

Foreign Trained Health Professional Licensing Report 2020

New Mainers Resource Center/Portland Adult Education

The purpose of this grant is to increase the cultural competency of the health workforce by reducing the barriers faced by foreign trained healthcare professionals in relicensing.

Implementation of recommendations from this research will:

In the U.S., an estimated 263,000 immigrants and refugees with at least a four-year degree in a health field are either employed in jobs that require no more than a high school diploma or are out of work. In Maine, most foreign trained physicians, nurses, pharmacists, and others, are not able to practice. Health disparities continue to grow and a lack of culturally competent providers contributes to this crisis. Meanwhile, a severe physician shortage is predicted in 2021 and a shortage of 3,200 RNs by 2025 impacting all Mainers.

Major Findings are that barriers are too great to overcome:

- Individuals licensed to practice in foreign countries are not able to achieve licensing in Maine
- Most are unable to work on licensing issues because they must secure basic needs
- English proficiency
- Colleges, universities are not offering meaningful advanced standing
- Many who are required to start their education over cannot qualify for financial support due to their status as asylum seekers or they already have a college degree
- Many receive inaccurate information about the process
- Employer assistance programs often do not fit their circumstances
- Many individual's immigration status prohibit participation in workforce programs
- Mid-level healthcare positions, utilizing professionals' skills do not exist in Maine

Summary of Recommendations: Based on our findings, the proposed changes in each sector

| | | |
|--------------|---|--|
| Colleges | Must offer substantial advanced standing, more options for transcript evaluators | would assist many healthcare professionals to work at or near their scope of practice again. For more details see the full Licensing Project Report . <i>This project was funded by the Maine Health Access Foundation.</i> |
| Employers | Modify union plans, high level jobs utilizing skill levels, provide internships, and other career advancement support | |
| Licensing | Offer more choices to credential evaluators, provide links to support and information for applicants | |
| State Policy | DOL, BURS, FAMS notify others of workforce programs to through regulation, rate and policy change | |
| NMRC | Expand and create new work with high level roles, provide and coordinate with other providers re: other findings | |



NMRC/PAE Possible Legislative and Policy Recommendations Related to Barriers Faced by Foreign Trained Healthcare Professionals

A good number of the recommendations in the Report of the *Foreign Trained Health Professional Licensing Pilot Project* could be achieved through legislation, rule changes or changes in administrative practices. Below is a list of potential areas for change that would address the barriers experienced by immigrant and refugee health care professionals. Removal of these barriers would allow more foreign trained health professionals to put their training and skills to work in Maine and assist them through the licensing process, thus supporting an expansion of Maine's healthcare workforce. Although these recommendations were developed to address the needs of healthcare professionals, many of the barriers listed are faced by foreign trained professionals generally so addressing these barriers would have benefits beyond just the healthcare sector.

The following list is an overview of the potential recommendations to be considered as possible legislation, rule changes or changes in administrative practices. Exact language would require further research.

1. Recommendations Related to Expanded Capacity at NMRC/PAE

1a. Increased funding for PAE to build on current work and expertise for an expanded healthcare workforce division at NMRC/PAE with high level technical English classes, resources and support to help meet licensing and other testing requirements for specific healthcare professions, to put more high-skilled licensed health professionals to work. This would build on the current programming and allow a more coordinated approach to meeting specifically identified gaps in programming and services for new Mainer health professionals and healthcare employers and especially help expand services to support other service providers and people from around the state.

2. Recommendations Related to Changes in Licensing

2a. Support of Legislation from DPFR based on their Working Group Report – LR 147 – An Act to Facilitate Licensure for Credentialed Individuals from Other Jurisdictions

2b. Support other bills that would remove barriers related to specific professions:

- LD 4 An Act to Amend Maine Pharmacy Act
- LD 11 – An Act to Clarify the Laws Regarding Reciprocity for Licensure of Professional Engineers

- As other bills are introduced related to specific professions, consider their impact on foreign trained professionals, and ways to use those proposals to either remove licensing barriers and/or ensure that more barriers are not put in place. For example, how does the Occupational Therapist Compact Act under consideration address licensing by foreign trained occupational therapists.

2c. Professional licensing bodies outside of the Office of Professional and Occupational Regulation should analyze their procedures for barriers (nurses, doctors, dentists, lawyers, engineers, teachers). The boards or agencies that oversee these professions should do an analysis of their licensing procedures for potential barriers faced by foreign trained professionals trying to obtain a Maine license and make changes to address those barriers.

3. Recommendations Related to Support for Training and Workforce Resources for new Mainers

3a. Support of legislation initially introduced in 129th Legislature – Formerly LD 647 in its new format and other legislative proposals that seek to address the training and workforce integration needs of new Mainers.

- Rep. Cloutier – An Act to Expand and Strengthen Maine’s Workforce – provides support through adult education programs for ESL and employer connected workforce training programs
- Rep. Talbot Ross – An Act to Lower Barriers to Career Advancement – provides Career Advancement and Navigation Specialist positions at 4 adult education Hubs to provide career and education guidance and support for underemployed and unemployed individuals
- Rep. Michael Brennan - LR 277 An Act To Promote Immigrant Workforce Development and Community Integration
- Other similar proposals

4. Expand and Adapt Training, Workforce and Educational Resources to Better Fit the Needs of New Mainers

4a. Modify existing state workforce training, education and loan programs to include this group of new Mainers, such as asylum seekers, who were practicing in their field prior to coming to the U.S. For some programs, it may be to open them to people who are awaiting their work authorization and in others it may be to open them to people who do not yet have permanent status.

Programs include: The Finance Authority of Maine to modify Opportunity Tax Credit, Maine Health Professions Loan Program and Educational Loan programs. Maine Department of Labor, State Workforce Board and Local Workforce Boards, CSSP, Quality Centers, and others to eliminate the requirement that participants need to first be granted a work permit to participate in training programs. In addition, expand support in the above programs to include funding toward costs associated with licensing and/or returning to school for advanced degrees such as PA, PharmD, NP and MD.

4b. Support for funding for incumbent workers to move up career paths – MDOL, the State Workforce Board and Local Workforce Boards should develop resources and programs that would

target health professionals who are incumbent workers and assist them with moving forward with their careers in the healthcare field.

4c. Scholarship Fund for Asylum Seekers - The state should develop a scholarship fund for asylum seekers who do not qualify for other federal financial aid until they have been granted permanent status.

5. State of Maine Provide Internship Opportunities to New Mainers

5a. The State of Maine as an employer should change its policies or practices to expand internship opportunities beyond just targeting college students to include new Mainers who are looking to gain some US work experience.

6. Develop Fast Track Nursing Programs Targeted to Foreign Trained Doctors and Nurses

6a. Nursing programs at Maine colleges and universities should explore the development of a foreign MD to RN program that is able to build on the experience and training of foreign trained physicians and fast track them into an RN degree and license. Other options such as single subject classes, needed for licensing, and designated slots for foreign trained nurses and physicians should also be considered and other options designed to move highly skilled health professionals into nursing should be explored. The development of such a program would not only serve Maine's current new Mainers but could also be used to recruit more potential nurses to Maine.

7. Study how the development of a mid to high level health professional position could maximize the skills and training of foreign trained physicians to meet the healthcare needs of Maine people

7a. The addition of an Associate Physician license in Maine or the creation of a study group to review the addition of an AP license in Maine or other mid-to advanced level type of positions to more fully utilize the skills of foreign trained physicians who are not able to be licensed in the US to help address access to healthcare and health disparities in Maine. The position Assistant or Associate Physician, which has been developed in other states, may provide an option or a model to explore as a way to utilize experienced foreign trained doctors, who are not able to pursue licensing, to address Maine's health disparities. Any study or analysis of this potential position, amongst other things, should look at the necessity of requiring legislation to modify existing statutes at the Board of Medicine. In addition, rule and policy changes would have to be made to Medicare and agreement with CMMS for reimbursement. Also, required would be coordination with the Board of Pharmacy.

1-15-2021

Sally Sutton, Program Coordinator, New Mainers Resource Center, suttos@portlandschools.org
Vanessa Sylvester, Research Assistant, New Mainers Resource Center, sylvev@portlandschools.org
Anita St. Onge, Executive Director, Portland Adult Education, stonga@portlandschools.org