

Commission Regarding Foreign-Trained Physicians Living in Maine
Proposed recommendation ideas for discussion purposes
November 14, 2023

Commission members, below is a list of various current proposed state models that commission members support either in part or in full.

Major State proposal adoptions	
- <i>Massachusetts Model</i> <ul style="list-style-type: none"> o <i>Generally</i> o <i>Sponsorship model</i> 	<i>Sen. Bailey</i> <i>Rep. Matheson</i> <i>Rep. Zager</i> <i>Mufalo Chitam</i> <i>Anne Head</i>
- Tennessee Model- sponsorship model	Mufalo Chitam
- Washington Model – No prior residency req.	Rep. Zager Sally Weiss
- Minnesota - IMG BRIDGE Program	David Ngandu
- Colorado - IMG Assistance Program	Sally Sutton
- New York Model	Sally Weiss

A majority of commission members supported some version of a sponsorship model. Some key components that differ, and will prove to be good points for discussion at the meeting on 11/14 are as follows:

1. Requirement for number of years previously in licensed practice
2. Age of prior license
3. Number of years of limited (supervised) licensure
 - a. Followed by a period of restricted (unsupervised) licensure?
4. Number of opportunities for renewal
5. Types of practice under limited licensure

Sponsorship Model Components	
<u>Number of years of prior licensed practice</u>	
- 2 years	Sen. Bailey
- 3 years	Rep. Zager
- 1 year	Mufalo Chitam
	Anne Head
<u>Age of Prior License</u>	
- No more than 7 years	Sen. Bailey
- No lookback requirement	Rep. Zager
	Sally Weiss
- Three of the last 5 years	Mufalo Chitam
- Eligibility determined by entity	Sally Sutton
<u>Number of years supervised licensure</u>	
- 1 year	Sen. Bailey

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	Rep. Matheson
	Mufalo Chitam
	Anne Head
- 2 years	Rep. Zager
<u>Number of renewal options</u>	
1 time	Sen. Bailey
	Rep. Zager
	Mifalo Chitam
	Anne Head
2 times	Rep. Zager
<u>Specified types of practice</u>	
PCP, Psychiatry, OBGYN	Rep. Matheson

Other concerns that commission members brought up are **funding sources** and assistance both broadly and acutely. These include:

1. Colorado IMG Assistance program
2. funding/stipends for ECFMG and USMLE expenses
3. Sponsoring entities for FMGs holding limited licenses
4. State funded residency spots
5. Pay back stipulation by residency facility

The major recommendations regarding funding fall into two different categories. There are a number of recommendations regarding general support funding for FMGs that are contained within the recommendations provided by Sally Sutton and by David Ngandu. These funding recommendations are tailored to a FMG who is a new arrival and is likely to be posed with multiple challenges in addition to the direct costs on the pathway to licensure in the US. The other funding recommendations are more direct to the costs of becoming licensed to practice medicine in the US. These include a recommendation for sponsoring entities for FMGs holding limited licenses (Rep. Zager), direct funding assistance for the ECFMG (David Ngandu), Maine State funded residency spots (David Ngandu), the Colorado IMG assistance program (Sally Sutton) and a clinical readiness program funding (Anne Head).

Other considerations:

1. Rubric for waiving ECFMG certification requirement similar to WHO list
2. Treat IMG residency candidates as transfer candidates
3. Define "foreign trained physicians"
4. There were multiple recommendations that targeted English instruction or assistance. Some of these recommendations are English classes that are specifically targeted toward health professionals (David Ngandu), while some of them are more general TOEFL requirements (Bruno Salazar-Perea).

Murphy, Elias

From: Donna Bailey <dabaileylaw@gmail.com>
Sent: Tuesday, November 7, 2023 10:35 AM
To: Murphy, Elias
Subject: Re: Materials from 11/1 Commission meeting

This message originates from outside the Maine Legislature.

Hi Elias:

My recommendation is for a program similar to the one in MA with the following differences/additions:

Instead of having practiced previously for at least 1 year I would increase that to at least 2 years.

Add the age of the prior license must be no more than 7 years prior to enrollment.

Add requirement that both malpractice and health insurance cover the enrollees while under supervision.

Thank you.

On Mon, Nov 6, 2023 at 11:26 AM Murphy, Elias <Elias.Murphy@legislature.maine.gov> wrote:

Good morning,

I am sending out a reminder that if you have any suggested recommendations for the Commission to consider at the meeting next week to please send them to me by the end of day on Wednesday, November 8th so that I may compile the materials and get them back to you to review.

Thank you,

Eli

From: Murphy, Elias
Sent: Monday, November 6, 2023 9:01 AM
To: 'Bruno Salazar-Perea' <bperea@bates.edu>; 'David Ngandu' <dann80@list.ru>; Bailey, Donna <Donna.Bailey@legislature.maine.gov>; 'Donna Bailey' <dabaileylaw@gmail.com>; Head, Anne L <anne.l.head@maine.gov>; 'Imad Durra' <idurra@hotmail.com>; 'James Jarvis' <jjarvis@northernlight.org>; Mathieson, Kristi <Kristi.Mathieson@legislature.maine.gov>; 'Mufalo Chitam' <mufaloc@maineimmigrantrights.org>; 'Sally Sutton' <suttos@portlandschools.org>; 'Sally Weiss' <SWeiss@themha.org>; Terranova, Tim E <tim.e.terranova@maine.gov>; Zager, Sam <Sam.Zager@legislature.maine.gov>; Head, Anne L <anne.l.head@maine.gov>; 'Jarvis, MD, James W' <jjarvis@northernlight.org>; Jackson, Troy <Troy.Jackson@legislature.maine.gov>
Cc: Nadeau, Karen <Karen.Nadeau@legislature.maine.gov>
Subject: RE: Materials from 11/1 Commission meeting

Murphy, Elias

From: Mathieson, Kristi
Sent: Wednesday, November 8, 2023 2:46 PM
To: Murphy, Elias
Subject: Re: Materials from 11/1 Commission meeting

Hi Eli,
Although I feel like most of my 'recommendations' are really questions and discussion points they are below. Thank you.

Questions/recommendations:

- Remove roadblocks specific to Maine legislation that makes it hard for IMG's to get malpractice coverage.
- Using an existing license category (limited license like Mass legislation) for a pathway to full licensure. Model after the Mass two-step process – sponsorship for one-year, followed by a two-year restricted license followed by full licensure eligibility (at 2 or 4 year point).
- If we follow Mass and require passage of 1 & 2 USMLE how can we help IMG's with this?
- ECFMG certification should Maine be silent on this as Washington and Arizona are? Or should it be required with waivable option at the board's discretion if the applicant is unable to obtain documentation from a non-cooperating country?
- Practice area limitations should be based on need/shortages such as – PCP, Psychiatry, OBGYN.
- Figure out a method of tracking who is a licensed IMG wanting to practice in Maine but can't and who requires a residency? We don't know the numbers.

Kristi

*Representative Kristi Mathieson (she/her/hers)
District 151 Kittery*

Please be advised that this email is subject to the Freedom of Access Act.

From: Murphy, Elias
Sent: Monday, November 6, 2023 11:26:37 AM
To: Bruno Salazar-Perea; David Ngandu; Bailey, Donna; Donna Bailey; Head, Anne L; Imad Durra; James Jarvis; Mathieson, Kristi; Mufalo Chitam; Sally Sutton; Sally Weiss; Terranova, Tim E; Zager, Sam; Head, Anne L; Jarvis, MD, James W; Jackson, Troy
Cc: Nadeau, Karen
Subject: RE: Materials from 11/1 Commission meeting

Good morning,

Murphy, Elias

From: Zager, Sam
Sent: Thursday, November 9, 2023 12:01 AM
To: Murphy, Elias
Subject: Re: Materials from 11/1 Commission meeting

Thanks, Elias.

I'm open to discussion and might change my mind, but at this point, I favor a sponsorship model based on MA bill H2224, which Mr. Zimmer highlighted.

- eligible FMGs/ITPs would have to have been licensed and practiced for at least 3 (not 1) years, and pass USMLE Step 1 and Step 2. Require ECFMG certification, but waiveable by the board, e.g. WHO certif.
- No lookback or expiration of their foreign credentials
- No prior state residency requirement (like WA has)
- Create 2-year limited license -- Under instruction, like a "2-year residency"-- renewable once or perhaps twice (e.g. to afford extra time to pass USMLE Step 3, for parental/family medical leaves of absence, etc). Sponsoring employer/participating healthcare facility would be responsible for clinical oversight and training like "supervised fellowship"
- Then eligible for 3-year (not 2-yr) restricted license, unsupervised but mentored practice, requiring practice in a rural or otherwise underserved population, in primary care family medicine/internal medicine/pediatrics, psychiatry, or dentistry, or other Board-approved specialty. Medical doctors would go through BOLIM for approval. Dentists would go through Dental Board for approval. (I think we learned that there are essentially no osteopathic FMGs)
- The Board (or some other entity) would develop standards for
 - Sponsoring Entities for FMGs holding limited licenses (e.g. comparable call schedules, fair pay and benefits)
 - formal, collegial mentorship (e.g. frequency and manner of mentoring)
- Once an FMG is found eligible (3 yr of prior foreign license and practice, passed Steps 1 and 2, ECFMG certif), or at any point while practicing with a limited license at a sponsoring entity, the FMG may instead apply for a PA license from BOLIM. This would enable them, for instance to enter supervised practice earlier, and practice in a wider array of fields since PAs initially practice under supervision of comprehensivists and specialists (I'd like to get opinions from PAs in Maine about this alternate pathway). A potential pitfall is that they might not be adequately prepared for the nonclinical aspects of training, like how the US healthcare system works.
- I believe sponsoring entities would act in good faith, but there should be a provision to allow FMG to switch sponsoring entities by petitioning the board.
- Authorize the Administration to apply for grants to support this program.

Couple questions:

- Would Medicare pay while under limited license? I can't recall if our discussion during Q&A with Mr Zimmer included just private insurers.
- Do potential sponsoring entities in MA support their bill?

I wish I could be there next week to discuss in person, but I look forward to the 4th meeting.

Be well,

Sam

Recommendations for "foreign trained physicians living in Maine" commission

1. Create or establish programs with career guidance and support services that can serve as a start point orientation for all newly arrived (*refugee, asylees, asylum seekers or DV lottery recipients*) foreign physicians to get sufficient and credible information on healthcare career pathways opportunities available in the US. This program could also serve to keep track or statistics of foreign trained physicians/ foreign healthcare professionals living in Maine. These programs will help a lot of physicians to establish goals as early as possible, work with available resources to avoid wasting time and be able to meet different licensure requirements as soon as possible.
2. Organize intensive english classes for health professionals at college or university level to improve the language proficiency in a time record for those physicians coming from non-english speaking countries, since knowledge of English language is key in the process of integration, education and job opportunities.
3. Create Mentorship opportunities with good mentors willing to help foreign trained physicians navigate options to access opportunities to get into residency programs. Admission to a medical residency program has always been competitive even for other IMG, that's why mentors could be very helpful at different stages of preparation like personal statement, choice of residency programs and to identify different career support groups (like USMLE support, etc)
4. Establish a program that will address the need for foreign physicians to have real US clinical experience while preparing for USMLE exams and before applying for residency programs, which is similar to the IMG BRIDGE Program in Minnesota. This program will be beneficial for a foreign trained as it will serve as a motivator for physicians to prepare for the ECFMG certification, as these clinical experiences could help with some USMLE preparations and will give hope of a very possible matching opportunity into a US medical residency program once a candidate is ECFMG certified." This is a program that we could establish here in Maine, with a modest amount of funding"- said by someone in charge of medical education.
5. Allocate fund to assist dedicated candidates to prepare for ECFMG certification. This fund could be used for credential evaluations, credential translation, ECFMG application process, USMLE & OET exam fee and assistance with USMLE preparation subscription fee and reading materials as books. This fund will help alleviate the burden on newly arrived immigrants with different financial hardship that they are facing.
6. Maine State-funded Residency slots. Since the residency program is funded at the federal level, it has rigid requirements that most Healthcare participating institutions have to adhere to in order to be funded. Maine could fund residency programs and have slots that are reserved for foreign trained physicians as eligibility could be examined case by case. As the foreign trained physicians group is a very diverse group in terms of medical

education, clinical experiences, physician's age, medical practice gap years, years spent in refugee camp etc

7. Adopt legislation creating an "assistant physician position" that could provide opportunities for foreign trained physicians to practice medicine in a limited capacity and under the direct supervision of a physician as the Missouri model. Different accreditation organizations (As in Massachusetts) could be considered since ECFMG will not be issuing accreditation for most medical schools where asylum seekers or refugee physicians come from.
8. Maine Board of Medicine should acknowledge foreign trained physicians who have completed an ACGME-I program ACGME International Home (acgme-i.org). This change would allow physicians who have trained in the ACGME –internally accredited programs the option of practicing, instead of having to go back and repeat a US residency and fellowship. Depending on when the initial training was done, there might need to be an on-boarding process to acclimate these physicians to the US healthcare system.
9. Create a loan program or identity fund that could be used for pursuing other careers, healthcare high skills jobs that will allow foreign trained physicians to make use of their medical background in the benefit of mainers. The fund could support tuition fee, stipend or housing allowance for eligible candidates to be able to attend schools and still be able to provide basic needs for the family. Since asylum seekers are not eligible for Federal Student Aid programs, this particular loan program could provide an alternative solution.
10. Work together with educational institutions that provide medical training to create a special admission process that removes excessive barriers for foreign trained physicians planning to attend programs like nursing or accelerated bachelor degree of Nursing, Physician assistant program.

Recommendations and Options for Support With Questions for FTP Commission 11-8-23 Draft

Prepared by: Sally Sutton, New Mainers Resource Center, Portland Adult Education, suttos@portlandschools.org

S. Sutton

Charge to Commission under Sec. 5. Duties of Resolve:

1. Strategies to integrate foreign-trained physicians into the healthcare workforce
2. Changes to regulations that may pose unnecessary barriers to practice for foreign-trained physicians and physicians from other states.
3. Other ways, outside of being licensed as a physician, that foreign-trained physicians can be supported to best use their skills and training
4. Necessary supports for foreign-trained physicians moving through the different steps in the licensing process prior to involvement with the Board of Licensure in Medicine

To: Foreign Trained Physicians Commission Members

RE: Recommendations for our Report

Since others of you will likely be focusing your attention on the licensing pathway, I thought it would be helpful to our work if I focused my recommendations on the financial challenges faced by foreign trained doctors. These financial barriers exist regardless of whatever other recommendations we make regarding licensure, and I have broken them down into three areas:

- Recommendations for IMGs pursuing physician licensing paths (through a residency or whatever other physician licensing pathway might exist)
- Recommendations regarding financial and other support for IMGs pursuing alternative health care careers
- Recommendations to ONA regarding facilitation of foreign trained physicians entry into alternative health care professional educational programs/licensure

To gather background information on this issue, I have spoken to people at: FAME, Maine Health Access Foundation and the University of Maine System and community colleges. I have also reviewed existing financial aid programs and support available through FAME, the University of Maine System, community colleges, workforce training programs and several other examples. To best share this information with you, I have put together a chart which includes: Program Name, Program Overview and Eligibility Requirements, Barriers and Recommendations. I have also pulled together a list of questions, with options, that might be helpful as we consider the different parameters for eligibility, covered expenses, etc.

RECOMMENDATIONS

Recommendations for IMGs pursuing physician licensing paths (through a residency or whatever other physician licensing pathways exist)

1. Provide support for a program similar to the Colorado IMG Assistance Program to offer guidance and financial support to IMGs to pursue licensing as a physician, through whatever licensing pathways exist. (Could be expansion of services currently offered by NMRC which is already providing basic services and limited financial support)
 - funding for ECFMG and USMLE related expenses and test prep services, etc., and stipends to allow time to study

- funding for staffing and advising

Recommendations regarding financial and other support for IMGS pursuing alternative health care careers

1. FAME, or a similar entity, should develop and administer a pilot project for a loan guarantee program for foreign trained physicians who are returning to school to pursue a healthcare professional degree and who do not have access to traditional student loans. The program could consider a public, private partnership or coordinating the program with community partners. Any loans offered would need to qualify as student loans according to the ME Revenue Services so that applicants would be eligible for Student Loan Repayment Tax Credits and any other potential student loan forgiveness programs.
2. FAME should develop an alternative FAFSA form to be used by Maine's public and private educational institutions and in other situations where FAFSA is required for students, who are ineligible to complete the FAFSA, such as asylum seekers, so that they can be considered for need based financial support and other benefits that utilize the FAFSA form. See University of Nevada – Reno form - [Institutional Methodology for FAFSA-Ineligible Students](#) as a model.
3. Using the [Educators for Maine – Loan Forgiveness and Repayment Options](#) as a model, create a similar program for foreign trained physicians, including asylum seekers and refugees, who are pursuing undergraduate or graduate education for a career in health care. The program provides loans and also loan forgiveness for years of service in Maine as a healthcare professional. The program should differ from the Educators for Maine program and be need based rather than merit based.
4. Working with ONA, the University of Maine System should review the complete range of financial resources that exist system wide to remove any barriers to access to those resources due to immigration status of those new Mainers who are residents of Maine but who are not eligible to complete the FAFSA. In addition to financial resources, the review should also include how the system assesses foreign degrees and awarding of credit for previous education. Also, those individuals whose degree may be considered unmarketable, i.e. not meeting licensure requirements, documentation of degree not available, etc., should be considered eligible for programs such as Finish Strong and others directed toward individuals who will be completing their first degree, or for graduate degrees for professions for which advanced degrees are necessary for licensure.

Recommendations to ONA regarding facilitation of foreign trained physicians entry into alternative health care professional educational programs/licensure

1. ONA will work with the appropriate educational programs and licensing boards to develop fast track programs for foreign trained physicians entry into and completion of other educational programs or licensure as another health profession, such as PA, nurse or NP, by building on and giving credit for previous training and experience and limiting duplication of educational training.

QUESTIONS TO BE CONSIDERED BY COMMISSION WHEN THINKING ABOUT WHAT TYPE OF SUPPORT TO PROVIDE FOREIGN TRAINED PHYSICIANS SEEKING MEDICAL LICENSURE OR LICENSE AS ANOTHER TYPE OF HEALTH PROFESSIONAL

1. What are options for support/funding?

- Create new funding source or approach for support
- Create access to a funding sources through changes in eligibility requirements for an existing Maine program
 - directly, i.e., create eligibility for loan or scholarship program
 - indirectly, newly created eligibility for a loan program may then make someone eligible for loan repayment programs or tax credits
- Create access to all potential funding sources controlled by the state, to which those people who are Maine residents but who do not have permanent status are not eligible

2. Who should be covered under new funding options? (How long should they be residents of Maine before being eligible?)

- Foreign trained doctors living in Maine
- Foreign trained health professionals seeking health related career
- All asylum seekers and refugees (As permanent residents refugees don't face same eligibility issues as asylum seekers, but may be precluded from some programs because of previous degree from home country)

3. What are the obligations for receipt of support?

- Same as whatever applies to existing funding source
- Nothing
- Some time period of residency in Maine prior to application for support
- Some type of public service component or employment in a certain type of position for a designated period of time

4. What type of expenses should be covered?

- Whatever is allowed under existing funding source
- Provides for direct services, technical support and guidance for foreign trained doctors seeking licensure, or return to career in healthcare (similar to Colorado IMG Assistance Program)
- Provides scholarships or access to scholarships or funds for certain program participants to help cover or offset the cost of the medical licensure process, including the costs of the credential evaluation process, preparing for the USMLE and other applicable tests or evaluations, the residence application process and other costs associated with returning to a career in health care.
- Provides support for tuition and other related expenses for further education in a health care profession.
- Provides a stipend to those studying for USMLEs and going through the licensing process or enrolled full-time in another healthcare education program.

- Provides for related expenses similar to what is allowed under programs such as CSSP (Competitive Skills Scholarship Program) or HOPE (Higher Opportunity for Pathways to Employment)
- Provides health insurance for those not eligible through other programs (proof of health insurance required by most educational institutions).

EXAMPLES OF EXISTING MAINE PROGRAMS AND NON-MAINE PROGRAMS WHICH PROVIDE OPPORTUNITIES OR MODELS FOR NEW FUNDING SOURCES

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
<p><u>Maine State Grant Program</u></p>	<p>Need based grants to Maine undergraduate students of all ages</p> <p>What You Need to Know About the Program</p> <p>For the 2023-2024 academic years, the maximum grant award amount for the Maine State Grant Program is \$2,500. You must file the FAFSA each year you plan to attend college.</p> <p>Students who are enrolled less than half-time, but at least part-time, may be eligible for up to \$1,250 in the 2023-2024 academic year.</p> <p>Who Is Eligible?</p> <p>You must be enrolled at least half-time at an eligible school in a program leading to an undergraduate certificate, associate, or bachelor’s degree.</p> <p>Eligible schools include all Maine public and private universities, colleges, and technical schools that administer federal financial aid (e.g., Pell Grant, Direct Loans).</p> <p>Maine residents attending a school outside of the state of Maine are not eligible for the Maine State Grant, with the following possible exception – students enrolled in <u>NEBHE’s Tuition Break Program</u>, the New England Regional Student Program, may qualify for a grant. <u>Contact FAME</u> or your financial aid office for more information.</p>	<p>Requires FAFSA application as application for program</p> <p>- Asylum seekers not eligible to complete FAFSA</p> <p>- Need to determine if degree from home country, even if unmarketable or if not accepted for licensure, will make someone ineligible</p>	<p>- Create an alternative to FAFSA similar to University of Nevada, Reno – <u>Institutional Methodology for FAFSA-Ineligible Students</u> – Allows students who are ineligible to complete FAFSA to request an evaluation of financial need. Depending on outcome, students may be offered aid from non-federal sources, such as institutional</p>

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
			<p>grants and scholarships</p> <ul style="list-style-type: none"> - Look at approach used by SMCC re financial aid for HS Grads for Free Education - Must allow participants with degrees from other countries that do not lead to the intended license.
<p><u>Maine's Alternative Student Loan</u></p>	<p>Maine Loan Eligibility</p> <p>The Maine Loan is available to eligible undergraduate and graduate students. To be eligible, the borrower must meet the following requirements:</p> <ul style="list-style-type: none"> • Student must be a Maine resident attending an approved school at least half time in the United States or Canada or an out-of-state student attending an approved school at least half-time in Maine. • At least one of the borrowers must be a U.S. citizen or permanent resident. • All borrowers must have a valid U.S. social security number. • Student and co-borrower (if applicable) must demonstrate a sound credit history and ability to repay the debt and meet FAME's credit underwriting standards, including: <ul style="list-style-type: none"> ○ A debt-to-income ratio not to exceed 50% 	<ul style="list-style-type: none"> - Asylum seekers not eligible for this program or to borrow money through student loan programs - Bond funding requirements may make it difficult to alter participant eligibility requirements for this specific program 	<ul style="list-style-type: none"> - For asylum seekers who are not eligible, provide that some formal or state agency, such as FAME, act as a co-signer or backer of loans in lieu of US citizen or permanent resident requirement

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
	<ul style="list-style-type: none"> ○ A minimum annual income is required: At least \$20,000 for a student borrower alone or at least \$20,000 for one co-borrower when the student income is not considered. <p>Creditworthiness as determined by a review of a credit report obtained from a nationally recognized credit bureau. For students with limited or no credit history, income, and/or employment, it may be necessary to apply with a creditworthy co-borrower.</p>		and for those who have limited credit history.
<u>Student Loan Repayment Tax Credit</u>	<p>1. Who is a qualified individual that can claim the SLRTC?</p> <p>The SLRTC is available to qualified individuals. A qualified individual is a Maine resident who:</p> <ul style="list-style-type: none"> • obtained an associate, bachelor’s, or graduate degree after 2007 from an accredited Maine or non-Maine community college, college, or university; • has a certain amount of <u>earned income</u>; • lives in Maine; and • files a Maine individual income tax return. <p>To qualify for the credit, the resident individual must make <u>eligible education loan payments</u> directly to the lender during the tax year.</p> <p>What are eligible education loan payments?</p> <p>Eligible education loan payments include loan payments paid by a <u>qualified individual</u> directly to the lender with respect to loans that are part of the qualified individual’s financial aid package during the part of the tax year that the qualified individual is a Maine resident.</p> <p>The financial aid package includes financial aid obtained by the qualified individual for attendance at an accredited community college, college, or university to obtain an associate, bachelor’s, or graduate degree after 2007. Loans must be in the name of the qualifying individual.</p>	- Asylum seekers who are not eligible to borrow money through student loans are also not ineligible for tax credits and not able to benefit from this program.	- Provide a range of educational loan options to foreign doctors so that they are able to take advantage of the Student Loan Repayment Tax Credit

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
	<p>The financial aid package may include private loans. However, the following loans do <u>not</u> qualify for the credit:</p> <ul style="list-style-type: none"> • loans obtained from a person related to the qualified individual; • loans obtained from any qualified employer plan; or • any loan made under a contract purchased under a qualified employer plan. 		
<p><u>Maine Health Care Provider Loan Repayment Pilot Program</u></p>	<p>Pilot Program – Attracts and retains health care professionals in Maine by repaying outstanding student loan of selected participants who commit to living and working in Maine for at least 3 years.</p> <p>Eligibility</p> <p>Health Care Providers must:</p> <ul style="list-style-type: none"> • Be licensed and/or certified by the state of Maine as a medical, dental, or behavioral health practitioner or be a person with a professionally recognized medical, dental or behavioral health credential in the state of Maine; • Have qualifying outstanding education loans and submit evidence of outstanding educational loan debt; • Be employed as an eligible health care provider as determined by FAME; • Not currently benefiting from a loan forgiveness program or loan repayment program administered by FAME or another entity (not including the federal Public Service Loan Forgiveness program)..... <p>1. Workforce needs of Maine health care providers, with special emphasis on the following occupations:</p> <ol style="list-style-type: none"> a. Nurses b. Occupational Therapists c. Certified Occupational Therapy Assistants d. Physical Therapists e. Speech Therapists f. Behavioral Health Care Workers g. Licensed Clinical Social Workers including, but not limited to applied Behavioral Analysts and Board Certified Behavior Analysts, and Licensed Clinical Professional Counselors 	<p>- Asylum seekers who are not eligible to borrow money are also not eligible for a program that provides loan repayments</p>	<p>- Provide a range of educational loan options to foreign doctors so that they are able to take advantage of the Maine Health Care Provider Loan Repayment Pilot Program</p>

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
	<ul style="list-style-type: none"> h. Dental Hygienists i. Dental Therapists j. Medical Assistants k. Pharmacists <p>Health Care Technicians, including, but not limited to, Respiratory Therapists, Surgical Technicians, and Imaging Technicians such as MRI Technicians and Ultra Sonographers</p>		
<p>General UMaine System Financial Supports for Asylum Seekers</p>	<p>UMaine System provide considerable financial aid that does not need to be paid back in the form of scholarships, grants and waivers (more than \$100M annually). Some of that aid is subsidized by public dollars, some by private dollars and some by revenue. Who qualifies for what depends on the funding source and the goal and restrictions of each financial aid program.</p> <ul style="list-style-type: none"> - without a FAFSA, financial need cannot be determined. Therefore an individual who can't complete a FAFSA typically can only qualify for merit-based aid and not aid that must be distributed based on demonstration of financial need (which is often the case for publicly funded scholarships). - <u>Promise Scholarship at USM</u> available to those who do not qualify for federal financial aid – limited number of scholarships – target seems to be on younger students 	<ul style="list-style-type: none"> - Asylum seekers not eligible to complete FAFSA and not eligible for any need based funding sources. 	<ul style="list-style-type: none"> - Create an alternative to FAFSA similar to University of Nevada, Reno – <u>Institutional Methodology for FAFSA-Ineligible Students</u> – Allows students who are ineligible to complete FAFSA to complete an alternative form and be eligible for need based financial support.
<p><u>Finish Strong Program</u></p>	<p>UMaine, the University of Maine at Machias, University of Maine at Fort Kent (UMFK) to offer a new Finish Strong adult degree completion program that will launch in spring 2024 – online and in person program</p> <ul style="list-style-type: none"> - age - 25 plus – with some college or no 4 year degree - focus on immigrant communities 	<ul style="list-style-type: none"> - Starts in spring 2024 - Need clarification regarding how previous degrees from home countries will be 	<ul style="list-style-type: none"> - As program offerings are developed, making sure typical

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
	<ul style="list-style-type: none"> - intensive English - \$300 Scholarship - 2 for 1 course offer - Personalized advisor 	<p>counted, which degree programs will be offered, will FAFSA be a requirement for application</p>	<p>barriers faced by asylum seekers are addressed.</p> <ul style="list-style-type: none"> - Will nursing and other advanced level health professions be included in degrees that are offered.
<p>Model for Loan Program for Foreign Trained Doctors <u>Educators for Maine – Loan Forgiveness and Repayment Options</u></p>	<p>About Educators for Maine</p> <p>The Educators for Maine Program is a competitive, merit-based, forgivable loan for Maine students enrolling in or pursuing undergraduate or graduate education degrees. Applicants must demonstrate an interest in careers in education or child care and are planning to work in Maine after graduation.</p> <p>Who Is Eligible?</p> <ul style="list-style-type: none"> • Students must be Maine residents. • Students must be graduating high school seniors, undergraduate, or graduate students accepted into postsecondary degree programs. • Students must have a cumulative grade point average of at least 3.0 on a 4.0 scale. • Undergraduate students must be enrolled full time in an accredited U.S. college or university. Graduate students must be enrolled at least half time in an accredited U.S. college or university. • Students must be pursuing initial certification as a teacher, including speech pathology, or child-care-provider qualifications. 	<ul style="list-style-type: none"> - Program is for Educators – similar program could be established for Foreign Trained Doctors seeking loans to pursue health professional education - Asylum Seekers not eligible to apply for education loans 	<ul style="list-style-type: none"> - Make Asylum seekers eligible for loans - Using the Educators for Maine Program, develop a comparable program for foreign doctors pursuing health professional educational programs.

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
	<p>How Are Students Selected to Receive the Loan?</p> <ul style="list-style-type: none"> • Academic performance • Grammar, style, and content of a 500-word essay • Preference is given to those enrolled in underserved subject-area programs. Underserved subject areas and underserved geographic areas are determined by the Maine Department of Education and may change each year. • Awards and special honors • Relevant activities <p>Borrowers may have one year of their loan forgiven for each year of eligible return service as a teacher, including speech pathologist, or child care provider.</p>		
<p><u>Colorado IMG Assistance Program</u> – HB 22-1050</p>	<p><u>IMG Assistance Program:</u></p> <ul style="list-style-type: none"> • Established in the Department of Labor and Employment to provide direct services to IMGs through a contract with a IMG Assistance Program: • Established in the Department of Labor and Employment to provide direct services to IMGs through a contract with a third party to administer the program. • Reviews the background, education training and experience of program participants in order to recommend appropriate steps to <u>enable participants to integrate into the state’s health care workforce as physicians or to pursue an alternative health career</u> • Provides technical support and guidance to program participants through the credential evaluation process, including preparing for the USMLE and other applicable tests or evaluations. • Provides scholarships or access to scholarships or funds for certain program participants to help cover or offset the cost of the medical licensure process, including the costs of the credential evaluation process, preparing for the USMLE and other applicable tests or evaluations, the residence application process and other costs associated with returning to a career in health care. • In partnership with community organizations working with IMGs, develops voluntary rosters of IMGs interested in entering in the state’s health care workforce as physicians and IMGs seeking alternative health care careers. 	<p>- NMRC attempts to provide limited services to help foreign trained physicians. Requires more money for expanded staffing and development of expertise</p> <p>- Limited resources for costs of licensing process and prep, resources for alternative paths, etc.</p>	<p>- \$ for expanded staffing/advising and services to assist foreign trained physicians</p> <p>- \$ for ECFMG and USMLE related expenses and prep services for those pursuing medical licensing</p> <p>-\$ for expenses related to pursuing</p>

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
	<p>Provides guidance to IMGs to apply for medical residency programs or other pathways to licensure.</p> <p><u>Eligibility</u></p> <ul style="list-style-type: none"> • IMGs wishing to re-establish their medical careers in the state. • The executive director will determine the eligibility criteria for participation in the program. 		<p>other paths; tuition and related expenses</p>
<p>Example of a federal program not available to asylum seekers and non-citizens</p> <p><u>National Health Service Corps Loan Repayment Program</u></p>	<p>APPLICATION ELIGIBILITY REQUIREMENTS</p> <p>To be eligible for a National Health Service Corps Loan Repayment Program award, an applicant must:</p> <ol style="list-style-type: none"> 1. Be a U.S. citizen (either U.S. born or naturalized) or U.S. national. 2. Have a current, full, permanent, unencumbered, unrestricted health professional license, certificate, or registration in the discipline in which they are applying to serve. 3. Participate or be eligible to participate as a provider in the Medicare, Medicaid, and Children’s Health Insurance Programs, as appropriate. 4. National Health Service Corps Loan Repayment Program participants should expect to serve their obligations as salaried, non-federal employees of a public or private entity approved by the National Health Service Corps. However, an applicant must be eligible to hold an appointment as a Commissioned Officer of the Public Health Service or as a federal civil servant. For more information, visit Commissioned Corps of the U.S. Public Health Service. 5. Be employed by, or have accepted a position at, a National Health Service Corps approved site where employment and provision of care to patients will begin no later than July 18, 2023. 6. 	<p>- Asylum seekers and other non -citizens not eligible for Repayment Program</p>	<p>- Develop alternatives for those foreign doctors who are not eligible for:</p> <ul style="list-style-type: none"> - loan opportunities, or - loan repayment programs
<p>Other Maine Programs with provisions that make them not viable options for most foreign trained doctors needs for</p>	<p><u>Healthcare Training for ME</u> – Training funding is prioritized for shorter-term credentials.</p> <p><u>CSSP (Maine Competitive Skills Scholarship Program)</u> – Income qualifications and previous degrees will make most foreign trained doctors ineligible for support, requires FAFSA, advanced degrees not eligible.</p> <p><u>Workforce Solutions</u> – Funds short term training, not degree programs.</p>		

Program	Program Overview and Eligibility Requirements	Barriers	Recommendations
financial support	<p><u>HOPE (Higher Opportunity for Pathways to Employment)</u> – Need to be eligible non-US citizen. Asylum seekers do not qualify, and those who already have a marketable degree may not qualify.</p> <p><u>Maine Community Foundation Adult Learner Scholarship</u> – Both short term credential awards and long term scholarship awards. Graduate study is not supported. Very competitive.</p>		

Recommendations and Considerations for Foreign Trained Physicians in Maine

Sally Weiss

As we consider what pathways and opportunities could exist in Maine for foreign trained physicians, I think it is important to consider potential barriers or issues that have not been addressed, especially since these could potentially impede the success of any pathway developed for these individuals. It would be a shame to develop a pathway or program and encourage hopeful candidates to enter it, only to find that they cannot practice or bill for their services in the way that will make them employable.

Concerns & Considerations:

1. **ABMS Certification:** Following a U.S. ACGME accredited residency program, physicians take a board certification exam. To qualify for board certification, a candidate must have completed an ACGME residency program successfully and be signed off as being competent in their medical specialty. Organizations that hire physicians often will not hire someone who is not board certified, as board certification is recognized as verifying qualifications and ability to provide quality care. If Maine were to develop an alternative pathway to licensure, like Washington, the physician on this path would not be eligible for board certification. It is not clear to me how this would impact the individual's ability to secure a job.
2. **Malpractice Insurance:** Will insurers cover/provide medical malpractice to physicians that have not completed an accredited ACGME program and/or are not ABMS certified? It is not clear whether the Maine Board of Licensure signing off based on Maine statute is

sufficient for an insurer to provide malpractice coverage. Should Maine develop a pathway to licensure, what standards need to be met to ensure that insurers will cover their medical malpractice? Will it come at a higher cost? How will this impact the physician?

3. While 15 states have either passed or introduced legislation creating a pathway to licensure through varying steps, we do not know the outcomes of these policies or the impact on communities and patients. These approaches are new and untested.
4. Need to determine whether as a state we want to require that any individual who enters through the developed pathway would be required to practice in a specific geographic location to 'pay back' the effort and investment made by the State of Maine.
5. Regardless of pathway, we need to ensure that we maintain a standard of competency and quality among Maine physicians. We need to ensure that all physicians are trusted and qualified and are competent to provide care. This is especially important when considering the barriers internationally trained physicians will already face assimilating in Maine.
6. The time frame for the full discovery of information and recommendations is very short, especially when other states have worked on this for a better part of a full year or more. Recommendations should be further explored, which may include creating a separate board/workgroup/taskforce to dive deeper into the recommendations and lay out what is operationally practicable under Maine statute and within the current programs and structures that exist for physician training and licensing.

Recommendations:

1. We need to clearly define who we are talking about when we say “foreign trained physicians” to ensure we can develop a program that is appropriate and in scope. I recommend that we only consider individuals who completed medical education and/or training abroad – may or may not have been practicing in their home country – and are now identified as forcibly displaced refugees/asylees who are permanently living in Maine.
2. To be eligible for training or license pathway, USMLE Step 1, 2 need to be passed.
3. ECFMG certification required of applicant, however, it may make sense to create a rubric by which the BOM may consider waiving this requirement at their discretion. This could include using the World Health Organization’s list or other information about the international medical school in question, such as transcripts, syllabi of classes taken, references, course descriptions, etc.
4. Certification of English proficiency

Suggestion #1: Develop program that provides funding and structural support to accept IMG candidates as transfer residents into an existing residency program willing to do this.

- a. Each individual candidate’s training, experience and time since last practice are considered to make a best guess about baseline competency (this would be done by a group of specialty-specific GME educators)
- b. This would identify any gaps between where an individual IMG currently is and where they need to be to practice safely in Maine.
- c. The baseline competency would be reference to the ACGME Milestones, which is the standard for all U.S. physicians.

- d. **The ACGME already allows us to do this for residency training – see below**
(use a system that already exists)
5. Once the gap in training is identified (if any), an Individual Learning Plan (ILP) would be created and the IMG could join an existing training program – with mentorship, coaching, etc – and complete the training (as defined by meeting all of the ACGME Milestones, as required by all U.S. physicians). This time would also include education, exposure, and competency in the U.S healthcare system, such as billing, insurance, services, and cultural norms.
6. At the end of the training – if we do this well – a Program Director would attest that this person met all of the Milestones like all other graduating physicians (guaranteeing competence for the patients of the state of Maine)
 - o They will have finished an ACGME-accredited program, completed USLME Step 3, and can then apply for Board certification and licensure. All of which could be covered by the program funding.

Funding & Structural Considerations:

- Any program or pathway will require funding, but if there is a pay-back stipulation after training, this problem will be mitigated.
 - o The cost is a resident salary and some FTE for faculty who will need to mentor, coach, assess, evaluate, etc. Cost of a resident would be approximately \$100-120K per year (Salary, benefits). Faculty time would vary depending on how many individuals go through program each year.

- Additional costs
 - Malpractice insurance during training is a very small amount of money (~< \$5,000 for most trainees)
 - If they are working as residents, they will need to have the same benefits.
 - ACLS training fee, educational license, educational funds, etc. – probably ~\$5,000.

- Not all residencies across the state would want to take this on alone – however we now have a new structure in the state, the MERGE Collaborative, which could consider a distributed model of training to share the ‘burden’. LD 1797 is currently on the appropriations table which has carved out funding to expand and sustain the MERGE collaborative. This may be a way to funnel funding and provide support to residency programs interested in working with an IMG/internationally trained candidate.

Benefits of this approach:

- IMG/internationally trained physicians come out of a residency program – which means that they can be ABMS eligible and get a license through BOLIM.
- We would be leveraging existing systems, not creating new systems and processes.
- Creates a pathway for IMGs to enter the US residency system somewhere along the continuum of training, and not just at the beginning. Initial competency assessments allow candidates to receive the ‘right amount’ of training/education to get up to speed.
- This would be an EXTRA residency position for a program, not taking an existing position (which might sweeten the pot for a residency program to accept them).

ACGME DOCUMENTATION:

III.A.3. Resident Eligibility Exception Common Program Requirements - Residency (acgme.org)

The Review Committee for _____ will allow the following exception to the resident eligibility requirements: (Core) [Note: A Review Committee may permit the eligibility exception if the specialty requires completion of a prerequisite residency program prior to admission. If the specialty-specific Program Requirements define multiple program formats, the Review Committee may permit the exception only for the format(s) that require completion of a prerequisite residency program prior to admission. If this language is not applicable, this section will not appear in the specialty[1]specific requirements.]

III.A.3.a) An ACGME-accredited residency program may accept an exceptionally qualified international graduate applicant who does not satisfy the eligibility requirements listed in III.A.1.- III.A.2., but who does meet all of the following additional qualifications and conditions: (Core)

III.A.3.a).(1) evaluation by the program director and residency selection committee of the applicant's suitability to enter the program, based on prior training and review of the summative evaluations of this training; and, (Core)

III.A.3.a).(2) review and approval of the applicant's exceptional qualifications by the GMEC; and, (Core)

III.A.3.a).(3) verification of Educational Commission for Foreign Medical Graduates (ECFMG) certification. (Core) III.A.3.b) Applicants accepted through this exception must have an evaluation of their performance by the Clinical Competency Committee within 12 weeks of matriculation. (Core)

Suggestion #2: Develop a pathway to sponsored licensure using the frame work of

Washington's and New York's models.

1. Individual organizations, however may want to consider teaching hospitals only, can sponsor a limited renewal license whereby the individual operates under supervision of a licensed physician.

2. Two-year limited license, with one opportunity for renewal, for total of four years. At end of four years, IMG/foreign trained physician must pass a standard assessment on competency. This could be both an examination, as well as clinical skills assessment. While under supervision, there would be standard competency milestones that would need to be met in order to progress and be deemed competent.
3. Permanent licensure would be considered following successful completion of program
4. Program should be defined by new workgroup and should match state's regulatory and licensing requirements. Workgroup should define what legislation is needed to make the pathway viable, as well as what standards need to be met.

Potential barriers to plan:

- Individuals would be ineligible for ABMS certification.
- Unclear whether malpractice carrier would cover individual.
- Unclear whether individual could bill or be hired by an organization.
- Unclear whether individual would ultimately meet the same levels of competency as US trained physicians.

Murphy, Elias

From: Mufalo Chitam <mufaloc@maineimmigrantrights.org>
Sent: Friday, November 3, 2023 7:23 PM
To: Murphy, Elias
Subject: Re: FW: Information Requests for 11/1

This message originates from outside the Maine Legislature.

Elias,

The Massachusetts Bill Physician Pathway Act and TN – Recent Bill (Sponsorship model – Hospitals that have residency programs) are my strongest recommendations.

On Wed, Nov 1, 2023 at 2:50 PM Murphy, Elias <Elias.Murphy@legislature.maine.gov> wrote:

Good afternoon,

As mentioned in the meeting today, I am sending out some of the materials we discussed. Other materials, such as slides from some of the presenters, I will send out as I receive them and they will be posted to the Commission's webpage.

Attached is a digital copy of the Massachusetts report, as requested. There is also a copy within the meeting materials of the first meeting on the Commission's [webpage](#). Here is a link to the MA commission's webpage, including links to meeting minutes is [here](#). Finally, below I have includes responses to some of the questions asked of Dr. Jarvis at the first meeting.

Moving forward and next steps: As was mentioned in the meeting, please email any recommendations that you have or wish to be discussed by the Commission to myself and Karen by **end of business on Wednesday, November 8th**. I will strive to compile all of those into a chart and send it out to the commission by the end of that week so that it may be reviewed prior to the meeting on November 14th.

Please reach out if you have any questions.

Thanks,

Eli

Recommendations to the Commission on Foreign Medical graduates pursuing licensure in Maine.

By Bruno Salazar-Perea, MD

1. I would like to have a model that includes as many participants as possible, not only new Mainers but all Mainers and Mainers to be.
2. This program should lead to permanent licensure.
3. Eligibility criteria should include:
 - a. Ability to lawfully practice medicine in the country they were initially trained.
 - b. Graduation from a program listed on the ECFMG list of medical schools or the WHO list of medical schools. There is no graduation year cut-off.
 - c. Completing a residency program in a different country is encouraged, and documentation of any other formal medical training should be submitted.
 - a. English language proficiency is demonstrated by scoring on the advanced range for each TOEFL exam section¹—any number of attempts allowed.

Skill	Proficiency Level
Reading	Advanced (24–30) High-Intermediate (18–23) Low-Intermediate (4–17) Below Low-Intermediate (0–3)
Listening	Advanced (22–30) High-Intermediate (17–21) Low-Intermediate (9–16) Below Low-Intermediate (0–8)
Speaking	Advanced (25–30) High-Intermediate (20–24) Low-Intermediate (16–19) Basic (10–15) Below Basic (0–9)
Writing	Advanced (24–30) High-Intermediate (17–23) Low-Intermediate (13–16) Basic (7–12) Below Basic (0–6)

4. USMLE Steps 1 and 2 must be passed by the time of application. Number of attempts is not an impediment. Applicants will submit official transcripts using standard procedures. USMLE step 3 should be passed before applying for a second renewal of a temporary license or permanent licensure.

5. ECFMG certification is desired as this will speed up the verification process from the state medical board. However, if the physician is not eligible for ECFMG certification, the state medical board will require whatever information they consider necessary to validate the credentials and education of the physician. Graduates from Medical schools that are not listed on the ECFMG list but listed on the WHO list² are allowed to apply. Please note that at this time, only ECFMG schools are permitted to take USMLE exams.
6. Temporary medical licenses will be issued to applicants who meet the requirements and have secured a physician (MD or DO) to sponsor the applicant. A temporary license will last three years and can be renewed two times. Permanent licensure can be pursued after 2 years of supervised medical practice with a positive evaluation of the sponsoring physician.
7. Sponsor physicians should meet the following criteria:
 - a. Have an unrestricted medical license in the State of Maine.
 - b. Practice medicine in the State of Maine. They can be an independent physician, work as part group or belong to a larger organization.
 - c. Commit to provide supervision
 - d. The supervising physician shall retain professional and personal responsibility for any act which constitutes the practice of medicine as defined in RCW 18.71.011 or the practice of osteopathic medicine and surgery as defined in RCW 18.57.001 when performed by an international medical graduate practicing under their supervision. The supervising physician must hold medical malpractice insurance for any malpractice claim against an international medical graduate practicing under their supervision. (Taken from <https://wmc.wa.gov/licensing/applications-and-forms/international-medical-graduates-clinical-experience-license/mdce> Needs to be adapted to Maine)
 - e. The State of Maine should discuss different modalities of supervision. Here is some sample language and options adopted by Washington State. Taken from: <https://wmc.wa.gov/licensing/applications-and-forms/international-medical-graduates-clinical-experience-license/mdce>)
 - Indicate the collaboration/sponsorship model to be used in this agreement*
 - i. Sponsoring physician will be available by direct communication via synchronous technology for assistance at any time the IMG is providing medical services. Approved synchronous technology includes two-way video conferencing or telephone. Quality assurance or peer review program in place to review care provided. If no formal program, regular periodic meetings and potential chart review.
 - ii. Sponsoring physician will be available for face-to-face and phone consults as needed. Chart review will take place for 30-60 days, then as needed after. Periodic meetings as needed and annual performance evaluations.
 - iii. Sponsoring physician will have face-to-face discussions, joint rounding, conference calls, performance evaluations, IMG notes will be regularly evaluated, and on site observations will occur monthly.
 - iv. Other:

- f. Sponsor physician will provide fair compensation or see that the medical group of organization that employs the IMG gets compensation for their services.
 - g.
8. Compensation: IMGs under this program should receive fair and competitive compensation. IMGs are allowed to receive supplemental funds and grants from organizations and advocacy programs. This is with the purpose of providing a competitive wage. Primary employer should compensate IMGs at a rate that allows them to support themselves and their families. A good guideline should be what a 4th or 5th-year resident makes. Please note that residency programs also provide housing and a competitive array of benefits that are comparable to what attending physicians receive. Benefits must include malpractice insurance, medical, dental, 401K, etc. ³. While some may think this could be an extraordinary amount of money, lets remember that we are incorporating physicians into the community that had zero cost to the American system. Medically underserved areas are already providing incentives or have grants⁴ for physicians that are very expensive such as wiping out all student loans for a 5-year contract. I recommend we bring in experts in HPSA and MUA programs as consultants so we can include language that allows the usage of some of these resources in this program. I cannot emphasize enough the importance of making these opportunities economically appealing to attract IMGs who live in the State and have successful professional lives outside of medicine. These physicians (the ones that have reinvented themselves) are already incorporated with the communities, have strong bonds to the State, and have the highest chance to be successfully inserted into the existing medical system.
9. State responsibilities:
- a. The State should promote and advocate for the creation of sponsorships and have a centralized location where sponsorship opportunities are advertised.
10. .

¹ <https://www.ets.org/toefl/score-users/ibt/interpret-scores.html>

² https://search.wdoms.org/?_gl=1*4a78k5*_ga*ODc4MDMxNzc3LjE2OTg4NTA1MjY.*_ga_R5BJZG5EYE*MTY5ODg1MDUyNS4xLjEuMTY5ODg1MDU3OC4wLjAuMA..

³ <https://mededits.com/residency-admissions/residency-salary/>

⁴ <https://data.hrsa.gov/topics/grants>

State Commission on Foreign Trained Physicians Living in Maine

James Jarvis, MD, FAAFP Suggested Recommendations

- 1) Determine scope for whom these recommendations would apply:
 - a. Anyone who completed education outside of the US that would be considered equivalent to earning an allopathic medical degree within the US.
 - b. Anyone who completed post graduate training outside of the US.
 - c. Anyone who had a recognized ability to practice medicine by a sovereign state outside of the US.
 - d. A subset of above who have completed certain markers of proficiency:
 - i. ECFMG Certification or other English language proficiency
 - ii. USMLE Step Examinations (I, II, or III)
 - e. A subset of above within a protected or particular category.
- 2) Determine path toward licensure:
 - a. Considerations must include equity.
 - b. Consideration must include input from population.
 - c. Competency assessment must be included in any alternative pathway.
- 3) Development of a system for determining competency
 - a. Evaluation of direct clinical practice by an experienced physician mentor
 - b. Objective metrics for determination of any needed level of additional training
 - i. Continued direct supervision.
 - ii. Partial or complete graduate medical education training
 - c. Support to overcome barriers.
 - i. Stipend for mentors
 - ii. Liability insurance and billing challenges
- 4) Establishment of an Assistance Program to aid in moving toward eligibility for American Medical Board Certification
 - a. Introduction to the US/Maine healthcare system course
 - b. Examination preparation course
 - c. Supporting level of graduate medical education programs needed for individuals.
 - i. Funding for additional slots
 - ii. Funding for residency program infrastructure expansion
 1. Additional faculty and staff
 2. Additional space and resources
 - d. Consider funding and supporting current groups like the Maine Rural Graduate Education (MERGE) Collaborative for managing this process.
- 5) Other Considerations
 - a. What type of commitment would the individual incur?
 - i. Follow prior precedents of year for year
 - b. What locations would be considered for repayment?

- c. Establishment of work groups with subject matter experts to finalize specifics and details for recommendations of Commission.

Anne Head

Recommendations for the Commission on Foreign-Trained Physicians

- 1. Request that the Maine Legislature create a fund for clinical readiness programs and career/educational instruction for IMGs on Maine's medical landscape and to prepare IMGs to take ECFMG and USMLE exams. The target population would be IMGs with education but without licensure in another country.**
- 2. Request the HCIFS Committee, in conjunction with the Maine Boards of Licensure in Medicine and Osteopathic Licensure, to develop a Reentry License for IMGs licensed in non-US countries based on the Massachusetts Commission sponsorship model. The target population is the IMG who have passed the USMLE exam, who have a primary care specialty, and who wish to practice primary care in Maine's underserved areas.**