

SB380 Physicians - Licensing - Internationally Tra

Uploaded by: Brandon Floyd

Position: FAV

TO: The Honorable Pamela Beidle, Chair
Finance Committee

SB380
Favorable

FROM: Brandon Floyd
Associate Director, Maryland Government Affairs

DATE: February 6, 2026

RE: SB380: Physicians - Licensing - Internationally Trained Physicians

Johns Hopkins supports **SB380: Physicians – Licensing – Internationally Trained Physicians**. This bill permits the State Board of Physicians to issue a temporary, nonrenewable license to internationally trained physicians and develop a pathway to full licensure. The bill mandates educational, training, English competency, state residency, and good standing requirements for incoming physicians.

Johns Hopkins is supportive of efforts to expand the healthcare workforce which in turn expands access to health care. Regrettably, Johns Hopkins continues to experience workforce challenges as the COVID-19 pandemic has significantly strained and overwhelmed our providers. This legislation, although not a panacea, is a tool to mitigate these shortages by improving the licensing process for internationally trained physicians to work in Maryland. Other states have adopted similar legislation that supports the pipeline of internationally trained physicians practicing in the U.S., and we believe that Maryland should be a leader in employing credentialed internationally trained physicians.

We want to underscore the urgent need to strengthen Maryland’s physician workforce considering the growing anesthesia workforce crisis. As mentioned, Johns Hopkins too faces significant shortages of anesthesiologists among other specialty physicians. These pressures directly affect retention, and long-term workforce stability, ultimately limiting patient access to critical surgical and procedural care. To ensure continued access to high-quality, timely care for our patients, Maryland should continue to prioritize policies that expand physician pipelines and support the wellbeing of our clinical workforce.

Addressing physician workforce shortages requires a multifaceted approach which includes streamlining pathways for internationally trained physicians to join our workforce. By implementing these strategies, we can enhance healthcare access for Marylanders. Moreover, investing in our physician workforce is a critical step toward improving the overall health and wellbeing of our communities.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB380**.

SB0380 Physicians - Licensing - Internationally Tr

Uploaded by: Cecilia Plante

Position: FAV



**TESTIMONY FOR SB0380 – Physicians – Licensing – Internationally Trained Physicians
– FAVORABLE**

Bill Sponsor: Senator Lewis Young

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Jessica Gorski, Executive Committee

Position: FAVORABLE

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of SB0380 on behalf of the Maryland Legislative Coalition. We are a statewide coalition of grassroots organizations representing more than 30,000 Marylanders across every legislative district. Our mission is to promote legislation that strengthens education, healthcare, public safety, environmental protection, and social justice—ensuring that every Marylander has access to the resources and opportunities needed to thrive.

SB0380 advances that mission by addressing a critical and growing challenge in Maryland’s healthcare system: the shortage of qualified physicians, particularly in underserved and rural communities.

This bill authorizes the State Board of Physicians, beginning in 2028, to issue a time-limited license—up to three years—to internationally trained physicians who meet rigorous educational, training, and professional standards. It also requires the Board to establish clear regulations and a pathway to full licensure, ensuring that Maryland maintains high-quality care while expanding access to experienced medical professionals.

These provisions are both necessary and urgent.

Maryland, like much of the nation, faces persistent physician shortages across primary care, behavioral health, and specialty fields. Internationally trained physicians constitute a highly skilled, deeply experienced workforce—many of whom already live in Maryland but are unable to practice because administrative and structural barriers do not align with their training or professional backgrounds.

SB0380 removes unnecessary obstacles while preserving strong safeguards. The bill requires that eligible physicians:

- Hold a medical degree from a World Health Organization–recognized institution,
- Have completed at least two years of postgraduate training equivalent to U.S. residency standards,
- Have practiced medicine for at least five of the past seven years,
- Maintain good standing with their home-country medical regulatory authority, and
- Hold a valid certification from the Educational Commission for Foreign Medical Graduates.

These are not shortcuts. They are evidence-based, internationally recognized indicators of competence and professionalism.

By creating a structured, supervised pathway for internationally trained physicians to serve Maryland patients, SB0380 strengthens our healthcare workforce, reduces wait times, expands access to care, and improves health outcomes—especially in communities that have long struggled to recruit and retain physicians.

This bill aligns squarely with the mission of the Maryland Legislative Coalition. It promotes equitable access to healthcare, supports public safety by ensuring timely medical treatment, and reflects Maryland’s commitment to fairness, inclusion, and community well-being.

We urge the Committee to support this thoughtful, practical, and urgently needed legislation.

Thank you for your time and consideration. We respectfully urge a FAVORABLE report on SB0380.

SB 380_International Doctors_BHSB_FAVORABLE.pdf

Uploaded by: Dan Rabbitt

Position: FAV



February 10, 2026

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 380 – Physicians - Licensing - Internationally Trained Physicians

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports SB 380 - Physicians - Licensing - Internationally Trained Physicians. This bill would give the State Board of Physicians the option to license doctors who were trained outside of the United States under certain conditions. This would expand the state’s available physician workforce, including the psychiatry workforce, without sacrificing any quality of patient care.

Maryland faces a severe behavioral health shortage. A 2024 report commissioned by the Maryland Health Care Commission concluded that the state was lacking 32,800 behavioral health workers that would be needed by 2028 to address our behavioral health challenges. This included an estimated shortage of 269 psychiatrists. The primary recommendation made in the report to address this shortfall is an expansion of the psychiatry residency and fellowship program at a cost of \$7.5 million.¹ BHSB support this recommendation, but the state should also pursue other policies that would expand the psychiatry workforce.

SB 380 could expand the number of physicians and psychiatrists practicing in Maryland and help address our behavioral health workforce challenges. The bill would accomplish this without any cost to state and with minimal administrative burden. SB 380 also includes proper safeguards to ensure physicians and psychiatrists with medical licenses from other countries are in good standing with proper training and education.

Maryland needs additional physicians and psychiatrists. We should not turn away medical professionals who are willing to work here due to their medical license country of origin. **We urge the Senate Finance Committee to support SB 380.**

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

References:

¹ Maryland Health Care Commission. *Investing in Maryland’s Behavioral Health Talent*. October 2024. Available at: https://mhcc.maryland.gov/mhcc/pages/plr/plr/documents/2024/md_bh_workforce_rpt_SB283.pdf

SB 380- Licensing- Internationally Trained Physici

Uploaded by: Jane Krienke

Position: FAV



Maryland
Hospital Association

Senate Bill 380- Physicians - Licensing - Internationally Trained Physicians

Position: *Support*

February 10, 2025

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 380.

Maryland hospitals often struggle to recruit and retain physicians, especially in rural and underserved areas of the state. The need is highest for anesthesiologists, cardiologists, gastroenterologists, primary care physicians, psychiatrists, and radiologists.¹ For example, job postings in Maryland for anesthesiologist rose 367% between January 2019 and December 2025, according to Maryland Department of Labor data.

There are many barriers to licensure for internationally trained physicians wanting to practice in Maryland, making it challenging for hospitals to successfully recruit. To obtain licensure through the process of Conceded Eminence, physicians must have extensive research experience including proof that within the 10 years before the application, the physician published original results of clinical research, in a medical journal listed in the Index Medicus or in an equivalent scholarly publication acceptable to the Board.

Additionally, the physician must indicate they developed a treatment modality, surgical technique, or other verified original contribution to the field of medicine, attested to by the dean of a school of medicine in the state or by the director of the National Institutes of Health.² These requirements, which are only one component of extensive licensure requirements, are incredibly high standards that do not necessarily indicate a physician's competency in practicing medicine or pattern of positive clinical outcomes.

Maryland hospitals also utilize the [Maryland Conrad State 30 \(J-1 Visa Waiver\) Program](#) for international recruitment. Through this program, in exchange for the visa waiver, the physician agrees to work in an underserved area of the state for three years. Although beneficial, each year, only 30 physician slots are available for the entire state.

Passage of SB 380 would not remove all barriers to the licensure. However, it would ease some of the challenges faced by internationally trained physicians already living in Maryland.

¹ Global Data. (2023). "Maryland Physician Workforce Projections: 2023-2036."

² [Pages - 10.32.13.03.aspx](#)

We look forward to continued conversations on how the state can support recruitment of internationally trained physicians living in the US and abroad.

For these reasons, we request a favorable report on SB 380.

For more information, please contact:

Jane Krienke, Assistant Vice President, Government Affairs & Policy

jkrienke@mhaonline.org

SB0380 - Physicians - Licensing - Internationally

Uploaded by: Leeza DeCheubel

Position: FAV



50 Harry S. Truman Parkway • Annapolis, MD 21401
Office: 410-841-5772 • Fax: 410-841-5987 • TTY: 800-735-2258
Email: rmc.mda@maryland.gov
Website: www.rural.maryland.gov

Susan O'Neill, Chair

Charlotte Davis, Executive Director

Testimony in Support of
Senate Bill 380 - Physicians - Licensing - Internationally Trained Physicians
Finance Committee
February 10, 2026

The Rural Maryland Council **supports Senate Bill 380 - Physicians - Licensing - Internationally Trained Physicians**. This bill authorizes the State Board of Physicians to issue a medical practice license to internationally trained physicians starting October 1, 2028, under certain conditions. It also requires the Board to establish regulations that outline the minimum qualifications and application fees for licensure, as well as to create a pathway to full licensure.

Rural Marylanders are often in worse health than their urban and suburban counterparts and lack access to medical facilities and practitioners to improve their health. This is especially true in specialty areas such as mental health and dental care. Additionally, rural areas are made up of aging populations that require more medical attention but lack the healthcare workforce to do so. The Health Resources and Services Administration (HRSA) reports that more than 1.1 million Marylanders are in a primary care Health Professional Shortage Area (HPSA). That's over 1.1 million Marylanders who lack access to the primary health care they need. In the U.S., rural or partially rural areas make up over 68% of the designated primary care HPSAs.

As of December 31, 2025, federal data from the Health Resources and Services Administration (HRSA) show that Maryland continues to face shortages in health care providers in federally designated Health Professional Shortage Areas (HPSAs). To eliminate primary care HPSA designations in the state, Maryland would need approximately 284 additional primary care practitioners. For mental health care HPSA designations, HRSA estimates the state would need about 81 additional mental health practitioners to remove all shortage designations. Internationally trained physicians could potentially help address these shortages by providing primary care and mental health services in designated HPSAs, particularly in rural areas of Maryland.

Senate Bill 380 will allow more high-level healthcare workers to practice in Maryland, where there are shortages or where physicians are needed. While certain areas of the State have been facing a shortage of healthcare workers, it was worsened by the pandemic. As a result of the pandemic, members of the healthcare workforce are leaving at higher rates, mostly from the increased workload and amount of stress that they have been facing. As some healthcare workers quit, it creates more of a workload and stress for the remaining members, resulting in a cycle of burnout. This will allow workers to adequately perform their jobs and ensure that patients are getting the treatment that they need.

The Rural Maryland Council respectfully requests your favorable support of Senate Bill 380.

SB 380- FIN- MDH-LOS.docx.pdf

Uploaded by: Meghan Lynch

Position: FAV



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 10, 2026

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Room 3, East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 380 – Physicians - Licensing - Internationally Trained Physicians- Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill 0380 - Physicians - Licensing - Internationally Trained Physicians. Senate Bill 380 (SB 380) authorizes the Board of Physicians to issue a time-limited license, not to exceed three years and not renewable, to an internationally trained physician under certain circumstances as determined by the Board of Physicians to set minimum qualification and fees for the issuance of licenses, can revoke issued licenses for a number of reasons, and provide a pathway to full licensure after the licensee successfully satisfies any license conditions established by the Board of Physicians. SB 380 also requires the Board of Physicians to adopt regulations to implement the provisions in the bill.

The Department supports the intent of SB 380 as an important avenue to enhance access to health care services and address the physician shortage in Maryland. Licensure of internationally trained physicians who meet the Board of Physicians' requirements would help alleviate workforce shortages, particularly in designated Health Professional Shortage Areas (HPSAs). HPSAs are areas that have been federally designated as having a lack of providers. Maryland has a total of 57 primary care HPSAs, and 49 mental health HPSAs. Increasing the number of qualified physicians practicing in Maryland would improve access to care and reduce health disparities, especially in underserved and vulnerable communities.

Licensure of internationally trained physicians who meet the Board of Physician's requirements would lower barriers to the recruitment and licensure of these physicians and contribute to closing the gap, strengthen the health care workforce, and improve access to care across Maryland. The Department looks forward to collaborating on amendments with stakeholders to ensure Maryland is competitive in attracting these internationally trained physicians.

If you have any further questions, please contact Meghan Lynch, Director, Office of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to be 'Meena Seshamani', written in a cursive style.

Meena Seshamani, M.D., Ph.D
Secretary of Health

Written Testimony SB380_ Physicians - Licensing -

Uploaded by: Senator Karen Lewis Young

Position: FAV

KAREN LEWIS YOUNG
Legislative District 3
Frederick County



Annapolis Office
Miller Senate Office Building
11 Bladen Street, Suite 3 West
Annapolis, Maryland 21401
410-841-3575
800-492-7122 Ext. 3575
Karen.LewisYoung@senate.maryland.gov

Budget and Taxation Committee

Chair
Pensions Subcommittee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

District Office
253 East Church Street
Frederick, MD 21701
301-662-8520

The Honorable Chair Beidle
The Honorable Vice Chair Hayes
Finance Committee
Senate of Maryland

February 10th, 2026

SB380: Physicians - Licensing - Internationally Trained Physicians

Chair Beidle, Vice Chair Hayes, and members of the Finance Committee,

Senate Bill 380: Physicians – Licensing – Internationally Trained Physicians addresses the growing physician shortage while ensuring that highly qualified, internationally trained physicians have a fair pathway to practice medicine in the state. This bill will allow the Maryland Board of Physicians to issue a time-limited license to internationally trained physicians who meet rigorous qualifications, expanding access to healthcare for communities in need.

According to the Association of American Medical Colleges (AAMC), the U.S. could face a shortage of up to 124,000 physicians by 2034¹, with rural and underserved areas experiencing the most severe impacts. Maryland is not immune to this crisis. All 24 of Maryland's 24 jurisdictions contain federally designated primary care shortage areas. Last fall, Prince George's County alone was found to have a shortage of about 1,050 physicians². Across the State, there are fewer than 80 primary care providers for every 10,000 residents³.

Maryland has made efforts to increase residency placements and recruit new doctors. Yet a significant and untapped resource remains: the many internationally trained physicians already residing in Maryland who cannot practice due to restrictive licensing policies.

The proposed legislation ensures that internationally trained physicians who:

- Have completed accredited medical education and residency programs abroad;
- Have maintained good standing in their country of licensure;
- Have successfully passed all required U.S. licensing examinations; and

¹ AAMC. (2021, June 11). *AAMC Report Reinforces Mounting Physician Shortage*. AAMC.Org.

² WBFF Staff. (2026, February 2). *With the demand for physicians, many offer solutions*. Fox 45 News.

³ Miller, H., & Cohn, M. (2023, March 27). *Why it's hard to find a doctor in Maryland right now*. The Baltimore Banner. Massachusetts

- Demonstrate English proficiency and moral character such that they can contribute to Maryland’s healthcare workforce.

This bill does not compromise patient safety or medical standards—it simply removes unnecessary barriers that prevent highly skilled physicians from serving Maryland residents. Similar programs in other states have helped alleviate physician shortages and expand healthcare access without lowering standards of care. As of the start of this month, 18 other states have enacted licensure pathways for internationally trained physicians, ranging from Massachusetts to Texas. Virginia passed similar legislation in 2024 and is considering additional licensure pathways again this year⁴.

By allowing internationally trained physicians a clear pathway to licensure, Maryland will strengthen its healthcare system and recognize and value the diverse medical expertise these professionals bring. The Maryland Board of Physicians retains full authority to review past disciplinary or competency issues to uphold medical standards and patient safety.

I urge a favorable report on this bill to ensure that Maryland takes a proactive approach to addressing physician shortages and improving healthcare access for all residents.

Sincerely,



Senator Karen Lewis Young

⁴ States with Enacted and Proposed Licensure Pathways for Internationally Trained Physicians. (2026, January 26). *FSMB*.

SB 0380 - Intl Trained Physicians - FPI Position L

Uploaded by: Allison Parker

Position: FWA

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:

William F. Regine, MD, FACR, FASTRO, FACRO

Isadore and Fannie Schneider Foxman Chair and Distinguished Professor

Department of Radiation Oncology

Senior Associate Dean for Clinical Affairs

University of Maryland School of Medicine

President, University of Maryland Faculty Physicians, Inc.

wregine@som.umaryland.edu

(410) 328-2326

Allison Parker, Esq.

Senior Associate Counsel

University of Maryland Faculty Physicians, Inc.

alparker@fpi.umaryland.edu

(667) 214-1146

Kevin P. Kelly, J.D.

Chief Government Affairs Officer & Vice President

University of Maryland, Baltimore

kkelly@umaryland.edu

Jeanette Ortiz, Esq.

Director of Government Affairs

University of Maryland, Baltimore

jeanette.ortiz@umaryland.edu

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

FSMB - Maryland SB 380 and HB 598.pdf

Uploaded by: Lisa Robin

Position: FWA



February 6, 2026

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

Delegate Heather A. Bagnall, Chair
Health Committee
Maryland House of Delegates
Room 240
Taylor House Office Building
Annapolis, MD 21401

Re: MD Senate Bill 380 and House Bill 598,
Physicians - Licensing - Internationally Trained Physicians

Dear Chairs Beidle and Bagnall,

On behalf of the Federation of State Medical Boards (FSMB), thank you for the opportunity to comment on Senate Bill 380 and House Bill 598, which are pending before your committee.

Policymakers across the country are exploring ways to improve patient access and address projected physician workforce shortages by easing licensure requirements for internationally trained physicians (ITPs) and creating additional licensure pathways. These proposals often bypass traditional requirements, including U.S. accredited postgraduate training (graduate medical education), which ensures that applicants for licensure have attained an adequate level of knowledge, skills and competencies to provide quality care to their patients.

To date, 18 states have enacted legislation creating additional licensure pathways for this cohort of physicians. While there are many commonalities among them, key differences can create confusion among physicians, regulators, and patients. The FSMB, together with the Accreditation Council for Graduate Medical Education (ACGME), and Intealth, established an advisory commission to evaluate the various approaches and develop meaningful recommendations for states in implementing these additional pathways. Accordingly, the Advisory Commission on Additional Licensure Models (ACALM) released guidance in 2025 addressing both [eligibility requirements](#) and the [transition from provisional to full licensure](#) with the intent of the legislation to expand patient access to care without compromising patient safety.

While SB 380 and HB 598 largely align with ACALM's recommendations, we respectfully offer several amendments to strengthen the legislation:

- Referring to the credential as a "limited license" better communicates to the public its supervised, scope-limited nature and distinguishes it from a full, unrestricted license;
- Requiring the issuance of the limited license to be dependent upon an employment offer with an appropriate, clinical facility which has the capability to supervise and assess the physician during the limited licensure period ensures structured evaluation that is

necessary to protect patients. It should be noted that, to date, all enacted states have adopted this approach, ideally matching the physician with supervising, fully-licensed physicians in the same specialty to appropriately evaluate proficiency; and

- Adjusting examination timing to expand eligibility while preserving standards. Requiring passage of Steps 1 and 2 of the United States Medical Licensing Examination (USMLE) for entry into the pathway. A complete employer-based assessment and successful passage of USMLE Step 3 should be completed prior to determining eligibility for a full and unrestricted medical license.

Thank you for your thoughtful consideration of these suggestions to amend SB 380 and HB 598 to address physician workforce needs on behalf of Marylanders and their access to quality and safe medical care. The appropriate sharing of oversight responsibilities between the Board of Physicians and employing health care entities will ensure the successful implementation of the subject legislation.

Sincerely,



Lisa A. Robin
Chief Advocacy Officer

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 Karen Lewis Young
Delegate Terri L. Hill

SB 380 - FIN - LOSWA.pdf

Uploaded by: Maryland Department of Health /Office of Governmen oga

Position: FWA



Board of Physicians

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

2026 SESSION POSITION PAPER

BILL NO.: SB 380 – Physicians – Licensing – Internationally Trained Physicians
COMMITTEE: Health
POSITION: Letter of Support With Amendments

TITLE: Physicians – Licensing – Internationally Trained Physicians

BILL ANALYSIS:

Senate Bill (SB) 380 proposes to authorize the Maryland Board of Physicians (the Board) to issue a license to Foreign Trained Physicians (FTPs) to practice medicine in the state of Maryland.

BACKGROUND:

During the 2024 interim, the Board conducted the Workgroup to Study Licensure of Foreign Trained Physicians (FTPs) 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 (the Commission). 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.

POSITION AND RATIONALE:

The Maryland Board of Physicians is submitting this Letter of Support With Amendments for Senate Bill (SB) 380: 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.

The Board supports the intent of SB 380 to strengthen the physician workforce by creating an additional licensure pathway for the idle internationally trained physician workforce. However, the Board is proposing an amendment that significantly overhauls the proposed bill to reduce fiscal impact, improve accessibility for the intended population, and ensure qualification equivalency with U.S.-trained physicians as a means to uphold patient safety.

- **Fiscal Impact:**

There is currently no comprehensive accrediting body for international postgraduate medical training. The ACGME-I¹ is limited in scope, and the WFME² has not yet implemented an accreditation system. Although the Board will attempt to coordinate with other state medical boards to identify substantially similar programs, this approach is limited and would require contracting with an external vendor. As drafted, the bill would result in a significant fiscal impact, requiring the

¹ Accreditation Council for Graduate Medical Education-International (ACGME-I)

² World Federation of Medical Education (WFME)

Board to rely entirely on contracted evaluations of postgraduate medical training at an estimated annual cost of approximately \$150,000.

- **Accessibility of Pathway:**

The proposed bill language outlines requirements that include a majority of the recommendations made by the Workgroup and the Commission. However, as currently structured, the eligibility criteria are overly restrictive and may significantly limit the number of internationally trained physicians (ITPs) who could qualify for the license. This risks undermining the bill's stated workforce objectives.

To address this concern, the Board proposes removing certain requirements and instead establishing a robust supervision and employment-based framework that achieves the same underlying goals. Specifically, eliminating requirements such as state domicile and completion of USMLE³ Step 3, and replacing them with an in-state employment requirement under supervision by an accredited employer, would substantially expand the eligible applicant pool while ensuring that participating physicians remain in Maryland and continue to meet high standards of patient care.

- **Qualification Equivalency with U.S.-Trained Physicians:**

The Board's mission is to ensure high-quality healthcare in Maryland by licensing qualified physicians. The proposed amendments create a safe, structured pathway for internationally trained physicians (ITPs) to join the workforce. Applicants must meet rigorous baseline qualifications, including ECFMG⁴ certification, which requires graduation from an accredited medical school, passing USMLE Steps 1 and 2, and a valid foreign medical license—standards comparable to U.S. medical graduates entering residency. Supervision and employment requirements ensure ITPs train in facilities experienced in mentoring and evaluating new physicians. Requiring USMLE Step 3 and facility attestation that the physician can practice independently guarantees a level of competence equivalent to U.S.-trained physicians. This amendment expands access to qualified physicians while protecting patient safety and maintaining the integrity of Maryland's licensing process.

The Board appreciates both Delegate Hill's and Senator Karen Lewis Young's leadership, engagement, and ongoing collaboration on this issue. Their commitment to strengthening Maryland's physician workforce has helped facilitate meaningful dialogue among stakeholders. The amendment has been widely circulated for feedback and reflects input from multiple perspectives with the shared goal of creating a safe and accessible pathway.

For these reasons, the Board of Physicians urges a favorable report with amendments on Senate Bill (SB) 380: Physicians—Licensing—Internationally Trained Physicians.

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

Sincerely,



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.

³ United States Medical Licensing Examination (USMLE)

⁴ Educational Commission on Foreign Medical Graduates (ECFMG)

SB 380 - Suggested Amendments

AMENDMENT TO SENATE BILL 380 (First Reading File Bill)

Strike in its entirety page 1, from line 15 to page 3, line 27, inclusive, and substitute:

Article – Health Occupations

§14–101.

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

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

(1) A CURRENT CERTIFICATION ISSUED BY THE ECFMG;

(2) COMPLETED AT LEAST 2 YEARS OF POSTGRADUATE TRAINING THAT IS SUBSTANTIALLY SIMILAR TO AN ACGME ACCREDITED RESIDENCY PROGRAM AS DETERMINED OR APPROVED BY THE BOARD; OR

(3) BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A COUNTRY OTHER THAN THE UNITED STATES FOR AT LEAST SEVEN (7) OF THE TEN (10) YEARS PRECEDING THE DATE OF APPLICATION WITH AN UNRESTRICTED MEDICAL 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 [~~sub~~title] **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.

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

(i) 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;

(ii) Has successfully completed a fifth pathway program; and

(iii) Has successfully completed 2 years of training in a postgraduate medical education program following completion of a Board approved fifth pathway 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 LICENSE FROM THE UNITED STATES OR CANADA.

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

(1) HAVE A VALID CERTIFICATE ISSUED BY THE ECFMG;

(2) HAVE COMPLETED:

(I) AT LEAST 2 YEARS OF POSTGRADUATE TRAINING THAT IS SUBSTANTIALLY SIMILAR TO AN ACGME ACCREDITED RESIDENCY PROGRAM AS APPROVED BY THE BOARD; OR

(II) HAVE PRACTICED MEDICINE FOR AT LEAST 7 OUT OF 10 YEARS FOLLOWING POSTGRADUATE TRAINING AND PRECEDING THE DATE OF APPLICATION; AND

(3) HAVE BEEN LICENSED OR OTHERWISE AUTHORIZED TO PRACTICE MEDICINE IN A FOREIGN COUNTRY;

(4) BE IN GOOD STANDING WITH THE MEDICAL LICENSING OR REGULATORY AUTHORITY IN THE FOREIGN COUNTRY WITH WHICH THE BOARD OR THE FEDERATION OF STATE MEDICAL BOARDS IS ABLE TO VERIFY THE PHYSICIAN'S DISCIPLINARY AND CRIMINAL BACKGROUND HISTORY;

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

(6) BE OF GOOD MORAL CHARACTER;

(7) MEET THE REQUIREMENTS UNDER §§ 14-309 AND 14-313 OF THIS SUBTITLE;

(8) 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;

(9) ENTER A FULL-TIME EMPLOYMENT RELATIONSHIP WITH THE PARTICIPATING HEALTHCARE FACILITY THAT HAS MADE THE OFFER OF EMPLOYMENT IN SUBSECTION (8);

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

(11) 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;

(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 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.



Maryland Board of Physicians

Final Report

Workgroup to Study Licensure of Foreign-Trained
Physicians (FTPs) 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.

Board Staff:

Christine A Farrelly.Executive Director
Ellen D. Smith.Deputy Director
Matthew Dudzic.Manager of Policy and Legislation
Michael Tran.Health Policy Analyst
Madeline DelGreco.Health Policy Analyst
Oriell Harris.Health Policy Analyst Associate
Lisa Dorsey.Physician Licensure Supervisor

Table of Contents

Workgroup Information.....	2
Table of Contents.....	3
Definitions.....	4
Executive Summary.....	4
Background.....	5
Qualifications for Physician Licensure in Maryland:.....	6
Medical Education Requirements:.....	6
Postgraduate Training:.....	6
Medical Licensing Examinations:.....	7
Additional Requirements for International Medical Graduates (IMGs):.....	7
Existing Licensure Pathways for IMGs and FTPs:.....	7
Traditional Licensure Pathway for IMGs and FTPs:.....	7
Licensure By Conceded Eminence for FTPs:.....	7
Limited Postgraduate Teaching License for FTPs:.....	8
Workgroup Focus.....	8
Barriers for FTPs:.....	8
Immigration Status:.....	8
Limited Residency Slots:.....	9
Time Limits for Residency Slots (postgraduate training):.....	9
Redundant Requirements for FTPs:.....	9
Financial Burdens:.....	9
Employment While Waiting for Residency Match:.....	9
National Collaboration:.....	10
Licensure for IMGs and FTPs In Other States:.....	12
Other States’ Legislative Initiatives:.....	13
Other States’ Programs (non-licensure):.....	15
Workgroup Recommendations.....	15
Workgroup Recommendation: Pathway to Full Licensure.....	16
Delayed Implementation of Legislation:.....	17
Minimum Requirements for an Additional Licensure Pathway:.....	17
Remaining Unresolved Issues.....	19
Potential Health Equity Concerns:.....	19
The “Brain Drain” Phenomenon:.....	19
Concerns for Rural Areas:.....	19
Board Operational and Regulatory Concerns:.....	20
Lack of methods to ensure the accurate verification of medical education, postgraduate training, and clinical experience for FTPs:.....	20
Lack of international accreditation infrastructure necessary to ensure accurate verification for certain medical schools and international postgraduate training programs:.....	20
Lack of Objective “Equivalency” Criteria:.....	21
Board Resources and Fiscal Considerations:.....	21
Challenges for FTPs Seeking Additional Pathway:.....	22

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. Licensing 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.

SB0380_FWA_MedChi_Physicians - Licensing - Interna

Uploaded by: Steve Wise

Position: FWA



The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

Senate Finance Committee

February 10, 2026

Senate Bill 380 – *Physicians – Licensing – Internationally Trained Physicians*

POSITION: SUPPORT WITH AMENDMENT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** Senate Bill 380.

This legislation establishes a more efficient pathway for physicians who were trained and have practiced abroad for a period of 5 to 7 years to become licensed in Maryland, but importantly it strives to ensure that they are equivalent to physicians who attend school and complete their residency here in the United States. This issue was the subject of a workgroup convened in 2024 at the Legislature’s request by the Maryland Board of Physicians.

At its core, this legislation is an effort to address a burdensome requirement placed on international medical graduates under current Maryland law. Today, an internationally trained physician who has completed postgraduate training (i.e., a residency) in another country would have to complete another two-year residency here in the United States. This is true even if the physician has significant practice experience abroad, and it is that group of physicians which are the focus of this legislation.

Ensuring that the postgraduate training completed abroad is “substantially similar” to that required in the United States is a key component of this bill. The delayed effective date recognizes that the Federation of State Medical Boards, among others, are working to construct a means by which state medical boards can verify that international postgraduate training programs are indeed “substantially similar” to that required of current physicians. As this process develops, the Board will seek to incorporate these checks and balances into our internationally trained physician licensing process.

To that end, MedChi would request that the following uncodified language be added to the bill, to ensure its involvement as this regulatory structure takes shape: “BE IT FURTHER ENACTED, THAT THE BOARD OF PHYSICIANS SHALL REGULARLY CONSULT WITH MEDCHI, THE MARYLAND STATE MEDICAL SOCIETY, ON THE DEVELOPMENT OF POLICIES AND REGULATIONS IMPLEMENTING THIS STATUTE.”

For these reasons, MedChi urges support of Senate Bill 380 with the above amendment.

For more information call:

J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

SB 380 - SWA - UMMS.pdf

Uploaded by: Will Tilburg

Position: FWA

Senate Bill 380 – Physicians – Licensing – Internationally Trained Physicians

POSITION: Support with Amendments

February 10, 2026

Senate Finance Committee

The University of Maryland Medical System (“UMMS”) respectfully submits this letter of support with amendments for Senate Bill 380 – Physicians – Licensing – Internationally Trained Physicians. Senate Bill 380 (“SB 380”) proposes to issue a limited license to internationally trained physicians to practice medicine in the State of Maryland. As introduced, the bill mandates educational, training, English competency, state residency and good standing requirements for individuals to qualify for a limited license.

UMMS is supportive of the bill sponsor’s efforts to expand the healthcare workforce. Our health system continues to face a workforce shortage, which includes a physician shortage in specialties such as anesthesia, cardiology, gastroenterology, primary care, and radiology. UMMS believes that this legislation can help mitigate some of the workforce shortage by reducing barriers to entry for international physicians.

While UMMS is supportive of the intent of the legislation, there are additional steps that could be taken to ensure the State’s academic medical centers, the University of Maryland School of Medicine/University of Maryland Medical Center and Johns Hopkins University & Medicine are able to attract and retain international faculty.

In particular, UMMS supports amendments proposed by the University of Maryland Faculty Physicians, Inc. and the University of Maryland School of Medicine to:

1. **Eliminate the requirement for an applicant to be a resident of the State of Maryland.** In practice, it will be extremely difficult to encourage experienced international physicians to move to Maryland if they are not eligible to practice until they become a resident. The problem is compounded by the fact that many surrounding states do not have this same requirement.
2. **Establish a new limited license for candidates employed by a school of medicine within the State.** Again, this small change will allow Maryland schools of medicine to compete with universities in neighboring states like Virginia, Pennsylvania, and West Virginia. In addition, this new limited license would be most effective from a recruiting standpoint if it did not require experienced physicians to pass the United States Medical Licensing Examination.

The issue of licensing internationally trained physicians is important to UMMS and our partners at the University of Maryland School of Medicine. Along with other stakeholders, we worked during the interim to craft amendments that can improve the process for licensing international physicians. These conversations are ongoing during this legislative session. We are hopeful that all parties will be able to work together to modernize Maryland’s international physicians

licensing process, and in the process make Maryland more competitive with surrounding states that have already streamlined their licensing processes for international physicians.

For these reasons, the University of Maryland Medical System supports SB 380 with amendments, and respectfully requests a *favorable* report on the bill.

For more information, please contact:

Will Tilburg
Vice President, Government and Regulatory Affairs
University of Maryland Medical System
William.Tilburg@umm.edu

About the University of Maryland Medical System

University of Maryland Medical System (UMMS) delivers comprehensive health care services throughout Maryland. UMMS physicians and patient care teams work hand-in-hand with University of Maryland School of Medicine specialists to provide primary, urgent, emergency and specialty care at 11 hospitals and more than 150 medical facilities across the State. The UMMS network includes academic, community and specialty hospitals that together provide 25% of all hospital-based care in Maryland.

2026 MdAPA SB 380 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: INFO



To: Senate Finance Committee

Bill: Senate Bill 380 – Physicians – Licensing – Internationally Trained Physicians

Date: February 10, 2026

Position: Letter of Information

The Maryland Academy of Physician Assistants would like to submit a letter of information on *Senate Bill 380 – Physicians – Licensing – Internationally Trained Physicians*. The bill establishes a framework for a limited license for internationally trained physicians who are seeking full licensure after a three-year period. Under the bill, the Board of Physicians has the authority to set the parameters of the license by regulation. We believe it would be appropriate for those regulations to clarify that limited-license physicians may not serve as the collaborating physician under a physician-PA collaborative agreement outside otherwise regulated healthcare systems.

If any additional information would be helpful, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.