



State of Maine
131st Legislature, First Regular and First Special Session

Commission Regarding Foreign-trained Physicians Living in Maine

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Office of Policy and Legal Analysis



**STATE OF MAINE
131st LEGISLATURE
FIRST REGULAR AND FIRST SPECIAL SESSION**

Commission Regarding Foreign-trained Physicians Living in Maine

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Executive Summary

The Commission Regarding Foreign-trained Physicians Living in Maine, referred to in this report as the “commission,” was established by Resolve 2023, chapter 93 to study integrating foreign-trained physicians, including physicians who identify as surgeons, living in the State into the health care workforce to best reflect their level of skills and training, with a focus on those who are here as refugees and asylum seekers, and reducing barriers to licensing for foreign-trained physicians and physicians from other states. The resolve directs the commission to submit a report that includes its findings and recommendations to the Maine Legislature no later than January 15, 2024. A copy of the commission’s authorizing legislation (Resolve 2023, chapter 93) is included in Appendix A.

Pursuant to the resolve, the commission has 13 members: four legislative members and nine non-legislative members representing interests specifically identified in the resolve. Of the non-legislative members, four members were appointed by the President of the Senate, four members were appointed by the Speaker of the House of Representatives and one member was appointed by the Governor. Members were appointed who have expertise in issues affecting foreign-trained physicians living in Maine; immigrant rights; workforce shortages in the medical field; and medical licensure. Three members were appointed to represent the interests of physicians who are refugees or immigrants, at least one of whom is licensed to practice in the State of Maine. Senator Donna Bailey was named Senate chair and Representative Kristi Matheson was named House chair. The complete membership list of the commission is included in Appendix B.

The commission’s specific duties as set forth in the resolve include:

- study integrating foreign-trained physicians, including physicians who identify as surgeons, living in the State into the health care workforce to best reflect their level of skills and training, with a focus on those who are here as refugees and asylum seekers, and reducing barriers to licensing for foreign-trained physicians and physicians from other states;
- explore a wide range of options for how to help enable foreign-trained physicians who wish to live and practice in the State to best use their skills and talents, increase health care workforce cultural competency and address potential workforce shortages;
- review and identify best practices learned from similar efforts in other states; and
- make recommendations on:
 - strategies to integrate foreign-trained physicians into the health care workforce;
 - other ways, outside of being licensed as a physician, that foreign-trained physicians can be supported to best use their skills and training;
 - changes for regulations that may pose unnecessary barriers to practice for foreign-trained physicians and physicians from other states;

- necessary supports for foreign-trained physicians moving through the different steps in the licensing process prior to involvement with the Maine Board of Licensure in Medicine (BOLIM);
- opportunities to advocate for corresponding changes to national licensing requirements; and
- any other matters pertaining to foreign-trained physicians and physicians from other states considered necessary by the commission.

Over the course of four meetings, the commission developed the following recommendations:

Recommendation #1. Create a pathway to full licensure for international medical graduates (IMGs).

Recommendation #2. Limit sponsors for the sponsorship program to the four existing sponsoring institutions in Maine.

Recommendation #3. Require IMGs to have minimum number of years of prior licensed practice (or its equivalent) to qualify for the sponsorship program.

Recommendation #4. Ensure that the age of the IMG's prior license (or equivalent) is not a barrier in order to qualify for the sponsorship program.

Recommendation #5. Limit the number of years of a temporary educational certificate within the sponsorship program to two years, with no more than two renewals for each two-year educational certificate.

Recommendation #6. Implement service obligations for an IMG who has completed training in a sponsorship program and has obtained a license to practice medicine.

Recommendation #7. Require IMGs to obtain Educational Commission for Foreign Medical Graduates (ECFMG) certification in order to be eligible for the sponsorship program.

Recommendation #8. Require IMGs to reside in the State of Maine for at least 12 months to be eligible for the sponsorship program.

Recommendation #9. Limit the number of slots for IMGs (also known as pathway physicians) funded by the State in the sponsorship program to 10 at any given time.

Recommendation #10. Utilize the existing infrastructure of the Maine Rural Graduate Medical Education (MERGE) Collaborative to screen candidates for the sponsorship program.

Recommendation #11. Create a fund for clinical readiness programs and career/educational instruction for IMGs to prepare IMGs for eligibility for a sponsorship program.

Recommendation #12. Create an IMG assistance program.

Recommendation #13.

- A. Develop and administer a pilot project for a loan guarantee program for IMGs who are returning to school to pursue any health care professional degree (not necessarily M.D.) and who do not have access to traditional student loans; and
- B. Develop an alternative Free Application for Federal Student Aid (FAFSA) form to be used by Maine's public and private educational institutions and in other situations where FAFSA is required for students.

Recommendation #14. Direct the Office of New Americans (ONA), once it is established, to work with appropriate educational programs to develop programs for IMGs entry into and completion of educational programs in alternative health professions.

I. INTRODUCTION

The Commission Regarding Foreign-trained Physicians Living in Maine, referred to in this report as the “commission,” was established by Resolve 2023, chapter 93 to study integrating foreign-trained physicians, including physicians who identify as surgeons, living in the State into the health care workforce to best reflect their level of skills and training, with a focus on those who are here as refugees and asylum seekers, and reducing barriers to licensing for foreign-trained physicians and physicians from other states. The resolve directs the commission to submit a report that includes its findings and recommendations to the Maine Legislature no later than January 15, 2024. A copy of the commission’s authorizing legislation (Resolve 2023, chapter 93) is included in Appendix A.

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- opportunities to advocate for corresponding changes to national licensing requirements; and
- any other matters pertaining to foreign-trained physicians and physicians from other states considered necessary by the commission.

Resolve 2023, chapter 93 became effective on July 7, 2023. The commission met four times: October 18, November 1, November 14 and December 5. Meetings were conducted in a hybrid format, with participation from commission members and presenters taking place in-person and through Zoom. The meetings are accessible to the public through live streams on the Legislature’s webpage. More information about the commission, including meeting agenda, meeting materials and presentations are posted on the commission’s webpage at: <https://legislature.maine.gov/commission-regarding-foreign-trained-physicians-living-in-maine>.

Over the course of four meetings, the commission solicited, received and discussed a great deal of information relevant to its charge set forth in its authorizing legislation.¹ The commission received presentations at the first meeting from the following commission members: Sally Weiss of the Maine Hospital Association (MHA) and Dr. James Jarvis of the Maine Medical Association (MMA) who presented on health care workforce issues in Maine; Sally Sutton of the New Mainers Resource Center and Mufalo Chitam of the Maine Immigrants’ Rights Coalition who discussed challenges for foreign-trained health professionals; and Tim Terranova of BOLIM who presented on the pathway to licensure in medicine in Maine. In addition, commission staff presented a comprehensive view of other states’ approaches to licensure for foreign-trained physicians.

At the second meeting the commission received presentations from the following: Mike Zimmer of World Education Services, about other states’ pathways to practice for foreign-trained physicians; Dr. Jane Carreiro of the University of New England (UNE) College of Osteopathic Medicine, who discussed how UNE supports foreign-trained health care professionals; Amy Grunder of the Massachusetts Immigrant and Refugee Advocacy Coalition and Dr. Robert Marlin of the Lowell Community Health Center, who discussed a similar study commission in Massachusetts; commission member David Ngandu, who gave the perspective of a foreign-trained physician living in Maine; and Kim Moore of the Maine Department of Labor, who explained the current practices for integrating immigrants into Maine’s medical workforce.

Drawing on the information included in these presentations and resources and following substantive discussion and deliberation by commission members, the commission proposes 14 recommendations (which can be found in section IV of this report) for consideration by the 131st Maine Legislature.

¹ See section II of this report for a summary of the commission process.

II. COMMISSION PROCESS

The commission held four public meetings at the Cross State Office Building on October 18, November 1, November 14 and December 5 in 2023. These meetings were conducted using a hybrid format through which commission members could choose to attend each meeting either in person or remotely through the Zoom meeting platform. Members of the public were afforded an opportunity to attend each meeting in person or to view a live video stream. Materials distributed and reviewed at these meetings as well as additional background and other study-related materials are posted online and accessible at the following website:

[https://legislature.maine.gov/commission-regarding-foreign-trained-physicians-living-in-maine.](https://legislature.maine.gov/commission-regarding-foreign-trained-physicians-living-in-maine)

A. First Meeting – October 18, 2023

The commission held its first meeting on October 18, 2023. The meeting began with opening remarks by the chairs and introductions by commission members. Staff then provided an overview of the commission’s authorizing legislation, including duties, the study process and the projected timeline for completion of the commission’s work. Materials distributed at all commission meetings as well as an archived video recording of those meetings are available at [https://legislature.maine.gov/commission-regarding-foreign-trained-physicians-living-in-maine.](https://legislature.maine.gov/commission-regarding-foreign-trained-physicians-living-in-maine)

The commission next received a number of presentations on topics relevant to the duties of the commission as set forth in its authorizing legislation. First, the commission received an overview of issues facing the Maine health care workforce from commission members Sally Weiss and James Jarvis. This presentation highlighted the physician workforce shortage facing Maine, barriers to hiring new physicians as well as giving an in-depth explanation on the physician training process in Maine. The commission next heard from commission members Sally Sutton and Mufalo Chitam regarding challenges facing foreign-trained health care professionals. This presentation gave examples of the largest barriers for a foreign-trained physician who is now living in Maine, including a lack of access to financial resources and additional barriers as a result of immigration status on both the State and federal level. Third, was a presentation from commission member Tim Terranova on the pathway to licensure for foreign-trained physicians in Maine including an overview of the costs and requirements for a foreign-trained physician to be eligible to take the United States Medical Licensing Examination (USMLE). Lastly, the commission received a presentation from staff on legislation in other states regarding pathways to practice for foreign-trained physicians – both enacted and pending legislation.

Throughout these presentations, commission members asked clarifying questions and the meeting closed with a discussion of the information the commission should seek to acquire or have presented at future meetings. The commission requested presentations from the UNE College of Osteopathic Medicine, which is a Maine-based medical school program, and from members of Massachusetts’ Special Commission on Foreign-trained Medical Professionals (referred to in this study as the “special commission”) among others.

B. Second Meeting – November 1, 2023

The second commission meeting was held on November 1, 2023. The first presentation highlighted other states' pathways to practice for foreign-trained physicians by Mike Zimmer, senior policy advisor for World Education Services. Mr. Zimmer took a state-by-state approach, describing the trends and differences between other states' approaches beginning with the impact of enacted legislation, then moved on to pending legislation. Mr. Zimmer ended by outlining the major decision points of each of the pieces of legislation, namely what the pathway will be, who will be eligible and what the entry point into the pathway will be.

The commission next heard from Dr. Jane Carreiro, Dean of the UNE College of Osteopathic Medicine. Dr. Carreiro spoke from her experience working as an expert with the World Health Organization (WHO) on the training of medical practitioners. Dr. Carreiro emphasized that the language used around the qualifications of a medical professional vary greatly worldwide. As a result, the WHO does not refer to the education of a physician, but instead focuses on training as an all-encompassing category. Dr. Carreiro advised it is important that the language used in the commission's recommendations be clear so as to not inadvertently include or leave out individuals.

The commission next received a presentation from Amy Grunder, director of State Government Affairs at the Massachusetts Immigrant and Refugee Advocacy Coalition and Dr. Robert Marlin, Associate Chief Medical Officer at the Lowell Community Health Center, both members of the special commission in Massachusetts. The Maine commission became interested in the Massachusetts special commission process at the first meeting and requested a more in depth look at the Massachusetts process. The presentation by Ms. Grunder and Dr. Marlin reviewed the history and scope of the special commission, the process and presentations received by the special commission and the creation of the pathway framework and recommendations of the special commission as well as explaining the differences between the special commission's recommendations and the pending legislation in Massachusetts.

The commission heard from commission member David Ngandu on his experiences as a foreign-trained physician and his first-hand account of going through the Educational Commission for Foreign Medical Graduates (ECFMG) exam and USMLE process. Mr. Ngandu addressed challenges related to foreign-trained medical professionals having the experience, but running into barriers such as the costs associated with becoming licensed in the United States (U.S.) and English proficiency requirements.

Finally, the commission heard from Kim Moore, director of the Bureau of Employment at the Maine Department of Labor who presented on the integration of immigrants into Maine's workforce. Ms. Moore explained the current pathways for entrance into the health care workforce, highlighting outreach campaigns, training programs and retention strategies currently in place. Included in the programs explained by Ms. Moore was a tuition remission program geared toward other health care workforce areas, though not a pathway to becoming a licensed physician. Other apprenticeships and scholarships were included in the presentation as well, with the same caveat.

The second meeting ended with a discussion between commission members and staff regarding next steps. It was determined that in preparation for the third meeting, commission members would send their proposed recommendations to staff to be compiled. Commission members were directed to review the compilation of recommendations prior to the third meeting.

C. Third Meeting – November 14, 2023

The third commission meeting was held on November 14, 2023. Commission members were instructed to review the compiled recommendations and come prepared to discuss and ultimately vote on which recommendations should be included in the final study report. During the meeting, commission members were invited to bring forward recommendations that they wished the commission to discuss and ultimately vote on. The commission engaged in a lengthy and deliberate discussion of each of the presented recommendations, including asking clarifying questions to staff and chairs and ultimately weighed the merits of each recommendation before taking a vote. As described in section IV of this report, a majority of the commission ultimately voted in favor of 14 recommendations to be included in the final study report. The meeting concluded with additional commission discussion regarding the distribution of a draft report and the review of that report at the fourth and final commission meeting.

D. Fourth Meeting – December 5, 2023

The fourth and final commission meeting was held on December 5, 2023. Based on the input provided at the third meeting, commission staff prepared and distributed to commission members a draft report for review and discussion at the final meeting. Commission members posed clarifying questions regarding the report and made additional suggestions for changes to the report and its recommendations, which were discussed and agreed to be included in the final report. After a discussion regarding the process for finalizing and distributing the report, the commission adjourned its fourth and final meeting.

III. BACKGROUND

It is well documented that Maine and states across the nation are experiencing significant health care workforce shortages. The reasons for this shortage are complex, but a significant factor is demographics. People are living longer and requiring more medical attention as they age. At the same time, the health care workforce itself is aging and retiring at a pace faster than workers are replaced.² The pandemic exacerbated the problem in two ways. First, people delayed care during the early years of the pandemic, and as restrictions relaxed, patients flooded the health care system seeking service. Secondly, the health care workforce shrank during the pandemic, leaving fewer health care professionals to see an increasing number of patients.³

According to the MHA, Maine continues to deal with a significant health care workforce shortage in all areas of the State. With an estimated 74,860 health care workers in Maine, 20,961 are 55 years of age or older; thus, 30 percent of Maine's health care workforce will retire in 10 years, if not sooner, based on current trends. Maine ranks first in the nation for number of

² <https://www.oracle.com/human-capital-management/healthcare-workforce-shortage/#>

³ <https://www.pressherald.com/2023/10/22/maine-has-a-health-care-access-crisis-and-its-making-us-sicker/>

physicians aged 60 years or older (at 39.3 percent or 1,746). While Maine has a higher than average ratio of physicians to population, those data do not reflect the maldistribution across the State.⁴

At the same time, almost one quarter of physicians and physicians-in-training in the U.S. are international medical graduates (IMGs). IMGs are defined as those who have graduated from a medical school not accredited in the U.S.; some are U.S. citizens and others are foreign nationals. However, as commission members Sally Sutton, Mufalo Chitam and David Ngandu noted in presentations and discussions, IMGs face many challenges on their pathway to obtaining full licensure as a medical doctor. Challenges can vary based on individual circumstances, but some common issues include educational and training differences; licensing examinations; clinical experience and exposure; residency matching; issues related to immigration status; cultural and communication challenges; and lack of financial resources.

David Ngandu, who came to Maine in 2016 from the Democratic Republic of Congo, is one of the foreign-trained physicians living in Maine that serves on the study commission. Commission member Ngandu, who is not currently licensed, is working at MaineHealth as a medical laboratory assistant and interpreter. Ngandu noted that practicing medicine is not just a vocation, but for him, it is his passion. It is his hope that Maine can find a pathway for foreign-trained physicians like him because practicing medicine is what he feels he should be doing and what he wants to be doing.

Integrating highly skilled IMGs into Maine's health care workforce has the potential to lessen the impact of workforce shortages. Medical licensing assures the quality of care provided by health care providers and protects the public. However, at the state level, variation in standards, particularly those that may be more challenging to meet for IMGs than those for U.S. medical school graduates, may hamper IMGs' opportunity to contribute to the health care workforce.⁵ One way to facilitate this integration is by streamlining the process for IMGs to obtain licenses and credentials needed to practice medicine.⁶

In addition, increasing the diversity of Maine's health care workforce will lead to better outcomes particularly for historically underrepresented and underserved communities. Diversity of the population in Maine and the U.S. is increasing; racial and ethnic concordance between a physician and a patient has been linked to improved health incomes.⁷ Commission members David Ngandu and Mufalo Chitam emphasized the importance of cultural competence and ethnic diversity in health care particularly among the immigrant community. Strategies to increase cultural competence include: providing interpreter services; recruiting and retaining minority staff; incorporating culture-specific attitudes and values into health promotion tools; and including family and community members in health care decision making.

⁴ See pages 8-28 of meeting materials for October 18 meeting for Maine Hospital Association and Maine Medical Association PowerPoint presentation at the following link: <https://legislature.maine.gov/doc/10403>.

⁵ Andrews, Ryan, Elliott, Brotherton, *Easing the Entry of Qualified International Medical Graduates to U.S. Medical Practice* published in *Academic Medicine* – the Journal of the Association of American Medical Colleges

⁶ Ibid.

⁷ Ibid.

Commission member Sally Sutton, who represents the New Mainers Resource Center - an organization that serves skilled foreign-trained professionals, noted in her presentation on October 18 that most new residents of Maine who are foreign-trained professionals came to the U.S. as refugees or asylum seekers. In fact, the authorizing legislation for this study directs the commission to focus on those who are here as refugees and asylum seekers. Sutton pointed out that refugees or asylum seekers did not plan to come to the U.S., but were forced to flee their home country for their safety due to threats of violence or imprisonment. Refugee and asylum seekers are often fleeing political unrest, trauma, war and other dangerous conditions. IMGs who come to the U.S. as a result of forced migration have not been planning for careers in the U.S. and, therefore, face a different set of challenges with licensing.⁸

One of the primary barriers for IMGs is lack of access to financial resources for expenses related to schooling or licensing itself. Costs related to obtaining school transcripts and diplomas, test application fees, and test preparation materials and courses can range from \$10,000 to \$15,000.⁹ In most cases, IMGs who come to the U.S. need to work to meet basic needs (food, clothing, shelter, child care and health care) for themselves and their families. Working to meet these basic needs means that the IMG has less time and financial resources to study English, prepare for tests and obtain clinical experience. Asylum seekers are eligible for food stamps, Medicare and cash assistance. Asylum seekers are also eligible for work permits once they have completed the waiting period after filing asylum applications. However, asylum seekers are not eligible for most medical residency programs until they obtain lawful permanent status. Because of backlogs in the U.S. immigration system, the waiting period to receive permanent status can be five to ten years. In addition to supporting a family in the U.S., refugees and asylum seekers may also provide support to families back in their home country.

Another significant barrier for IMGs (and for increasing the health care workforce generally) is the limited number and therefore highly competitive nature of residency slots. Maine, as well as the rest of the nation, has a limited number of residency slots. Medicare is the largest source of federal graduate medical education (GME) funding. There are two types of payments: direct (DGME) and indirect (IME). The Centers for Medicare and Medicaid Services (CMS) establishes the rules for GME payments. The number of residents that a hospital may receive payment for is “capped” due to a provision in the Balanced Budget Act of 1997, which limits the number of positions or slots that Medicare can fund.¹⁰ Medicaid, a joint federal-state program, is the second largest source of support for GME. Through this program, states may elect to recognize GME training costs as a component of overall hospital costs. The federal government shares payment for these expenses through federal matching funds. According to commission member James Jarvis of MMA, about two-thirds of hospitals in Maine are currently training more residents than those for which they receive Medicare GME funding. Currently, there are 11 residents not supported by Medicare DGME in Maine.¹¹ More information about the cost per residency slot can be found in recommendation #9.

⁸ See pages 38-49 of meeting materials for October 18 meeting for the New Mainers Resource Center presentation materials at the following link: <https://legislature.maine.gov/doc/10403>.

⁹ Ibid.

¹⁰ See pages 8-28 of meeting materials for October 18 meeting for Maine Hospital Association and Maine Medical Association PowerPoint presentation at the following link: <https://legislature.maine.gov/doc/10403>.

¹¹ Ibid.

A number of states in the nation have considered establishing a sponsorship program for IMGs to support and facilitate the entry of foreign-trained physicians into the U.S. health care system. A sponsor may be an institution that is accredited to provide graduate medical education, also known as a teaching hospital. Key features of a sponsorship program may include: eligibility criteria, credential evaluation, examinations, supervised clinical practice, language proficiency, support services, and a service obligation. The overarching goal of a sponsorship program is to enhance the health care workforce, especially in regions facing shortages, by integrating qualified foreign-trained physicians into the local health care system.

IV. RECOMMENDATIONS

Recommendation #1. Create a pathway to full licensure for IMGs (12 in favor, 1 absent).¹²

The commission unanimously recommends that the State of Maine create a pathway to full licensure for IMGs.

The commission recommends establishing a sponsorship program for IMGs as an alternative pathway to full licensure. First, the commission recommends a sponsorship for a limited amount of time where a qualified IMG receives a temporary educational certificate from BOLIM to act as a hospital resident. Secondly, the commission recommends implementing service obligations for an IMG who has completed educational training in the sponsorship program and has obtained a medical license. Further detail about recommendations relating to the sponsorship program and service obligations can be found in recommendations #2 through #10 below.

The commission discussed at length the pathway to full licensure proposed by the Massachusetts special commission and used the Massachusetts sponsorship model as the basis for recommendations. However, the only similarity between the Massachusetts special commission proposal and this commission's recommendations is creation of a sponsorship program as an alternative pathway for an IMG.

The Massachusetts special commission recommended creating a limited license for IMGs with a two-step process: first, a sponsorship for a limited amount of time and, second, a limited-period restricted license. An IMG is eligible for full licensure after a number of years of practicing under a restricted license. The limited license is described in the special commission's long-term recommendation #1 on Pages 21 – 22 of their report (which can be found in the meeting materials for the Maine commission's November 1 meeting). The Massachusetts legislation (H2224) to implement this recommendation, among others, was introduced in February 2023 and, as of the writing of this report, is pending in the Massachusetts Legislature.

The scope of the special commission was broader than this study commission. The special commission studied the licensing of not only internationally trained physicians, but also other health professionals, including nurses, dentists and physician assistants with the goal of expanding and improving medical services in rural and underserved areas. The special

¹² In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, David Ngandu, James Jarvis, Tim Terranova, Bruno Salazar-Perea, Mufalo Chitam, Imad Durra, Sally Weiss; Absent: Senate President Troy Jackson.

commission was staffed by the Massachusetts Bureau of Health Professions Licensure and met seven times between September 2021 and May 2022.

In addition to the Massachusetts legislation, which proposes a sponsorship program, Senior Policy Advisor for World Education Services Mike Zimmer, who presented at the November 1 meeting, noted multiple states have proposed legislation to establish a similar “sponsorship model” as an alternative pathway to full licensure for IMGs. West Virginia and Washington have created a category of “restricted” or “limited” physician licensure that allows IMGs with exceptional professional credentials to practice under limitations or conditions defined by the state’s board of medicine.¹³ According to Zimmer, as of November 2023, 50 IMGs in Washington State have secured a license under this law. Other states such as Tennessee, Idaho and Illinois have adopted some variation of a sponsorship model in 2023.

The next nine recommendations (#2 through #10) relate to the sponsorship model components.

Recommendation #2. Limit sponsors for the sponsorship program to the four existing sponsoring institutions in Maine (11 in favor, 1 opposed, 1 absent).¹⁴

A majority of commission members recommends that sponsors for the “sponsorship program” described in recommendation #1 be limited to the four existing “sponsoring institutions” accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the State of Maine – namely Central Maine Medical Center (CMMC); Eastern Maine Medical Center (EMMC); MaineGeneral – Maine Dartmouth Family Medicine Residency; and Maine Medical Center (MMC). These sponsoring institutions are the only four teaching hospitals in Maine.

ACGME is an independent, nonprofit organization that establishes and monitors voluntary professional education standards for preparing physicians to deliver safe, high-quality medical care. “Graduate medical education” (GME) refers to the period of education in a particular specialty (residency) or subspecialty (fellowship) following medical school. ACGME oversees the accreditation of residency and fellowship programs in the U.S.¹⁵

Maine does not have a State-sponsored medical school, but it has two Maine-based medical school programs, including Tufts University School of Medicine – Maine Medical Center (Maine Track) and the UNE College of Osteopathic Medicine. In addition, medical schools outside of Maine, including Boston University, University of Vermont and Tufts University, place medical students in Maine for clinical education.¹⁶

According to MHA, there are currently 396 resident or fellow physicians training in Maine; this includes residents or fellows supported by Medicare GME funding (see background section of

¹³ <https://documents.ncsl.org/wwwncsl/Labor/Opening-Pathways-to-Practice-for-Internationally-Trained-Physicians.pdf>

¹⁴ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, David Ngandu, James Jarvis, Tim Terranova, Mufalo Chitani, Imad Durra, Sally Weiss; Opposed: Bruno Salazar-Perea; Absent: Senate President Troy Jackson.

¹⁵ <https://www.acgme.org/about/overview/>

¹⁶ See pages 8-28 of meeting materials for October 18 meeting for Maine Hospital Association and Maine Medical Association PowerPoint presentation at the following link: <https://legislature.maine.gov/doc/10403>

this report for explanation of “the cap”) and residents or fellows funded by the sponsoring institution itself (or above “the cap”). GME programs, also referred to as training programs, are three to five years in duration. Specialists, such as critical care physicians who work in intensive care units, must complete additional training after residency; these slots are referred to as “fellowship” slots.¹⁷

Maine does well with retaining medical graduates who choose to come to Maine to train. Maine ranks 13th in the nation (at 49.8 percent) for the number of active physicians who completed in-state and are actively practicing medicine in Maine. However, Maine ranks 45th in the nation when it comes to the total number of residents and fellows in the ACGME program per 100,000 population.¹⁸

Recommendation #3. Require IMGs to have minimum number of years of prior licensed practice (or its equivalent) to qualify for the sponsorship program (11 in favor, 2 opposed).¹⁹

A majority of the commission recommends requiring IMGs to have minimum number of years of prior licensed practice (or its equivalent)²⁰ to qualify for the sponsorship program. The commission did not decide on a definitive minimum number of years of licensed (or equivalent) practice, but a majority of commission members recommended between one and five years for the minimum.

Recommendation #4. Ensure that the age of the IMG’s prior license (or equivalent) is not a barrier in order to qualify for the sponsorship program (12 in favor, 1 absent).²¹

The commission unanimously recommends ensuring that the sponsorship program does not disqualify IMGs due to the age of the IMGs prior license (or equivalent).

Recommendation #5. Limit the number of years of a temporary educational certificate within the sponsorship program to two years, with no more than two renewals for each two-year educational certificate (12 in favor, 1 absent).²²

The commission unanimously recommends limiting the number of years of a temporary educational certificate, which is issued by BOLIM, to two years, with no more than two renewals for each two-year educational certificate. Educational certificates are used by medical graduates

¹⁷ Ibid

¹⁸ Ibid

¹⁹ In favor: Senator Donna Bailey, Senate President Troy Jackson, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, James Jarvis, Mufalo Chitam, Imad Durra, Sally Weiss, Bruno Salazar-Perea; Opposed: David Ngandu, Tim Terranova.

²⁰ “Equivalent” means recognized ability to practice medicine by a sovereign state outside of the U.S.

²¹ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, James Jarvis, Mufalo Chitam, Imad Durra, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Absent: Senate President Troy Jackson.

²² In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, James Jarvis, Mufalo Chitam, Imad Durra, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Absent: Senate President Troy Jackson.

to apply to practice in a residency program and are site specific. The renewable temporary educational certificate (analogous to the “limited license” or “supervised license” period in the sponsorship model in Massachusetts) allows the pathway physician to practice in a participating sponsoring institution in order to gain familiarity with non-clinical skills and standards appropriate for a Maine medical practice environment and leads to issuance of a full, unrestricted license.

Recommendation #6. Implement service obligations for an IMG who has completed training in a sponsorship program and has obtained a license to practice medicine (11 in favor, 1 abstention, 1 absent).²³

The commission unanimously recommends implementing service obligations for an IMG who has completed training in a sponsorship program, also referred to as “pathway physician,” and has obtained a license to practice medicine. More specifically, the commission recommends requiring a pathway physician who has obtained a license to practice medicine in an underserved area in the State of Maine for the same number of years the pathway physician participated in the sponsorship program.

Recommendation #7. Require IMGs to obtain ECFMG certification in order to be eligible for the sponsorship program (12 in favor, 1 absent).²⁴

The commission unanimously recommends requiring IMGs to obtain ECFMG certification in order to be eligible for the sponsorship program. The commission also unanimously recommends authorizing BOLIM to adopt rules to grant waivers for this requirement for exceptional circumstances.

Although the commission unanimously supports this recommendation, a few commission members expressed concern about creating another barrier for IMGs when, in fact, the purpose of the study commission is to find ways integrate foreign-trained physicians into the health care workforce and to reduce barriers for IMGs trying to obtain a medical license in Maine. The commission views this recommendation as a starting point as it is difficult to know what the impacts of requiring ECFMG certification will be on IMGs who want to participate in the sponsorship program. It is the commission’s hope that this will not have an adverse impact on an IMG’s path to full licensure.

ECFMG is the standard for evaluating the qualifications of IMGs before they enter U.S. post graduate training (PGT) where IMGs provide supervised patient care. ECFMG is used by every state in the nation; however, California provides an exception for foreign medical schools approved by the Medical Board of California.

²³ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Anne Head, Sally Sutton, James Jarvis, Mufalo Chitam, Imad Durra, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: Representative Samuel Zager; Absent: Senate President Troy Jackson.

²⁴ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, James Jarvis, Mufalo Chitam, Imad Durra, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Absent: Senate President Troy Jackson.

To obtain a medical license in Maine, BOLIM requires U.S. and Canadian medical graduates to: a) graduate from a medical school accredited by Liaison Committee on Medical Education (LCME); b) pass all three steps of the USMLE process – step 3 is normally taken during residency; and c) complete 36 months of PGT accredited by the Accreditation Council on Graduate Medical Education (ACGME). According to BOLIM, ACGME is currently the only accrediting body for U.S. graduate medical education residency programs.

LCME is jointly sponsored by the American Association of Medical Colleges (AAMC) and the American Medical Association (AMA) and is recognized by the U.S. Department of Education and the World Federation for Medical Education (WFME) as the notable authority for the accreditation of medical education programs leading to a medical degree (doctor of medicine or M.D.). It is worth noting that LCME will end its accreditation of Canadian medical Schools on June 30, 2025. As of that date, Canadian medical graduates will be considered IMGs.

BOLIM requires IMGs (excluding Canadian medical graduates until June 30, 2025) who graduate from a non-LCME-accredited school to: a) obtain ECFMG certification or pass some comprehensive exam equivalent as determined by BOLIM;²⁵ pass all three steps of USMLE (step 3 is usually taken during residency); and complete 36 months of PGT accredited by ACGME. In addition, IMGs must demonstrate English proficiency.

Recommendation #8. Require IMGs to reside in the State of Maine for at least 12 months to be eligible for the sponsorship program (10 in favor, 2 abstentions, 1 absent).²⁶

The commission unanimously recommends requiring IMGs to reside in the State of Maine for at least 12 months to be eligible for the sponsorship program.

Recommendation #9. Limit the number of slots for IMGs funded by the State in the sponsorship program to 10 at any given time (11 in favor, 1 abstention, 1 absent).²⁷

The commission unanimously recommends limiting the number of slots for IMGs funded by the State in the sponsorship program to 10 at any given time. Commission member Dr. James Jarvis estimated that the cost of PGT residents at EMMC is approximately \$270,000 per resident per year. Dr. Jarvis noted that nationally the average cost of a medical resident per year is \$250,000. With this in mind, the commission supports limiting the number of slots to 10 for a total cost of approximately \$2.5 million. Funding for residency slots typically goes directly to the hospital as the sponsoring institution. The cost covers the resident who is considered an employee of the

²⁵ According to BOLIM, the following exam sets are equivalent: Licentiate of the Medical Council of Canada (LMCC); USMLE; Foreign Medical Graduate Examination in the Medical Sciences (FMGEMS); Federation of Licensing Examination (FLEX) which is a predecessor to USMLE; and the United Kingdom's Applied Knowledge Test (AKT) in conjunction with the Recorded Consultation Assessment (RCA).

²⁶ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Anne Head, Sally Sutton, James Jarvis, Imad Durra, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: Representative Samuel Zager, Mufalo Chitam; Absent: Senate President Troy Jackson.

²⁷ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, James Jarvis, Imad Durra, Sally Weiss, Bruno Salazar-Perea, Mufalo Chitam, Tim Terranova; Abstain: David Ngandu; Absent: Senate President Troy Jackson.

sponsoring institution and also covers the cost to the institution for having a learning physician on staff.

As of the writing of this report, the status of LD 1797, An Act to Expand Maine’s Health Care Workforce by Expanding Educational Opportunities (amended title) is pending. LD 1797 was introduced in the First Regular/Special Session of the 131st Maine Legislature, placed on the Special Appropriations Table in the Senate, and ultimately carried over to the Second Regular Session. The bill includes a General Fund appropriation to the Department of Health and Human Services of \$2.5 million per year in State fiscal years ending 2024 and 2025 for the Maine Medical Education Training and Residency Fund, which may potentially provide a portion of the funding needed for this recommendation.

However, it is not the commission’s intent to take funds away from any of the proposed initiatives in LD 1797, which provides funding for previously established initiatives and programs, such as, the nursing education loan repayment program, the Maine Health Care Provider Loan Repayment Program Fund, the Maine Rural Graduate Medical Education (MERGE) Collaborative and the Doctors for Maine’s Future Scholarship Fund. One of the goals of LD 1797 is sustain these currently existing programs and funds.

Recommendation #10. Utilize the existing infrastructure of the MERGE Collaborative to screen candidates for the sponsorship program (9 in favor, 3 abstentions, 1 absent).²⁸

The commission unanimously recommends utilizing the existing infrastructure of the MERGE Collaborative to screen candidates for the sponsorship program. In 2021, using federal American Rescue Plan Act (ARPA) funds, the Maine Legislature provided funding to the four ACGME sponsoring institutions in Maine for the purpose of creating a collaboration to develop high-quality residency rotations at hospitals and community-based health centers across Maine. The goal of the MERGE Collaborative is to give medical students experience in providing health care for Maine’s diverse socioeconomic, racial and regional populations.²⁹

Commission member Sally Weiss of MHA noted the importance of implementing a process for IMGs to apply for the sponsorship program, including evaluation of IMGs eligibility for the program and determination of placement for IMGs at a sponsoring institution. Weiss recommended that placement be based on where the candidate resides, the candidate’s specialty, and the availability of a residency or fellowship slot in that location. Because there is representation of all four sponsoring institutions in the MERGE Collaborative, the collaborative could serve as the receiving entity of applicants. Weiss suggested that funds flow through the MERGE Collaborative to the sponsoring institutions with the intent that funds follow the IMG.

As noted above, in 2021, the Maine Legislature passed legislation that used federal ARPA funds to implement Governor Mills’ Maine Jobs and Recovery Plan. Public Law 2021, chapter 483 appropriated \$500,000 in fiscal year ending 2022 and \$1.1 million in fiscal year ending 2023 to

²⁸ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Anne Head, Sally Sutton, James Jarvis, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: Representative Samuel Zager, Imad Durra, Mufalo Chitam; Absent: Senate President Troy Jackson.

²⁹ <https://mergecollaborative.org/about/>

provide incentives to providers to serve as preceptors and clinical sites for health care students who require clinical hours and related oversight; and \$900,000 in fiscal year ending 2022 and \$1.8 million in fiscal year ending 2023 to provide funding to develop and refine health care career pathways and implement health care apprenticeships. The funding is set to expire in December 2024.

The next three recommendations (#11 through #13) relate to funding IMG support.

Recommendation #11. Create a fund for clinical readiness programs and career/educational instruction for IMGs to prepare IMGs for eligibility for a sponsorship program (11 in favor, 1 abstention, 1 absent).³⁰

The commission unanimously recommends creating a fund for clinical readiness programs and career/educational instruction for IMGs on Maine’s medical landscape to prepare IMGs for eligibility for a sponsorship program. The target population is an IMG with licensure (or its equivalent) in a country outside of the U.S.

As mentioned in the background section of this report, IMGs face several challenges when seeking to practice medicine in the U.S. A clinical readiness program can help IMGs overcome some of these challenges. Variations in medical education and training standards across countries may result in differences in clinical knowledge and skills. IMGs often need to bridge these gaps to meet U.S. standards. Gaining clinical experience is essential for an IMG to adapt to local practices and to understand the U.S. health care delivery system.

Pursuing clinical readiness programs and preparing for licensing exams can be financially burdensome. IMGs may not be able to cover the costs associated with exam fees, travel and living expenses during the preparation period. In addition, preparing and passing medical licensing exams in the U.S. can be daunting, particularly for IMGs who have been out of medical school for an extended period of time. Some IMGs may not have access to the same resources and support systems as U.S. medical graduates; this includes mentorship, networking opportunities and guidance on the application process. An adequately funded clinical readiness program is essential to helping IMGs assimilate into the Maine’s medical landscape.

Recommendation #12. Create an IMG assistance program (10 in favor, 2 abstentions, 1 absent).³¹

The commission unanimously recommends creating a program to assist IMGs who wish to re-establish their medical careers in the State of Maine. The program must be similar to the State of Colorado’s and adequately funded to achieve the same goals as the Colorado program as outlined below.

³⁰ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, James Jarvis, Imad Durra, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: Mufalo Chitam; Absent: Senate President Troy Jackson.

³¹ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, Mufalo Chitam, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: James Jarvis, Imad Durra; Absent: Senate President Troy Jackson.

Colorado recently enacted legislation to establish an IMG assistance program within Colorado's Department of Labor and Employment (CDLE). The department is required to provide direct services to IMGs through a contract with a third party to administer the program and the executive director of CDLE determines the eligibility criteria for participation in the IMG assistantship program.

The Colorado IMG assistance program does the following:

- reviews the background, education training and experience of program participants in order to recommend appropriate steps to enable participants to integrate into the state's health care workforce as physicians or to pursue an alternative health care career;
- 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;
- develops, in partnership with community organizations that work with IMGs, voluntary rosters of IMGs interested in entering into the state's health care workforce as physicians and IMGs seeking alternative health care careers; and
- provides guidance to IMGs to apply for medical residency programs or other pathways to licensure.

Recommendation #13.

- A. Develop and administer a pilot project for a loan guarantee program for IMGs who are returning to school to pursue any health care professional degree (not necessarily M.D.) and who do not have access to traditional student loans; and**
- B. Develop a state-based alternative Free Application for Federal Student Aid (FAFSA) form to be used by Maine's public and private educational institutions and in other situations where FAFSA is required for students (9 in favor, 3 abstentions, 1 absent).³²**

The commission unanimously recommends developing and administering a pilot project for a loan guarantee program for IMGs who are returning to school to pursue any health care professional degree (not necessarily M.D.) and who do not have access to traditional student

³² In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Sally Sutton, Mufalo Chitam, Sally Weiss, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: James Jarvis, Imad Durra, Anne Head; Absent: Senate President Troy Jackson.

loans. The Finance Authority of Maine (FAME) or similar entity may administer this pilot project.

The commission also unanimously recommends that FAME or other appropriate entity develop a state-based alternative FAFSA form to be used by Maine’s public and private educational institutions and in other situations where FAFSA is required for students. The target audience is students who are not eligible to complete the FAFSA form, such as asylum seekers.

In summary, the commission supports the use of any and all resources available to meet the goals set forth in recommendations #11 through #13. In addition, the commission recommends that the Maine Legislature and the State provide the additional appropriations needed to fund these programs and initiatives.

Recommendation #14. Direct the Office of New Americans (ONA), once it is established, to work with appropriate educational programs to develop programs for IMGs entry into and completion of educational programs in alternative health professions (11 in favor, 1 abstention, 1 absent).³³

The commission unanimously recommends directing the Office of New Americans (ONA) to work with appropriate educational programs to develop programs for IMGs entry into and completion of educational programs in alternative health professions, such as physician assistant, nurse or nurse practitioner.

On August 3, 2023, Governor Janet Mills signed an executive order directing the Governor’s Office of Policy Innovation and the Future (GOPIF) to work with stakeholders to create a plan for the establishment of ONA by January 19, 2024. The primary goal of ONA is to ensure that the State is effectively incorporating immigrants into Maine’s workforce and communities to strengthen the State’s economy.

In addition, the Governor’s executive order directs GOPIF to participate in the national Office of New Americans State Network, which is a consortium of U.S. states with dedicated offices or staff positions established to facilitate immigrant integration. The national network is supported by World Education Services and the American Immigrant Council. Maine will be the 19th state in the U.S. to join this network with the creation of Maine’s ONA.

V. CONCLUSION

IMGs can play a crucial role in addressing health care workforce shortages in Maine and, in particular, can help address shortages of physicians in underserved areas or specialties. To maximize the impact of IMGs in addressing health care workforce shortages, it is essential for the State to have an improved regulatory framework, support systems and programs to ensure that these professionals can be integrated into Maine’s health care workforce while maintaining

³³ In favor: Senator Donna Bailey, Representative Kristi Mathieson, Representative Samuel Zager, Anne Head, Sally Sutton, Mufalo Chitam, Sally Weiss, James Jarvis, Bruno Salazar-Perea, David Ngandu, Tim Terranova; Abstain: Imad Durra; Absent: Senate President Troy Jackson.

high standards of care. The commission believes strongly that more coordination and collaboration among State agencies and interested parties is needed to achieve this goal.

The commission recognizes that medical licensing serves to protect the public, maintain standards of care and ensure the competence and ethical conduct of health care professionals. As mentioned earlier in the report, variations in medical education and training standards across countries may result in differences in clinical knowledge and skills. IMGs need to bridge these gaps to meet U.S. standards. Commission member Mufalo Chitam stressed the importance of building bridges for IMGs and creating pathways so that these highly skilled professionals can transition smoothly into the U.S. and Maine health care system. IMGs often do not have access to the same support systems as U.S. medical graduates. The State must provide more resources and guidance for IMGs on their pathway to medical licensure.

While there are clear benefits to integrating foreign-trained physicians into Maine's health care workforce, it is essential to ensure that the integration of IMGs is done thoughtfully, considering factors like language proficiency, cultural competency, and the need for additional training to meet U.S. standards. It is also important to address challenges such as credentialing and licensing processes to ensure patient safety and maintain high standards of care.

APPENDIX A

Authorizing Legislation: Resolve 2023, c. 93

STATE OF MAINE

IN THE YEAR OF OUR LORD

TWO THOUSAND TWENTY-THREE

H.P. 584 - L.D. 937

Resolve, to Establish the Commission Regarding Foreign-trained Physicians Living in Maine

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation establishes the Commission Regarding Foreign-trained Physicians Living in Maine to study integrating foreign-trained physicians into the health care workforce; and

Whereas, this legislation must take effect before the expiration of the 90-day period so that the commission may timely meet and make its report to the Legislature; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore, be it

Sec. 1. Commission established. Resolved: That the Commission Regarding Foreign-trained Physicians Living in Maine, referred to in this resolve as "the commission," is established.

Sec. 2. Commission membership. Resolved: That, notwithstanding Joint Rule 353, the commission consists of 13 members appointed as follows:

1. Two members of the Senate, appointed by the President of the Senate, at least one of whom must be a member of the Joint Standing Committee on Health Coverage, Insurance and Financial Services;
2. Two members of the House of Representatives, appointed by the Speaker of the House of Representatives, at least one of whom must be a member of the Joint Standing Committee on Health and Human Services;
3. One member who is a member or staff member of the Board of Licensure in Medicine, appointed by the President of the Senate;
4. One member who is a representative of the Maine Hospital Association, appointed by the President of the Senate;

5. One member who is a representative of the New Mainers Resource Center, appointed by the President of the Senate;

6. Three members who are physicians who are refugees or immigrants, 2 of whom are appointed by the Speaker of the House of Representatives, at least one of whom must be licensed to practice in the State, and one of whom is appointed by the President of the Senate;

7. One member who is a representative of the Maine Medical Association, appointed by the Speaker of the House of Representatives;

8. One member who is a representative of the Maine Immigrants' Rights Coalition, appointed by the Speaker of the House of Representatives; and

9. One member from the staff of the Office of the Governor, appointed by the Governor.

Sec. 3. Chairs. Resolved: That the first-named Senate member is the Senate chair and the first-named House of Representatives member is the House chair of the commission.

Sec. 4. Appointments; convening of commission. Resolved: That all appointments must be made no later than 30 days following the effective date of this resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members, the chairs shall call and convene the first meeting of the commission. If 30 days or more after the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the commission to meet and conduct its business.

Sec. 5. Duties. Resolved: That the commission shall study integrating foreign-trained physicians, including surgeons, living in the State into the health care workforce to best reflect their level of skills and training, with a focus on those who are here as refugees and asylum seekers, and reducing barriers to licensing for foreign-trained physicians and physicians from other states. The commission shall explore a wide range of options for how to help enable foreign-trained physicians who wish to live and practice in the State to best use their skills and talents, increase health care workforce cultural competency and address potential workforce shortages. The commission shall make recommendations on:

1. Strategies to integrate foreign-trained physicians into the health care workforce;
2. Other ways, outside of being licensed as a physician, that foreign-trained physicians can be supported to best use their skills and training;
3. Changes for regulations that may pose unnecessary barriers to practice for foreign-trained physicians and physicians from other states;
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;
5. Opportunities to advocate for corresponding changes to national licensing requirements; and
6. Any other matters pertaining to foreign-trained physicians and physicians from other states considered necessary by the commission.

The commission shall review and identify best practices learned from similar efforts in other states. The commission may hold hearings and invite testimony from experts and the public to gather information. The commission may develop guidelines for full licensure and conditional licensure of foreign-trained physicians and physicians from other states and recommendations for the types of strategies, programs and support that would benefit foreign-trained physicians and physicians from other states to use the fullest extent of their training and experience.

Sec. 6. Staff assistance. Resolved: That the Legislative Council shall provide necessary staffing services to the commission, except that Legislative Council staff support is not authorized when the Legislature is in regular or special session.

Sec. 7. Stakeholder participation. Resolved: That the commission may invite the participation of stakeholders to participate in meetings or subcommittee meetings of the commission to ensure the commission has the information and expertise necessary to fulfill its duties, including, but not limited to, representatives of health insurance carriers, the University of New England College of Osteopathic Medicine, medical graduate residency programs in the State, the Maine Public Health Association, the Maine Osteopathic Association and the Maine Association of Physician Assistants.

Sec. 8. Report. Resolved: That, notwithstanding Joint Rule 353, no later than January 15, 2024, the commission shall submit a report that includes its findings and recommendations, including suggested legislation, to the Joint Standing Committee on Health Coverage, Insurance and Financial Services. The joint standing committee may report out legislation to the Second Regular Session of the 131st Legislature based on the report.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

APPENDIX B

Membership List: Commission Regarding Foreign-trained Physicians Living in Maine

Commission Regarding Foreign-trained Physicians Living in Maine

Resolve 2023, c. 93

Membership List

Name	Representation
Senator Donna Bailey, Chair	Member of the Senate, appointed by the President of the Senate, at least one of whom must be a member of HCIFS
Representative Kristi Mathieson, Chair	Member of the House of Representatives, appointed by the Speaker of the House of Representatives, at least one of whom must be a member of HHS
Senator Troy Jackson	Member of the Senate, appointed by the President of the Senate, at least one of whom must be a member of HCIFS
Representative Samuel Zager	Member of the House of Representatives, appointed by the Speaker of the House of Representatives, at least one of whom must be a member of HHS
David Ngandu	Member who is a physician who is a refugee or immigrant, appointed by the President of the Senate
Sally Sutton	Member who is a representative of the New Mainers Resource Center, appointed by the President of the Senate
Tim Terranova	Member who is a member or staff member of the Board of Licensure in Medicine, appointed by the President of the Senate
Sally Weiss	Member who is a representative of the Maine Hospital Association, appointed by the President of the Senate
Mufalo Chitam	Member who is a representative of the Maine Immigrants' Rights Coalition, appointed by the Speaker of the House of Representatives
Imad Durra	Members who are physicians who are refugees or immigrants, at least one of whom must be licensed to practice in the state, appointed by the Speaker of the House of Representatives
Bruno Salazar-Perea	Members who are physicians who are refugees or immigrants, at least one of whom must be licensed to practice in the state, appointed by the Speaker of the House of Representatives
James W. Jarvis	Member who is a Representative of the Maine Medical Association
Anne L. Head	Member from the staff of the Office of the Governor