



House Bill 22-1050

International Medical Graduate Integrate Health-care Workforce

Legislative Fact Sheet
February 18, 2022

Background:

Colorado is facing acute challenges in its healthcare workforce system on all levels. In 2021, the Governor and a group of legislators recognized these challenges and requested that the longstanding Nurse-Physician Advisory Task Force for Colorado Healthcare (NPATCH) investigate and recommend ways to integrate International Medical School Graduates (IMGs) into Colorado's healthcare workforce.

NPATCH is a commission at the Department of Regulatory Agencies (DORA) and it has 12 members, made up of five physicians (one being a representative from the Colorado Medical Board (CMB), five nurses, and two consumer representatives. They studied the challenges, opportunities within the current regulatory structure, and what other states (and British Columbia) had done to rectify the situation.

In April of 2020, an Executive Order was issued that made temporary licenses available to IMGs but this alone did not create a licensure pathway. This legislation is based on the thoughtful and robust findings and recommendations of the NPATCH study and the issuance of the Executive Order.

Opportunity:

A recent American Medical Association survey revealed that one in three physicians intend to leave their jobs in the next three years and one in five intend to reduce their hours. At the same time, Colorado has a ready and highly-skilled workforce that we have been unable to harness to meet workforce needs. In Colorado, there are 3,000 foreign trained healthcare professionals, many of whom are underemployed because their skills and credentials are not recognized.

While Colorado can import foreign-trained physicians on workforce visas, this is a very expensive and time consuming process. This bill focuses on the IMGs who already call Colorado home, and invests in their potential at a much lower cost.

Summary of Legislation:

HB22-1050 helps Coloradans who have been trained as physicians overseas become licensed practitioners in our state. This includes refugees, such as the Afghan evacuees, who have no path to practice here in their new country or in their country of licensure.

This legislation, as amended, includes three license components and two programs to ensure that these license changes have impact. The license components do not change the current regulatory structure, and instead ensure that the existing licensing structures can be used to facilitate the licensure of IMGs in a similar fashion to license US medical school graduates.

- 1. Equalizing IMG Residency Licensing Requirements:** Currently, IMGs must have three years of clinical experience in a residency program for full licensure while US medical school graduates only need one year. Because an IMG must compete on equal footing with US medical school graduates to gain a residency slot, it only makes sense that we would apply equity in the residency program in terms of licensure. Seven states have made similar changes in recent years.

2. Standardizing Re-Entry Licenses: The bill allows IMGs, who have lost their license when they moved countries, to apply to the CMB for a re-entry license, similar to how US medical school graduates apply when they lose their license. The bill requires a medical school or healthcare partner to work with the CMB to determine an appropriate assessment, including clinical skills that tests the skills and credentials of the applicant, much like there are current processes for other physicians who have lost their license. British Columbia has licensed over 3,000 new physicians, mostly in primary care, using a similar model.

3. Extending Re-Entry Licenses for Exceptionally Qualified IMGs: Colorado already licenses IMGs who are distinguished in some way so that they may practice and teach at our healthcare institutions. The bill makes it possible for individuals to transition from these licenses, which are restricted in terms of location practice, to full licensure.

4. Creation of an IMG Assistance Program: Each IMG is unique. For example, perhaps they recently practiced in Canada or perhaps they have not been able to recently practice as they have been in a refugee camp in Jordan after fleeing Iraq. This bill creates an assistance program that offers career navigation services to IMGs to help navigate opportunities, whether that is licensure as a physician or another healthcare occupation.

5. Creation of a Clinical Readiness Program: This bill also creates a clinical readiness program that will assist IMGs who need additional training, including a full residency program. Using a work-based learning model, this program would assist IMGs in obtaining the clinical skills they need to be competitive for existing residency slots. In Colorado, only 2% of IMGs match to a residency program; nationally it is 14%. This program will help close that gap. In Minnesota's similar program, 100% of participants have matched to a residency.

Impact:

In Colorado, 300 IMGs are in the pipeline for licensure. IMGs, on the whole, are culturally and linguistically diverse, and cultural concordance between patients and doctors have shown better health outcomes. As Colorado diversifies, such initiatives will be important to ensure a healthy Colorado. When British Columbia made similar changes, IMGs moved from other provinces to BC to work in areas such as primary care or family medicine and have remained in BC.

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