

(A) AN APPLICANT FOR A LICENSE IS EXEMPT FROM THE EDUCATIONAL REQUIREMENTS OF § 14–307 OF THIS SUBTITLE, IF THE APPLICANT:

(1) HAS STUDIED MEDICINE AT AN INTERNATIONAL MEDICAL SCHOOL;

(2) IS CERTIFIED BY THE EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES OR BY ITS SUCCESSOR AS APPROVED BY THE BOARD;

(3) PASSES A QUALIFYING EXAMINATION FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES REQUIRED BY THE BOARD;

(4) MEETS ANY OTHER QUALIFICATIONS FOR INTERNATIONAL MEDICAL SCHOOL GRADUATES THAT THE BOARD ESTABLISHES IN ITS REGULATIONS FOR LICENSING OF APPLICANTS;

(5) SUBMITS ACCEPTABLE EVIDENCE TO THE BOARD OF THE REQUIREMENTS SET IN THE BOARD'S REGULATIONS; AND

(6) THE APPLICANT GRADUATED FROM ANY INTERNATIONAL MEDICAL SCHOOL AND SUBMITS EVIDENCE ACCEPTABLE TO THE BOARD OF SUCCESSFUL COMPLETION OF 2 YEARS OF POSTGRADUATE TRAINING IN AN ACCREDITED TRAINING PROGRAM.

§14–308. **LIMITED LICENSE FOR INTERNATIONALLY TRAINED AND LICENSED PHYSICIANS**

[~~(a) (1) In this section the following terms have the meanings indicated.~~

~~(2) "Fifth pathway program" means a program that the Board approves in its regulations for a student who:~~

~~(i) Has studied medicine at an international medical school;~~

~~(ii) Was a United States citizen when the student enrolled in the international medical school; and~~

~~(iii) Has completed all of the formal requirements for graduation from the international medical school, except for any social service or postgraduate requirements.~~

~~(3) "International medical school" means a medical school located outside of the United States, its territories or possessions, Puerto Rico, or Canada.~~

~~(b) An applicant for a license is exempt from the educational requirements of § 14–307 of this subtitle, if the applicant:~~

~~(1) Has studied medicine at an international medical school;~~

~~(2) Is certified by the Educational Commission for Foreign Medical Graduates or by its successor as approved by the Board;~~

~~(3) Passes a qualifying examination for international medical school graduates required by the Board;~~

~~(4) Meets any other qualifications for international medical school graduates that the Board establishes in its regulation for licensing of applicants;~~

~~(5) Submits acceptable evidence to the Board of the requirements set in the Board's regulations; and~~

~~(6) Meets one of the following requirements:~~

~~(i) The applicant graduated from any international medical school and submits evidence acceptable to the Board of successful completion of 2 years of training in a postgraduate medical education program accredited by an accrediting organization recognized by the Board; or~~

~~(ii) The applicant successfully completed a fifth pathway program and submits evidence acceptable to the Board that the applicant:~~

~~1. Has a document issued by the international medical school certifying that the applicant completed all of the formal requirements of that school for the study of medicine, except for the postgraduate or social service components as required by the international country or its medical school;~~

~~2. Has successfully completed a fifth pathway program; and~~

~~3. Has successfully completed 2 years of training in a postgraduate medical education program following completion of a Board approved fifth pathway program.~~**]**

(A) (1) BEGINNING OCTOBER 1, 2028, THE BOARD MAY ISSUE A LIMITED LICENSE TO PRACTICE MEDICINE TO A PHYSICIAN TRAINED AND LICENSED IN A FOREIGN COUNTRY WHO MEETS THE REQUIREMENTS OF THIS SECTION.

(2) THE TERM OF A LIMITED LICENSE ISSUED BY THE BOARD MAY NOT EXCEED 3 YEARS.

(3) A LIMITED LICENSE ISSUED BY THE BOARD UNDER THIS SECTION MAY NOT BE RENEWED.

(4) THIS SECTION DOES NOT APPLY TO:

(i) A PHYSICIAN WHO HAS COMPLETED ACGME-ACCREDITED RESIDENCY TRAINING IN THE UNITED STATES OR AOA RESIDENCY TRAINING, OR ROYAL COLLEGE OF PHYSICIANS AND SURGEONS-ACCREDITED RESIDENCY TRAINING IN CANADA; OR

(ii) A PHYSICIAN WHO PREVIOUSLY RESIDED IN OR HELD A MEDICAL LICENSE FROM THE UNITED STATES OR CANADA.

(B) TO BE ELIGIBLE FOR A LIMITED LICENSE, AN APPLICANT SHALL:

(1) HAVE RECEIVED A DEGREE OF DOCTOR OF MEDICINE OR ITS EQUIVALENT FROM A MEDICAL SCHOOL LOCATED OUTSIDE THE UNITED STATES WITH RECOGNIZED ACCREDITATION STATUS FROM ECFMG;

(2) MEET THE REQUIREMENTS OF ONE OF THE FOLLOWING PATHWAYS:

(i) Pathway 1:

1. COMPLETED AT LEAST 2 YEARS OF TRAINING IN A RESIDENCY PROGRAM:

A. ACCREDITED BY ACGME-I;

B. IN A COUNTRY WHOSE GME ACCREDITING AGENCY HAS BEEN RECOGNIZED BY THE WFME; OR

C. ACCREDITED BY ANOTHER ACCREDITATION AUTHORITY APPROVED BY THE BOARD; AND

2. BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST THREE (3) YEARS WITH A MEDICAL LICENSE IN GOOD STANDING; OR

(ii) PATHWAY 2:

1. HAS PRACTICED MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST 5 OUT OF THE 10 YEARS IMMEDIATELY PRECEDING THE APPLICATION FOR A LIMITED LICENSE;

(3) HAVE BEEN IN GOOD STANDING WITH THE MEDICAL LICENSING OR REGULATORY AUTHORITY IN THE FOREIGN COUNTRY AT THE TIME OF DEPARTURE OR AS APPROVED BY THE BOARD ON A CASE-BY-CASE BASIS WHEN REASONABLE EFFORTS TO OBTAIN THE REQUIRED LICENSURE STATUS HAVE BEEN UNSUCCESSFUL;

(4) HAVE NO PENDING DISCIPLINARY MATTERS BEFORE ANY LICENSING OR REGULATORY BODY;

(5) BE OF GOOD MORAL CHARACTER;

(6) HAVE AN OFFER OF EMPLOYMENT WITH A PARTICIPATING HEALTHCARE FACILITY THAT WILL EVALUATE THE PHYSICIAN'S NONCLINICAL SKILLS AND FAMILIARITY WITH STANDARDS APPROPRIATE FOR MEDICAL PRACTICE IN MARYLAND;

(7) ENTER A FULL-TIME EMPLOYMENT RELATIONSHIP WITH THE PARTICIPATING HEALTHCARE FACILITY THAT HAS MADE THE OFFER OF EMPLOYMENT IN SUBSECTION (6);

(8) PRACTICE MEDICINE SOLELY AT FACILITIES OPERATED BY THE PARTICIPATING HEALTHCARE FACILITY AS AUTHORIZED BY THE LIMITED LICENSE ISSUED BY THE BOARD; AND

(9) SATISFY ANY OTHER CRITERIA ESTABLISHED BY THE BOARD FOR ISSUANCE OF A LIMITED LICENSE UNDER THIS SECTION.

(C) THE BOARD MAY DETERMINE AN APPLICANT INELIGIBLE FOR LICENSURE IF THE APPLICANT HAD:

(1) A PREVIOUS DISCIPLINARY ACTION;

(2) DISCIPLINE OR COMPETENCY ISSUES DURING THE APPLICANT'S POSTGRADUATE TRAINING; OR

(3) THE APPLICANT DOES NOT SUBMIT EVIDENCE ACCEPTABLE TO THE BOARD THAT THE APPLICANT MEETS THE REQUIREMENTS FOR A LIMITED LICENSE.

(D) THE BOARD MAY REVOKE A LIMITED LICENSE ISSUED UNDER THIS SECTION IF THE LICENSEE:

(1) PRACTICES OUTSIDE THE SCOPE OF THE LIMITED LICENSE;

(2) IS TERMINATED BY THE PARTICIPATING HEALTHCARE FACILITY;

(3) PRACTICES MEDICINE OUTSIDE OF THE STATE OF MARYLAND, UNLESS LICENSED IN THE OTHER STATE;

(4) THE LICENSEE HAS BEEN THE SUBJECT OF A DISCIPLINARY ACTION BY THE PARTICIPATING HEALTHCARE FACILITY OR THE BOARD; OR

(5) THE LICENSEE IS NO LONGER ELIGIBLE FOR THE LIMITED LICENSE.

(E) TO BE ELIGIBLE TO APPLY FOR A FULL MEDICAL LICENSE TO PRACTICE MEDICINE IN MARYLAND, AN INTERNATIONALLY-TRAINED PHYSICIAN SHALL PROVIDE THE BOARD WITH PROOF OF THE FOLLOWING:

(1) SUCCESSFUL COMPLETION OF THE PARTICIPATING HEALTHCARE FACILITY'S EVALUATION, WITH AN ATTESTATION FROM THE FACILITY'S CHIEF MEDICAL OFFICER, OR A PHYSICIAN IN AN EQUIVALENT POSITION, THAT THE INTERNATIONALLY TRAINED PHYSICIAN IS COMPETENT TO PRACTICE INDEPENDENTLY; AND

(2) ACHIEVEMENT OF A PASSING SCORE ON STEP 3 OF THE UNITED STATES MEDICAL LICENSING EXAMINATION.

(F) INTERNATIONALLY TRAINED PHYSICIANS MAY OBTAIN EMPLOYMENT OUTSIDE OF THE PARTICIPATING HEALTHCARE FACILITY AFTER RECEIVING FULL LICENSURE.

(G) THE BOARD MAY PROMULGATE REGULATIONS NECESSARY FOR THE IMPLEMENTATION, ADMINISTRATION, AND ENFORCEMENT OF THIS SECTION.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2026.