Commission Regarding Foreign-trained Physicians Living in Maine
Wednesday, November 1st – 10 AM
Room 202 (Labor and Housing Committee Room)
Cross State Office Building, Augusta, ME

Agenda: Meeting #2

10:00	**Other States' Pathways to Practice for Foreign-trained Physicians** • Mike Zimmer, Senior Policy Advisor, World Education Services (WES)
10:30	**How the University of New England (UNE) Supports Foreign-trained Health Care Professionals** • Dr. Jane Carreiro, Dean of the UNE College of Osteopathic Medicine
11:00	**Special Commission on Foreign-trained Physicians in Massachusetts** • Amy Grunder, Director of State Government Affairs, Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA); and • Dr. Robert Marlin, Associate Chief Medical Officer, Lowell Community Health Center
11:30	**Perspective of a Foreign-trained Physician Living in Maine** • Commission member David Ngandu
11:45	**Assistant Physician Model in Missouri** • TBD
12:00	**Lunch**
12:30	**Integrating Immigrants into Maine's Workforce** • Kim Moore, Director, Bureau of Employment, Maine Department of Labor
1:00	**Responses to Information Requests and Next Steps** • OPLA staff
2:00	**Adjourn**

Upcoming meetings:
Meeting #3: Tuesday, November 14 at 10 AM in Room 220 of the Cross State Office Building
Meeting #4: Tuesday, December 5 at 10 AM in Room 220 of the Cross State Office Building

MAINE REMARKS
Commission Regarding Foreign-Trained Physicians Living in Maine

Chair _____ and members of the Commission:

Thank you affording WES the opportunity to appear before the Commission on the important challenge of integrating internationally trained physicians into the Maine healthcare workforce.

By way of introduction, I work for World Education Services – a non-profit social enterprise dedicated to helping international students, immigrants, and refugees achieve their educational and career goals in the US and Canada. For more than 45 years, WES has set the standard of excellence in the field of international academic credential evaluation WES Global Talent Bridge advocates integrating skilled immigrants into the workforce through state specific strategies and through its philanthropic arm, the WES Mariam Assefa Fund, supports efforts to dismantle barriers that impeded economic advancement of immigrants and refugees.

INTRO

Driven largely by provider shortages and physician aging forecasts, a growing number of states are examining proposals to create pathways to allow IMGs to practice and meet the needs of underserved populations while safeguarding patient safety and care quality.

A cautionary note on definitions – there are really two distinct buckets of IMGs – and the reform proposals I will reference speak to one or both of these buckets.

PREVIOUSLY LICENSED IMGs

The first state to adopt a pathway for IMGs was Washington through HB 1129 – signed into law in May of 2021. The bill created a renewable limited license to those with an offer of employment from defined entities to operate under the supervision of a fully licensed physician. To date, 50 IMGs have secured license in Washington under this law.

This legislation has been the basis for the "sponsorship model" that has been enacted or is pending in multiple states.

A similar provision in NY law authorizes a limited permit for two years (currently renewable once). Efforts are underway to remove the time limit through SB 7002.

The following year, Colorado took a different approach with the passage of HB 22-1050 which allowed IMGs to access the existing Colorado Physician Reentry license.
IMG legislation was in 15 states in 2023 – building on the earlier success in Washington and Colorado. Note: all of these bills generally follow the "sponsorship model" highlighted in Washington.

These include:

Oregon, Utah, Arizona, Nevada, Massachusetts, Tennessee, Idaho, Florida, Iowa, Missouri, Texas, Illinois, Alabama, New York and North Carolina.

The bills differ – and many include state specific reforms reflecting the statutory and regulatory framework in those states.

Enacted in 2023:

Tennessee (SB 1451): Signed into law by the Governor on 4/24/23

Sponsorship based provisional license leading to full licensure after two years. Applicants must have offers of employment from a health care provider that operates in the state and has a post-graduate training program in place

and accredited by the Accreditation Council for Post-graduate Medical Education. Full, unrestricted license shall be granted after 2 years.

Effective date: July 2024

https://legiscan.com/TN/text/SB1451/id/2799969/Tennessee-2023-SB1451-Chaptered.pdf

Idaho (SB 1094): Signed into law by the Governor on 3/27/23

A relatively narrow bill. Allows the medical board by rule to permit temporary registration of IMGs who are "forcibly displaced persons". Five-year lookback with three-year practice requirement. Mandates service in physician shortage area.

Effective date: July 2023

https://legiscan.com/ID/text/S1094/id/2695995/Idaho-2023-S1094-Introduced.pdf

Illinois (SB 1298)

Part of a larger, omnibus health care bill, at page 351, the legislature permits an IMG to apply to the department for a limited license pursuant to rules adopted by the department. The legislature requires the department to adopt rules requiring the issuance of a full, unrestricted license after the completion of a supervision period and other qualifications as established by the department.

New Language:
Sec 15.15. After January 1, 2025, an international medical graduate physician may apply to the department for a limited license. The department shall adopt rules establishing qualifications and application fees for the limited licensure of international medical graduate physicians and may adopt other rules as may be necessary for the implementation of this Section. The department shall adopt rules that provide for a pathway to full licensure of limited license holders after the licensee completes a supervision period and satisfies other requirements established by the department.

Effective date: January 2025

https://legiscan.com/IL/text/SB1298/id/2828379/Illinois-2023-SB1298-Chaptered.html

Also note, Washington, through Senate Bill 5394 successfully enacted legislation removing problematic legislation that made it difficult for IMGs to secure malpractice coverage (state-specific language).

Notable Legislation:

Oregon (SB 849). Three major components: (1) license guides and cultural competence, (2) limited license to practice with unlimited renewals, (3) workforce reentry grant program.

https://legiscan.com/OR/text/SB849/id/2750991/Oregon-2023-SB849-Engrossed.pdf

Massachusetts (H 2224). Legislation implementing the study commission recommendations. Creates a limited license for IMGs with a two-step process – sponsorship model for one-year renewable once, followed by a two-year restricted license followed by full licensure eligibility (at 2 or 4 year point).

https://legiscan.com/MA/text/H2224/id/2746704/Massachusetts-2023-H2224-Introduced.pdf

Maine (LD 937) Establishes the Commission Regarding Foreign Trained Physicians Living in Maine. Quick turn-around on report (12/6/23)

https://legiscan.com/ME/text/LD937/id/2722833/Maine-2023-LD937-Introduced.pdf

Legislation Introduced in 2023 that did not receive action prior to adjournment:

Utah, Arizona (3-year conversion/expansive sponsorship), Florida, Iowa, Missouri, and Texas all contain a sponsorship model.

Utah, Arizona, Nevada, Florida, Missouri and Texas all contain conversion to permanent licensure.

Many contain a pre-approved country list.

Several contain requirement of practice in an underserved area.

Many contain requirements for years of prior service and look-back provisions (although these vary widely).

Some limit to care area – usually to primary care.

DECISION POINTS

1) *What Pathway will be Used?*

   It is sometimes best for ease of reimbursement as well as practice familiarity and database synergy for an existing license category be utilized when adopting a new pathway – rather than creating a whole new construct. This could be through a Re-entry License (Colorado), Limited License (Washington and Massachusetts proposal), Provisional Licensure (Arizona proposed).

2) *Who Will be Eligible?*

   a) Prior Licensure: Although all reform states envision prior licensure, the Massachusetts proposal has the most concrete language – requiring applicants to have been "licensed or otherwise authorized to practice outside of the United States, the Commonwealth of Puerto Rico, or Canada for at least one year" and has received a doctor of medicine or its equivalent.
   b) State Residency: Washington requires state residency of at least one year prior to application.
   c) USMLE: Massachusetts requires a passing score on Steps 1 and 2 CK of the USMLE. While Colorado's Reentry License provision is silent on this issue, participation om its Clinical Readiness Program requires a passing score on Steps 1 and 2.
   d) ECFMG: Massachusetts requires ECFMG certification although it is waivable at the board's discretion if the applicant is unable to obtain documentation from a non-cooperating country. Washington has no such requirement and the Arizona proposal is silent.
   e) Medical Education and Experience Assessment: While no state other than Massachusetts has addressed this directly, discussion to date in Illinois has included concerns with the state's understandable lack of familiarity with some international education and licensing programs. Who can fill that void? Massachusetts, so far, has elected to use a waivable ECFMG certification. Because of ECFMG's increasingly limited number of schools and programs eligible for certification, should another list be used? The more expansive World Health Organization list? ECFMG plus Board discretion on other certifying programs?
   f) License Aging: Massachusetts has no limit on the age of the prior license (look back). Washington has no look-back. This is a concept that has been used with teacher licensing in Virginia. If we look at this through the lens of current physician reentry programs (where doctors who took a break – typically over 2.9 years are required to enroll), there is no survey data on the permissible length of a break – although anecdotal reports indicate some have reentered after a more than 10-year break.

3) *What Will be the Entry Point?*

   As part of the application process, will the hiring entity play a role? In Colorado, that requirement is NOT in statute but could be in implementing regulations. In Washington, the request for licensure must initially come through the department of social and health services, the secretary of children, youth and families, the secretary of corrections, or from the chief medical officer or any hospital, appropriate medical practice with 4 or more physicians. In the Massachusetts proposal, the applicant is required to have full-time employment with a sponsoring facility (FQHC, hospital, community health center, or other facility approved by the board). In the Arizona legislation, there is no requirement other than the applicant work for a state health care provider.

If the hiring entity definition includes physician groups, should a limit (like Washington's) be set on the minimum size of that group. Bear in mind that too large a size requirement would defeat placement in rural areas.

Based on the limited examples thus far, a best practice is developing that would utilize the hiring entity (however defined) as a screening and entry point.

4) *How Long is the Supervision Period?*

Again, this has not yet been defined in Colorado. In Washington, the license granted is for two years – renewable once – with no provision for transference to full licensure. In the Massachusetts proposal, there is no specific period defined although the license itself would be for one year (renewable) – eligibility for full licensure is subject to the assessment or the hiring entity. Upon completion, the pathway license is converted to a restricted license subject to passing USMLE part 3 and the service commitment.

In Arizona, the provisional license automatically converts to full licensure after one year.

The Canadian Practice Ready Assessment Model upon which this concept is based has a very short assessment period – as little as 12 weeks. On the other side of the spectrum, because these candidates have already been licensed an completed an international residency, supervision should certainly be less than that for new residents.

5) *Should There be a Service Requirement?*

Concept development in most states includes a discussion of whether the successful candidate (post-full licensure) would be required to commit to service in a rural or underserved area. While this was discussed in Colorado, it was not included in the final bill. There is no such requirement in Washington – as there is no permanent license afforded at the end of the provisional period. There was no such requirement in the Arizona proposal. In Massachusetts, the proposal calls for the applicant to commit to two years of practice as a primary care physician, psychiatrist or other medical specialist in insufficient supply as determined by the Board. The proposal also requires the applicant's two-year service period to be in the same geographic area that they served as a pathway physician or in another medically underserved area as determined by the Board.

6) *Will Practice Areas be Limited?*

Provinces participating in the Canadian Physician Assessment Model typically focus on a limited number of practice areas – primary care, psychiatry, podiatry, or OBGYN depending on the province's shortage areas. The Massachusetts proposal starts with primary care and dentists. To ease the supervision protocols, should Illinois follow this pattern and restrict the pathway to specific practice areas?

RESIDENCY ACCESS BUCKET

<u>IMGs Without Prior Licensure</u>

Minnesota has an established program for IMGs needing a state residency that includes an IMG residency component, a Clinical Readiness program, and a state funded residency. Colorado has adopted this program – which is now in the implementation phase. The Massachusetts proposal includes adoption of all three components of the Minnesota Model.

<u>Residency Requirement for Licensure</u>

Assume that the same minimum number of years of post-graduate training in an ACGMS or Canadian accredited program for US medical graduates and IMGs to be eligible for full licensure.

<u>Alabama</u> (SB 155).

An example of a limited, state-specific bill. SB 155 is an example of a residency equity bill that reduces the length of time an internationally educated resident must wait for licensure.

SB 155 also made IMGs eligible for bridge licensing

Effective date: Three months following Enrollment (awaiting Governor's signature)

https://legiscan.com/AL/text/SB155/id/2806329/Alabama-2023-SB155-Enrolled.pdf

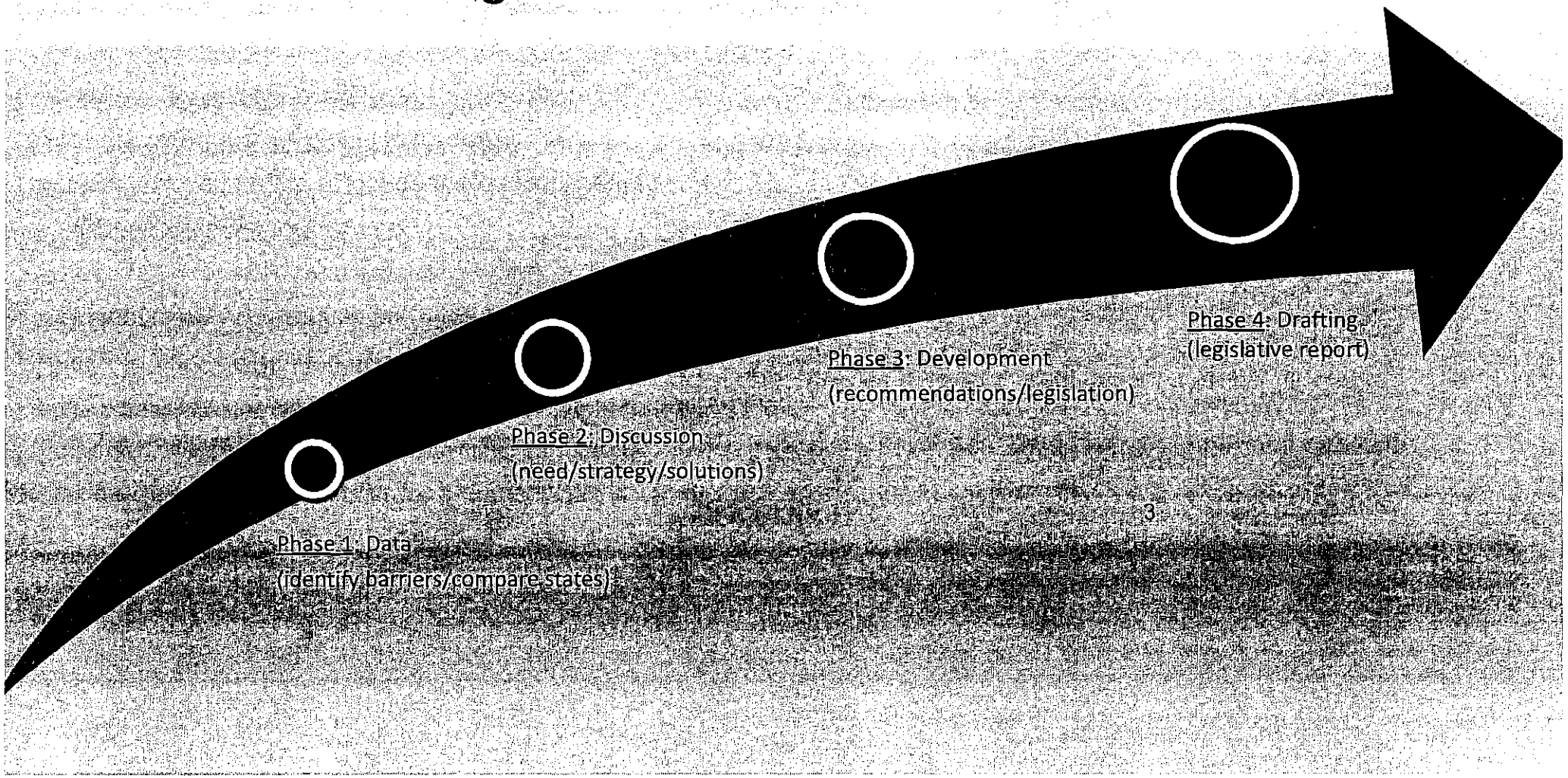
The Massachusetts Special Commission on Foreign Trained Medical Professionals

September 2021 - May 2022

History and Scope

- Enacted in 2019 as an outside section in FY20 state budget.
- Met from September 2021 to May 2022
- Commission charge: study, recommendations & report to the legislature
-
- Final Report and Recommendations issued July 1, 2022

Commission Charge



History and Scope

Appointees

Secretary of Health and Human Services (appointee: James Lavery, Director, Bureau of Health Professions Licensure)

Massachusetts House and Senate - designees from both parties

Chairs of Joint Committee on Public Health

Governor's advisory council for refugees and immigrants

Boards of registration on medicine, nursing, physician assistants, and allied health professionals

Massachusetts Medical Society

Massachusetts League of Community Health Centers

Conference of Boston Teaching Hospitals

University of Massachusetts Medical School

Boston Welcome Back Center at Bunker Hill Community College

Massachusetts Immigrant and Refugee Advocacy Coalition (3 appointees)

Process & Presentations

1. Statutory barriers to practice for internationally trained medical professionals
2. Data on supply and demand of health professionals in rural and underserved Massachusetts communities (primary care physicians, nurses, and dentists)
3. Underemployment and unemployment rates of internationally trained health professionals
4. Barriers to practice, including credentialing difficulties, English proficiency, coursework and application costs, opaque requirements, lack of career navigation services, and licensing barriers
5. Approaches of other states
6. Proposed remedies and strategies
7. Development of short, medium, and long-term recommendations
8. Vote to approve recommendations
9. Issuance of final report and recommendations

Process & Presentations

1. Identification of statutory and regulatory barriers to practice - James Lavery, Commission Chair
2. Data presentation on health professional shortages in rural and underserved Massachusetts communities; and underemployment and unemployment rates of internationally trained health professionals
   - Jeff Gross, World Education Services
3. Barriers to practice faced by internationally trained health professionals - José Ramón Fernández-Peña, MD, MPA, ED Welcome Back Initiative
4. Approaches of other states - Mike Zimmer, World Education Services
5. Proposed remedies and strategies - Commission discussion
6. Develop short, medium, and long-term recommendations - Commission development
7. Vote to approve recommendations
8. Issuance of final report and recommendations

Creation of Physician Pathway Framework

The Commission:

- identified U.S. residency requirement as key statutory and regulatory barrier to full licensure for internationally trained physicians
- determined that internationally trained physicians (ITPs) who arrive in US with practice experience are a distinct subset of IMGs disproportionately impacted by the U.S. residency requirement; and further, that the residency requirement is redundant for this group
- determined that the physician shortage is especially great in underserved communities, especially in primary care
- created a framework for legislation that would marry the needs of ITPs and underserved communities by creating a pathway to full licensure that would substitute a non-clinical mentorship program for residency, in exchange for 2-6 years of practice in underserved communities

Physician Pathway Act (PPA)

S.1402 (Sen. Jason Lewis) and H.2224 (Reps Jack Lewis & Mindy Domb)

An Act Improving Healthcare Delivery for Underserved Residents of the Commonwealth

FAQ

CONTENTS:

1. Basic bill description:

The legislation would create a pathway to full licensure for qualified internationally-trained physicians in exchange for at least 3 years of medical practice in an underserved region and/or with an underserved population, in order to improve health care delivery in Massachusetts. The bill's framework was recommended by the Massachusetts Special Commission on Foreign-Trained Medical Professionals in its report issued July 1, 2022.

2. Summary of pathway:

The bill would allow qualified internationally-trained physicians (ITPs) who have been licensed or authorized to practice medicine outside of the United States to be issued a renewable one-year limited license to practice medicine under the mentorship of a participating federally-qualified health center (FQHC), community health center (CHC) or hospital. After successful completion of the mentorship program, the ITP would be eligible for a renewable 2-year restricted license to practice in a shortage area and shortage specialty designated by the Board of Registration in Medicine (BORIM) and the Massachusetts Health Care Workforce Center (within DPH), before becoming eligible for full, unrestricted licensure. Each license can be renewed once. Therefore, it would take 3 to 6 years for a participating ITP to become eligible for full licensure.

3. Which internationally-trained physicians?

The bill defines (and applies only to) **Internationally-Trained Physicians (ITPs)** as experienced physicians who obtained their medical degrees outside the U.S., were previously licensed or authorized to practice outside of the U.S., and have practiced medicine independently for at least one year. These physicians are often refugees or immigrants who arrive in the U.S. well into their careers, without institutional connections or financial resources.

ITPs as defined here are distinct from another group of internationally-trained physicians commonly referred to as **International Medical Graduates (IMGs)**, who also obtained their medical degree outside the U.S. but have never been licensed or authorized to practice medicine and have never practiced medicine independently. IMGs often come to the U.S. to participate in graduate medical education (GME) programs (residencies) or other specialized training, typically on a J-1 visa obtained with the blessing of their country of residence (literally, a statement of need from its ministry of health).

The popular media and specialized press do not distinguish between these two groups, often referring to both groups simply as IMGs.

While both groups are technically IMGs insofar both refer to graduates of medical schools abroad, ITPs comprise the subset who are experienced physicians who have practiced medicine independently, often for many years.

4. Why can't many ITPs practice in Massachusetts?

The current system to obtain licensure in Massachusetts (as in most other states) is open to IMGs only after they have completed a U.S. residency in the U.S. To be eligible for full licensure, an ITP who graduated from a medical school outside the U.S. (or Puerto Rico or Canada) is required to repeat their postgraduate clinical training by completing a residency in the U.S. Other barriers exist, such as financial barriers, but the need to complete a U.S. residency is the often insurmountable requirement that this bill would address.

Residencies are hosted by teaching hospitals and provide postgraduate medical education (clinical training), typically for more recent medical graduates. They are not appropriate or necessary for experienced physicians.

5. Why is the residency requirement a barrier?

Residency program slots are limited. They are funded almost entirely by the federal Centers for Medicare and Medicaid Services (CMS), which "cap" the number of funded residency slots for each teaching hospital. (The current national cap on funded residency slots is 40,337.)

The limited number of residency slots requires ITPs to compete with recent medical school graduates for slots, including U.S. graduates and IMGs participating in an exchange visitor program on a J-1 "exchange visitor" visa. Residency programs favor recent graduates. One ITP in Massachusetts was rejected by over 200 residency programs before giving up and retraining as a nurse instead. Many ITPs spend years and significant amounts of money to prepare for and take the U.S. medical licensure exams (there is a series of 3), only to find out that there are no residency slots available for them, and, therefore, no path to licensure.

(*Their visas are sponsored by the Educational Commission on Foreign Medical Graduates (ECFMG), a private, non-profit organization, under the authority of the U.S. State Department.)

6. What is the impact of these barriers on ITPs?

State statistics do not exist for this community, but according to national data nearly 37% of foreign-born medical school graduates are either underemployed or working in jobs outside their field of training, which is almost certainly due to their inability to obtain licensure. The African Bridge Network, which, among other activities, places ITPs in non-physician employment (mostly research) in the healthcare field, reports that many of these physicians are leaving MA in search of opportunities elsewhere. Passage of this bill would both retain these physicians and attract ITPs residing in other states to Massachusetts.

7. The limited license mentorship program proposed by the PPA

This mentorship program, to be co-developed by participating healthcare facilities and BORIM, will familiarize these physicians with non-clinical aspects of the U.S. and Massachusetts practice environments under a 1-year limited license* issued by BORIM for that purpose. (BORIM is the Board of Registration in Medicine, which oversees medical licensure in Massachusetts.) The bill requires the mentorship program to be approved by BORIM.

After successful assessment and evaluation by the participating facility based upon the criteria approved by BORIM, the participant would be eligible to apply for a restricted license to practice independently, but only in a shortage area and specialty designated by BORIM with the assistance of the Massachusetts Healthcare Workforce Center.

*The bill uses (adds to) the existing limited license statute (in Massachusetts statute). Currently a limited license is issued to medical school graduates enrolled in a supervised postgraduate training program in a Massachusetts health care facility. This limited license would enable an ITP to practice independently at a participating healthcare facility only, and is renewable once.

8. What is "a participating healthcare facility"?

Defined by the bill as a federally-qualified health center, a community health center, or other healthcare facility approved by BORIM that provides medical care in a physician shortage area designated by BORIM. This would not include a teaching hospital that hosts a residency program. The bill requires that DPH (the Massachusetts healthcare workforce center or its equivalent) assist the board in determining the regions or populations comprising a Massachusetts physician shortage area.

9. How does the PPA ensure the highest standards of patient care?

The bill requires ITPs to fulfill all examination and credentialing requirements currently mandated for full licensure in Massachusetts, except for the residency requirement.

To be eligible for the limited license mentorship program, an ITP must have fulfilled all the requirements that IMGs must fulfill to enter a residency program.

The bill gives the Massachusetts Board of Registry in Medicine (BORIM) the authority to monitor at every stage, beginning with development and/or approval of the mentorship program, and the authority to require additional criteria or prerequisites for licensure; provided that these do not include a requirement to undergo redundant postgraduate clinical training.

10. What kind of support exists for the PPA?

The PPA framework was developed and recommended by the Massachusetts Special Commission on Foreign Trained Medical Professionals in its final report issued July 1, 2022. Chaired by EOHHS, the Commission's appointees included designees of the Governor and state legislature, representatives of the Boards of Registration of major health professions, including the Board of Registration in Medicine, Dentistry, and Nursing, the Massachusetts Medical Society, the Massachusetts Health and Hospital Association, the Conference of Boston Teaching Hospitals, UMass Chan Medical School, the Massachusetts League of Community Health Centers, the Massachusetts Immigrant and Refugee Advocacy Coalition, and many others.

11. What are other states doing in this area?

Beginning in about 2014, U.S. states began developing pathways to practice for internationally-trained physicians in order to increase healthcare access in rural or under-resourced communities. These pathways vary widely in scope and approach.

Narrow approaches include the creation of state-funded residencies and/or residency preparation and career readiness programs (Minnesota, California, Washington), residency "waivers" for exceptional IMGs (Washington).

Broader state approaches create supervised alternatives to the U.S. residency requirement for IMGs, providing eventual access to full licensure through academic licensure (Arkansas, Virginia), or restricted physician licensure, which may only be converted to full licensure for "exceptional" candidates (West Virginia), or limited licenses that do not lead to independent licensure at all (Washington, Idaho). In August 2023, Illinois enacted legislation creating IMG access to a full license after two years of supervised practice, as well as an ombudsman office to help applicants navigate the system.

The most ambitious approaches permit issuance of a provisional-type license to IMGs who have already completed postgraduate clinical training or its equivalent outside of the United States, and enable the physician to be employed by a sponsoring healthcare facility. **In May 2023, Tennessee was the first state to enact legislation using this framework (effective July 2024).**

The Massachusetts Physician Pathway Act is similar to the Tennessee law, with some significant differences. For example:

- Both frameworks are designed for experienced internationally-trained physicians who have completed their postgraduate clinical training or its equivalent outside the U.S. However,
    - For eligibility, Tennessee requires either completion of a 3-year postgraduate training program in the physician's licensing country OR three years of medical practice within the last five years, without additional training, whereas
    - The PPA requires one year or more of prior practice as a physician, with no time limitation, given that many ITPS have resided here for years working in alternative healthcare employment. Instead, it provides a 1-year mentorship program to familiarize ITPs with the Massachusetts practice environment.
- Both frameworks also require sponsorship and employment by a healthcare facility. Tennessee requires a two-year sponsorship, whereas the PPA would require a one-year sponsorship in a facility that provides medical care to underserved populations of the state, as well as at least two years of additional service in shortage areas and specialities designated by the Massachusetts Board of Registration in Medicine.

In 2023, state legislation creating additional pathways to practice for international medical graduates (IMGs) was introduced in 16 states. Of these, four have been enacted into law: in Tennessee, Idaho, Illinois, and Alabama. Legislation is still pending in Massachusetts and New York. An additional seven states considered legislation to create a pathway to full licensure: Utah, Arizona, Nevada, Florida, Missouri, Oregon, and Texas.

STEPS TO FULL LICENSURE
Comparison of current law with Physician Pathway Act

Traditional Pathway (under Massachusetts law & regs)	**Internationally-Trained Physician Pathway** (S.1402 / H.2224)	**Explanatory Notes**
Graduation from an accredited medical school	Graduation from a legally-chartered medical school outside the U.S. recognized by the W.H.O	
	Completion of postgraduate clinical training (GME training or equivalent) outside the U.S.	
	Licensed or otherwise authorized to practice medicine outside the U.S., together with at least 1 year of medical practice outside the U.S.	
Passing score on Step 1 and Step 2-CK of USMLE	Passing score on Step 1 and Step 2-CK of USMLE, plus any other criteria that BORIM may require	
	Valid certificate from the ECFMG or other credentialing service approved by BORIM	ECFMG certification is issued by the Educational Commission for Foreign Medical Graduates to assess ITP readiness for supervised practice in the U.S. Certification "is a rigorous process, evaluating medical knowledge using the same examinations taken by U.S. medical school graduates. IMGs also must demonstrate appropriate clinical and communication skills. Additionally, ECFMG verifies the authenticity of their medical education credentials directly with their medical schools." Source: ECFMG Fact Sheet.

Enrollment in, and successful completion of, a GME training program under a limited license entitling the physician to provide supervised patient care.	Fulfillment of above criteria entitles the ITP to apply for a 1-year limited license to practice independently at a participating FQHC, CHC or health care facility or hospital approved by BORIM, conditioned upon acceptance by such facility into a mentorship program which will develop, evaluate and assess the ITP's non-clinical skills, and familiarize the ITP with standards and procedures appropriate for medical practice in MA. Evaluation and assessment criteria may be developed either by the facility or by BORIM, but must be approved by BORIM.	• Note that the ITP has already completed GME training or its equivalent outside the U.S., and has in addition practiced medicine independently outside the U.S. for at least 1 year. • This limited license is therefore different from the limited license currently issued to physicians enrolled in a GME program, entitling the holder to practice independently in the participating facility only. • Acceptance into the mentorship program is conditioned upon entry into a full-time employment relationship with the participating facility, and together with the preceding criteria, entitles the applicant to be issued a 1-year limited license. The limited license may be renewed once.
Passing score on Step 3 of USMLE, plus fulfillment of other criteria required by BORIM	Passing score on Step 3 of USMLE, plus fulfillment of any other criteria that BORIM may require	• Such additional criteria may not include a requirement to repeat postgraduate clinical training
	Fulfillment of above criteria entitles the ITP to apply for a 2-year restricted license to practice independently only in a Massachusetts physician shortage area and shortage specialty designated by BORIM	• The restriction applies to geographic region, medical specialty, or both, with the goal of improving health care delivery to underserved populations in Mass. The restricted license may be renewed once.
Fulfillment of above criteria makes the physician eligible for full licensure.	Fulfillment of above criteria makes the physician eligible for full licensure.	

MIRA Massachusetts Immigrant & Refugee Advocacy Coalition

Support the Physician Pathway Act

An Act Improving Healthcare Delivery for Underserved Residents of the Commonwealth

SD.1823 (Sen. Jason Lewis) and HD.3112 (Reps. Jack Lewis & Mindy Domb)

The Physician Pathway Act would address acute physician shortages in rural and underserved communities by mobilizing the expertise of experienced internationally-trained physicians (ITPs). This legislation would create a streamlined pathway to full licensure for qualified ITPs in exchange for at least three years of medical practice in a healthcare facility serving state residents with the greatest need, as recommended by the Massachusetts Special Commission on Foreign-Trained Medical Professionals in its 2022 report.

Internationally-trained physicians testify before the Joint Committee on Public Health in October 2017

According to the Report:

Rural and low-income residents face critical shortages in primary care physicians, especially in western and southeastern Massachusetts.

Though Massachusetts has the highest physician-to-patient ratio in the country, nearly 40% of our physicians practice in Suffolk county, which holds just 11.4% of our population. Just 20% of our physicians provide primary care, and only 6% practice in community health centers.

Internationally-trained physicians are an untapped healthcare resource. Our state's complex and costly licensing requirements require established physicians, often with years of experience, to repeat their postgraduate clinical training, competing with recent medical school graduates for a finite number of slots. As a result, a significant number of our Commonwealth's ITPs are unable to practice their profession, especially those who arrive through non-traditional avenues. Often refugees or other immigrants fleeing persecution or political turmoil, these physicians are both qualified and motivated to work with underserved state residents, giving back to the communities that welcomed them.

THE SOLUTION: The Physician Pathway Act would:

✔ Allow qualified ITPs to be issued a renewable 1-year limited license to practice medicine under the mentorship of a participating federally-qualified or other community health center or hospital, followed by a renewable 2-year restricted license to practice in a shortage area or specialty designated by the Board of Registration in Medicine, before being eligible for full licensure.

✔ Require ITPs to fulfill all examination and credentialing requirements currently mandated for full licensure in Massachusetts, ensuring the highest standards of patient care.

✔ Increase the supply of qualified physicians in underserved regions of Massachusetts.

✔ Establish Massachusetts as a national leader in innovative strategies that marshall the skills of internationally-trained physicians to address the growing demand for primary care physicians.

For more information, please contact Amy Grunder, Director of Legislative Affairs, agrunder@miracoalition.org

PRESENTED BY

KIM MOORE

DIRECTOR, BUREAU OF
EMPLOYMENT SERVICES

MAINE DEPARTMENT OF LABOR

HIGHLIGHTS OF MAINE'S HEALTHCARE WORKFORCE INITIATIVE

MAINE
DEPARTMENT OF
LABOR

HEALTHCARE WORKFORCE APPROACH

Pipeline
- Marketing and Outreach Campaigns
- Healthcare Career Navigators

Training
- Pre-Hire Training
- Upskilling incumbent workers
- Pre-apprenticeship & apprenticeship

Retention
- Career Pathways
- Educational & Professional Advancement

Maine's Public Universities
UNIVERSITY OF MAINE SYSTEM

Maine Community College System

Maine DOE
STATE OF MAINE
OFFICE of ADULT EDUCATION

Department of Health and Human Services
MAINE

MAINE DEPARTMENT OF LABOR

COORDINATED TRAINING WEBSITE

- The website was launched in April 2022 with more than 42k page views.
- In the last 6 months the site has had more than 8k unique users.

Connect to healthcare training resources to accelerate your career or upskill your current workforce

Healthcare Training for ME is a statewide collaboration of educational institutions and government agency partners convened to ensure Maine's workers and employers can easily access healthcare training opportunities and supports. Funding for Training for ME is provided through the Maine Jobs & Recovery Plan to advance Maine's workforce and economic goals, with additional funds provided by the Harold Alfond Foundation.

Earn While You Learn

Do you want to earn a credential while earning a paycheck? The following employer-sponsored training programs are open to candidates ready to start their healthcare career today. Apply directly on the employer website listed. If you are a healthcare employer, and would like your programs listed, please send an email to healthcaretrainingforme@maine.gov.

Show 10 entries Search:

Start Date	Provider Name	Location	Course Title	Facility Type	Contact
February(2023)	Maine Health/Maine Medical Center	South Portland	Medical Assistant Apprenticeship Program	In person	E-Mail
February(2023)	Maine Health/Maine Medical Center	South Portland	Medical Assistant Apprenticeship Program	In person	Website
Jan-23	Northern Light Eastern Maine Medical	Bangor	Certified Clinical Medical Assistant Sponsorship (Northern Light EMMC)	Hybrid	Website
Jan-23	Northern Light Eastern Maine Medical	Bangor	Certified Clinical Medical Assistant Sponsorship (Northern Light EMMC)	Hybrid	Website
March(2023)	Maine Health/Maine Medical Center	South Portland	CNA Apprentice Training Program	In person	Website
March(2023)	Maine Health/Maine Medical	South	CNA Apprentice Training	In person	Website

DOL HEALTHCARE INITIATIVES FUNDED BY MJRP

Healthcare Navigators are CareerCenter Consultants with expertise in healthcare jobs, career pathways, etc

- **Through Healthcare Training for ME, Caring for ME, Career Center Consultants, and Community partners, Navigators have so far connected:**
  - **118 individuals to training opportunities**
  - **159 individuals to support services**
  - **116 have to employment in healthcare.**

Tuition Remission provides funding to upskill our current healthcare workforce- and those looking to return.

- **The Tuition Remission program has received 762 individual applications and 78 employers' applications via Healthcare Training for ME.**
  - **712 individuals have been enrolled in the program**
  - **277 individuals have completed training.**

TUITION REMISSION INVESTMENTS

Most utilized for training as:

- AEMT and Paramedics
- MHRT-C
- Licensed Practical Nurses (LPN)
- Medical Assistant
- Dental Assistant and Expanded Functions Dental Assistant
- RN "Bridge" programs

TUITION REMISSION: SUCCESS STORY

Ali Ashour, founder at Hand of Mercy Health Care, *received support to train 9 workers:*

"This program helped us to support our employees to maintain their MHRT-C certificates that allow them to work as case managers in the State of Maine. (Through Healthcare Training for ME), employees had the opportunity to complete the needed training for their MHRT-C at no cost. At the other side, Hand of Mercy Health Care will maintain their employees in their positions, where the agency can support a larger population in the mental health field."

CERTIFIED PRE-APPRENTICESHIP AND REGISTERED APPRENTICESHIP

Registered Apprenticeship is structured yet flexible training programs designed to meet the specific needs of Maine employers through on-the-job learning and related classroom instruction.

- Is typically learned practically through a structured program of 2000 hours per year of supervised on-the-job learning
- Is clearly identified and commonly recognized through an industry
- Involves specialized skills and knowledge that require a minimum number of hours as directed by the schedule of on-the-job work experience
- Requires related instruction classes to supplement on-the-job learning

Apprenticeship Programs can be sponsored by employers, employer associations, or labor/management groups that can hire and train in a working situation.

- Through Maine Jobs & Recovery Program (MJRP) investments and a federal grant, actively expanding healthcare pre-apprenticeship and apprenticeship programs for the sector.

REGISTERED APPRENTICESHIPS IN HEALTHCARE

Current Sponsors/Intermediaries:

- Maine DHHS (Psych Nurse)
- MaineGeneral Health (multiple positions)
- Northern Light Health
- Walgreens
- Clover Manor
- InterMed
- LincolnHealth
- MaineHealth
- Martin's Point Healthcare
- Pen Bay Medical Center
- St. Mary's Regional Medical Center

COMPETITIVE SKILLS SCHOLARSHIP PROGRAM (CSSP)

The Competitive Skills Scholarship Program (CSSP) provides funding and support services for eligible Maine residents to pursue associate and bachelor degree programs or employer recognized credentials leading to high-wage, in-demand jobs in Maine.

Supports include developmental coursework/classes (ie: bridges, contextualized preparatory training, pre-apprenticeship) and credential evaluation if necessary/applicable for eligibility or planning.

COMPETITIVE SKILLS SCHOLARSHIP (CSSP)

Related, approved occupations:

- Respiratory Therapists
- Registered Nurses
- Dental Hygienists
- Sonographers
- Radiologic Technologists
- Surgical Technologists
- LPN
- Physical Therapist Assistants
- Dental Assistants
- Medical Assistant
- Paramedic (added via petition)
- Substance Abuse, Behavioral, and Mental Health Professionals
- Child, Family, and School social workers
- Health Educators

COMPETITIVE SKILLS SCHOLARSHIP PROGRAM (CSSP)

Top Areas of Training Interest/Engagement:

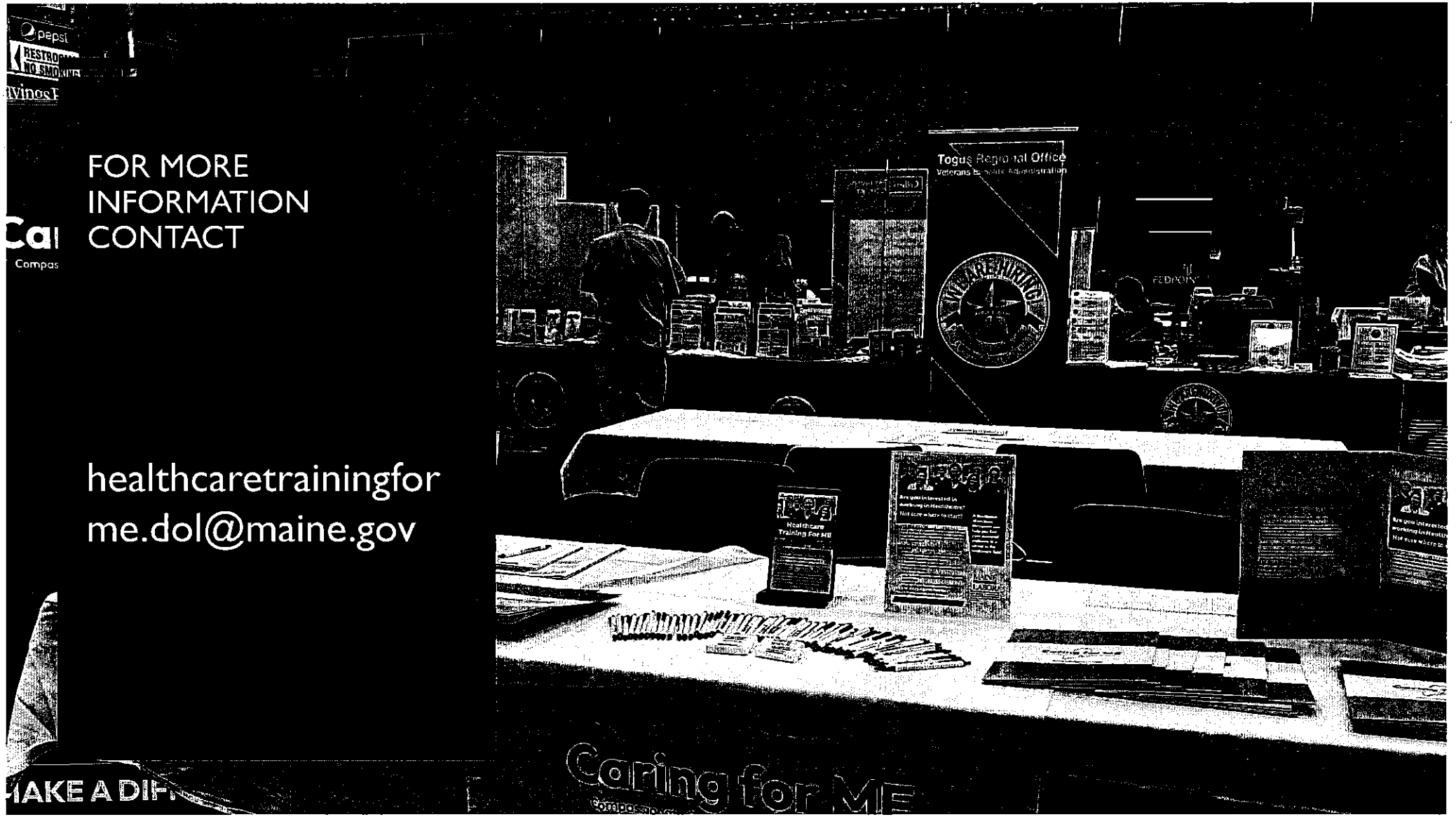
- Healthcare including Registered Nurse, Dental Hygienist and Radiologic Technologists and Technicians
- Social Service occupations including Child, Family, and School Social workers, Mental Health Counselors and Substance Abuse and Behavioral Disorder Counselors

Coming Soon:

- Updated High Wage/In Demand List
- CSSP Rule Change Process

OTHER RESOURCES/PROGRAMS TO SUPPORT FOREIGN TRAINED WORKERS

- QUEST Grant
- WIOA Programs for Youth, Adult and Dislocated Workers
- FAME credential evaluation grant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An Order to Strengthen Maine's Economy and Communities by Developing an Office of New Americans

OFFICE OF THE GOVERNOR

FY 23/24

WHEREAS, Maine is a welcoming and inclusive state that recognizes the value of people of diverse backgrounds to enhance the vibrancy of Maine's communities, the strength of our workforce, and the growth of our economy;

WHEREAS, Maine's aging workforce and growing economy have resulted in an imbalanced labor market with an average of two job openings for every one unemployed job seeker, affecting nearly every geographic area, profession and skill level, and requiring more workers to meet critical labor sectors such as health care, education, and construction;

WHEREAS, Maine's 10-Year Economic Strategy has set a goal of attracting 75,000 people to Maine's talent pool by 2029 and establishing Maine as an attractive state for new arrivals to secure meaningful employment that matches their career aspirations with their skills;

WHEREAS, Maine's nearly 50,000 foreign-born residents are a vital part of our state's communities and economy, with $1.2 billion in spending power and contributing $441 million in taxes;

WHEREAS, Maine has encouraged immigrants to become engaged community members by entering Maine's educational systems and workforce, through investments in childcare and Pre-K to 12 education systems, career and technical education, career exploration programs, English language learner programs, higher education opportunities – including free entrance to the Maine Community College Systems – as well as by expanding apprenticeship, pre-apprenticeship, targeted credential programs, and industry and sector training program opportunities;

WHEREAS, Maine is providing support for emergency, transitional, and permanent housing needs; health and human services, and legal assistance as New Mainers arrive in the State;

WHEREAS, federal immigration policies have unfairly burdened states and communities in providing such support;

WHEREAS, 18 other states have dedicated offices or staff for supporting the economic and civic inclusion of international immigrants and participate in the Office of New Americans State Network to share information and best practices;

WHEREAS, the Governor's Office of Policy Innovation and the Future is charged with planning and policy development to address long-term challenges facing Maine, including aging, housing, and workforce

development;

NOW, THEREFORE, I, Janet T. Mills, Governor of the State of Maine, pursuant to Me. Const. Art V, Pt. 1, §§ 1 & 12, do hereby Order as follows:

I. **Order**

The Governor's Office of Policy, Innovation and the Future is hereby directed to:

A. Deliver a plan to the Governor for establishing a new state office dedicated to supporting the long-term economic and civic integration of immigrants in Maine, in support of goals set forth in Maine's 10-year Economic Strategy, no later than January 19, 2024. The plan must outline the mission and structure of the office, the timing of its establishment, and the scope of its work, with the overarching goal of ensuring that Maine is effectively incorporating immigrants into its workforce and communities to strengthen the economy over the long-term.

B. Engage with immigrant communities for input on needs, barriers, and opportunities for New Mainers;

C. Gather input from business leaders, municipal and regional government leaders, educational institutions, community-based organizations, and service providers on the barriers, and opportunities for welcoming New Mainers into Maine's workforce, economy, and communities;

D. Coordinate plan development with the following state agencies and entities: Department of Economic and Community Development; Department of Labor; Department of Health and Human Services; Department of Education; Department of Professional and Financial Regulation; Department of Administrative and Financial Services; MaineHousing; the Maine Community College System; and the University of Maine System;

E. Participate, on behalf of the State of Maine, in the Office of New Americans State Network to access information and best practices from other states on topics including the role of education and training institutions, licensing system coordination, housing and shelter models, support for municipalities and employers, and relevant state and local systems necessary to support families and workers to successfully engage in communities and the workforce.

II. **Effective Date**

This Order is effective immediately upon signature.

Janet T. Mills
Governor

Credit

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Nadeau, Karen

From: Brawn, Kristin
Sent: Friday, October 27, 2023 5:09 PM
To: Nadeau, Karen
Cc: Murphy, Elias
Subject: Research Responses to Information Requests

Hi Karen,

Below are my responses regarding several information requests from the first meeting:

How does MA handle medical malpractice insurance?

The pending Massachusetts legislation ((H2224) to create a limited licensure program for foreign-trained physicians does not contain any provisions regarding malpractice insurance, and the 2022 study did not discuss the issue of malpractice insurance. However, legislation enacted in Washington to create a limited licensure program did originally contain malpractice insurance provisions before it was recently amended. The original legislation (SB 1129) required the supervising physician of a limited practice licensee to retain professional and personal responsibility for any act which constitutes the practice of medicine, osteopathic medicine or surgery when performed by the IMG practicing under their supervision and required the supervising physician to hold malpractice insurance for any malpractice claim against an IMG practicing under their supervision. This legislation was amended recently in 2023 by the enactment of SB 5394, which removed the requirement for malpractice insurance, but retained the requirement that supervising physicians retain professional and personal responsibility for IMGs under their supervision.

Clarification about payor – supervising provider

Missouri's assistant physician licensure law (Mo. Rev. Stat. §§334.036) requires each health carrier or health benefit plan to reimburse an assistant physician for the diagnosis, consultation, or treatment of an insured or enrollee on the same basis that the health carrier or health benefit plan covers the service when it is delivered by another comparable mid-level health care provider including, but not limited to, a physician assistant.

Except for Missouri, I did not find any provisions regarding third-party payors in any of the other states that have enacted limited or restricted licensure programs for IMGs. A report by the Cato Institute states that the laws of other states that have enacted assistant physician licensure programs typically require assistant physicians to sign an agreement with a fully licensed physician who can bill third-party payers for their services and that all of the states' laws require third-party payers to pay for assistant physician services at the same rate as physician assistants. However these states' assistant physician programs do not include a pathway for IMGs like Missouri's program.

Issues with limited licensure and JCAHO/ACQA accreditation.

I have not been able to find any information on this. I searched the available reports of the other states that have done studies on IMG licensure, and I was not able to find anything regarding accreditation.