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Tony Evers, Governor
Dan Hereth, Secretary

VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
Virtual, 4822 Madison Yards Way, Madison
Contact: Tom Ryan (608) 266-2112
September 18, 2024

The following agenda describes the issues that the Board plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Board.

AGENDA

8:00 A.M.

OPEN SESSION – CALL TO ORDER – ROLL CALL

A. Adoption of Agenda (1-4)

B. Approval of Minutes of August 21, 2024 (5-9)

C. Introductions, Announcements and Recognition

D. Reminders: Conflicts of Interest, Scheduling Concerns

E. Administrative Matters – Discussion and Consideration

1) Department, Staff and Board Updates
2) Board Members – Term Expiration Dates
   a. Bond, Jr., Milton – 7/1/2027
   b. Chou, Clarence P. – 7/1/2027
   c. Clarke, Callisia N. – 7/1/2028
   d. Ferguson, Kris – 7/1/2025
   e. Gerlach, Diane M. – 7/1/2028
   f. Goel, Sumeet K. – 7/1/2027
   g. Hilton, Stephanie – 7/1/2028
   h. Lerma, Carmen – 7/1/2024
   i. Leuthner, Steven R. – 7/1/2027
   j. Majeed-Haqqi, Lubna – 7/1/2027
   k. Schmeling, Gregory J. – 7/1/2025
   l. Siebert, Derrick R. – 7/1/2025
   m. Yu, Emily S. – 7/1/2028
3) **Wis. Stat. § 15.085 (3)(b) – Affiliated Credentialing Boards' Biannual Meeting with the Medical Examining Board to Consider Matters of Joint Interest, Including Wisconsin Physician Assistant and Nurse Practitioner Roles and PA Practice Overview**
   a. Physician Assistant Affiliated Credentialing Board – Jennifer Jarrett, Chairperson

F. Legislative and Policy Matters – Discussion and Consideration

G. Administrative Rule Matters – Discussion and Consideration (10)
1) Preliminary Rule Draft: Med 27, Relating to Provisional Licensure for International Physicians **(11-47)**
2) Pending or Possible Rulemaking Projects **(48)**

H. Consider Application to Respiratory Care Practitioners Examining Council – Discussion and Consideration (49)
1) Tammy Kundinger, MBA, RRT, RCP – Respiratory Care Practitioner Member **(50-53)**

I. Interdisciplinary Advisory Council Liaison Report – Discussion and Consideration

J. Professional Assistance Procedure (PAP) Discussion of Expansion to Include Mental Health Disorders

K. Federation of State Medical Boards (FSMB) Matters – Discussion and Consideration

L. Newsletter Matters – Discussion and Consideration

M. Controlled Substances Board Report – Discussion and Consideration

N. Interstate Medical Licensure Compact Commission (IMLCC) – Report from Wisconsin's Commissioners – Discussion and Consideration

O. Screening Panel Report

P. Future Agenda Items

Q. Discussion and Consideration of Items Added After Preparation of Agenda:
1) Introductions, Announcements and Recognition
2) Elections, Appointments, Reappointments, Confirmations, and Committee, Panel and Liaison Appointments
3) Administrative Matters
4) Election of Officers
5) Appointment of Liaisons and Alternates
6) Delegation of Authorities
7) Education and Examination Matters
8) Credentialing Matters
9) Practice Matters
10) Public Health Emergencies
11) Legislative and Policy Matters
12) Administrative Rule Matters
13) Liaison Reports
14) Board Liaison Training and Appointment of Mentors
15) Informational Items
16) Division of Legal Services and Compliance (DLSC) Matters
17) Presentations of Petitions for Summary Suspension
18) Petitions for Designation of Hearing Examiner
19) Presentation of Stipulations, Final Decisions and Orders
20) Presentation of Proposed Final Decisions and Orders
21) Presentation of Interim Orders

22) Petitions for Re-Hearing
23) Petitions for Assessments
24) Petitions to Vacate Orders
25) Requests for Disciplinary Proceeding Presentations
26) Motions
27) Petitions
28) Appearances from Requests Received or Renewed
29) Speaking Engagements, Travel, or Public Relation Requests, and Reports

R. Public Comments

CONVENE TO CLOSED SESSION to deliberate on cases following hearing (s. 19.85(1)(a), Stats.); to consider licensure or certification of individuals (s. 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (ss. 19.85(1)(b), and 448.02(8), Stats.); to consider individual histories or disciplinary data (s. 19.85(1)(f), Stats.); and to confer with legal counsel (s. 19.85(1)(g), Stats.).

S. Deliberation on DLSC Matters

1) Proposed Stipulations, Final Decisions and Orders

a. 23 MED 179 – Trung N. Nguyen **(54-59)**
b. 23 MED 232 – Kevin J. Bjork **(60-67)**
c. 23 MED 445 – Naishal B. Gandhi **(68-74)**
d. 23 MED 554 – Richard R. Imoehl **(75-85)**
e. 24 MED 0184 – Gautam Jayaswal **(86-91)**

2) Case Closings

a. 22 MED 170 – R.P.B. **(92-111)**
b. 22 MED 285 – R.P.B. **(112-114)**
c. 23 MED 188 – A.C.N. **(115-132)**
d. 23 MED 250 – M.A.P. **(133-141)**
e. 23 MED 330 – B.D.B. **(142-155)**
f. 23 MED 394 – A.J. **(156-162)**
g. 23 MED 604 – C.M.G. **(163-168)**
h. 24 MED 0265 – N.V.B. **(169-173)**

3) Monitoring

a. Steven Armus, M.D. – Requesting Full Licensure **(174)**

T. Credentialing Matters

1) Full Board Oral Interview

a. **APPEARANCE:** Aasma Aziz – Medicine and Surgery Renewal Applicant (IA 187474) **(175-222)**
b. **APPEARANCE:** Eric Wong – Initial D.O. Applicant (IA 324834) **(223-268)**

U. Deliberation of Items Added After Preparation of the Agenda
1) Education and Examination Matters
2) Credentialing Matters
3) DLSC Matters
4) Monitoring Matters
5) Professional Assistance Procedure (PAP) Matters
6) Petitions for Summary Suspensions
7) Petitions for Designation of Hearing Examiner
8) Proposed Stipulations, Final Decisions and Order
9) Proposed Interim Orders

10) Administrative Warnings
11) Review of Administrative Warnings
12) Proposed Final Decisions and Orders
13) Matters Relating to Costs/Orders Fixing Costs
14) Complaints
15) Case Closings
16) Board Liaison Training
17) Petitions for Extension of Time
18) Petitions for Assessments and Evaluations
19) Petitions to Vacate Orders
20) Remedial Education Cases
21) Motions
22) Petitions for Re-Hearing
23) Appearances from Requests Received or Renewed

V. Open Cases

W. Consulting with Legal Counsel

RECONVENE TO OPEN SESSION IMMEDIATELY FOLLOWING CLOSED SESSION

X. Vote on Items Considered or Deliberated Upon in Closed Session if Voting is Appropriate

Y. Open Session Items Noticed Above Not Completed in the Initial Open Session

Z. Delegation of Ratification of Examination Results and Ratification of Licenses and Certificates

ADJOURNMENT

ORAL INTERVIEWS OF CANDIDATES FOR LICENSURE

VIRTUAL/TELECONFERENCE

10:00 A.M. OR IMMEDIATELY FOLLOWING THE FULL BOARD MEETING

CLOSED SESSION – Reviewing Applications and Conducting Oral Interview(s) of **zero (0)** (at time of agenda publication) Candidate(s) for Licensure – **Dr. Goel** and **Dr. Leuthner**

NEXT MEETING: OCTOBER 16, 2024
Board Member Training: November 15, 2024

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MEETINGS AND HEARINGS ARE OPEN TO THE PUBLIC, AND MAY BE CANCELLED WITHOUT NOTICE.

Times listed for meeting items are approximate and depend on the length of discussion and voting. All meetings are held virtually unless otherwise indicated. In-person meetings are typically conducted at 4822 Madison Yards Way, Madison, Wisconsin, unless an alternative location is listed on the meeting notice. In order to confirm a meeting or to request a complete copy of the board's agenda, please visit the Department website at https:\\dsps.wi.gov. The board may also consider materials or items filed after the transmission of this notice. Times listed for the commencement of disciplinary hearings may be changed by the examiner for the convenience of the parties. Requests for interpreters for the hard of hearing, or other accommodations, are considered upon request by contacting the Affirmative Action Officer, or reach the Meeting Staff by calling 608-267-7213.

VIRTUAL/TELECONFERENCE
MEDICAL EXAMINING BOARD
MEETING MINUTES
AUGUST 21, 2024

PRESENT: Milton Bond, Jr.; Clarence Chou, M.D.; Kris Ferguson, M.D.; Diane Gerlach, D.O.; Sumeet Goel, D.O., Stephanie Hilton; Carmen Lerma *(arrived at 8:34 a.m.)*; Steven Leuthner, M.D.; Gregory Schmeling, M.D.; Derrick Siebert, M.D.; Emily Yu, M.D.

ABSENT: Callisia Clarke, M.D.; Lubna Majeed-Haqqi, M.D.

STAFF: Tom Ryan, Executive Director; Jameson Whitney, Legal Counsel; Nilajah Hardin, Administrative Rules Coordinator; Dialah Azam, Board Administration Specialist; and other Department staff

CALL TO ORDER

Clarence Chou, Chairperson, called the meeting to order at 8:00 a.m. A quorum was confirmed with nine (9) members present.

ADOPTION OF AGENDA

MOTION: Diane Gerlach moved, seconded by Emily Yu, to adopt the Agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES OF JULY 17, 2024

MOTION: Emily Yu moved, seconded by Sumeet Goel, to approve the Minutes of July 17, 2024 as published. Motion carried unanimously.

ADMINISTRATIVE MATTERS

Delegation of Authorities

Delegation to Monitoring Liaison

MOTION: Gregory Schmeling moved, seconded by Steven Leuthner, to delegate authority to the Monitoring Liaison(s) to make any determination on Orders under monitoring and to refer to the Full Board any matter the Monitoring Liaison deems appropriate. Motion carried unanimously.

Delegation to Department Monitor

MOTION: Gregory Schmeling moved, seconded by Steven Leuthner, to delegate authority to the Department Monitor as outlined below:

1. to grant reinstatement of licensure if education and/or costs are the sole condition of the order and the credential holder has submitted the required proof of completion for approved courses and paid the costs.
2. to suspend the license if the credential holder has not completed Board ordered education and/or paid costs and forfeitures within the

time specified by the Board order. The Department Monitor may remove the suspension and issue an order when proof of completion and/or payment has been received.

3. to suspend the license (or remove stay of suspension) if a credential holder fails to enroll and participate in an Approved Program for drug and alcohol testing within 30 days of the order, or if credential holder ceases participation in the Approved Program without Board approval. This delegated authority only pertains to respondents who must comply with drug and/or alcohol testing requirements.
4. to grant or deny approval when a credential holder proposes treatment providers, mentors, and supervisors unless the Order specifically requires full-Board or Board designee approval.
5. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete Board ordered continuing, disciplinary, or remedial education.
6. to grant a maximum of one 90-day extension or payment plan for proceeding costs and/or forfeitures if warranted and requested in writing by a credential holder.
7. to grant a maximum of one 90-day extension, if warranted and requested in writing by a credential holder, to complete a Board ordered evaluation or exam.

Motion carried unanimously.

CLOSED SESSION

MOTION: Emily Yu moved, seconded by Gregory Schmeling, to convene to Closed Session to deliberate on cases following hearing (§ 19.85(1)(a), Stats.); to consider licensure or certification of individuals (§ 19.85(1)(b), Stats.); to consider closing disciplinary investigations with administrative warnings (§ 19.85(1)(b), Stats. and § 448.02(8), Stats.); to consider individual histories or disciplinary data (§ 19.85(1)(f), Stats.); and to confer with legal counsel (§ 19.85(1)(g), Stats.). Clarence Chou, Chairperson, read the language of the motion aloud for the record. The vote of each member was ascertained by voice vote. Roll Call Vote: Milton Bond, Jr.-yes; Clarence Chou-yes; Kris Ferguson-yes; Diane Gerlach-yes; Sumeet Goel-yes; Stephanie Hilton-yes; Steven Leuthner-yes; Gregory Schmeling-yes; Derrick Siebert-yes; and Emily Yu-yes. Motion carried unanimously.

The Board convened into Closed Session at 8:27 a.m.

DELIBERATION ON DIVISION OF LEGAL SERVICES AND COMPLIANCE (DLSC) MATTERS

Proposed Stipulations, Final Decisions and Orders

22 MED 073 & 23 MED 023 – Jerald P. Marifke

MOTION: Stephanie Hilton moved, seconded by Gregory Schmeling, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of

disciplinary proceedings against Jerald P. Marifke, DLSC Case Numbers 22 MED 073 & 23 MED 023. Motion carried unanimously.

(Carmen Lerma arrived at 8:34 a.m.)

23 MED 120 – Thulasiraman Ravichandran

MOTION: Sumeet Goel moved, seconded by Diane Gerlach, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Thulasiraman Ravichandran, DLSC Case Number 23 MED 120. Motion carried unanimously.

24 MED 0140 – Sajad Zalzala

MOTION: Diane Gerlach moved, seconded by Steven Leuthner, to adopt the Findings of Fact, Conclusions of Law and Order in the matter of disciplinary proceedings against Sajad Zalzala, DLSC Case Number 24 MED 0140. Motion carried unanimously.

Complaints

23 MED 384 – K.S.C.

MOTION: Emily Yu moved, seconded by Sumeet Goel, to find probable cause in DLSC Case Number 23 MED 384, to believe that K.S.C. has committed unprofessional conduct, and therefore, to issue the Complaint and hold a hearing on such conduct pursuant to Wis. Stat. § 448.02(3)(b). Motion carried unanimously.

(Derrick Siebert recused himself and left the room for deliberation and voting in the matter concerning K.S.C., DLSC Case Number 23 MED 384.)

Case Closings

MOTION: Sumeet Goel moved, seconded by Diane Gerlach, to close the following DLSC Cases for the reasons outlined below:

a) 23 MED 125 – L.T.G. – No Violation
b) 23 MED 143 – G.N.W. – No Violation
c) 23 MED 205 – K.M.B. – Lack of Jurisdiction (L2)
d) 23 MED 217 – T.S. – Insufficient Evidence
e) 23 MED 305 – L.E.P. – Lack of Jurisdiction (L2)
f) 23 MED 321 – M.J.S. – No Violation
g) 23 MED 514 – L.N.R. – Insufficient Evidence
h) 23 MED 544 – R.A.S. – No Violation
i) 24 MED 021 – J.L.W. – No Violation
j) 24 MED 035 – K.G.L. – No Violation
k) 24 MED 0104 – M.R.N. – No Violation
l) 24 MED 0135 – Z.N.D. – No Violation
m) 24 MED 0160 – M.A.J. – Insufficient Evidence
n) 24 MED 0190 – J.M.F. – No Violation

o) 24 MED 0203 – B.L.V.H. – Prosecutorial Discretion (P2)
p) 24 MED 0235 – F.B.M. – No Violation
Motion carried unanimously.

24 MED 0099 – N.A.P.

MOTION: Gregory Schmeling moved, seconded by Steven Leuthner, to close DLSC Case Number 24 MED 0099 against N.A.P., for No Violation. Motion carried unanimously.

Monitoring

Shannon Calhoun, D.O. – Requesting Full Licensure

MOTION: Gregory Schmeling moved, seconded by Diane Gerlach, to grant the request of Shannon Calhoun, D.O. for full licensure. Motion carried unanimously.

CREDENTIALING MATTERS

Waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training

J.K., M.D. (IA 404329)

MOTION: Sumeet Goel moved, seconded by Steven Leuthner, to approve the waiver of 24 Months of ACGME/AOA Accredited Post-Graduate Training application of J.K., M.D. Motion carried unanimously.

Application Review

D.J.C., D.O. – Physician, D.O. Endorsement Applicant (IA 120738)

MOTION: Sumeet Goel moved, seconded by Gregory Schmeling, to approve the Physician, D.O. Endorsement application of D.J.C., D.O., once all requirements are met. Motion carried unanimously.

J.A.O., M.D. – Medicine and Surgery Renewal Applicant (IA 192311)

MOTION: Gregory Schmeling moved, seconded by Steven Leuthner, to rescind the motion made at the July 17th, 2024 meeting concerning the renewal application of J. A. O. MD, and to table this matter pending further action and investigation. Motion carried unanimously.

(Clarence Chou & Stephanie Hilton recused themselves and left the meeting connection for deliberation and voting in the matter concerning Medicine and Surgery Renewal Applicant J.A.O., M.D.)

Full Board Oral Interview

Aasma Aziz – Medicine and Surgery Renewal Applicant (IA 187474)

MOTION: Gregory Schmeling moved, seconded by Sumeet Goel, to table the full Board Oral Interview of Aasma Aziz. Motion carried unanimously.

RECONVENE TO OPEN SESSION

MOTION: Emily Yu moved, seconded by Sumeet Goel, to reconvene to Open Session. Motion carried unanimously.

The Board reconvened to Open Session at 9:21 a.m.

VOTE ON ITEMS CONSIDERED OR DELIBERATED UPON IN CLOSED SESSION

MOTION: Gregory Schmeling moved, seconded by Diane Gerlach, to affirm all motions made and votes taken in Closed Session. Motion carried unanimously.

(Be advised that any recusals or abstentions reflected in the closed session motions stand for the purposes of the affirmation vote.)

DELEGATION OF RATIFICATION OF EXAMINATION RESULTS AND RATIFICATION OF LICENSES AND CERTIFICATES

MOTION: Steven Leuthner moved, seconded by Sumeet Goel, to delegate ratification of examination results to DSPS staff and to ratify all licenses and certificates as issued. Motion carried unanimously.

ADJOURNMENT

MOTION: Stephanie Hilton moved, seconded by Gregory Schmeling, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 9:23 a.m.

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request:	2) Date when request submitted:
Nilajah Hardin, Administrative Rules Coordinator	**9/6/24** **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**

3) Name of Board, Committee, Council, Sections:

Medical Examining Board

4) Meeting Date:	5) Attachments:	6) How should the item be titled on the agenda page?
9/18/24	☒ Yes ☐ No	**Administrative Rule Matters – Discussion and Consideration** **1. Preliminary Rule Draft: Med 27, Relating to Provisional Licensure for International Physicians** **2. Pending or Possible Rulemaking Projects** **a. Rule Projects Chart**

7) Place Item in:	8) Is an appearance before the Board being scheduled? *(If yes, please complete Appearance Request for Non-DSPS Staff)*	9) Name of Case Advisor(s), if required:
☒ Open Session ☐ Closed Session	☐ Yes ☒ No	**N/A**

10) Describe the issue and action that should be addressed:

Attachments:
Med 27 Draft Rule Text
Med 27 Prelim Rule Draft
FSMB IMG Summary Document
Rule Project Chart

(Board Rule projects can be Viewed Here if Needed: https://dsps.wi.gov/Pages/RulesStatutes/PendingRules.aspx)

11) Authorization

Nilajah D. Hardin 9/6/24

Signature of person making this request **Date**

Supervisor (if required) **Date**

Executive Director signature (indicates approval to add post agenda deadline item to agenda) **Date**

Directions for including supporting documents:
1. This form should be attached to any documents submitted to the agenda.
2. Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.
3. If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.

Chapter Med 27
INTERNATIONAL PHYSICIAN PROVISIONAL LICENSE

Med 27.01 Authority and purpose. The rules in this chapter are adopted by the Medical Examining Board pursuant to the authority delegated by ss. 15.08 (5) (b) and 448.40 (3), Stats.

Med 27.02 Definitions. As used in this chapter:

(1) "Basic fluency" means the ability to perform the practice of medicine competently, independently, and unsupervised in any setting and in any modality where health care is provided with the knowledge, skill, and ability required to communicate accurately in the English language in accordance with established standards of the profession in this state.

(2) "Country of practice" means the country where the applicant currently practices or has recently practiced medicine and surgery under a credential in good standing.

(3) "Provisional license" is a license granted under s. 448.05 (2m), Stats.

(4) "Substantially similar" means a program that is comparable in program content and educational experience, but may differ in format or method of delivery. It implies reasonable confidence that the program has prepared its graduates to begin professional practice at the entry level as determined by the board to be comparable to those of a program in the United States.

Commented [HND1]: Adapted from Health Interpreter Certification: Certifications – CCHI (cchicertification.org)

Med 27.03 Provisional licensure. An applicant for a provisional license to practice medicine and surgery shall submit evidence to the board that the applicant satisfies all of the following:

(1) Submission of a completed application for provisional licensure.

Note: Instructions for applications are available from the department of safety and professional services' website at http://dsps.wi.gov.

(2) Payment of the fee determined by the department under s. 440.05 (1), Stats.

(3) Subject to ss. 111.321, 111.322, and 111.335, Stats., the applicant does not have an arrest or conviction record.

(4) The applicant has an offer for full-time employment as a physician in this state from any of the following:

(a) A federally qualified health center as defined in s. 253.075 (1) (e), Stats.

(b) A hospital as defined in s. 50.33 (2), Stats.

(c) An ambulatory surgical center as defined in 42 CFR 416.2.

(d) Any other health care facility approved by the board.

(5) The applicant has been granted a medical doctorate or a substantially similar degree by an international medical program.

(6) The applicant has completed a residency program or a postgraduate medical training program that is substantially similar to a residency program.

(7) The applicant has practiced as a fully licensed physician in their country of practice for at least 5 years after completing a residency program or a postgraduate medical training program that is substantially similar to a residency program. For the purposes of this chapter, an applicant may have more than one country of practice if they are fully licensed to practice medicine and surgery in all the countries listed in their application.

(8) Within the 5 years immediately preceding the submission of a completed application under sub (1), the applicant has continuously:

(a) Practiced as a physician in their country of practice for at least one year.
(b) Been in good standing with the medical licensing or regulatory agency of their country and does not have any pending disciplinary action against their license.

(9) The applicant has passed all steps of the United States Medical Licensing Examination Administered by the National Board of Medical Examiners and the Federation of State Medical Boards, or their successor organization.

(10) The applicant's federal immigration status and employment authorization legally permits them to work as a physician in this state.

(11) The applicant demonstrates basic fluency in the English language.

Med 27.04 Oral Examination. **(1)** In addition to the examination under s. Med 27.03 (9), the applicant may be required to complete an oral examination to address any or all the following:
(a) If the applicant can demonstrate basic fluency in the English language.
(b) If the applicant has completed a substantially similar residency or postgraduate medical training program under s. Med 27.03 (6).
(c) Whether the applicant has complied with ss. Med 27.03 (7) and (8).
(d) Any other concern that the board has with a provisional license application.

(2) The board will notify each applicant required to complete an oral examination of the time and place scheduled for that applicant's examination. Failure of an applicant to appear for an examination as scheduled may void that applicant's application and require the applicant to reapply for licensure, unless prior scheduling arrangements have been made with the board by the applicant.

(3) The oral examination will be conducted by two/three board members. The application is approved if both/all two/three board members give them a passing grade. If the application is not approved, then it moves on to a full board oral examination.

Med 27.05 Practice limitations. A provisional license holder shall comply with all the following while performing the practice of medicine in this state:

(1) The provisional license holder shall only practice under the supervision of a physician in a similar specialty who is licensed under s. 448.04 (1) (a), Stats.

(2) Every 6 months or at the request of the board, the provisional license holder shall submit a statement certifying whether they are still employed as a physician in this state and whether they have been subjected to professional discipline as a result of their practice to the board. If the provisional license holder has been subjected to professional discipline, they shall submit a description of the circumstances to the board.

(3)

Commented [NH2]: Add a requirement that the supervisor signs off at the end of three years?

Med 27.06 Regular Licensure. After practicing medicine and surgery full-time in this state while maintaining food standing for 3 consecutive years, a provisional license to practice medicine and surgery under this chapter shall be converted into a regular license under s. 448.04 (1) (a), Stats.

Med 27.07 Complaints, investigations, suspension, and revocation. The medical examining board may receive and investigate complaints against provisional license holders to determine whether a provisional license holder has violated the rules in this chapter or has violated any state or federal law or any other jurisdiction related to the practice of medicine. The board may

reprimand a provisional license holder or deny, limit, suspend, or revoke a provisional license as a result of any such investigations and complaints.

STATE OF WISCONSIN
MEDICAL EXAMINING BOARD

IN THE MATTER OF RULEMAKING PROCEEDINGS BEFORE THE MEDICAL EXAMINING BOARD	:	PROPOSED ORDER OF THE MEDICAL EXAMINING BOARD ADOPTING RULES (CLEARINGHOUSE RULE)

PROPOSED ORDER

An order of the Medical Examining Board to create Med 27, relating to Provisional Licensure for International Physicians.

Analysis prepared by the Department of Safety and Professional Services.

ANALYSIS

Statutes interpreted: ss. 448.075, 448.40 (3), and 448.05 (2m), Stats.

Statutory authority: ss. 15.08 (5) (b), 448.40 (1), and 448.40 (3), Stats.

Explanation of agency authority:
Section 15.08 (5) (b), Stats. states that "The Board shall promulgate rules for its own guidance and for the guidance of the trade or profession to which it pertains, and define and enforce professional conduct and unethical practices not inconsistent with the law relating to the particular trade or profession."

Section 448.40 (1), Stats., provides that "[t]he board may promulgate rules to carry out the purposes of this subchapter, including rules requiring the completion of continuing education, professional development, and maintenance of certification or performance improvement or continuing medical education programs for renewal of a license to practice medicine and surgery."

Section 448.40 (3), Stats., as created by 2023 Wisconsin Act 214, states that "the board may promulgate rules defining "substantially similar" under s. 448.05 (2m)."

Related statute or rule: None.

Plain language analysis: The objective of the proposed rules is to implement the statutory changes from 2023 Wisconsin Act 214. This was achieved by creating a new chapter in the Wisconsin Administrative Code, chapter Med 27, that outlines the requirements for provisional licensure for an international physician.

Summary of, and comparison with, existing or proposed federal regulation: None.

Comparison with rules in adjacent states:

Illinois: The Illinois Department of Financial and Professional Regulation is responsible for the licensure and regulation of the practice of medicine in Illinois, with input from the Illinois State Medical Board. The Illinois Department is also responsible for the promulgation of rules to implement certain sections of the Illinois Medical Practice Act of 1987. This Act contains requirements for applications, licensure, and discipline for physicians. In Illinois for an applicant that has graduated from a medical college outside of the US, it's territories, or Canada, their degree must be officially recognized by the country for medical licensure. Additionally, they must complete a 2 year course in a college of liberal arts and a postgraduate training course at least 12 months long approved by the Illinois Department. If the applicant has completed all requirements from a foreign medical school except the internship and "social service," they shall also submit an application to a medical college accredited by the Liaison Committee on Medical Education and complete any evaluation including nationally recognized tests or other examinations. Finally, they must also complete one academic year of supervised clinical training under that same medical college, in addition to the 12 month post graduate training program approved by the Illinois Department [225 Illinois Compiled Statutes ch. 60 s. 11].

Iowa: The Iowa Board of Medicine is responsible for the licensure and regulation of medicine and surgery in Iowa. Chapter 148 of the Iowa Code includes statutory requirements for licensure, composition and powers of the Iowa Board, and discipline for physicians. In Iowa an applicant must submit evidence of a diploma issues by a medical college approved by the Iowa Board, evidence of having passed an examination prescribed by the Iowa Board to determine qualification for medical licensure and evidence that the applicant has completed one year of postgraduate internship or resident training in a hospital approved by the Iowa Board. If the applicant does not have a diploma from an approved medical college, then they must submit a diploma from a medical college that has not been approved or disapproved by the Iowa Board and a certificate from the educational commission for foreign medical graduates or a similar accrediting body[Iowa Code ch. 148 s. 148.3].

Michigan: The Michigan Board of Medicine is responsible for the licensure and regulation of medical practice in Michigan. Act 368 Article 15 Part 170 of the Michigan Compiled Laws includes the regulations for medicine in Michigan, among several other occupations. Some of the requirements in this part include those for licensure, informed consent, and duties of the Michigan Board. In Michigan, an applicant who has a degree in medicine from a medical school outside the US or Canada must demonstrate that they have engaged in the practice of medicine for no less than 10 years after completing their degree, has completed no less than 3 years of postgraduate clinical training in an institution that is affiliated with a medical school listed on the directory of medical schools published by the World Health Organization, has achieved a passing score on an initial medical licensure examination, has practiced medicine under a clinical academic limited license issued by the Michigan Board for no less than 2 years and 800 hours per year on patient care [Michigan Compiled Laws s. 333.17031].

Minnesota: The Minnesota Board of Medical Practice is responsible for the licensure and regulation of medicine in Minnesota. Part 6800 of the Minnesota Administrative Code includes requirements for licensure, continuing education, and hearings before the Minnesota Board. [Minnesota Administrative Rules part 5600]. Chapter 147 of the Minnesota Statutes, or the Minnesota Medical Practice Act, also includes requirements for licensure, practice, and discipline for physicians [Minnesota Statutes ch. 147]. In Minnesota, foreign medical graduate applicants must submit evidence that they have graduated from a medical school approved by the Minnesota Board that is equivalent to accredited US or Canadian schools. If the applicant has graduated from a medical school that is not accredited by the Liaison Committee for Medical Education or the American Osteopathic Association, the applicant may use the Federation of State Medical Boards' Federation Credential Verification Service to verify their school. The applicant shall also submit evidence of certification by the Educational Council for Foreign Medical Graduates, that they have working ability in the English language to engage in the practice of medicine, evidence of one year of graduate clinical medical training in an accredited program approved by the Minnesota Board, and evidence of having passed an examination prepared by the US Medical Licensing Examination or the Medical Council of Canada or the Comprehensive Osteopathic Medical Licensing Examination [Minnesota Statutes s.147.037].

Summary of factual data and analytical methodologies:
The Board reviewed 2023 Wisconsin Act 214, as well as referenced a summary from the Federation of State Medical Boards of recently proposed and enacted legislation on international medical graduates from various other states, as well as the Certification Commission for Healthcare Interpreters description of a healthcare interpreter, hen drafting chapter Med 27.

Analysis and supporting documents used to determine effect on small business or in preparation of economic impact analysis:
The rule will be posted for 14 days on the Department of Safety and Professional Services website to solicit economic impact comments, including how the proposed rules may affect businesses, local municipalities, and private citizens.

Fiscal Estimate and Economic Impact Analysis:
The Fiscal Estimate and Economic Impact Analysis will be attached upon completion.

Effect on small business:
These rules do not have an economic impact on small businesses, as defined in s. 227.114 (1), Stats. The Department's Regulatory Review Coordinator may be contacted by email at Jennifer.Garrett@wisconsin.gov , or by calling (608) 266-2112.

Agency contact person:
Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366; email at DSPSAdminRules@wisconsin.gov.

Place where comments are to be submitted and deadline for submission:
Comments may be submitted to Nilajah Hardin, Administrative Rules Coordinator, Department of Safety and Professional Services, Division of Policy Development, P.O. Box 8366, Madison, Wisconsin 53708-8366, or by email to DSPSAdminRules@wisconsin.gov. Comments must be received on or before the public hearing, held on a date to be determined, to be included in the record of rule-making proceedings.

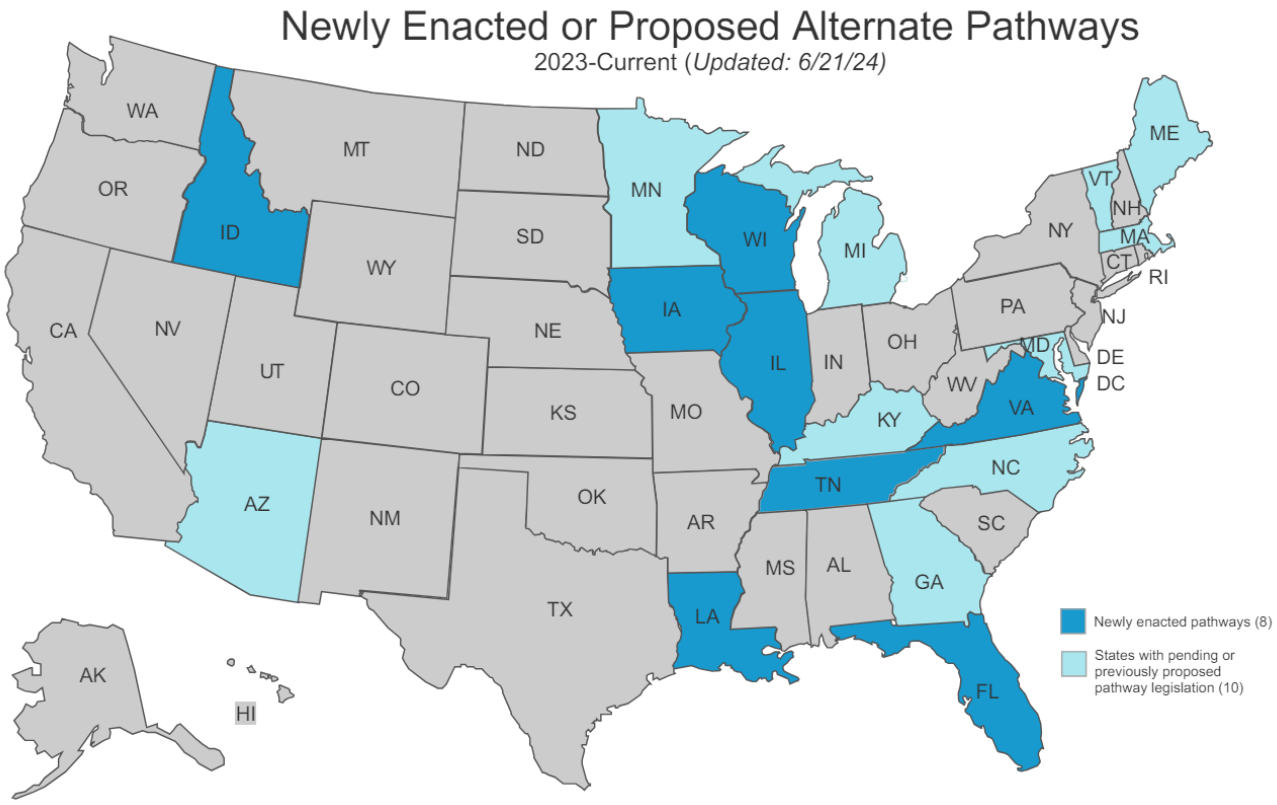
TEXT OF RULE

SECTION 1. Chapter Med 27 is created to read:

SECTION 2. EFFECTIVE DATE. The rules adopted in this order shall take effect on the first day of the month following publication in the Wisconsin Administrative Register, pursuant to s. 227.22 (2) (intro.), Stats.

(END OF TEXT OF RULE)

International Medical Graduate (IMG) Licensure and GME Requirements



Over the past several years, state legislatures and state medical boards have examined ways to ease licensure requirements for IMGs, including if and how to grant credit for graduate medical education (GME) that was completed outside of the US or Canada, or allowing practicing IMGs to practice in the US, with supervision, without first obtaining accredited GME.

Some of these efforts are being pushed by the Cicero Institute, a libertarian-leaning thinktank whose mission is to partner "with state leaders across the country to design market-driven policy systems that foster accountability, promote transparency, and improve people's lives." Cicero Institute developed the "Expanding Physician Access Act Model Bill" which originally would require medical boards to grant a provisional license to applicants who are licensed in certain countries – Australia, Hong Kong, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, United Kingdom, and Canada (§ 2(B)).

In the current version of the model legislation, states would grant provisional licenses to IMGs in good standing that have completed GME in their home country and practiced as a physician for a period of time to practice at an authorized facility, and then have their licenses convert to full status after a designated period of practice in good standing (§ 2(A)).

Currently, eight (8) states have enacted legislation allowing physicians who meet certain criteria (which varies from state-to-state but generally requires an offer of employment from a qualifying healthcare facility, ECFMG certification, and passing at least Steps 1 and 2 of the USMLE) and have completed GME outside the US/Canada to gain **full** licensure without the need to complete

any additional GME in the US (FL, IA, ID, IL, LA, TN, VA, and WI), and ten (10) more have proposed similar legislation (AZ, GA, KY, MA, ME, MD, MI, MN, NC, and VT).

Additionally, we recognize that at least three (3) states have alternative pathways to gain **limited** licensure without any additional GME (CA, NY, and WA). In addition, several jurisdictions have various pathways to licensure through eminence (extraordinary ability or distinction), faculty, or at the Board's discretion.

Below is a summary of the legislation from 2023 and 2024 that would create alternate pathways to full licensure for IMGs:

2023 Legislative Session

~~**Idaho** Senate Bill 1094 does not eliminate the need for an American or Canadian residency but provides a route for displaced IMGs to practice in the state. The bill was signed into law on March 28, 2023, and will do the following:~~

- ~~Permit the board to offer temporary registration for IMGs who are "forcibly displaced." Eligible applicants must:~~
  - ~~Be a graduate of a medical school recognized by the Board;~~
  - ~~Be an asylee, humanitarian parolee, or refugee with an I-94 or equivalent document;~~
  - ~~Have applied to a residency program in the state;~~
  - ~~Have at least three years of practice in their specialty;~~
  - ~~Have no gap of five or more years between active practice and application;~~
  - ~~Pass an occupational English test for medicine; and~~
  - ~~Agree to practice in a medically underserved area for at least three years following their graduation from the Idaho residency.~~

On March 28, 2024, Idaho H 542 was signed into law, which **repealed SB 1094**.

Illinois Senate Bill 1298 (§ 15.5) authorizes the Department of Financial and Professional Regulation (IDFPR) to issue limited licenses to qualified IMGs, pursuant to rules the IDFPR must adopt regarding qualifications and fees. According to the Illinois State Medical Society, IMGs "would work for two years with limited practice under supervision… in an area with medical need or with a health professional who treats underserved populations." The bill is effective January 1, 2025. Relatedly, HB 2948 creates a new ombudsman position within IDFPR to help eligible IMGs navigate the relicensing process. (IDFPR Fact sheet)

Iowa Senate File 477, originally introduced March 1, 2023 and then rolled over to the 2024 legislative session before it was signed into law on May 3, 2024. Allows the Board to grant provisional licenses to IMGs that:

- Are graduates of foreign medical schools evaluated by the ECFMG;
- Are licensed and in good standing for the immediately preceding five years, without pending disciplinary action;
- Have completed a residency or "substantially similar" PGT in their resident country;
- Have practiced medicine for at least five years following their PGT;

- Possess basic English fluency and Federal immigration status;
- Have an offer of employment at an Iowa health care facility; and
- Have passed the USMLE (which steps not explicitly mentioned)

The provisional license *may* be converted to a full license after three years of practice in good standing and without violation of Iowa Stat. § 148.6, as long as the licensee was employed by the health care facility for the entirety of the three-year period and passes a background check, among other administrative components. The bill is effective January 1, 2025.

The original bill language included a portion referencing the Cicero Institute's Expanding Physician Access Act Model Bill, but this was removed upon amendment.

Massachusetts S 1402 and H 2224 were introduced on February 16, 2023. The bill would permit the Board to issue a limited license to eligible IMGs that have:

- A medical degree from a school recognized by the WHO;
- ECFMG certification (unless granted an exemption by the Board);
- Entered into an agreement with a health care facility that "shall develop, assess and evaluate the applicant's familiarity with non-clinical skills and standards;" and
- Satisfied any other criteria deemed appropriate by the Board

The limited license is valid for one year and may be renewed once. An IMG that has passed the health care facility's assessment, passed USMLE Step 3, and any additional prerequisites required by the Board (which cannot "include post-graduate clinical training") are eligible for a renewable, two-year restricted license (that can be renewed once) to practice independently in a medically-underserved area with a primary care, psychiatry, or other specialty approved by the Board. After a *minimum* of two years of restricted practice, the IMG may apply for an unrestricted license to practice medicine.

On April 19, 2024, the bill was recommended for passage by the Joint Committee on Health Care Financing.

Tennessee Senate Bill 1451 was introduced on February 1, 2023 and signed into law on April 24, 2023 – for promulgating rules, effective immediately, and for all other purposes, effective July 1, 2024 – and will do the following:

- Permit the board to issue a temporary license of limited duration to an international medical school graduate upon finding sufficient evidence that they:
    - Demonstrated competency as determined by the board;
    - Completed a three-year post-graduate training program in the graduate's licensing country; or
    - Has otherwise practiced as a medical professional performing the duties of a physician for at least three (3) of the last five (5) years outside the United States.
- Require an applicant to submit sufficient evidence that they are an international medical school graduate and have an offer for employment as a physician at a healthcare provider that operates in this state and has a post-graduate training program accredited by ACGME in place.

- Requires that IMGs who are granted a temporary license must only provide medical services at the healthcare provider with ACGME-accredited PGT program.
- Requires the board to grant a full and unrestricted license to practice medicine to a temporary licensee who is in good standing two (2) years after the date of temporary licensure. A temporary licensee who obtains a full and unrestricted license is not subject to the limitation of practicing at a healthcare facility with a post-graduate training program.

In the 2024 legislative session, a raft of bills have been introduced that would make changes to SB 1451, including:

- **Tennessee SB 1936** – **Enacted May 6**, amends TN Code § 63-6-207, which was previously amended by TN SB 1451 (2023), requiring IMGs on the alternate pathway to complete three years' of PGT in their licensing country **and** practice as a physician for at least three years outside of the U.S. (previously, the IMG needed to complete **either** the PGT or international experience requirement, the latter being **three out of the last five** years) and stating that the Board **may** issue a full license after two years' of provisional licensure (previously, bill language was that the Board **shall** issue this license). Additionally, the bill allows the Board to issue a limited-duration temporary license to an IMG that has completed USMLE Step 3, demonstrated competency as determined by the Board, and completed one year of PGT in the U.S. After two years of temporary licensure, the licensees are eligible for full licensure.
- **Tennessee HB 2900 and SB 2850** – ~~Permits IMG applicants for professional licenses or certificates that are authorized by the Systematic Alien Verification for Entitlements (SAVE) program~~ **Enacted May 3,** ~~the amended bill requires state agencies to verify that license applicants are lawfully present in the country, and that IMG applicants have applied for a valid visa, or possess a valid J-1 or F-1 visa. Additionally, the bill makes a small, technical amendment to TN SB 1451 (2023) that clarifies that IMGs with temporary licenses cannot convert their licenses to full status until two years of practice "at a healthcare provider in [the] state" versus two years after receiving the temporary license. (*bill amended 4/10/24).~~
    - Chaptered version of the bill complete removes section germane to IMGs.
- **Tennessee HB 2914 and SB 2803** – Amends and simplifies TN SB 1451 (2023) which created a pathway to licensure for IMGs without accredited PGT. The bill increases the prior experience requirement to practicing medicine in four out of the last six years (versus three out of five), removes the requirement that the IMG applicant has an offer of employment at a Tennessee facility with ACGME-accredited PGT, and also removes the requirement that the Board convert the limited license to full after two years of practice in good standing.

North Carolina House Bill 125 was introduced on February 15, 2023. The bill, at the time of introduction, included the following provisions, among others:

- Permits the Board to issue an "internationally-trained hospital physician employee" license to eligible IMGs, requirements include:

    - Offered employment at an accredited North Carolina hospital or in-person at a rural practice and supervised by a physician licensed in the state, with rules for IMG supervision that the Board promulgates;
    - Possess a current active license in good standing from a foreign country or had such a license that expired within the last five years;
    - Completed 130 weeks of medical education at a school in the World Directory of Medical Schools, is eligible to be certified by ECFMG, and has either completed two years of PGT at a World Federation for Medical Education (WFME) accredited program or practiced medicine for at least 10 years;
    - Demonstrated competence by passing a medical licensing exam, such as the USMLE, NBME, FLEX, or from an International Association of Medical Regulatory Authorities (IAMRA) member state; *or* received board specialty certification, *or* submitted to a comprehensive assessment approved by the Board;
    - Never had a license revoked, suspended, restricted, denied, or otherwise acted against in any jurisdiction and is the subject to no pending investigations; nor have any convictions regarding "moral turpitude," felonies, or involving the practice of medicine;
    - Practiced medicine for a minimum of five years;
    - Proficiency in English and legal authorization to work in the U.S.
- These licensees are prohibited from practicing medicine or surgery outside the confines of the North Carolina hospital or its affiliates, violators are subject to license revocation and/or a misdemeanor punishable by a fine of up to $500 per occurrence.
- The license becomes inactive if the physician ceases to practice at a North Carolina hospital or rural practice without on-site physician supervision or obtains a different license to practice from the Board.

Prior to the bill being signed into law (9/29/23), the "internationally-trained hospital physician employee" section was removed from the final version.

A complete Board-by-Board Overview: International Medical Graduate GME Requirements can be found here.

2024 Legislative Session

On December 4, **Florida** SB 7016 was introduced, and on March 20, the bill was enacted. It creates a pathway to licensure for IMGs without the required one year of residency if they have:

- An active, unencumbered license to practice medicine in a foreign country;
- Actively practiced medicine the entire 4-year period preceding their application;
- Completed a "residency or substantially similar postgraduate medical training" that is "substantially similar to a residency program accredited by the ACGME;"
- Had their credentials evaluated by the ECFMG, have an ECFMG certification, and passed ECFMG examinations, and
- An offer for full-time employment as a physician from a health care provider in the state.

IMGs licensed in this manner must maintain their employment with a provider in the state for at least two consecutive years in accordance with rules adopted by the Board, and must notify the Board within five business days of any change of employer. Regarding the certification of foreign medical schools, the bill allows the Board of Medicine, at its discretion, to "exclude

foreign medical school[s] from consideration as an institution[s] that provide medical education that is reasonably comparable" to that of U.S. institutions, but licenses granted to individuals from excluded institutions before July 1, 2024 would be grandfathered in. The committee substitute also removes a section (lines 2530-2538) referencing the FSMB and ECFMG regarding foreign medical schools/programs.

On January 9, **Virginia** HB 995 was introduced. The bill would permit the Board to grant a provisional license to a qualified physician licensed in a foreign country, for a period of up to two years, that meet the following criteria:

- Has received a degree from a medical school recognized by the World Health Organization;
- Is licensed in another country and practiced medicine for at least five years;
- Has a valid ECFMG certificate, however, the Board may waive this condition "at its discretion where the applicant is unable to obtain the required documentation from a noncooperative country;"
- Has passed USMLE Steps 1 and 2;
- Has entered into an agreement with a medical care facility defined under Va. Code § 32.1-3 "that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with [state] standards… "according to criteria developed or approved by the Board."
- Has "satisfied any other criteria that the Board may require for issuance of a provisional license"

Licensees practicing under this statute may apply for a renewable two-year extension if they:

- Practice in a medically underserved area;
- Achieve a passing score on USMLE Step 3;
- Enter a full-time employment relationship with a medical facility.

After at least two years of practice under the renewable license (at least four years overall), the physician may apply for a full, unrestricted license.

On April 4, the bill was signed into law, which is effective July 1, 2024.

On January 11, **Wisconsin** SB 900 was introduced. The bill would establish the "international medical program" which establishes a process for granting provisional licenses to international physicians that meet the following criteria:

- Graduate of any medical school, residency program, medical internship program, or other program approved by the ECFMG "that is substantially similar to the training required to qualify to practice medicine and surgery in [the] state;"
- Have practiced as a fully licensed physician in their country for at least five years after completing a residency program;
- Is in good standing with the medical licensing or regulatory agency for at least five years preceding the application to the program;
- Has passed all steps of the USMLE;
- Has federal immigration status and employment authorization;
- Speaks fluent English, and
- Has an offer for employment as a physician in the state

Provisional licenses can be converted into permanent licenses after three years of good standing. The bill also allows the Board to determine which countries in which an individual practicing as a PA or physician associate qualify as a PA in the state, and allows the Board to grant PA licenses to qualified international applicants who meet the requirements defined under Wis. Stat. § 448.974.

On January 12, **Wisconsin** AB 954 was introduced. The bill would create provisional licenses for qualifying IMGs that meet the following criteria has:

- An offer for employment as a physician from a FQHC, CHC, hospital, ASC, or any other health care facility approved by the Medical Examining Board;
- A medical degree from an international medical program approved by the ECFMG *or* a program that is substantially similar to those required to qualify for a medical license in the state;
- Completed a residency program or PGT substantially similar to a residency;
- Practiced for at least five years in their home country post-PGT, and for at least one year continuously out of the previous five prior to application;
- Been certified by the ECFMG;
- Federal immigration status and possesses basic English fluency; and
- Passed all Steps of the USMLE.

Provisional license holders must submit a statement to the Medical Examining Board (MEB) every six months certifying that they are still practicing and whether they have faced any license discipline, with the condition that the license may be revoked if the licensee is no longer working for a qualifying employer. Provisional licensees must practice under supervision, but the provisional license can convert to full licensure after three consecutive years of practice in good standing. The MEB is authorized to promulgate rules defining what degrees and PGT are "substantially similar" to requisite medical degrees and residency training.

On March 22, 2024, the bill was signed into law, which is effective January 1, 2025.

On February 1, **Arizona** SB 1406 was introduced, on DATE, it was amended. The bill would permit the Board to grant provisional licenses to IMGs who have an offer for employment at any health care provider in a designated medically underserved area, defined as a county with population less than one million, have a federal immigration status that allows the person to work in the US. Such IMGs must have been licensed to practice within the preceding five year in one or more the following countries:

- Australia;
- Canada;
- Hong Kong;
- Ireland;
- Israel;
- New Zealand;
- Singapore;
- South Africa;
- Switzerland;
- UK;

- *OR*, any additional country added by the board.

Additionally, such IMGs must have completed a residency or substantially similar PGT recognized by the licensing body of the country where they are licensed, and they must have practiced for at least five years after completing the residency or training program.

The legislation also permits the Board to establish licensing and renewal fees for provisional licenses, which must be renewed annually. Provisional licensees must practice under supervision, and the Board may promulgate supervision guidelines. If an IMG licensee is terminated or leaves employment, the Board must be notified, and the provisional license may be terminated unless the licensee is working for another qualifying employer in a medically underserved area. Employers may require competency tests, and the Board can discipline or revoke provisional licenses based on clear evidence, subject to appeal. Lastly, the legislation provides that provisional licenses automatically convert to full licenses **after four years**, provided the licensee practices in a designated medically underserved area, receives a letter of recommendation from their supervising physician, and remains free of Board discipline during that period.

On June 14, 2024, the bill **failed** in the Senate, in a 26-33 vote.

On February 7, **Maryland** HB 1054 was introduced. The bill would create a licensure pathway for "foreign practicing physicians" (FPPs) that have:

- Graduated from medical schools outside of the U.S. and Canada;
- Practiced for at least five years prior to application and are in good standing with the regulatory authority in which they are licensed;
- An offer of employment as a physician with a health care provider in Maryland that operates an accredited PGT program; and
- Met any other qualification that the Board of Physicians promulgates in line with this bill.

FPPs can convert their licenses to full status if they pass an examination devised by a newly established consortium, without any additional restrictions. If the FPP fails to pass, the Board "may extend the license... for one year for preparing and repeating the examination." The Board may not renew the license if the FPP fails to achieve a passing score in three years. The FPP must practice with a health care provider with an accredited PGT program for the duration of their limited license.

The bill requires the MBP to establish a consortium to "develop, implement, and administer an examination to assess the ability of a FPP to meet the standard of care for independent practice," including requiring the FPP to keep a logbook of all patients seen in their first two years of licensure, and have the consortium review and assess cases, determine the passing score, develop the procedures for repeating the examination if necessary, and policies for educational requirements and license restrictions for this cohort.

On February 12, **Idaho** H 542 was introduced. The bill would create a licensure pathway for international physicians with medical training and practice outside of the U.S. or Canada that:

- Was not a legal resident of the U.S. or Canada when they attended and matriculated through an international medical program;
- Completed a residency or PGT;

- Practiced medicine for at least three years post PGT ***or*** completed at least 500 hours of clinical experience, are in good standing, and practiced within the last five years prior to application;
- ~~Completed at least 500 hours of clinical experience under direct physician supervision in a clinical setting *in the United States*~~ (removed in 3/19/24 amendment);
- Possess basic fluency in English as demonstrated by a passing score on the occupational English test; and
- Have an offer of employment from a sponsoring entity, defined as health systems, hospitals, freestanding emergency departments, independent physician practices, primary care clinics, and urgent care clinics.

The bill amends the state's MPA to define "international medical program" as any "any medical school, residency program, medical internship program... that provides physicians with a medical education or training *outside of the U.S. or Canada* that is substantially similar" to the training required for physicians in Idaho and has been certified by ECFMG.

Qualifying international physicians are granted three year, provisional licenses so long as they obtain federal immigration status and pass USMLE Steps 1 and 2. An applicant that fails to pass either step on two separate occasions "may be required to be interviewed, evaluated, or examined by the Board." The applicant must submit to a background test and notify the Board of any changes in employment, and must work with a sponsoring entity for the duration of the provisional license.

Provisional licenses convert to full licenses after three years of practice, so long as they are not under investigation, are given a letter of recommendation from their supervising physician, and passed USMLE Step 3.

Lastly, the bill repeals SB 1094 (2023), which allows forcibly displaced IMGs to practice under temporary license status if they have been accepted to a residency program in the state.

The bill was signed into law March 28, 2024, and is effective January 1, 2025.

[3/19/24 Note]: Amended version deleted the requirement that the applicant had completed at least 500 hours of clinical experience under direct physician supervision in a clinical setting in the United States, and instead replaced the 500 hour experience as a possible substitute for 3 years' of practice, and removed the "direct supervision in the U.S." portion.

On February 15, **Minnesota** House File 3891 and Senate File 3611 were introduced. The bill authorizes the Board of Medical Practice to grant limited licenses to IMG applicants that have not completed one year of accredited PGT so long as the applicant has:

- A medical degree from a program approved by the Board of Medical Practice, or accredited by the LCME or AOA;
- ECFMG certification;
- "Working" ability in English;
- Passed the USMLE, or if the applicant has not practiced in 10 or more years, either pass SPEX/COMVEX *or* be board certified by ABMS, AOA, RCPS, or CFPC;

- Not faced license suspension or revocation, or "engaged in conduct warranting disciplinary action;"
- Practiced medicine for at least five years outside of the U.S.;
- An offer to practice under a collaborative practice agreement within a hospital or clinical setting.

Limited licensees must practice in rural or underserved urban communities, employers are required to pay these licensees at least the same rate as medical residents, and the limited license can be converted to full licensure after two years of practice in good standing, a minimum of 1,350 hours of practice per year, a letter of recommendation from their collaborating physician.

On March 7, the bill was amended. The current version of the bill would authorize the Board to grant limited licenses to IMG applicants without the one year of accredited PGT, so long as they have:

- Federal immigration status;
- A medical degree from a program approved by the Board of Medical Practice, or accredited by the LCME or AOA;
- ECFMG certification;
- "Working" ability in English;
- Passed the USMLE, or if the applicant has not practiced in 10 or more years, either pass SPEX/COMVEX *or* be board certified by ABMS, AOA, RCPS, or CFPC;
- Not faced license suspension or revocation, or "engaged in conduct warranting disciplinary action;
- Practiced for 60 months (five years) in the last 10 years and completed a PGT "substantially similar to a residency program" in their practicing country;
- An offer to practice under a collaborative practice agreement in a hospital or clinical setting;
- Provides care in a designated rural area or underserved urban community;
- At least two letters of recommendation, including one from a physician the applicant has worked with and one from an administrator the applicant has worked under.

Employers are required to pay these licensees at least the same rate as medical residents and hold medical malpractice insurance for the limited licensee. Licensees must submit confirmation every six months or upon request proof that they are employed as a physician and have not faced license discipline. The limited license converts to full after two years of practice in good standing, at least 1,692 hours of practice, a letter of recommendation from their collaborating physician.

On February 15, **Kentucky** House Bill 574 was introduced. The bill would authorize the Board of Medical Licensure to grant provisional licenses to IMGs, so long as the applicant has:

- Met the requirements of other IMGs to practice in the state, which include:
    - English language fluency;
    - Graduation from a medical school outside of the U.S. or Canada "approved by the Board;"
    - ECFMG certification;
    - Passed "an examination prescribed by the board;"

- An offer of employment as a physician "with a sponsor that is a professional practice, healthcare entity, or corporation" within the state;
- Practiced for at least five years, and in good standing, within their country of practice;
- Completed "substantially similar" postgraduate training;

Provisional licenses are converted to full licenses after three years of practice with the employing sponsor, after which, the licensee need not continue practice with the original sponsor. The Board may revoke the provisional license if the licensee ceases working with their sponsor, or engages in unacceptable (Ky. Rev. Stat. § 311.595) or unprofessional (Ky. Rev. Stat. § 311.597) conduct.

On February 19, **Iowa** House File 2564 was introduced. The bill would authorize the Board of Medicine to grant provisional licenses to IMGs, so long as the applicant has:

- A medical degree from an international medical program, defined as medical education outside of the U.S. "that is substantially similar to the practice of medicine… in Iowa" and evaluated by ECFMG;
- Been in good standing with the licensing/regulatory body in their resident country during the immediately preceding five years and is not facing pending discipline;
- Completed a residency or substantially similar PGT in their resident country;
- Practiced medicine for at least five years post residency/PGT;
- Basic English fluency;
- Federal immigration status;
- Passed the USMLE (*although which Steps are not specified*); and
- An offer for employment as a physician at a health care facility in the state.

Provisional licenses can be converted to full licenses after three years of practice in good standing, and the Board may revoke the license for violations of Iowa Code § 148.6, if the licensee ceases to work for the health care facility, does not pass the USMLE, or does not pass a background check.

On February 20, **Georgia** SB 529 was introduced. The bill would authorize the Georgia Composite Medical Board to issue a provisional license to a physician licensed outside of the U.S., so long as the applicant has:

- Federal immigration status;
- Received a degree from an accredited medical school outside of the U.S.;
- Been licensed and practiced medicine for at least three years;
- Received an ECFMG certificate or "other credential evaluation service approved by the board;"
- Passed USMLE Steps 1 and 2;
- Entered into an agreement for a full-time employment relationship with a hospital licensed by the Department of Community Health, a board approved medical school, a teaching hospital, an FQHC, or a clinic that services Medicaid or underserved populations.

The bill allows the Board to require additional criteria to issue the provisional license, which is valid for a period of two years and is nonrenewable, but individuals who complete two years of service with the provisional license can convert it to a restricted license, which allows licensees to practice in health professional shortage and underserved areas, so long as they have:

- Maintained their provisional license in good standing;
- Passed USMLE Step 3;
- Entered into another agreement for full-time employment similar to the above for provisional licensees.

The restricted license is valid for a period of two and *is* renewable, but after two years, licensees may apply for full licensure, though "the board may establish standards for evaluating such applications."

On March 4, **Massachusetts** H 4459 was introduced. The bill would authorize the Board to issue limited licenses to qualifying IMGs that has:

- Graduated from a medical school recognized by the World Health Organization;
- Practiced medicine for at least a year;
- An ECFMG certificate or other valid certificate from a credential evaluation service approved by the board, which may be waived at the Board's discretion;
- Passed USMLE Steps 1 & 2; and
- Entered into an agreement with a participating facility.

Participating facilities must assess and evaluate the licensee's familiarity with nonclinical skills and standards according to evaluation criteria developed or approved by the Board, which also may require other criteria. The limited license is valid for one year and can be renewed once.

Limited licensees can convert their license to restricted after passing the facility's evaluation, USMLE Step 3, and any other criteria the Board promulgates. The restricted licensee must practice in an underserved area, but can practice independently in primary care, psychiatry or other specialty approved by the Board. The restricted license is two years in duration and can be renewed once. After a minimum of two years of practice with the restricted license, licensees may apply for full licensure.

Massachusetts H 4722 was introduced on June 5, 2024. The bill allows the Board to grant a renewable, one-year license to physicians licensed or "otherwise authorized to practice" medicine outside of the U.S. that have:

- Received a degree of doctor from a medical school outside of the U.S. that is recognized by the World Health Organization;
- Practiced medicine for at least one year;
- ECFMG certification ("or other credential evaluation service approved by the board") that can be waived at the Board's discretion;
- Passed USMLE Steps 1 & 2; and
- Entered into an employment agreement with a participating facility.

Further, the participating facilities must "develop, assess and evaluate the applicant's familiarity with non-clinical skills and standards appropriate for medical practice in the commonwealth."

The Board may promulgate additional criteria for the candidate IMGs and the license may be renewed once, for one additional year. If the licensee completes the facility's assessment and evaluation program and USMLE Step 3, they become eligible for a two-year restricted license, which can be renewed once, to practice in a physician shortage area designated by the Board. After two years of practice with the renewed license, the IMG is eligible to apply for a full, unrestricted license.

- S. 2856, introduced July 8, mirrors the language in H 4722.
- S. 2869, introduced July 11, mirrors the language in H 4722.

On March 14, **Maine** Legislative Document 2267 was introduced. The bill would require the state's Dept. of Labor to contract with a 3rd party entity to provide an assistance program to IMGs wishing to reestablish their medical careers in the state. The program must review the background, education, training, and experience of participants; provide technical support and guidance through the credential evaluation and residency application processes; provide scholarships to offset the cost of the licensure process, and maintain a roster of, and data on IMGs working in both physician and nonphysician roles in the state.

The Dept. of Labor will also contract with an ACGME-accredited hospital to develop, implement and administer a clinical readiness program to assist IMGs to become medical residents, including developing curriculum that provides training opportunities focused on success in residency environments; as well as a program through the Office of Policy Innovation and the Future to coordinate with educational institutions to develop programs for IMGs pursuing healthcare careers in other positions, such as PAs and NPs.

Also on March 14, **Maine** Legislative Document 2268 was introduced. The bill would establish a sponsorship program for IMGs, allocating funding for up to 10 positions at any given time within sponsoring institutions, defined as ACGME-accredited hospitals, responsible for training and employing eligible graduates. Eligible applicants for a limited license are:

- Graduates of a medical school recognized by the World Health Organization;
- Practiced medicine for at least a year;
- Residents of the state for at least 12 months;
- ECFMG certification (waivable by Board discretion);
- Passed USMLE Steps 1 & 2; and
- Entered into a full-time employment relationship with a sponsoring institution.

Limited licenses are valid for two years at a sponsoring institution, which will develop, assess and evaluate the applicant's familiarity with nonclinical skills and standards. The Board may develop further criteria for applicants and for assessing licensees. The limited license is valid for two years and may be renewed twice, for a total of six years of practice.

After completion of the institution’s program and passing USMLE Step 3, licensees may apply for a renewable two year restricted license at an in-state facility in a physician shortage area, but may practice independently. After a minimum of two years of practice with the restricted license, licensees may apply for full licensure.

Amendment (H-926) mandates the Board of Licensure in Medicine to biennially report to the Legislature, starting January 1, 2027, regarding the status of the sponsorship program and the alternative license pathway created for foreign-trained physicians.

On March 20, **Michigan** House Bill 5613 was introduced. The bill (*nearly identical to ME LD 2268 above without the residency requirement*) would authorize the Board to issue a temporary license to an IMG, so long as the applicant has:

- A medical degree from a school recognized by the World Health Organization;
- Practiced medicine for at least one year;
- ECFMG certification (waivable by Board discretion);
- Passed USMLE Steps 1 & 2; and
- Entered into a full-time employment relationship with a participating health care facility, defined as a FQHC, hospital, or other facility approved by the Board.

Temporary licensees must practice under supervision and the participating facility must assess and evaluate the applicant's familiarity with nonclinical skills and standards according to evaluation criteria developed or approved by the Board. The temporary license is valid for two years and can be renewed once.

Temporary licensees can convert their licenses to limited after two years of practice and passing USMLE Step 3, as well as the facility's evaluation. Limited licensees may practice without supervision but must practice in medically underserved areas. After a minimum of two years of practice with the temporary license, licensees may apply for full licensure.

On April 23, **Louisiana** House Bill 972 was introduced. The bill was amended on May 22 [changes reflected below] and would the State Board of Medical Examiners to issue ~~temporary permits~~ licenses to IMGs that:

- Hold a medical doctorate or an equivalent degree from an international medical program that is "substantially similar" to the education or training required to practice in the state;
- Has a license in good standing with the medical licensing or regulatory body in their home country;
- Has completed a residency or similar PGT in their licensing country, *or* has at least five years' experience as a practicing physician;
- Has citizenship in the United States or Canada, *or* legal work status in the U.S., as well as English proficiency; and
- Has an offer of employment at a facility owned or operated by state-licensed hospitals.

~~Temporary permitees~~ Licensees can only practice at these licensed facilities for the first two years of their licensure but "*after such time the licensee is no longer subject to this limitation*," and the Board can revoke the ~~permit~~ license with "clear and convincing evidence" that services rendered violated medical safety, competency, or conduct standards established by the Board.

~~After two years of practice in good standing, the Board *shall* grant the permitee licensee a full and unrestricted license to practice medicine~~. The Board *shall* promulgate any necessary rules and regulations to enforce the legislation.

Final summary: Allows the State Board of Medical Examiners to issue licenses to IMGs that:

- Hold a medical doctorate or an equivalent degree from an international medical program that is "substantially similar" to the education or training required to practice in the state;
- Have a license in good standing with the medical licensing or regulatory body in their home country;
- Have completed a residency or similar PGT in their licensing country, *or* have at least five years' experience as a practicing physician;
- Have citizenship in the United States or Canada, *or* legal work status in the U.S., as well as English proficiency; and
- Have an offer of employment at a facility owned or operated by state-licensed hospitals.

Licensees can only practice at these licensed facilities for the first two years of their licensure but "after such time the licensee is no longer subject to this limitation," and the Board can revoke the license with "clear and convincing evidence" that services rendered violated medical safety, competency, or conduct standards established by the Board.

The Board *shall* promulgate any necessary rules and regulations to enforce the legislation.

On June 11, the bill was **signed into law**. It will become effective August 1, 2024.

Examples of previously existing state statutes that reduce barriers to U.S. practice:

Maine-Medical

> *2. Postgraduate training… Each applicant who has graduated from an accredited medical school on or after July 1, 2004 or an unaccredited medical school must have satisfactorily completed* ***at least 36 months in a graduate educational program accredited by*** *the ACGME, the Canadian Medical Association, the RCPS or* ***the Royal Colleges of England, Ireland or Scotland****…*
>
> *The board* ***may waive the requirements of subsection 2*** *for a physician who does not meet the postgraduate training requirements but who meets the requirements of this subsection. (1) Be a graduate of a foreign medical school, not including a medical school in Canada or Great Britain;* ***(2) Be licensed in another state****; and (3) Have at least 3 years of clinical experience in the area of expertise.*
>
> *B. If the physician meets the requirements of paragraph A, the board shall use the following qualifications of the physician to determine whether to grant a waiver: (1) Completion of a 3-year clinical fellowship in the U.S. in the area of expertise. The burden of proof as to the quality and content of the fellowship is placed on the applicant; (2) Appointment to a clinical academic position at a licensed medical school in the United States; (3) Publication in peer-reviewed clinical medical journals recognized by the board; (4) The number of years in clinical practice; and (5) Other criteria demonstrating expertise, such as awards or other recognition*

(Me. Stat. tit. 32, § 3271(2))

Minnesota

> *(d) The applicant shall present evidence satisfactory to the board of the completion of* ***one year of graduate, clinical medical training*** *in a program accredited by a national accrediting organization approved by the board or other graduate training approved in advance by the board as meeting standards similar to those of a national accrediting organization.* ***This requirement does not apply: (1) to an applicant who is admitted as a permanent immigrant to the United States on or before October 1, 1991, as a person of exceptional ability in the sciences… or (2) to an applicant holding a valid license to practice medicine in another country and issued a permanent immigrant visa after October 1, 1991, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher…***

(Minn. Stat. § 147.037(d)(2))

Oklahoma-Medical

> *The applicant shall have satisfactorily completed twelve (12) months of progressive postgraduate medical training approved by the Board or by a private nonprofit accrediting body approved by the Board in an institution in the United States, its territories or possessions, or in programs in Canada,* ***England, Scotland, Ireland, Australia or New Zealand*** *approved by the Board or by a private nonprofit accrediting body approved by the Board.*

(Okla. Stat. tit. 59 § 493.1(C))

States with Reduced Barriers to U.S. Practice for IMGs (last updated: 6/21/24)

State/ Bill # or Citation	Tennessee SB 1451 (2023) SB 1936 (2024) HB 2900 (2024)	North Carolina HB 125 (2023)	California AB 1045 (2002)	Maine Me. Stat. tit. 32, § 3271(2)	Oklahoma Okla. Stat. tit. 59 § 493.1(C)	Minnesota Minn. Stat. § 147.037(d)(2)
Introduced/ Enacted	2/1/23 4/24/23	2/15/23 9/29/23†	2/23/01 9/30/02	N/A	N/A	N/A
Summary	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	Physicians from Mexico Pilot Program (MPP) – time-limited IMG licensure	Accepts GME from outside of US/Canada	Accepts GME from outside of US/Canada	Allows IMGs with extraordinary skills to forgo US/Canada GME
Eligibility	(As amended by SB 1936 (2024) and HB 2900 (2024)) - Demonstrated competency as determined by the board; - Proof of medical school graduation - Completed a 3-year PGT program in their licensing country ~~*or*~~ ***and*** int'l practice experience (*see below*)	- Completed 130 weeks of medical education at a school in the World Directory of Medical Schools, **eligible to be certified by ECFMG**, and completed 2 years of PGT at a World Federation for Medical Education accredited program - Passed a medical licensing exam (USMLE, NBME, FLEX, IAMRA) - Never had a had a license discipline and not subject to pending investigations; nor have any convictions regarding "moral turpitude," felonies, or involving the practice of medicine - Proficiency in English and legal authorization to work in the U.S.	- Licensed, certified (by entities listed), and in good standing in their specialty in Mexico - Passing score on specialty board review course, equivalent to that needed by the U.S. applicants - Specialty specific requirements - Complete 6 month orientation distant learning program - Complete ESL classes focused on both verbal and written subject matter - U.S. Social Security card (valid to work only) or Individual Taxpayer Identification Number (ITIN)			"The applicant shall present evidence satisfactory to the board of the completion of one year of graduate, clinical medical training… This requirement does not apply: … (2) to an applicant holding a valid license to practice medicine in another country and issued a permanent immigrant visa after 10/1/91, as a person of extraordinary ability in the field of science or as an outstanding professor or researcher"
International Practice Requirements	- 3 years of PGT **and** practiced at least 3 ~~of the last 5~~ years outside the US.	- Possess a current an active license in good standing from a foreign country or had such a license that expired within the last 5 years - 5 years of practice, minimum, 10 years of practice *if* no PGT experience				
Offer of Employment Required	Yes, offer of employment as a physician at a healthcare provider in the	Yes, Offer of employment at an accredited hospital or in-person at a rural	Yes, enrollment in a 6-month externship program where the applicant shall be			

State/ Bill # or Citation	Tennessee SB 1451 (2023) SB 1936 (2024) HB 2900 (2024)	North Carolina HB 125 (2023)	California AB 1045 (2002)	Maine Me. Stat. tit. 32, § 3271(2)	Oklahoma Okla. Stat. tit. 59 § 493.1(C)	Minnesota Minn. Stat. § 147.037(d)(2)
	state that has a PGT program accredited by ACGME	practice and supervised by a physician licensed in the state, with rules for IMG supervision that the Board promulgates	employed during the MPP - Employment verification with a nonprofit community health center who has been approved by the Board to participate in the MPP			
Practice Limitations	- Provide care *only* at provider w/ ACGME-accredited PGT program	- Prohibited from practicing medicine or surgery outside the confines of the North Carolina hospital or its affiliates	- Practice in underserved areas at nonprofit CHCs throughout state			
Accepts GME From Outside US/Canada	Yes	Yes		Yes; from England, Ireland, or Scotland	Yes; from England, Scotland, Ireland, Australia or New Zealand	Yes
Full License; Conversion Requirements	- Yes, Board ~~shall~~ *may* grant a full license to temporary licensee in good standing **after 2 years** of practice (versus 2 years after being issued temp license (*amended by* HB 2900)		**No**, MPP licenses are valid for 3 years and **nonrenewable**			
Additional Details	- Board discretion when issuing provisional license - Full licensees not subject to practice limitations - Since 2021 TN has allowed the Board a special St. Jude collaboration license to IMGs who have completed a 3-year residency program. In 2024 a bill was introduced to amend that provision to only require 1 year of residency training. - Effective July 1, 2024 - Fiscal note - SB 1936 effective January 1, 2025	- License becomes inactive if the physician ceases to practice at a North Carolina hospital or rural practice without on-site physician supervision, or obtains a different license to practice from the Board **† - HB 125 became law but the IMG portion was removed.**	- Program capped at 30 Mexican physicians - Enrollment in ESL classes from an approved program in California - Licensees must complete 25 CE credits per year and 75 total - Program application - Three active bills: AB 2864 would extend the MPP license from 3 years to 6. AB 2860 would bifurcate the physician and dentists from the existing program and reform requirements. SB 1041 would establish the Armenian ~~Doctor Pilot Program for 15 Armenian doctors at a time~~ Medical Graduate Physician Assistant Training Program.		- HB 2078 (2002) added England, Scotland, and Ireland - Bill text	

State/ Bill # or Citation	Washington SHB 1129 (2021)	New Hampshire N.H. Code Admin. R. Med. 302	Illinois SB 1298 (2023) *See § 15.5*	Florida SB 7016 (2024) *See line 2504*	Wisconsin AB 954 (2024)	Idaho H 542 (2024)
Introduced/ Enacted	1/8/21 5/10/21	N/A	2/3/23 6/16/23	12/4/23 3/20/24	1/12/24 3/22/24	2/12/24 3/28/24
Summary	Time-limited licensure without US/Canada GME	Accepts GME from outside of US/Canada	Pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME
Eligibility	- Washington resident for at least 1 year; - **ECFMG certification** - Pass all steps of USMLE - Complete background check	"Applicants who have not completed 2 years of postgraduate training in an institution accredited by ACGME or AOA shall petition the board pursuant to Med 205.01 to determine if qualifications meet the requirements…"	- Illinois Department of Financial and Professional Regulation (IDFPR) must adopt rules and regulations regarding qualifications and fees	- An active, unencumbered license to practice medicine in a foreign country - Completed a "residency or substantially similar postgraduate medical training" that is "substantially similar to a residency program accredited by the ACGME - **ECFMG certification** (USMLE Steps 1 & 2 not explicitly mentioned in text but required for certification)	- A medical degree from an international medical program approved by the ECFMG *or* a program that is substantially similar to those required to qualify for a medical license in the state; - Completed a residency program or PGT substantially similar to a residency; - **ECFMG certification**; - Federal immigration status; - Basic English fluency; - *Passed all Steps of the USMLE.*	- An active, unencumbered license to practice medicine in a foreign country - Not a legal resident of U.S./Canada when matriculating from a foreign medical school - Completed a residency or PGT in foreign country - Federal immigration status - English fluency - Passed USMLE Steps 1 & 2 - ~~Completed 500 hours of clinical practice under supervision in the U.S.~~ (*this requirement amended out 3/19/24)*
International Practice Requirements		Completion of 10+ yrs of practice combined with proof of 2 years of post-graduate training outside the U.S. or Canada		- Actively practiced medicine the entire 4-year period preceding their application	- Practiced for at least 5 years in their home country post-PGT, and for at least one year continuously out of the previous five prior to application	- 3 years of post-PGT practice ***or*** completed at least 500 hours of clinical experience under direct supervision *in the U.S. (§ 2(12)(d)* - Has practiced within the last 5 years (*or* has a waiver from the Board)
Offer of Employment Required	Yes, offer from certain state agencies (*See* § 1(1))			Yes; an offer for full-time employment as a physician from a health care provider in the state	Yes, an offer for employment as a physician from a FQHC, CHC, hospital, ASC, or any other health care facility approved by the MEB	Yes; an offer from a sponsoring entity (health systems, hospitals, freestanding EDs, independent practices, primary care clinics, and urgent care clinics.)
Practice Limitations	- Maintain practice agreement between the licensee and the supervising physician with the medical commission - Supervising physicians		- IL State Medical Society says IMGs would work for 2 years with limited practice under supervision in an area with medical need or with a health professional who treats underserved	- Licensees must maintain their employment with a provider in the state for at least 2 consecutive years in accordance with rules adopted by the Board, and must notify the Board within	- Provisional licensees must practice under supervision	- Must remain in practice with sponsoring entity

State/ Bill # or Citation	Tennessee SB 1451 (2023) SB 1936 (2024) HB 2900 (2024)	North Carolina HB 125 (2023)	California AB 1045 (2002)	Maine Me. Stat. tit. 32, § 3271(2)	Oklahoma Okla. Stat. tit. 59 § 493.1(C)	Minnesota Minn. Stat. § 147.037(d)(2)
	may not supervise more than 2 limited licensees - Supervising physician holds responsibility and medical malpractice insurance		populations	5 business days of any change of employer		
Accepts GME From Outside US/Canada	Yes		Implied	Yes	Yes	Yes
Full License; Conversion Requirements	**No** – Washington *still requires* US/Canada GME, but the clinical experience license can be used as a "bridge to residency"			*Implied that after **2 year provisional license period**, licensees may acquire full licensure*	Yes, the provisional license can convert to full licensure after **3 consecutive years** of practice in good standing.	Yes, provisional licenses convert to full after **3 years of practice**, so long as they are not under investigation, are given a letter of recommendation from their supervising physician, and passed USMLE Step 3.
Additional Details	- License valid for 2 years, with 1 possible renewal (total practice time of 4 years) -WMC: IMG Clinical Experience License - Final bill report - Fiscal note		- Effective January 1, 2025 - H.B. 2948 creates a new Ombudsman position within IDFPR to help eligible IMGs navigate the licensing process - IL Leg page	- Allows the Board of Medicine, at its discretion, to "exclude foreign medical school[s] from consideration as an institution[s] that provide medical education that is reasonably comparable" to that of U.S. institutions - Bill analysis and Fiscal Impact statement - Previously, FL had introduced 2 other pathway bills (SB 956 (2023) which was the original Cicero model bill, and HB 1145 (2023))	- MEB is authorized to promulgate rules defining what degrees and PGT are "substantially similar" to requisite medical degrees and residency training. - Licensees must confirm w/ MEB every 6 months certifying that they are still practicing and whether they have faced any license discipline, license may be revoked if the licensee is no longer working for a qualifying employer. - Fiscal estimate - Effective January 1, 2025	- Defines "international medical program" as any "any medical school... that is substantially similar" to the training required for physicians in Idaho and has been certified by ECFMG - Repeals SB 1094 (2023), which allows forcibly displaced IMGs a path to residency - Statement of Purpose and Fiscal Note - Effective January 1, 2025

State/ Bill # or Citation	Virginia HB 995 (2024)	Iowa SF 477 (2023)	New York NY Educ L § 6525 (2022)	Louisiana HB 972 (2024)	Colorado HB 22-1050 (2022)	Montana Mont. Admin. R. 24.156.508
Introduced/ Enacted	1/9/24 4/4/24	3/1/23 5/3/24	2022(?)	4/23/24 6/11/24	1/13/22 6/7/22	
Summary	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	Limited permit for eligible IMGs	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	Establishes a clinical readiness program to assist IMGs + Limited pathway to licensure without US/Canada GME "reentry license"	GME can be waived at Board's discretion
Eligibility	- Degree from a medical school recognized by the WHO; - Valid **ECFMG certificate**, however, the Board may waive this condition "at its discretion…" - Passed USMLE Steps 1 & 2	- Graduate of foreign medical *schools evaluated by the ECFMG*, - No pending disciplinary action; - Completed a residency or substantially similar PGT in their resident country, - Basic English fluency, - Federal immigration status, - Passed the USMLE (*which Steps not explicitly mentioned*) - *ECFMG certification not mentioned*	- Fulfills all requirements for a physician license *except* those relating to the examination and citizenship or permanent residence in the U.S. - **ECFMG certification** *or* "passed an examination satisfactory to the state board for medicine and in accordance with the commissioner's regulations" - Have non-immigration visa for the continuation of medical study	- Hold a medical doctorate or equivalent from an international medical program that is "substantially similar" to the education or training required to practice in the state; - Has a license in good standing with the medical licensing or regulatory body in their home country; - US or Canadian citizenship, *or* legal work status in the U.S. - English proficiency	- Degree from medical school outside of U.S./Canada - Qualifications evaluated by a credentialing agency approved by the Board - Passed USMLE 1 & 2 - Program E.D. must determine, w/ stakeholder input, eligibility criteria for program participants === **Reentry license**: Hold a current or expired international license	Foreign residency is approved if it is: - is approved by, or affiliated with, the WHO; - carries malpractice insurance; and - applicant has sufficient English fluency
International Practice Requirements	- Licensed in another country and practiced medicine for at least 5 years	- Licensed and in good standing for the immediately preceding 5 years - Practiced medicine for at least 5 years following their PGT		- Has completed a residency or similar PGT in their licensing country, ***or*** has at least 5 years' experience as a practicing physician	- Holds a current or expired international license "or meets other qualifications specified by Board rule"	
Offer of Employment Required	Has entered into an agreement with a medical care facility defined under Va. Code § 32.1-3 "that provides an assessment and evaluation program designed to develop, assess, and evaluate the physician's nonclinical skills and familiarity with [state] standards… "according to criteria developed or approved by the Board."	Yes, an offer of employment at an Iowa health care facility		Yes, an offer of employment at a facility owned or operated by state-licensed hospitals	**Reentry license**: *Not mentioned*	
Practice Limitations			A permittee shall be authorized to practice	- Provide care at state-licensed hospitals	**Reentry license**: *Not mentioned*	

State/ Bill # or Citation	Virginia HB 995 (2024)	Iowa SF 477 (2023)	New York NY Educ L § 6525 (2022)	Louisiana HB 972 (2024)	Colorado HB 22-1050 (2022)	Montana Mont. Admin. R. 24.156.508
			medicine only under the supervision of a licensed physician and only in a public, voluntary, or proprietary hospital.			
Accepts GME From Outside US/Canada	Yes	Yes		Yes	- **Readiness program**: IMGs who complete clinical program shall interview for a residency program - **Reentry license**: *Implied*	
Full License; Conversion Requirements	Yes, after **at least 2 years of practice** under the *renewable* license, the physician may apply for a full, unrestricted license.	Yes, after **3 years of practice** in good standing and without violation of § 148.6, - Licensee was employed by the health care facility for the entirety of the 3-year period, - Passes the USMLE, - Passes background check, - Administrative components		Yes - Licensees can only practice at these licensed facilities for the first 2 years of their licensure but "after such time the licensee is no longer subject to this limitation"		
Additional Details	- Licensees may apply for a renewable 2-year extension if they practice in a medically underserved area, achieve a passing score on USMLE Step 3, and enter a full-time employment relationship with a medical facility - Board may require other criteria before issuing provisional license - Fiscal impact statement - Effective July 1, 2024	- Effective January 1, 2025 - Fiscal note - Original bill language included a portion referencing the Cicero Institute's Expanding Physician Access Act Model Bill, but this was removed upon amendment.	- A limited permit shall be valid for **2 years**. It may be renewed biennially at the discretion of the department. - $105 fee	- Board can revoke the permit with "clear and convincing evidence" that services rendered violated medical safety, competency, or conduct standards established by the Board - Board may promulgate any necessary rules and regulations to enforce the legislation.	- **Readiness program**: Program reviews IMGs' background, training, and experience to recommend steps to integration into state's workforce incl. credential evaluation, USMLE prep, residency application prep scholarships, etc. - Program develops a roster of IMGs interested in becoming physicians and non-physicians - Requires annual reports… - Develop a program, alongside medical schools, hospitals, and Medical Board, to assess the readiness of program participants for an accredited residency - **Reentry license**: IMG must "satisfy any other reqs established by the Board, which may include a	

State/ Bill # or Citation	Virginia HB 995 (2024)	Iowa SF 477 (2023)	New York NY Educ L § 6525 (2022)	Louisiana HB 972 (2024)	Colorado HB 22-1050 (2022)	Montana Mont. Admin. R. 24.156.508
					rec from the IMG Assistance Administrator or the clinical readiness program director - The Board may charge a fee - The IMG "shall submit to evaluations, assessments, and an educational program as required by the Board" - The Board "may approve an assessment model to assess the competency of IMG applying for a reentry license, incl. minimum requirements, standards, and competencies	

States with *Pending or Failed Legislation* to Reduce Barriers to U.S. Practice for IMGs (last updated: 5/1/24)

State/ Bill #	**Michigan** HB 5613 (2024)	**Maine** LD 2268 (2024)	**Arizona** SB 1406 (2024)	**Cicero Institute** Expanding Physician Access Act Model Bill
Introduced/ Enacted	3/20/24	3/14/24 *Carried over 5/10/24*	2/1/24 *Amended 2/27/24* Failed 6/14/24	N/A
Summary	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	
Eligibility	- Medical degree from a school recognized by the WHO; - **ECFMG certification** (waivable by Board discretion); - Passed USMLE Steps 1 & 2	- Graduate medical school recognized by the WHO; - Maine residents for at least 12 months; - **ECFMG certification** (waivable by Board discretion); - Passed USMLE Steps 1 & 2	- License to practice in Australia, Canada, Hong Kong, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, UK, or any additional country added by the Board - Federal immigration status that allows the work in the US - Completed a residency or substantially similar PGT recognized by the licensing body of the country where they are licensed	- Graduate of a medical program that provides training "substantially similar" to [state] - In good standing with licensing/regulatory body - Completed a residency or similar PGT in home country, - Basic English fluency, - Federal immigration status **OR** - An IMG licensed to practice in Australia, Ireland, Israel, New Zealand, Singapore, South Africa, Switzerland, the UK, or Canada; - Federal immigration status
International Practice Requirements	- Practiced medicine for at least 1 year	- Practiced medicine for at least 1 year	- Practiced for at least 5 years and application within 5 years of last date of practice	- Practiced for "no less than 5 years" in resident country
Offer of Employment Required	Yes, entered into a full-time employment relationship with a participating health care facility, defined as a FQHC, hospital, or other facility approved by the Board	Yes, a full-time employment relationship with a sponsoring institution	Yes; an offer for employment at any health care provider in a designated medically underserved area, *defined as a county with a population less than one million*	Yes, any health care provider that operates in the state **OR** IMGs licensed in one of the 9 countries need not have an offer for employment
Practice Limitations	- Temporary licensees must practice under supervision - Limited licensees can practice independently but must practice in underserved areas	Independent practice with restricted license at facility in physician shortage area	*Provisional licensees must practice under supervision, Board may promulgate supervision guidelines*	
Accepts GME From Outside US/Canada	Yes	Yes	Yes	Yes

State/ Bill #	Michigan HB 5613 (2024)	Maine LD 2268 (2024)	Arizona SB 1406 (2024)	Cicero Institute Expanding Physician Access Act Model Bill
Full License; Conversion Requirements	- Temporary license is valid for 2 years and can be renewed once - Temporary license can be **converted to a *limited* license after 2 years of practice** and passing USMLE Step 3, as well as the facility's evaluation	- Limited license **valid for 2 years** at a sponsoring institution - After completion of the institution's program and passing USMLE Step 3, licensees may apply for a *renewable two year restricted license* at an in-state facility	Yes; license converts to full **after 4 years of practice** in designated medically underserved areas, *receiving a letter of rec from their supervising physician*, and without Board discipline	Yes, provisional license automatically converts to full after 3 years
Additional Details	- Participating facilities must assess & evaluate the applicant's nonclinical skills and standards according to evaluation criteria developed or approved by the Board. - Limited licenses are valid for 2 years and can be renewed once. - After a **minimum of 2 years of practice** with the temporary license, licensees ***may apply for full licensure***. - Nearly identical to ME LD 2268 and MA H 4459	- Provides funding for up to 10 positions at any given time within sponsoring institutions - Limited licenses are valid for 2 years (and can be renewed 2x, total of 6 years) at a sponsoring institution - The Board may develop further criteria for applicants and for assessing licensees - After a minimum of 2 years of practice with the restricted license (4 years of practice total), licensees ***may apply for full licensure***. - Requires biennial report to the Legislature re: status of the sponsorship program and the alternative license pathway created.	- Provisional license must be renewed annually - If licensee is terminated or leaves employment, the Board must be notified, and the provisional license may be terminated unless the licensee is working for another qualifying employer - Employers may require competency tests - Board has jurisdictional and disciplinary authority - Cicero Institute's Expanding Physician Access Act Model Bill - Arizona has previously introduced 2 similar bills (SB 1249/HB 2467 (2023))	- Provisional license may be revoked "based on clear and compelling evidence that medical services provided… violated State medical safety, competency, or conduct standards" - Boards are **not** required to license provisional licensees "without evidence of equivalent training… passage of exams… legal status… results of a background investigation," etc.

State/ Bill #	Iowa HF 2564 (2024)	Georgia SB 529 (2024)	Minnesota HF 3891 and SF 3611 (2024) (amended)
Introduced/ Enacted	2/19/24	2/20/24	2/15/24 Amended 3/7/24
Summary	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME
Eligibility	- Medical degree from an international medical program "that is substantially similar to the practice of medicine… in Iowa" and evaluated by ECFMG; - In good standing in their resident country during the immediately preceding five years and is not facing pending discipline; - Completed a residency or	- Federal immigration status; - Received a degree from an accredited medical school outside of the U.S.; - Received an **ECFMG certificate** or "other credential evaluation service approved by the board;" - Passed USMLE Steps 1 and 2	- Federal immigration status; - A medical degree from a program approved by the Board of Medical Practice, or accredited by the LCME or AOA; - **ECFMG certification**; - "Working" ability in English; - Passed the USMLE, or if the applicant has not practiced in 10 or more years, either pass

State/ Bill #	Iowa HF 2564 (2024)	Georgia SB 529 (2024)	Minnesota HF 3891 and SF 3611 (2024) (amended)
	substantially similar PGT in their resident country; - Basic English fluency; - Federal immigration status; - Passed the USMLE - *ECFMG certification not explicitly mentioned*		SPEX/COMVEX or be board certified by ABMS, AOA, RCPS, or CFPC; - Not faced license suspension or revocation, or "engaged in conduct warranting disciplinary action - At least 2 letters of rec, incl. one from a physician the applicant has worked with and one from an administrator the applicant has worked under.
International Practice Requirements	- Practiced medicine for at least 5 years post residency/PGT	- Licensed and practiced medicine for at least 3 years	- Practiced for 60 months (five years) in the last 10 years
Offer of Employment Required	Yes, an offer for employment as a physician at a health care facility in the state	Yes, entered into an agreement for full-time employment with a hospital licensed by the Dept. of Community Health, a medical school, teaching hospital, an FQHC, or a clinic that services Medicaid or underserved populations	Yes, an offer to practice under a collaborative practice agreement in a hospital or clinical setting
Practice Limitations			- Provide care in a designated rural area or underserved urban community
Accepts GME From Outside US/Canada	Yes	Not explicitly mentioned, implied	Completed a PGT "substantially similar to a residency program" in their practicing country
Full License; Conversion Requirements	Yes, provisional licenses can be converted to full licenses after **3 years of practice** in good standing	Provisional license is valid for 2 years and unrenewable, but can be converted to a *restricted* license if: - Provisional license is in good standing; - Applicant completes USMLE Step 3; - Enters into another employment agreement	Yes, limited license converts to full after **2 years of practice** in good standing, at least 1,692 hours of practice, a letter of recommendation from their collaborating physician.
Additional Details	- Board may revoke the license for violations of Iowa Code § 148.6, if the licensee ceases to work for the health care facility, does not pass the USMLE, or does not pass a background check.	After **2 years of practice** in good standing under the restricted license, licensees ***can apply for full licensure***, though "the board may establish standards for evaluating such applications"	- Employers are required to pay licensees at the same rate as medical residents and hold medical malpractice insurance for them - Licensees must submit confirmation every six months or upon request proof that they are employed as a physician and have

State/ Bill #	Iowa HF 2564 (2024)	Georgia SB 529 (2024)	Minnesota HF 3891 and SF 3611 (2024) (amended)
			not faced license discipline

State/ Bill #	Kentucky HB 574 (2024)	Maryland HB 1054 (2024)	Wisconsin SB 900 (2024)	Massachusetts S 1402 & H 2224 (2023)	Massachusetts H 4459 (2024)
Introduced/ Enacted	2/15/24	2/7/24 *Withdrawn 3/13/24*	1/11/24 *Failed to pass 4/15/24*	2/16/23	3/4/24
Summary	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME	"Cicero-style" legislation w/ pathway to licensure without US/Canada GME
Eligibility	Met the requirements of other IMGs to practice in the state, which include: - English language fluency; - Graduation from a medical school outside the US/Canada "approved by the Board;" - **ECFMG certification**; - Passed "an examination prescribed by the board"	- Graduated from medical schools outside of the U.S. and Canada;	- Graduate of any medical school… or other program approved by the ECFMG "substantially similar to the training required to practice medicine and surgery in [the] state;" - In good standing with the medical licensing or regulatory agency for at least 5 years preceding the application to the program; - Passed all steps of the USMLE - Federal immigration status and employment authorization; - Speak fluent English	- A medical degree from a school recognized by the WHO; - **ECFMG certification** (unless granted an exemption by the Board); - Satisfied any other criteria deemed appropriate by the Board	- Graduate of a medical school recognized by the WHO; - An **ECFMG certificate** or other valid certificate from a credential evaluation service approved by the board, which may be waived at the Board's discretion - Passed USMLE Steps 1 & 2
International Practice Requirements	Practiced for at least 5 years, and in good standing, within their country of practice	- Practiced for at least 5 years prior to application and are in good standing with the regulatory authority in which they are licensed	- At least 5 years of practice after a foreign PGT	**Not mentioned**	- Practiced medicine for at least 1 year
Offer of Employment Required	Yes, an offer of employment as a physician "with a sponsor that is a professional practice, healthcare entity, or corporation" within the state	Yes; an offer of employment as a physician with a health care provider in Maryland that operates an accredited PGT program	Yes	Yes, Entered into an agreement with a health care facility that "shall develop, assess and evaluate the applicant's familiarity with non-clinical skills and standards"	Yes, entered into an agreement with a participating facility
Practice Limitations	- Must remain in practice with sponsoring entity with provisional license	- FPPs must practice with provider w/ accredited PGT for duration of limited license		- The restricted licensee must practice in an underserved area, but can practice independently in primary care, psychiatry or other specialty approved by the Board	- The restricted licensee must practice in an underserved area, but can practice independently in primary care, psychiatry or other specialty approved by the Board
Accepts GME From Outside US/Canada	Yes - "substantially similar" postgraduate training	Yes	Yes	*Not mentioned*	*Not mentioned*

State/ Bill #	Kentucky HB 574 (2024)	Maryland HB 1054 (2024)	Wisconsin SB 900 (2024)	Massachusetts S 1402 & H 2224 (2023)	Massachusetts H 4459 (2024)
Full License; Conversion Requirements	Yes, provisional licenses are converted to full licenses **after 3 years of practice** with the employing sponsor, after which, the licensee need not continue practice with the original sponsor.	Yes; license converts to full if the FPP passes an exam devised by the consortium detailed in the legislation	Yes, after three years of good standing.	- Limited license is valid for **1 year and can be renewed once** - Limited licensees can *convert their license to restricted* after passing the facility's evaluation, USMLE Step 3, and any other criteria the Board promulgates	- Limited license is valid for **1 year and can be renewed once** - Limited licensees can *convert their license to restricted* after passing the facility's evaluation, USMLE Step 3, and any other criteria the Board promulgates
Additional Details	- The Board may revoke the provisional license if the licensee ceases working with their sponsor, or engages in unacceptable (KRS § 311.595) or unprofessional (KRS § 311.597) conduct.	- Requires the BOP to establish a consortium to "develop, implement, and administer an examination to assess the ability of a FPP to meet the standard of care for independent practice" - Requires the consortium to develop the procedures for repeating the examination if necessary, and policies for educational requirements and license restrictions for this cohort	- Allows the Board to determine which countries in which an individual practicing as a PA or physician associate qualify as a PA in the state, and allows the Board to grant PA licenses to qualified international applicants who meet the requirements defined under Wis. Stat. § 448.974.	- Participating facilities must assess and evaluate the licensee's familiarity with nonclinical skills and standards according to evaluation criteria developed or approved by the Board, which also may require other criteria - The restricted license is **2 years in duration** and can be renewed once. After a minimum of two years of practice with the restricted license, licensees ***may apply for full licensure***	- Participating facilities must assess and evaluate the licensee's familiarity with nonclinical skills and standards according to evaluation criteria developed or approved by the Board, which also may require other criteria - The restricted license is **2 years in duration** and can be renewed once. After a minimum of two years of practice with the restricted license, licensees ***may apply for full licensure*** - Also, MA has previously introduced 2 pathway bills (SD 2045 and S 217 (2023))

States with Legislation related to IMG pathways (last updated: 6/21/24)

State/ Bill #	Idaho SB 1094	Vermont S 263 (2024)	~~West Virginia~~ ~~SB 714 (2024)~~	Maine LD 2267
Introduced/ Enacted (Repealed)	2/13/23 3/28/23 *(Repealed 3/29/24)*	1/16/24	2/7/24 *Vetoed 3/27/24*	3/14/24 *Died 4/1/24*
Summary	Temporary residency license for displaced IMGs	Creates working group to utilize IMGs to expand state's workforce	Ambiguous GME accreditation	Program to ease transition of IMGs into healthcare fields
Eligibility	- Graduate of a medical school recognized by Board - Asylee, humanitarian parolee, or refugee with an I-94 or equivalent document; - Have applied to a residency program in the state; - Pass an occupational English test for medicine			- Medical degree from medical school outside of the U.S. recognized by the World Health Organization - Maine resident for at least 12 months
International Practice Requirements	- Have at least 3 years of practice in their specialty; - Have no gap of 5 or more years between active practice and application			- Not mentioned
Offer of Employment Required	Acceptance to Idaho PGT program required			No
Accepts GME From Outside US/Canada	No			Implied
Full License; Conversion Requirements	- Yes, applicant must agree to practice in a medically underserved area for at least three years following their graduation from the Idaho residency			
Additional Details	- On March 28, 2024, Idaho H 542 was signed into law, which **repealed SB 1094**	- Working group to examine Tennessee's 2023 legislation (*see SB 1451 above*) that created a pathway to licensure for IMGs without accredited PGT - Examine other models and opportunities to create an expedited licensure process for health care professionals from other countries to increase access to health care services - Workgroup findings due January 15, 2025	~~- Bill would have removed the requirement that IMGs had completed 2 years of GME "approved by the ACGME" to "2 years of approved GME."~~ - Bill language moved ACGME from §30-3-10 to §30-3-4 (definitions) - On March 27, Gov. Jim Justice **vetoed** the legislation, making it a moot point.	- Requires the state's Dept. of Labor to contract with a 3rd party entity to provide an assistance program to IMGs wishing to reestablish their medical careers in the state - The Dept. of Labor will also contract with accredited hospitals to develop, implement and administer a clinical readiness program to assist IMGs to become medical residents, as well as developing programs for IMGs pursuing healthcare careers in other positions, such as PAs and NPs.

Last updated: 7/17/2024

For informational purposes only: This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.

Questions, comments, or corrections? Please contact Andrew Smith (asmith@fsmb.org)

Medical Examining Board
Rule Projects (updated 09/06/24)

Clearinghouse Rule Number	Scope #	Scope Expiration	Code Chapter Affected	Relating clause (description)	Current Stage	Next Step
Not Assigned Yet	Not Assigned Yet	Not Assigned Yet	Med 1	Licensure Requirements	Updated Scope Submitted to Governor on 07/11/24	Governor Approval and Submission for Publication in Administrative Register
24-039	117-23	06/26/2026	Med 24	Telemedicine and Telehealth	Final Rule and Legislative Report Submitted to Governor on 8/6/24	Governor Approval and Submission for Legislative Review
Not Assigned Yet	055-24	11/28/2026	Med 27	Provisional Licensure for International Physicians	Board Review of Preliminary Rule Draft at 9/18/24 Meeting	Board Approval of Preliminary Rule Draft for EIA Comment and Clearinghouse Review

State of Wisconsin
Department of Safety & Professional Services

AGENDA REQUEST FORM

1) Name and title of person submitting the request: **Tammy Kundinger, Respiratory Care Practitioners Examining Council Applicant**		**2) Date when request submitted:** **8/22/2024** **Items will be considered late if submitted after 12:00 p.m. on the deadline date which is 8 business days before the meeting**
3) Name of Board, Committee, Council, Sections: **Medical Examining Board**		
4) Meeting Date: **9/18/2024**	**5) Attachments:** ☒ **Yes** ☐ **No**	**6) How should the item be titled on the agenda page?** **Consider Application to Respiratory Care Practitioners Examining Council** • **Tammy Kundinger, MBA, RRT, RCP – Respiratory Care Practitioner Member**
7) Place Item in: ☒ **Open Session** ☐ **Closed Session**	**8) Is an appearance before the Board being scheduled?** *(If yes, please complete Appearance Request for Non-DSPS Staff)* ☐ **Yes** ☒ **No**	**9) Name of Case Advisor(s), if applicable:** **N/A**

10) Describe the issue and action that should be addressed:

The Board will review the application of Tammy Kundinger, an applicant to serve on the Respiratory Care Practitioners Examining Council. She would replace Ann Bonner. The first term of service would be from the date of appointment until 7/1/2027.

From the Wisconsin Statutes:

15.407 Same; councils.

(1m) Respiratory care practitioners examining council. There is created a respiratory care practitioners examining council in the department of safety and professional services and serving the medical examining board in an advisory capacity in the formulating of rules to be promulgated by the medical examining board for the regulation of respiratory care practitioners. The respiratory care practitioners examining council shall consist of 3 certified respiratory care practitioners, each of whom shall have engaged in the practice of respiratory care for at least 3 years preceding appointment, one physician and one public member. The respiratory care practitioner and physician members shall be appointed by the medical examining board. The members of the examining council shall serve 3-year terms. Section 15.08 (1) to (4) (a) and (6) to (10) shall apply to the respiratory care practitioners examining council, except that members of the examining council may serve more than 2 consecutive terms.

11) Authorization

Signature of person making this request **Date**

Supervisor (Only required for post agenda deadline items) **Date**

Executive Director signature (Indicates approval for post agenda deadline items) **Date**

Directions for including supporting documents:
1. **This form should be saved with any other documents submitted to the Agenda Items folders.**
2. **Post Agenda Deadline items must be authorized by a Supervisor and the Policy Development Executive Director.**
3. **If necessary, provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting.**

Wisconsin Department of Safety and Professional Services
Division of Policy Development
4822 Madison Yards Way
PO Box 8366
Madison WI 53708-8366

Phone: 608-266-2112
Web: http://dsps.wi.gov
Email: dsps@wisconsin.gov

APPLICATION FOR A SECRETARIAL APPOINTMENT

INSTRUCTIONS

Thank you for expressing an interest in serving Wisconsin. The advisory councils and committees attached to the Department of Safety and Professional Services advise the department on issues and rules relating to various professions and programs. To be considered, please complete the application below.

PART I

Name (First, Middle Initial, Last):	Tammy L Kundinger		
Home Address 1:	[redacted]		
Address Line 2:			
City:	Verona	ZIP Code:	53593
Home Phone:		Cell Phone:	[redacted]
E-mail Address:	Kundinger5@yahoo.com	Date of Birth:	11-28-1971
State Senator:	Tammy Baldwin	State Representative:	Mike Bare
Job Title, Company:	Manager-Respiratory Care Services		
Work Address 1:	700 South Park Street		
Address Line 2:			
City:	Madison	ZIP Code:	53715
Work Phone:	608-258-5010	Fax Number:	
Preferred Mailing Address (please check one):	☒ Home ☐ Work		
What is your state of residence?	Wisconsin		
Are you a state employee?	☐ Yes ☒ No		
If yes, list your Department and Division.			
Are you an elected official?	☐ Yes ☒ No		
If yes, what is your position?			

Are you a licensed/certified professional? If so, please specify.
Yes, I am a licensed State of Wisconsin, Registered Respiratory Therapist. I also have my Master's Degree in Healthcare Management.
Do you belong to any professional groups? If so, please specify.
Yes, I belong to the AARC (American Association of Respiratory Care) and NBRC (National Board of Respiratory Care)

*Demographic Information is Optional			
Disability:	No	Veteran:	No

Gender:	☒ Female ☐ Male	Ethnicity:	White, Caucasian

Part II

Councils or Committees Sought (Please list in order of preference and specify member type, if known.):

1.	Respiratory Care Practitioners Examining Council
2.	
3.	
4.	

In the space provided below, please list the names of three people who are willing to serve as references. Please also include phone numbers and their relationship to you.

Name		Phone Number	Relationship to You
1.	Rachel Schultz	[redacted]	Family Friend
2.	Nina DeHaven	[redacted]	Friend/Neighbor
3.	Amy Setchell	[redacted]	Professional Acquaintance

Did anyone refer you to this board, council or committee? If so, who?

1.	Ann Bonner

RESUME

Please attach a copy of your resume to this application. Please include relevant work experience, education, community involvement, government or military service, honors, awards, and other talents.

- By submitting this application, you are affirming that all the statements you have made in this document are true and that you understand that a background check may be conducted if you are considered for appointment.
- Under Wisconsin Statutes 19.36(7)(b), as an applicant for this position, you have the limited right to request that your identity be kept in confidence. If you wish to reserve this right, you must attach to our application a letter requesting confidentiality of your identify with respect to this application.
- This right prevents your identity from being released in response to a public records request unless; you are appointed to the position or you are a finalist for the position as defined by Wisconsin Statute 19.36(7)(a).

Applications should be faxed to:	Applications should be emailed to:	Applications should be mailed to:
608-251-3032	DSPSAppointments@wisconsin.gov	Department of Safety & Professional Services P.O. Box 8366 Madison, WI 53708-8366

Tammy L. Kundinger, MBA, RRT

August 22, 2024

To Whom It May Concern:

To the members of the State of Wisconsin Department of Safety and Professional Services Medical Examining Board, I would like to express my interest in a position within the Respiratory Care Practitioners Examining Council. I was excited to hear of the work from incumbent Ann Bonner that this Council provides to support the Respiratory Care profession. I am confident that with my twenty-four years of experience in respiratory care in a hospital environment, combined with my past eighteen years in a leadership and management role, I will make a valuable contribution to this Council.

As a Respiratory Therapist, I have gained critical thinking skills, along with providing the best patient care possible. I have worked in all patient care areas within the hospital setting from neonatal to adult and in both acute and critical care settings. My added experience as part of the ECMO and Transport teams has allowed me to broaden my knowledge of respiratory care and help impact the outcome of the critically ill patient while working as a multidisciplinary care team. Within my role as a Part-Time Faculty Instructor for the Respiratory Care Program at Madison Area Technical College, I have worked directly with students as they navigate their pathway to become graduates of the Respiratory Care Program and future licensed and credentialed respiratory therapists.

As a Manager of Respiratory Care Services, I have developed strong qualities that have helped me become an effective leader within the hospital leadership team and have spanned across other clinical disciplines including Polysomnography and Electroencephalogram/Neuromonitoring departments. I have experience with recruiting, developing, and managing clinical staff. I also have experience in planning and organizing policies and procedures within these departments that are consistent with the hospital and departmental strategic goals and mission. In addition, I am the chair of and/or involved member of several committees within St. Mary's Hospital as well as across the SSM Health System and SSM Health Wisconsin Region.

I welcome the opportunity to discuss with you how I can bring my knowledge and interest to the Respiratory Care Practitioners Examining Council that will meet the requirements as defined by the State of Wisconsin Department of Safety and Professional Services Medical Examining Board.

Sincerely,

Tammy L. Kundinger, MBA, RRT

Tammy L. Kundinger, MBA, RRT

Leadership Experience

Directly responsible for the supervision and development of procedures/care provided by Respiratory Care Services, including Respiratory Therapy, Polysomnography and Electroencephalogram (EEG)/Neuromonitoring. Provide direct supervision of staff assuring service excellence and compliance with all applicable hospital and departmental laws/regulations. Assist with the hiring and development of new employees. Work collaboratively with affiliate schools to support students' clinical rotations at SSM Health/St. Mary's Hospital. Monitor the competency of staff members and the appropriateness of care provided to patients and their families. Strive to create a culture of service excellence and patient-centered care. Active member on various committees as a liaison for Respiratory Care Services. Participates in budget planning and operational strategic planning for Respiratory Care Services. Responsible for the implementation of quality improvement projects, products, clinical procedures, protocols, research, and the education of the multi-disciplinary team.

Education

- Lakeland College, Sheboygan Campus, Plymouth, WI
  Graduate Degree in Business Administration - Healthcare Management May 2020
- Lakeland College, Madison Campus, Madison, WI
  Undergraduate Degree in Healthcare Management May 2014
- Mid-State Technical College, Marshfield Campus, Marshfield, WI
  Associate Degree of Applied Science of Respiratory Care
  Diploma May 1999
- University of Wisconsin Center-Marshfield/Wood County, Marshfield, WI
  (August 1990 – May 1991)
- Marshfield Senior High School, Marshfield, WI Diploma June 1990

Work Experience

- Madison Area Technical College, Respiratory Therapy Program Faculty-Part-Time Instructor (June 2022 – present)
- SSM Health/St. Mary's Hospital, Madison, WI
  Manager Respiratory Care Services (March 2015 – present)
- University of Wisconsin Hospital and Clinics, Madison, WI
  Respiratory Therapist/Supervisor (January 2000 – March 2015)
- University of Wisconsin Hospital and Clinics, Madison, WI
  ECMO Specialist (June 2002 – present)
- American Homepatient, Madison, WI
  Respiratory Therapist (May 1999 – January 2000)

Achievements/Professional Organizations/Committees available upon request.

References available upon request.