STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
BOARD OF LICENSURE IN MEDICINE

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TESTIMONY OF TIMOTHY TERRANOVA
EXECUTIVE DIRECTOR
BOARD OF LICENSURE IN MEDICINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
L.D. 105

An Act to Implement the Recommendations of the Commission Regarding Foreign-trained Physicians Living in Maine to Establish a Sponsorship Program for Internationally Trained Physicians

Presented by Representative Mathieson
Before the Joint Standing Committee on Health Coverage, Insurance & Financial Services

February 5, 2025 at 10:00 a.m.

Senator Bailey, Representative Mathieson, and members of the Health Coverage, Insurance and Financial Services Committee, I am Tim Terranova, Executive Director of the Maine Board of Licensure in Medicine ("BOLIM"). I am here today to testify in favor of LD 105. BOLIM is in favor of and supports the licensure pathway created in Section 2 of the bill and our comments are directed to that section. BOLIM understands the impact that current budget restraints may have on Section 1, which includes funding for a sponsorship program, and defers any comments to the agency directed to create, fund and manage the program.

BOLIM licenses and regulates allopathic physicians and physician assistants in Maine. BOLIM is composed of 11 members: 6 physicians who actively practice medicine; 2 physician assistants who actively render medical services; and 3 public members. BOLIM's mission is to protect the public by ensuring its licensees are ethical, professional and competent. It fulfills this mission by licensing, regulating, and educating physicians and physician assistants.

LD 105 is the result of the work produced by the Commission Regarding Foreign-trained Physicians Living in Maine. BOLIM would like to thank the members of the commission for their thoughtfulness and insight during the process. In particular, BOLIM would like to thank Representative Mathieson for engaging with BOLIM staff to clarify questions BOLIM had regarding LD 105.

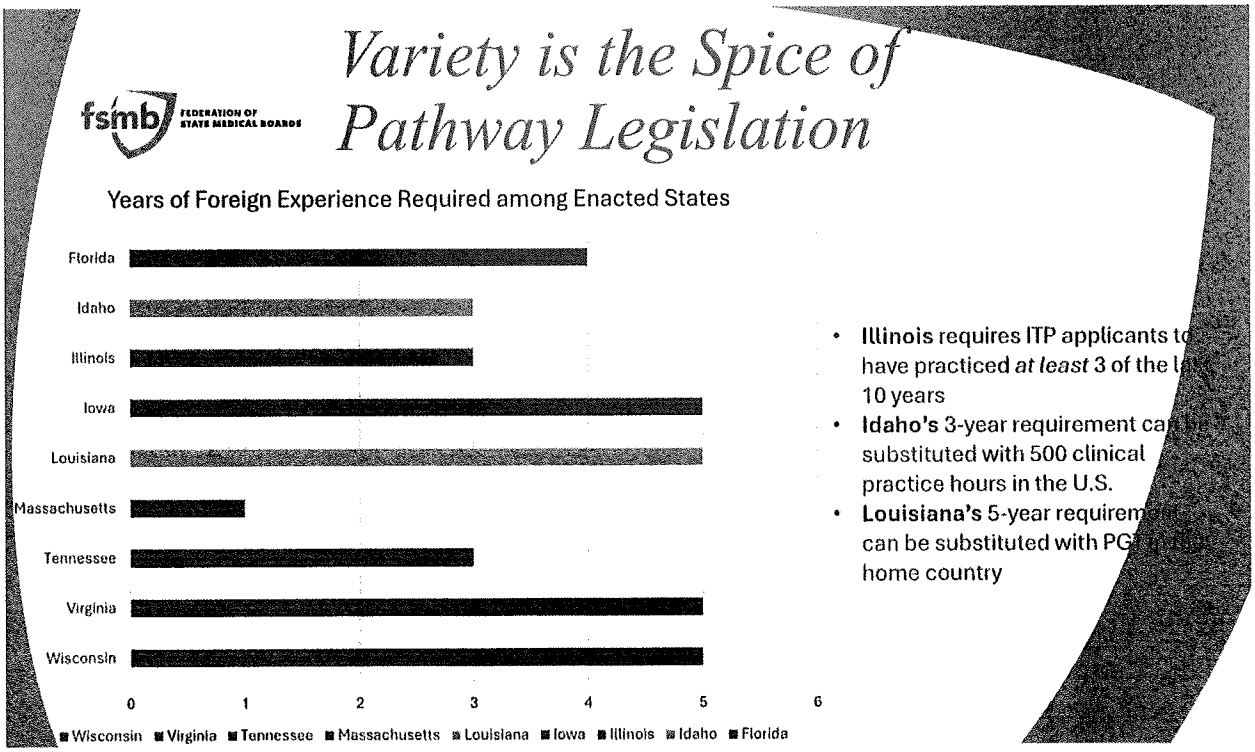
BOLIM would ask the committee to consider one change to the bill. The definition of "internationally trained physician" includes the requirement that they have "practiced medicine for at least one year." The commission did not make a specific recommendation regarding how many years someone would need to have practiced in another country before becoming eligible for the program and left that question for this committee. It is important for the committee to be aware that US trained physicians must have at least three years of post-graduate training prior to receiving a license in Maine.

Medical training varies throughout the world. Some countries have residencies, some do not. In Maine, US graduates must have 36 months of residency training before they get a full license. As written, the bill would give someone who may have no additional training and only one year of experience the ability to be licensed. As we understand it, the purpose of the program is to quickly evaluate and address gaps, including cultural differences and working in the US healthcare system, but not to train from the beginning.

As described in the table below, of the nine states that have passed similar legislation, only one requires one year of experience. Three states require three years of experience, one requires four years of experience, and four require five years of experience.

BOLIM asks the committee to consider changing the requirement to, "practiced medicine for at least three years."

Thank you for the opportunity to provide these comments regarding LD 105. I would be happy to answer questions now or at the work session.



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Advisory Commission on Additional Licensing Models
GUIDANCE DOCUMENT

Introduction

The *Advisory Commission on Additional Licensing Models*, co-chaired by the Federation of State Medical Boards (FSMB), the Accreditation Council for Graduate Medical Education (ACGME) and Intealth™ (which oversees the Educational Commission for Foreign Medical Graduates - ECFMG), was established in December 2023 to guide and advise state medical boards, state legislators, policymakers and others, to inform their development and/or implementation of laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States or Canada. In this document, the commission offers its first set of recommendations for consideration by all relevant stakeholders.

Internationally-trained physicians (ITPs), as described in some of the state laws enacted to streamline medical licensure to increase access to care in undeserved and rural communities, are usually referred to as physicians educated and trained abroad who *must* also be licensed and have practiced medicine in another jurisdiction. This cohort of physicians represents a relatively small category of international medical graduates (IMGs), the broader term used to describe physicians who received their medical degree outside the United States. Individuals who are ITPs, in most legislative descriptions, *must* have previously completed graduate medical education (also known as postgraduate medical education or postgraduate training) that is "substantially similar" to that which is recognized in the United States.

The purpose of the commission's recommendations, those contained herein and those that may follow, is to support the alignment of policies, regulations and statutes, where possible, to add clarity and specificity to statutory and procedural language to better protect the public – the principal mission of all state and territorial medical boards – and to advance the delivery of quality health care to all citizens and residents of the United States. This guidance, which should not be viewed as an endorsement, is provided to support those states and territories implementing new licensure pathways where legislation has been adopted and where legislation has been introduced or is being considered for introduction.

This first set of recommendations is focused on eligibility requirements and related considerations for entry by an ITP into an additional licensure pathway. To ensure that physicians entering these pathways are ultimately ready to safely practice medicine in the United States, these additional licensing pathways should optimally include assessment and supervisory elements during the period of provisional licensure, for which additional

guidance from the commission to state medical boards and relevant stakeholders should be forthcoming later in 2025.

Background

There are two primary pathways by which international medical graduates (IMGs) are eligible for medical licensure from a state medical board in the United States and its territories:

1. Completion of one to three years, depending on the state or territory,[1] of U.S.-based graduate medical education (GME) that is accredited by the ACGME, accompanied by certification by ECFMG® and successful passage of all three Steps of the United States Medical Licensing Examination® (USMLE®), is the most common pathway to medical licensure for international medical graduates (IMGs) in the United States. In addition to expanding a physician's knowledge and skills in one or more medical or surgical specialties, U.S.-based GME affords time for participants (whether previously trained and licensed abroad or not) to acclimate to the U.S. health care system, culture and social norms, and the medical illnesses and conditions that are most prevalent (e.g., heart disease, cancer, accidents) among those residing in the United States.
2. "Eminence" pathways (for prominent mid-career physicians) have long existed in many states, typically do not require ECFMG Certification or successful passage of any Step of the USMLE, and are likely to continue to be an option for highly qualified and fully-trained international physicians. These pathways are most often used by individuals deemed to have "extraordinary ability," including those classified as "eminent specialist" or "university faculty" pursuing academic or research activities, and typically align with the O-1 (extraordinary ability) visa issued by the U.S. State Department.[2] Of note, most state medical boards also have statutes or regulations allowing for the licensing of IMGs at their discretion[3], though in practice these are not easy to achieve or commonly available. A few medical boards explicitly allow postgraduate training (PGT) – also known as graduate medical education (GME) or postgraduate medical education (PGME) –completed in specific countries, such as England, Scotland, Ireland, Australia, New Zealand and the Philippines, to count toward the U.S.-based GME requirement for licensure.

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[1] International Medical Graduates GME Requirements, Board-by-Board Overview, FSMB

[2] https://www.uscis.gov/working-in-the-united-states/temporary-workers/o-1-visa-individuals-with-extraordinary-ability-or-achievement

[3] Several states have authority to issue licenses to internationally trained physicians though other innovative approaches. For example, New York offers licensure without requiring a provisional supervisory period to highly qualified IMGs. California offers a three-year non-renewable license for up to 30 Mexican physicians a year to work in community health centers. Washington has a "clinical experience license" to help IMGs compete for residency matching.

Since January of 2023, nine (9) states have enacted legislation creating additional licensing pathways for internationally trained physicians that does not require completion of U.S.-based ACGME-accredited GME training.

These additional licensing pathways are designed principally for ITPs who wish to enter the U.S. healthcare workforce.

A primary goal of these pathways in many jurisdictions, reflected in public testimony and written statements submitted by sponsors and supporters, is to address U.S. healthcare workforce shortages, especially in rural and underserved areas. It must be noted that U.S. federal immigration and visa requirements will impact the practical ability of physicians who are not U.S. citizens or permanent U.S. residents (Green Card holders) to utilize any additional licensure pathway. Furthermore, the ubiquity of specialty-board certification as a key factor in employment, hospital privileging, and insurance panel inclusion decisions is likely to impact the efficacy of non-traditional licensing pathways. States may, therefore, wish to consider other healthcare workforce levers that could be more effective in increasing access to care, such as advocating for increased state and Medicare/Medicaid funding to expand U.S. GME training positions, offering some means of transition assistance to IMGs, and expanding the availability and utilization of enduring immigration programs like the Conrad 30 waiver program, U.S. Department of Health and Human Services (HHS) waivers, regional commission waivers, and United States Citizenship and Immigration Service (USCIS) Physician National Interest Waivers.

While the additional pathway legislation recently introduced and enacted varies from state to state, the commission's consensus-driven guidance highlights areas of alignment and suggests specific considerations and resources for implementation and evaluation of these pathways, where that may be possible. The commission drafted its first set of recommendations based on areas of concordance in legislation already introduced and enacted, as well as expert opinion. The following recommendations are offered for consideration by state medical boards, state legislators, policymakers, and other relevant parties:

1. **Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing and evaluating any additional licensure pathways.**
2. **An offer of employment should be required for pathway eligibility. State medical boards should be authorized to define what is an appropriate clinical facility for the supervision and assessment of internationally trained physicians (ITPs) for their provisional licensure period.**
3. **ECFMG Certification and graduation from a duly recognized medical school should be required for pathway eligibility.**
4. **Completion of postgraduate training (graduate medical education) outside the United States should be required for pathway eligibility.**

5. **Possession of authorization from another country or jurisdiction to lawfully practice medicine in that country or jurisdiction, and at least three years of experience in medical practice should be required for pathway eligibility.**
6. **A limit on the physician's time "out of practice" that is consistent with that state's existing re-entry to practice requirements should be considered.**
7. **A successfully completed period of supervision and assessment by an employer should be required of ITPs to transition from provisional licensure to full licensure.**
8. **State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.**
9. **State medical boards implementing additional licensure pathways should collect and share data to evaluate the program's effectiveness.**

<u>Recommendations</u>

1. **Rulemaking authority delegated, and resources allocated, to the state medical board for implementing additional licensure pathways.**

Many states that have enacted additional pathway legislation have explicitly included and codified state medical board involvement in implementation and operational processes to ensure the ability of the state to support safe medical practice.

Additional licensing pathways will likely incur increased time and resources for state medical board personnel. State legislatures should consider additional funding and resources that may be allocated through state appropriations to implement, operationalize, and evaluate any additional pathway for medical licensure. Insufficient financial resources to support such additional licensing pathways risks inadequate resources and expertise that may lead to rushed or incomplete licensure eligibility decisions, risking the admission of underqualified practitioners or delays in integrating ITPs into the healthcare workforce.

States evaluating how to proceed may wish to consider first authorizing their state medical boards to establish a smaller pilot program, with primary care specialties that typically require a shorter period of GME that is more comparable internationally, and which may serve to better help increase access to care in rural and underserved areas. Such an approach may also enable state medical boards and private partners to build the necessary infrastructure and trust for adoption of the pathways and to evaluate the supervisory provisional licensure period before a substantial increase in applicants, or expansion to other specialties, takes place.

***Recommendation 1a*: 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.**

Recommendation 1b: **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.**

Internationally-trained physicians (ITPs) applying for a license to practice medicine under newly enacted licensure pathways are being required by statute to have an offer of employment from a medical facility that can assure supervision and assessment of the ITP's proficiency. All states that have enacted additional pathway legislation at the time of this document's writing have included such a requirement, whether it is employment at a hospital that has an associated ACGME-accredited residency program, a Federally Qualified Health Center (FQHC), a Community Health Center (CHC), a Rural Health Clinic (RHC), or other state-licensed clinical facility that has the capacity and experience with medical education and assessment to shoulder the supervisory responsibility. The employer should in all cases be an entity with sufficient infrastructure that allows for supportive education and training resources for the ITP, as well as supervisory and assessment resources that include, but are not limited to, peer-review. For this reason, offers by individual physicians in solo or group practices to serve as employers for ITPs eligible for these pathways are not advisable as such settings may not have the capacity to provide supervision, the breadth and depth of exposure to a variety of clinical experiences may be limited, and because this may raise conflict of interest concerns related to the employer-employee relationship.

Recommendation 2a: **States in consultation with state medical boards should require internationally-trained physicians applying under an additional licensure pathway to have an offer of employment from an appropriate medical facility.**

Recommendation 2b: **States in consultation with state medical boards should define which medical facilities are able to supervise and assess the ITP's proficiency and capabilities (e.g., a facility with an ACGME-accredited program, an FQHC, a CHC, an RHC or other medical facility that has capacity and experience with medical education and assessment).**

3. **ECFMG Certification and graduation from a duly recognized medical school.**

Internationally-trained physicians applying under an additional licensure pathway should be graduates of a duly recognized medical school. All states that have enacted pathway legislation at the time of this document's release have included such a requirement.

Recognition or inclusion of medical schools in directories from organizations such as the World Health Organization (WHO) or the *World Directory of Medical Schools* (*World Directory*)[4] may serve as a useful proxy for this requirement. The latter compendium, launched in 2014 and updated continuously, is jointly managed and operated by the World Federation for Medical Education (WFME) and FAIMER® (a division of Intealth.)

Recommendation 3: **States should require ECFMG Certification for internationally-trained physicians to enter an additional licensure pathway.**
Traditionally, IMGs have been required to obtain ECFMG Certification, a qualification that includes verification of their graduation from a *World Directory*-recognized medical school, passage of USMLE Steps 1 and 2, and demonstration of English language proficiency via the Occupational English Test (OET) Medicine.

State medical boards may also wish to require IMGs to provide additional supporting materials of the medical education they have undertaken outside the United States. In such instances, primary source verification and review of credentials that utilizes resources such as Intealth's Electronic Portfolio of International Credentials (EPIC℠)[5] may be useful.

4. Completion of post-graduate training (PGT) outside the United States.

Most states that have enacted additional pathway legislation have included a requirement that applicants must have completed PGT that is "substantially similar" to a residency program accredited by the ACGME in the United States. There is significant variability, however, in the structure and quality of international PGT. The degree of clinical exposure may be variable and inconsistent across programs. Too, there is not currently an established and accepted recognition system, accreditation system or authority that is in a position to deem an international PGT program to be "substantially similar" to an ACGME-accredited PGT program available in the United States. Most state medical boards, for their part, have limited capacity, resources, or expertise to assess international programs for this purpose.

Until a formal recognition or accreditation system for PGT is created, the term "substantially similar" will need to be defined and determined by state medical boards.[6]

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[4] https://www.wdoms.org/. Many states that have enacted pathway legislation have included language that the applicant ITP have received a "degree of doctor of medicine or its equivalent from a legally chartered medical school recognized by the World Health Organization" as a requirement. However, the WHO no longer maintains an active list or directory of international medical schools. The "California List" may also be referenced (https://www.mbc.ca.gov/Licensing/Physicians-and-Surgeons/Apply/Schools-Recognized.aspx), however, the California list utilizes the World Directory mentioned above.

[5] https://www.ecfmg.org/psv/

[6] The World Federation for Medical Education (WFME) is developing a program to recognize international accreditation systems for PGT. While a comprehensive list will not be available for several years, this

Arriving at definitions and determinations of substantial similarity, in turn, will have significant implications for state medical boards to plan for and obtain additional resources, support, and expertise to evaluate international training programs that generally have significant variability in structure, content, and quality. In the absence of resources to assist state medical boards in making determinations of substantial equivalency, state medical boards may be asked to make licensure decisions without adequate data on physician training, a challenge that may put patients at risk.

***Recommendation 4a:* Completion of formal, accredited PGT outside the United States should be a requirement for entry into an additional licensure pathway.**

Formal postgraduate training and accreditation is not available in all countries and jurisdictions. In its absence, some states and territories may be inclined to consider alternative forms of training abroad. We advise doing so only on a case-by-case basis. The circumstances and experiences involved in these types of training – including apprenticeship, clerkship, or observership models – also differ widely in objective measures of quality (when fellowship training is not involved) and sometimes involve quasi-residency arrangements that may or may not adequately support, in whole or in part, an international physician's ultimate eligibility for a full and unrestricted licensure in a jurisdiction of the United States.

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 ITPs, including whether the program has been accredited by *ACGME International* (ACGME-I) and/or whether the ITP has completed an ACGME-accredited fellowship training program in the United States. Boards may also wish to ask the ITP to submit their training program's curriculum (and case requirements, for surgical specialties) for consideration and review.

A "number of years in-practice" threshold in a given specialty, in place of a requirement for formal PGT, is not recommended. However, it may be considered on a case-by-case basis by the state medical board as an alternative metric, only if it includes additional requirements and safeguards, such as ECFMG Certification and passage of all three Steps of the USMLE program. Where boards have access to, or can partner with, organizations with relevant experience and expertise, they should seek to determine the nature of such practice, including degree of clinical exposure, interaction with patients, and performance of procedures; where applicable, this information is likely to be valuable in making determinations of competence and practice readiness. Again, it is important to note that many state medical boards lack the resources and expertise to make such determinations themselves.

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voluntary program, launching in mid-2025, will allow accreditation agencies to apply for recognition. Those meeting predefined criteria will be listed on the WFME website as recognized systems.

5. **Possession of a license/registration/authorization to practice medicine in another country or jurisdiction and medical practice experience.**

Most states that have enacted additional pathway legislation have included a requirement that applicants be licensed or authorized to practice medicine in another country. Practice experience requirements in current legislation for additional pathways vary from three to five years. Such legislation typically also includes a requirement that the license obtained overseas be considered "in good standing" and that an attempt be made by the state medical board to verify the physician's disciplinary and criminal background history. State medical boards should consider primary source verification of any documentation from applicants related to licensure, employment and practice history.

Recommendation 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.**

An internationally-trained physician's time out of active practice before applying for an additional licensing pathway is limited by statute in a number of states, in line with extant guidelines required for medical licensure renewal of current licensees, whether U.S. graduates or IMGs. "Time out of practice" is a challenge and concern for state medical boards in terms of assuring patient safety and public protection, regardless of where the training occurred or where the initial licensure was obtained, given that the practice of medicine changes rapidly. Many state medical boards already recommend a formal re-entry process when a licensed physician has been out of practice for more than a certain number of years (the most often cited period of time in statutes and regulations is two years).[7]

Recommendation 6: **States should consider limits on "time out of practice" for internationally-trained physicians that are consistent with existing re-entry to practice guidelines for other physician applicants and licensees within their jurisdiction.** States that have enacted additional licensing pathway legislation have listed varying ranges for the number of years of ITP practice that will or should be required, ranging from continuous practice preceding application to within the preceding five years. States should be cognizant that requiring continuous practice may be difficult for many applicants to manage and/or demonstrate, especially if they have to navigate the U.S. immigration system, adjust to displacement, and/or face any number of non-immigration barriers also

[7] board-requirements-on-re-entry-to-practice.pdf (fsmb.org)

faced by domestic physicians, such as time away from active practice, including but not limited to, for sickness, caregiving or raising children.

7. **A requirement for a period of supervised provisional licensure by an employer in the United States.**

All of the states that have enacted additional pathway legislation as of the date of this writing explicitly require ITPs eligible for additional pathways to first complete a temporary supervised period of provisional licensure.

The word "supervision" is mentioned as a part of this provision by some states, and a few states will allow ITPs to practice "under the supervision of a licensed physician for two years" as part of their pathway. Supervision and support for internationally-trained physicians are crucial to navigate and bridge cultural differences, and to enable qualified ITPs to learn the practical, technical and operational sides of the U.S. health care system, including cultural diversity, health system variabilities, billing processes and use of an electronic health record. Such supervision and support are also essential for public protection. Examples of supervisory structures that could be helpful to require of ITPs include a collaborative practice arrangement, preceptorships and/or more formalized training models that include opportunities for progressive assessment of the ITP's caseload and practice. States may also choose to require a "declaration of fitness" that is made by one or more supervising physicians or verification of compliance with a state's continuing medical education (CME) requirements in order to progress to full and unrestricted licensure.[8]

The advisory commission is exploring resources available to assist state medical boards with the potential structure of a meaningful and reasonable assessment program during the period of supervised provisional licensure and anticipates proposing a set of recommendations on this matter by the end of 2025.

***Recommendation 7a*: States should require a period of temporary provisional licensure for qualified internationally trained physicians.**

***Recommendation 7b*: During their period of temporary provisional licensure, applicants should be supervised by licensed physicians within the same specialty as the applicant's intended practice.**

***Recommendation 7c*: During this period of temporary provisional licensure, applicants should undergo assessment (as authorized by statute and defined by the state medical boards) and be provided adequate support by the employer to help the**

[8] Continuing Medical Education, Board-by-Board Overview, FSMB

international physician navigate and bridge cultural and boundary differences, including understanding billing, coding and electronic health records.

States have taken a variety of approaches in specifying the duration of provisional licensure, with two or three years being the most common time periods cited in legislation. However, there have been some legislative proposals for a two-step progression, by which an IMG first becomes eligible for a restricted or limited license after at least two years of provisional licensure, but still practices in areas or specialties with the greatest medical need.

8. Eligibility for a full and unrestricted license to practice medicine.

All states that have enacted additional pathway legislation have included a provision that at the conclusion of the provisional or restricted licensure period, the qualified international physician should become eligible to apply for a full and unrestricted license to practice medicine. There is a small but meaningful linguistic divergence in the legislation, however, with wording indicating that state medical boards *may* or *shall* grant a full and unrestricted license to the IMG applicant.

State medical boards ordinarily and typically retain the authority to make licensure decisions for all licensees, even after a period of provisional licensure. Automatic transition to full and unrestricted licensure, by contrast, is neither ordinary nor typical. State medical boards may wish to consider working with their legislatures to retain the ability to exercise their due diligence and the ability to assess each applicant on their merits before determining whether they meet the state's criteria for full licensure.

States may also consider additional explicit requirements for provisional licensees before being granted eligibility for full licensure, such as passing Step 3 of the USMLE (already a requirement for all other IMGs for licensure), passing the employer's (or facility's) assessment and evaluation program, and having neither disciplinary actions nor investigations pending over the course of the provisional licensure period. Most states that have enacted pathway legislation have required a combination of these steps, and there have been some proposals to include a letter of recommendation from the applicant's supervising physician, as well.

***Recommendation 8a*: 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.**

***Recommendation 8b:* 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. **State medical boards implementing additional licensure pathways should collect and share data to evaluate their effectiveness.**

Data collection and dissemination related to additional licensure pathways is going to be critical for state medical boards, state legislators, and other stakeholders to better understand the impact of these legislative efforts. Significant questions remain about the efficacy of these additional pathways to address U.S. health care workforce shortages, in underserved areas and otherwise. Much of the legislation introduced thus far does not address what may be significant barriers to employment and the ability to practice with a full license in other jurisdictions. These questions include whether physicians entering a pathway will be eligible for specialty board certification, whether malpractice insurers will cover their practice, and whether payors will enable reimbursement for the services provided by these physicians.

***Recommendation* 9: State medical boards, assisted by partner organizations as may be necessary, should collect information that will facilitate evaluation of these additional licensure pathways to make sure they are meeting their intended purpose.**

To help answer questions about the efficacy of additional licensure pathways, state medical boards should consider collecting data that includes:

- the number of applicants
- the number of individuals receiving provisional licensure under the pathway and the number denied provisional licensure under the pathway
- the number of individuals achieving full and unrestricted licensure,
- the percentage of individuals that stay and practice in their specialty of training and in rural or underserved areas
- the number of complaints received and disciplinary actions taken (if any)
- the practice setting and specialty of individuals entering additional pathways
- the number of individuals licensed through additional licensure pathways who ultimately remain in the United States versus returning to their home countries
- the number of individuals achieving specialty board certification
- the costs to the board of operating an additional licensing pathway

Conclusion

These recommendations focus largely on additional pathway eligibility requirements and related considerations for entry into an additional licensure pathway. To ensure that international-trained physicians entering these pathways are ultimately prepared to safely practice medicine in the United States, additional licensing pathways should optimally

include assessment and supervisory elements during a period of provisional licensure, for which additional guidance is planned by the commission in the months ahead.

Advisory Commission on Additional Licensing Models
GLOSSARY

The Advisory Commission presents the following glossary to support a common interpretation among stakeholders of key terms related to additional licensing models:

"additional pathway" is a colloquial, broad term referring to states that have proposed and/or passed legislation that, while differing in details, creates a *new* pathway to full medical licensure for internationally-trained physicians, a pathway that distinguishes itself by not requiring U.S.-based or Canadian-based GME, in contrast to the typical IMG licensure pathway, but begins in the U.S. with a provisional licensure period, which may eventually be converted to a full license.

"board certification" is a voluntary process by which a physician demonstrates expertise in a specific medical specialty or subspecialty by meeting standards set by a specialty certifying board. It typically involves completing specialty-specific training and passing comprehensive exams, signaling a higher level of proficiency beyond basic medical licensure. The American Board of Medical Specialties requires successful completion of an ACGME-accredited residency training program in the United States as a prerequisite for physicians to become eligible for board certification.

"graduate medical education" (GME) refers to the period of didactic and clinical education in a medical specialty, subspecialty, or sub-subspecialty that follows completion of undergraduate medical education (i.e., medical school) and which prepares physicians for the independent practice of medicine in that specialty, subspecialty, or sub-subspecialty. Also referred to as residency or fellowship education, GME builds a physician's knowledge and skill, and teaches cultural and societal norms. GME is frequently used synonymously with PGT by state medical boards, although PGT may include a broader range of activities. In the U.S., GME is regulated by the Accreditation Council for Graduate Medical Education (ACGME). Medicare is the principal funder of GME training slots, and Medicaid also contributes, although the level varies state-by-state.

"Educational Commission for Foreign Medical Graduates" (ECFMG) refers to the division of Intealth that assesses the qualifications of international medical graduates (IMGs) who wish to pursue residency or fellowship training and eventually practice medicine in the United States.

"ECFMG certification" is a required credential among IMGs matriculating to United States or Canadian medical licensure along the traditional IMG pathway. ECFMG Certification is required for entry into ACGME-accredited US GME and for licensure in the United States. To be eligible for ECFMG certification, an IMG must 1) graduate from a medical school that meets ECFMG's requirements (schools that meet ECFMG's requirements will be listed in World Directory of Medical of Medical Schools with an ECFMG Sponsor Note) , 2) meet the

medical examination requirements, currently fulfilled by passing USMLE Steps 1 and 2 ; 3) meet the clinical skills and communication requirements (including English language proficiency), currently met by completing ECFMG's Pathways, which includes attaining a satisfactory score on the Occupational English Test (OET) Medicine. Many states that have enacted additional pathway legislation have included ECFMG certification among their requirements for provisional license applicants.

"eminence pathways" refers to pathways to licensure that exist in almost all states for ITPs with "extraordinary ability," are renowned specialists, or are recruited to be university faculty, including those pursuing academic or research activities. Such physicians typically align with the O-1 (extraordinary ability) visa issued by the U.S. State Department.

"international medical graduates" (IMGs) are graduates of a medical school outside the United States and Canada, but who may not *necessarily* be licensed to practice medicine in a foreign country. The location of the medical school, not the citizenship of the individual, is what determines whether they are IMGs. In the traditional IMG pathway, ECFMG-certified IMGs come to the United States for required GME, for a time period that varies from state-to-state, prior to full licensure eligibility.

"international medical programs" are the medical programs from which IMGs were taught. In states that have enacted additional pathway legislation, they have alternatively been defined as a medical school, residency program, or entity that provides physicians with a medical education or training that is "substantially similar" to that received in the United States or Canada; or as a medical school, residency program, or entity approved by the ECFMG.

"internationally-trained physicians" (ITPs) or "international physicians" are IMGs that must already be licensed *and* practicing in a foreign country, as contrasted with an IMG, who may not necessarily be licensed or practicing, but *possess* a medical degree from a school outside of the United States and Canada. This distinction is key in the advisory commission's guidance, although the terms (ITP and IMG) are often used interchangeably in legislation. Among the states that have enacted additional pathway legislation, some have included in their definition of ITPs requirements that the licensee must be in good standing, have a minimum amount of practice experience, and have completed a residency in their resident country, among other requirements.

"postgraduate training" (PGT), a term that is also known as postgraduate medical education (PGME) outside of the United States and Canada, is often used interchangeably with graduate medical education (GME), but may include a wider range of activities (e.g., academic or nonclinical training). In additional pathway legislation, PGT is the term most commonly used by legislators and regulators.

"practice of medicine" is the investigation, diagnosis, treatment, correction, or prevention of, or prescription for, any human disease, ailment, injury, or other condition, physical or mental, by any means or instrumentality that involves the application of principles or techniques of medical science.

"re-entry process" is a formal, structured curriculum that includes clinical experience and prepares a physician to return to clinically active practice following an extended period of clinical inactivity (the most often cited acceptable period of time in most statutes, before further assessment may be necessary, is two years). Physician Reentry Programs follow, and are informed by, a comprehensive assessment of the physician's competence in order to determine educational needs.

"state medical board" (SMB) is a regulatory body, whose members are usually appointed by the state or territory's governor, that oversees the practice of medicine within its jurisdiction. Its responsibilities include licensing physicians, creating and revising rules to implement laws enacted by the legislature, ensuring they meet educational and professional standards, investigating complaints of misconduct, and taking disciplinary actions when necessary. The board statutorily aims to protect public health and safety by ensuring that medical professionals provide competent and ethical care.

"substantially similar" is a description used by many states that have passed additional pathway legislation to describe a threshold, when compared to United States or Canadian medical education and residencies, that applicant ITPs must meet, and may refer to the medical school or PGT. "Substantially similar" education or training is generally considered a lower bar than "substantially equivalent" education or training, can be defined as comparable in content and experience, but may differ in format or method of delivery. The term implies reasonable confidence that the international program has prepared its graduates to begin professional practice at the entry level, and is comparable to a program in the United States or Canada. Proxies for determining substantial similarity include accreditation by ACGME International (ACGME-I) and/or whether the IMG has completed an ACGME-accredited fellowship training program in the United States. Many states that have enacted additional pathway legislation have explicitly tasked their medical board with defining "substantially similar" in the context of the legislation.

"supervision" means a medical board-mandated process whereby an experienced supervising physician who meets requirements set forth by the state medical board observes a physician for a defined period and provides feedback, education, and clinical support. Supervision and support for IMGs is crucial to navigate and bridge cultural and boundary differences.

"traditional IMG pathway" describes the typical pathway by which IMGs become fully licensed to practice medicine in the United States and Canada.[9] IMGs are usually required to obtain an MD degree or equivalent from an international medical program, pass USMLE Steps 1 and 2, obtain ECFMG certification, and a visa to enter or stay in the United States, if necessary. The minimum amount of accredited GME varies by state,[10] but typically, the IMG is required to complete one to three years of residency training to be eligible for full licensure.

"United States Medical Licensing Examination" (USMLE) is a three-step standardized test that assesses a physician's ability to apply knowledge, concepts, and principles necessary for safe and effective patient care. Passing all three steps is required for medical licensure in the United States.

[9] https://www.fsmb.org/SysSiteAssets/usmle-step3/pdfs/pathway-to-licensure.pdf
[10] https://www.fsmb.org/siteassets/advocacy/policies/img-gme-requirements-key-issue-chart.pdf

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Appendix 1. Visa Options for Physicians

Non-U.S. citizen international medical graduates (IMGs) seeking to engage in clinical training or provide clinical patient care in the United States have several visa options, each with specific requirements.

- **J-1 Visa**: This is the most common visa for physicians participating in clinical training programs. The J-1 visa is issued under the U.S. Department of State's BridgeUSA Program, and are sponsored by Intealth, the sole sponsor in the United States for this visa classification for physicians. While there is a two-year return home commitment for physicians holding this visa classification, there are options for waivers of this two-year requirement under specific circumstances, such as working in medically underserved areas.
- **H-1B Visa**: The H-1B visa is an employment-based visa for foreign nationals working in specialty occupations, including clinical patient care and training. It requires sponsorship from a U.S. employer, who must file a petition on behalf of the physician and pay all associated fees.
- **Other Common Visa Options**: In addition to J-1 and H-1B, there are other visa categories that allow physicians to engage in clinical training or patient care:
    - **O-1 Visa**: For individuals with extraordinary abilities, including highly qualified physicians.
    - **Employment Authorization Document (EAD)**: Available for certain individuals with dependent visa statuses (e.g., J-2, H-4) or other immigration statuses, such as those with Temporary Protected Status (TPS), DACA, or asylum, allowing them to work or engage in clinical training.

TABLE 1: Comparison of J-1 and H-1B for Physicians

	J-1	H-1B
Prerequisite Examinations	USMLE Step 1, Step 2	USMLE Step 1, Step 2, Step 3
Sponsor	Intealth (ECFMG)	Employing hospital
Cost to Hospital	$0	$3000 - $10,000+ per physician
Wage Requirements	None	Prevailing wage*
Dual Intent?**	No, with exceptions	Yes

** The "prevailing wage" is the minimum wage an employer must pay the foreign worker, based on the average wage for similar positions in the job's geographic area. Employers must confirm they will meet or exceed the prevailing wage.*

*** Dual intent refers to a provision in U.S. immigration law that allows a foreign national to enter the U.S. on a nonimmigrant visa while simultaneously seeking to become a permanent resident (green card holder).*

TABLE 2: Other Common Visa Types for Physicians

Visa	Eligibility Criteria	Duration
O-1A	Individuals with an extraordinary ability in the sciences, education, business, or athletics	3 years (1 to 3-year extensions possible)
J-2 EAD/ H-4 EAD	Spouses of J-1/H-1B visa holders	Subject to primary visa holder's status
Temporary Protected Status (TPS)	Nationals of specifically designated countries who are already within the US	Typically assigned this designation for 18 months, but may be extended
Deferred Action for Childhood Arrivals (DACA)	Individuals who were physically present in the United States on June 15, 2012 with no lawful immigration status after having entered the country as children at least five years prior	2 years (renewable)
Asylum	Individuals already in the US seeking protection because they have suffered persecution or have a well-founded fear that they will suffer persecution in the home country	No expiration and can be converted into a green card