

Senate Bill 0380 – Physicians – Licensing – Internationally Trained Physicians

Position: Favor with Amendment

Finance Committee

University of Maryland Faculty Physicians, Inc. (“FPI”) and the University of Maryland School of Medicine (“UMSOM”) respectfully submit this letter requesting amendment to Senate Bill 0380 – Physicians – Licensing – Internationally Trained Physicians (“SB 0380”). FPI provides oversight, management, and administrative support services to its affiliated physician practice groups, including the faculty practices of UMSOM. As introduced, SB 0380 and its cross-filed bill (HB 0598) would authorize the Maryland Board of Physicians to issue a limited license to practice medicine to certain physicians who trained outside of the United States and Canada without need for an additional ACGME-accredited residency.

The intent of SB 0380 is to address shortages of health care providers experienced within the state, and to improve timely access to high-quality care for Maryland residents and visiting patients. FPI and SOM strongly support the legislature addressing these goals. FPI / SOM are currently experiencing critical physician shortages not only in Baltimore, but also in underserved communities across the State which our faculty practices serve, including the Eastern Shore, Southern Maryland, and Western Maryland. These shortages cause delays and access issues for patients suffering complex medical conditions who are in desperate need of qualified specialty care.

FPI and SOM shared feedback last year on HB 1199, which was reintroduced this year as HB 0598. We appreciated the sponsors to HB 1199 making some of the changes we recommended last year, and our recommendations to amend further are below:

- SB 0380 contains a requirement that the physician applicant already be domiciled in Maryland. While we understand the sponsors’ preference for a nexus to Maryland, physician shortages experienced by our faculty practices would be lessened if it were possible to recruit experienced physicians who are licensed and practicing abroad, while not requiring the physician-recruit to move to Maryland before licensure is achieved.
- FPI and UMSOM urge the legislature and Board of Physicians to create a new limited license available to candidates employed by a school of medicine within the State, which will allow Maryland schools of medicine to compete with states like Virginia, Pennsylvania, and West Virginia. In addition to not requiring an additional ACGME-accredited residency, the limited license we are proposing would be most effective from a recruiting standpoint if it did not require experienced physicians to pass the United States Medical Licensing Examination (“USMLE”). These physicians have been providing high-quality care for many years since graduating medical school. Requiring these deeply experienced physicians to pass the USMLE would represent an insurmountable bar to recruitment in most cases.¹ Note that SB 0380 requires an “ECFMG certificate” which requires passage of Steps 1 and 2 of USMLE.

¹ Experienced physicians who have not passed the USMLE migrate to the U.S. under an O-1 visa (for “individuals with extraordinary ability or achievement in the sciences”) or an H-1B visa for “physicians of national or international renown.” Federal visa requirements require that the applicant provide detailed evidence of medical/scientific expertise and qualification.

- Our neighboring state, Virginia offers a limited professorial license pathway that is markedly more streamlined and less restrictive than the pathway proposed by SB 0380, including ability for the licensing board to waive obtainment of an ECFMG certificate (including passage of Steps 1 and 2 of USMLE) upon receiving other evidence of medical competency.² If this disparity is not addressed, Virginia schools of medicine and their affiliated health systems will continue to have a competitive advantage over Maryland institutions in recruiting and hiring experienced international candidates. Physician shortages and access issues will continue in Maryland (especially in underserved areas such as the Eastern Shore, Southern Maryland, and Western Maryland), and care for Maryland patients will remain impacted.

This is an important issue, and FPI and SOM continue to have conversations with stakeholders to provide additional amendments for the Committee to consider.

We have appreciated the opportunity to provide this feedback.

For more information, please contact:

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² Compare Administrative Code of Virginia, 18VAC85-20-210 *with* Md. Code, Health Occ. § 14-319 *and* MD. CODE REGS 10.32.13.03.