

March 19, 2024

LD 2267 - An Act to Implement the Recommendations of the Commission Regarding Foreign-trained Physicians Living in Maine to Support International Medical Graduates in Securing Employment

Senator Bailey, Rep. Perry and Members of the Committee on Health Coverage, Insurance and Financial Services my name is Sally Sutton. I am a Policy Specialist with the New Mainers Resource Center at Portland Adult Education. Previously I held the position of Program Coordinator for 10 years where I had an opportunity on a daily basis to work with foreign trained professionals who are seeking to re-start their lives and careers here in Maine, many of whom were foreign trained physicians. I was also a member of the Commission that produced the recommendations on which this legislation is based. I am very pleased to be speaking in support of LD 2267.



I have some comments that are specific to this bill, however, I see LD 2267 and LD 2268 as recommendations that go hand in hand and are really a package of steps that Maine can take to provide assistance to foreign trained physicians who are seeking to start their medical careers in Maine. Without the programmatic and financial support provided in LD 2267, only those foreign trained physicians with access to financial resources will be able to qualify for the physician licensure Sponsorship Program established under LD 2268.

NEED FOR SUPPORT

In Maine, one of the most significant factors of most of the new Mainer foreign trained professionals served by NMRC is that they came to the US as refugees or asylum seekers. They did not plan to come to the US but were forced to flee their home country for their safety, threats of violence or imprisonment or because of their political or religious beliefs. This factor must be taken into consideration as it impacts the options people have available to them. People who come as a result of forced migration have not been planning for careers in the US, and consequently face a separate set of issues with licensing, some that they have no control over.

For this group, there is also a need to prioritize meeting the basic needs of their families over the investment of time and money it would take to move ahead with their professional careers. This factor keeps many people stuck in positions far below their previous training and profession. From the experience of the NMRC, for health professionals, being re-licensed in their profession is almost impossible to achieve. There are also no quick and cost-effective alternative paths that would get someone close to their former career or a position where they are able to use anything close to the full extent of their skills.

Issues people face include, amongst others:

- Poverty, lack of access to financial resources for licensing-related expenses or schooling and working to meet basic needs keep people from moving forward with their careers. Asylum seekers have the added burdens of being unable to work, having no income, for a period of time until after they have applied for asylum, needing to raise funds to cover the legal costs of their asylum applications, having families back home they also need to support. And now,

dealing with housing insecurity that many of the newcomers to the state must face in so many of our communities.

- Need for a survival job to meet basic needs, child care, healthcare, family needs etc. Not having time and financial resources necessary to study English, prep for tests, get clinical experience, etc.
- Limited financial resources available for anything but short term training for entry level healthcare positions.
- Need for accurate information about various options, i.e., time commitment, costs, risks of pursuing medical licensing path (scoring high enough on tests to be competitive, chance of getting into a residency) vs. PA or NP or MPH.
- The years since they graduated from medical school – years of practice are not considered in applying for residencies and can count against them if those years put someone outside the 5 year limit since graduation from medical school requirement of most residency programs.
- The conditions under which refugee and asylum seeking doctors come to the US, fleeing political unrest, trauma, war, and other dangerous conditions puts them at a significant disadvantage. Each year that passes since they graduated from medical school that they spend mastering English and working just to support themselves and family moves them further away from being competitive for a residency. Asylum seekers are also ineligible for most residency programs until they obtain permanent status, which could take 5-10+ years.
- Obtaining a competitive score on the USMLE exams requires a high level of English proficiency and several years of full-time study, which is difficult to do if someone must work to cover living expenses, support family, and cover the costs of taking the USMLE exams. Costs related to being certified to test, obtaining school transcripts and diplomas, test application fees, and test prep materials and courses can range between \$10,000 - \$15,000.
- Asylum seekers lack of permanent residency, waiting many years to have their cases heard, not eligible for traditional financial aid, impacts not just pursuing medical license but also ability to pursue other professions like PA or NP or MPH because not eligible for sufficient scholarships or loans. The need to work competes with full-time demands/requirements of many programs.
- Challenges getting transcripts and diplomas sent directly from school as required for certification and licensure.
- No recognition for previous education and experience by other health professions or educational programs – even for entry level positions – must re-do training.
- Many people continue to be challenged by the need for a high level of technical English, verbal fluency, and reading comprehension that demonstrates a competency level high enough to

meet entrance requirements for specific health profession educational programs, graduate level programs, professional licensing, working at a professional level and passing timed licensing tests.

- Many applying to residency programs have an advantage if they have obtained some US clinical or research experience. Very difficult to get these experiences.
- Maine has a limited and highly competitive number of residency slots with currently no specific program for foreign trained doctors. There are costs associated with applying for residencies including application fees and travel for interviews. The total costs will depend on residency specialty, number of applications and interviews, and location of residency programs.

SUGGESTED AMENDMENTS

1. International Medical Graduate Definition – Remove “...who has lived in this State for at least 12 months.” While it may be appropriate to have a 12 month residency requirement for the IMG Sponsorship Program in LD 2268, that waiting period is not appropriate for foreign trained physicians who are seeking help through the IMG graduate assistance program discussed under Section 2142 of LD 2267. Studying for and taking the required tests, getting documents, etc. can take a long time and it is to a IMGs advantage to get started on those steps as soon as possible. Lack of financial support to cover those costs is one of the major reasons why many physicians are not able to move forward with licensure or working toward their professional career. Those 12 month would be wasted time if they do not have access to the resources provided under this legislation.

2. Section 2142 1E. Clarify that guidance is provided for other licenses besides just physician by adding “...as a physician or other health professional.” With a Sponsorship Program for IMGs and the traditional residencies that currently exist, Maine will have two pathways for licensure for physicians. This amendment clarifies that it also applies to other health professional licenses for those not pursuing a medical licensing path.

3. Require a report back to this committee with an update on progress and status – This is a complicated new program for the state. It involves a lot of different stakeholders and no one entity is specifically in charge of overseeing it all. Across the country many states are also trying to address this issue, and with everyone looking for best practices and it will be important for Maine to know what is happening at the national level, and neighboring states if we are to have an approach that will be efficient and effective.

Thank you for your consideration of my testimony in support of LD 2267.

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