

Testimony in Support of LD 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

Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services

Maine State Legislature

February 5, 2025

Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services:

My name is Barbara Stoddard, I am the Statewide Program Coordinator of the New Mainers Resource Center (NMRC). NMRC maintains offices in Bangor, Lewiston and Portland.

I am here to provide testimony in support of LD 105. My background is in human resources and my experience is hiring and retaining qualified people into existing job vacancies. This is the work we focus on at NMRC.

Maine, like much of the United States, is grappling with a significant shortage of healthcare providers, particularly in rural and underserved areas. The Association of American Medical Colleges reported in 2021 that 42% of the physician workforce was aged 55 or older, so in the coming years many physicians in Maine will be retiring.¹ This presents a looming crisis for the people of Maine. As the oldest state in the nation, we have a large and growing need for professional health care services but it is not clear that there will be enough supply of physicians to meet demand.

LD 105 is a critical step toward addressing Maine's serious healthcare labor shortage. NMRC supports LD 105 and we believe it could be strengthened with a few modifications that would reduce the cost to Maine taxpayers and expedite the timeline to increase the number of fully licensed Internationally Trained Physicians (ITPs).

NMRC works with many ITPs who have graduated from accredited universities, completed medical residencies and practiced medicine outside the U.S. NMRC currently has 28 participants who are ITPs, roughly half of whom are in the ECFMG, USMLE, or residency process. One of these ITPs, who is preparing for USMLE 2, completed a 2-yr residency in neurology in Russia after which she worked at the regional Children's Hospital. She rose to Head of the Department of Neurology in 2021. Her research has appeared in more than six publications and she has over ten years of experience as a pediatric neurologist specialising in treating children with spinal muscular atrophy. Despite her extensive work as an accomplished neurologist, our current law precludes this medical professional from practicing medicine unless she is able to secure a residency match. This ITP along with many others who live in Maine are a ready and willing workforce that can help meet the needs of Mainers who have limited or no access to healthcare. And yet these physicians struggle to overcome systemic barriers to licensing.

Barriers for Internationally Trained Physicians

One of the most significant hurdles ITPs face is access to U.S. medical residency programs. Despite meeting rigorous educational and clinical training standards in their home countries, ITPs encounter steep challenges in securing one of the required, but limited residency slots in the U.S. Less than 60% of ITPs successfully match into U.S. residency programs, compared to 93% of U.S. medical graduates.² The situation is even more difficult for those already residing in the U.S. but lacking recent clinical experience due to licensing restrictions.

Comparing Alternative Pathways in Other States

Maine is not alone in addressing these challenges. As of January 2025, nine states have established additional pathways enabling qualifying ITPs to obtain full medical licensure without the requirement of completing a medical residency/accredited North American postgraduate training, recognizing their value in filling workforce gaps.³ Another 16 states, in addition to Maine, have pending or previously proposed ITP pathway legislation.

Maine's Proposed Sponsorship Program

LD 105, as currently written, does not require clinical supervision. We support a program where ITPs are assessed on non-clinical skills and standards. Requiring clinical supervision is redundant for ITPs who have met the qualifying criteria for the proposed pathway program.

Massachusetts enacted the Physician Pathway Act in November of 2024.⁴ This program requires ITPs to practice for at least 3 years in an underserved community. In year one, the ITP works under a limited license and participates in a non-clinical mentorship program, followed by two years of practice in an underserved community under a restricted license. Upon completion, they receive a full, unrestricted medical license. Unlike Maine's approach, Massachusetts' program recognizes the rigor of the education and prior work experience of ITPs based on internationally-agreed upon standards and does not require additional clinical or formal supervision and evaluation before independent practice.

Maine's proposed program requires at least 2 years, and potentially up to 6 years, under a temporary educational license that mirrors a traditional medical residency program with formal supervision and evaluation, prior to practicing for an additional 2 years under a limited license at a designated healthcare facility in a physician shortage area, prior to receiving unrestricted licensure. While this ensures additional oversight, it also increases the program costs and extends the time required for ITPs to achieve independent practice.

While we are supportive of LD 105, we also think it would be stronger and more competitive with Massachusetts if you would consider two changes:

1. Eliminate the formal supervision and evaluation component embedded in the proposed legislation that resembles a clinical medical residency program; and
2. Shorten the time period required for the temporary educational license.

Given the streamlined three-year, non-clinical pathway offered by Massachusetts, Maine risks losing ITPs to a neighboring state where the process is more direct, expedited and less costly. To keep Maine competitive and retain ITPs, we respectfully ask you to consider our suggested modifications, ensuring the program is as attractive as possible for ITPs already living here.

Conclusion

By implementing LD 105 with our suggested modifications, Maine would:

1. **Expand the physician workforce** more quickly and at a lower cost, to meet the needs of underserved communities.
2. **Enhance healthcare access and equity**, particularly in rural areas facing severe provider shortages.
3. **Reduce underemployment of ITPs**, allowing them to contribute meaningfully to the healthcare system.
4. **Retain highly skilled professionals** who are already living in Maine and eager to serve, rather than risk their relocation to states with shorter and more direct licensure pathways. Additionally, these individuals will also continue to grow the workforce and become the next generation of mentors and teachers to future healthcare professionals.

I urge this committee to vote "Ought to Pass" on LD 105 while also considering ways to refine and streamline its implementation for maximum impact.

Thank you for your time and consideration. I am happy to answer any questions and provide further information.

Respectfully submitted,
Barbara Stoddard

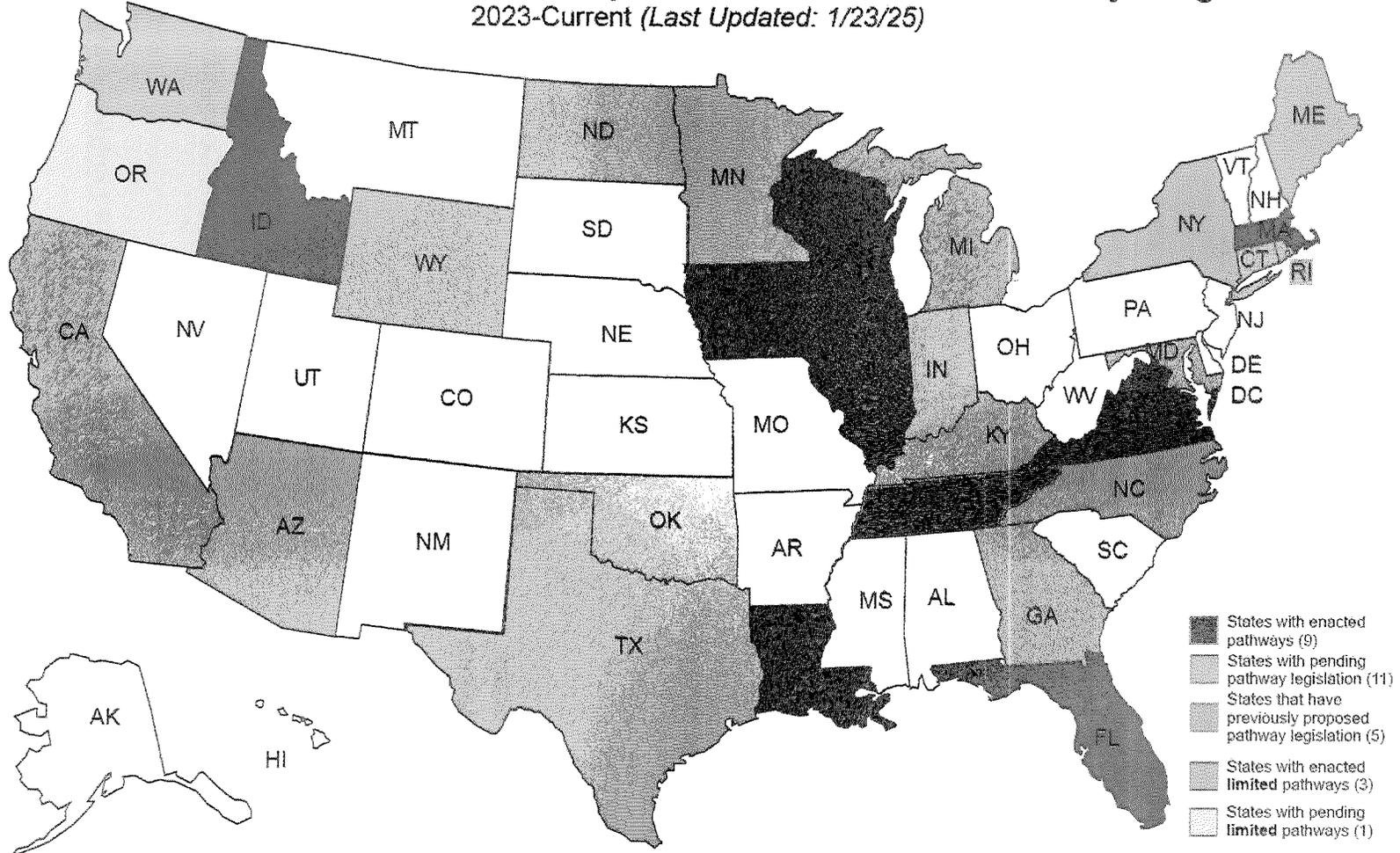
Statewide Senior Program Coordinator
New Mainers Resource Center (NMRC)
stoddb@portlandschools.org
Office: (207) 842-4602

Work Cited:

1. Data from the AAMC *The Complexities of Physician Supply and Demand: Projections From 2021 to 2036*, Summary Report (March 2024)
2. ECFMG
3. The Federation of State Medical Boards States with enacted ITP Legislation Map (attached)
4. Massachusetts Physician Pathway Act Explainer Powerpoint (excerpt attached)

States with Enacted and Proposed Additional Pathway Legislation

2023-Current (Last Updated: 1/23/25)



For more detailed information about all pathway legislation, please see FSMB's **"States with Enacted and Proposed Additional Licensure Pathways"**

To see the status of legislation, please see the FSMB's **"Additional Licensure Pathways Legislative Summary"**

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The Massachusetts Physician Pathway Act

An Act improving healthcare delivery for underserved
residents of the Commonwealth

Signed into Law November 20, 2024

Summary of the New Law

The Physician Pathway Act will mobilize the expertise of experienced internationally-trained physicians to address physician shortages in Massachusetts by creating a pathway to full licensure in exchange for at least 3 years of medical practice in an underserved community.

The Pathway - 3 steps to full licensure

The pathway will allow eligible internationally trained physicians (ITPs) to be issued a renewable **1-year limited license** to practice medicine under **the mentorship** of a participating health center or hospital.

Upon successful completion, the ITP will be eligible for a renewable **2-year restricted license** to practice in a shortage area or specialty.

The ITP will then be eligible to apply for a **full unrestricted license** to practice medicine anywhere in the state.

The 1-year limited license and the 2-year restricted license are each renewable once.

Mentorship Program: An alternative to residency

The PPA defines ITPs as physicians previously licensed or otherwise authorized to practice abroad, with a year or more of independent practice experience abroad.

The requirement to complete a U.S.-based medical residency (GME) for physician licensure is the most significant barrier to practice faced by ITPs, who must compete with recent medical school graduates for a residency match. **The PPA removes this requirement.**

The PPA pathway substitutes a 1-year assessment and evaluation program at a participating health care facility, where the ITP would practice under the limited license.

The participating facility will develop and evaluate the ITP's familiarity with non-clinical skills and standards appropriate for medical practice in Massachusetts.

Participating health care facility: a federally-qualified health center, community health center, hospital, or other healthcare facility approved by the Board.