

# SENATE BILL REPORT

## SB 5846

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As of March 1, 2019

**Title:** An act relating to the integration of international medical graduates into Washington's health care delivery system.

**Brief Description:** Concerning the integration of international medical graduates into Washington's health care delivery system.

**Sponsors:** Senators Saldaña, Hasegawa, Randall, Nguyen, Wilson, C., Keiser, Das, Cleveland and Dhingra.

**Brief History:**

**Committee Activity:** Health & Long Term Care: 2/20/19, 2/22/19 [DPS-WM, w/oRec, DNP].

Ways & Means: 2/27/19.

**Brief Summary of First Substitute Bill**

- Requires the Department of Health (DOH) to establish an International Medical Graduate Assistance Program.
- Requires DOH to establish grant programs to assist international medical graduates (IMG) prepare for residency and fund residency positions for IMGs.

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### SENATE COMMITTEE ON HEALTH & LONG TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5846 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Randall, Vice Chair; Conway, Dhingra, Frockt, Keiser and Van De Wege.

**Minority Report:** That it be referred without recommendation.

Signed by Senators O'Ban, Ranking Member; Rivers.

**Minority Report:** Do not pass.

Signed by Senators Bailey and Becker.

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*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.*

**Staff:** Greg Attanasio (786-7410)

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## SENATE COMMITTEE ON WAYS & MEANS

**Staff:** Michele Alishahi (786-7433)

**Background:** The Washington Medical Commission (commission) regulates the licensure of physicians. The commission issues limited licenses and full licenses. Individuals eligible for a limited license include those entering residency training programs. To receive a full license, an applicant must have graduated from an accredited or approved medical school, passed all the steps of the United States Medical License Examination (USMLE) or the Licentiate of the Medical Council of Canada, completed at least two years of post-graduate training, have good moral character, and be physically and mentally capable of safely carrying on the practice of medicine. To receive a limited license, an applicant must meet the same requirements except they must have only passed USMLE Steps 1 and 2 and are not required to have completed at least two years of post-graduate training.

International medical graduates are individuals who graduated from a medical school outside the United States or Canada. In addition to the requirements for all applicants, international medical graduate applicants must also:

- obtain a certification with an indefinite status granted by the Educational Commission for Foreign Medical Graduates; and
- have the ability to read, write, speak, understand, and be understood in the English language.

To obtain certification by the Educational Commission for Foreign Medical Graduates, an individual must have graduated from an institution registered in the International Medical Education Directory and have passed USMLE Step 1, Step 2 Clinical Knowledge, and Step 2 Clinical Skills.

**Summary of Bill (First Substitute):** DOH must develop the International Medical Graduate Assistance Program (program). The program must:

- coordinate a system for integrating IMGs into the Washington health care workforce, particularly those interested in rural practice;
- develop a roster of IMGs interested in entering the Washington health care workforce;
- work with graduate clinical training programs to address barriers for IMGs securing residency positions;
- develop a system to assess clinical readiness of IMG residency applicants;
- explore pathways for IMGs to serve in non-physician positions; and
- study necessary licensure changes to fully utilize IMGs in Washington's health care delivery system.

DOH must develop a grant program for eligible nonprofit organizations to provide career guidance and support services to IMGs seeking to enter the Washington health care workforce. Eligible grant activities include support for IMGs to become proficient in medical English, the use of relevant technology, and other foundational skills.

DOH must develop a grant program for clinical sites to provide training to IMGs who need additional experience to prepare for residency. The grant program must include a proposed training curricula, policies and procedures for clinical sites, and a monthly stipend for IMG participants.

DOH must develop a grant program to support primary care residency positions designated for IMGs who are willing to serve in rural or underserved areas of the state. IMGs participating in a grant-funded residency program must enter into an agreement with DOH and the appropriate regulatory authority to provide primary care for at least five years in a rural or underserved area of Washington after graduating residency, and pay \$15,000 or 15 percent of their compensation into the International Medical Graduate Residency Account, established in the bill, for five years after graduation.

Hospitals may establish residency positions, or create a residency program for IMGs to become candidates for licensure in Washington State. Hospitals may partner with nonprofit organizations to develop, screen for, and identify IMGs eligible for the hospital's particular residency program. Hospitals may receive grants from a nonprofit organization to train IMGs who are eligible for the hospital's particular residency program.

DOH must establish an oversight committee to provide consultation and oversight in the development and administration of the International Medical Graduate Assistance Program, including the grant programs. The committee must include representatives from the Medical Quality Assurance Commission, medical schools in the state, an organization providing refugee advocacy, an organization representing community and migrant health centers, an organization representing IMGs, an organization offering counseling and education to internationally trained health professionals, providers and health carriers serving rural and underserved areas of the state, and at least two IMGs.

DOH is granted authority to adopt any rules necessary to implement the act.

**EFFECT OF CHANGES MADE BY HEALTH & LONG TERM CARE COMMITTEE  
(First Substitute):**

- Amends the definitions of IMG and rural community.
- Removes references to the Board of Osteopathic Medicine.
- Provides rulemaking authority to DOH.
- Requires DOH to report on the program on a biennial basis.

**Appropriation:** None.

**Fiscal Note:** Available.

**Creates Committee/Commission/Task Force that includes Legislative members:** No.

**Effective Date:** Ninety days after adjournment of session in which bill is passed.

**Staff Summary of Public Testimony on Original Bill (Health & Long Term Care):** *The committee recommended a different version of the bill than what was heard.* PRO: The bill

would address barriers IMGs face in obtaining residency positions. There is an unmet need for providers in rural areas and for providers to serve in diverse communities. IMGs in the state are capable and willing to meet those needs.

OTHER: The concept of the bill is strong, but the quality and experience of providers must remain high. The career counseling portion of the bill is particularly promising.

**Persons Testifying (Health & Long Term Care):** PRO: Senator Rebecca Saldaña, Prime Sponsor; Cheryl Carino-Burr, citizen; Badeea Qureshi, Chair, IMG Task Force; Mohamed Khalif, International medical graduate; Fatuma Ali, International Medical Graduates Task Force; Ahmed Ali, Somali Health Board—ED; Lois Schipper, Somali Health Board/IMG.

OTHER: Katie Kolan, Washington State Medical Association; Micah Matthews, Washington Medical Commission.

**Persons Signed In To Testify But Not Testifying (Health & Long Term Care):** No one.

**Staff Summary of Public Testimony on First Substitute (Ways & Means):** PRO: IMGs are well trained, but cannot obtain a license without a residency. This bill will help prepare IMGs to secure a residency position. The bill will reduce barriers to licensure and help provide greater access to culturally competent primary care.

OTHER: It is a waste to not utilize the medical talent in the state, but the bill might not be the right way to address the problem. A program should be designed to maximize the participation of IMGs and ensure they are well prepared to practice.

**Persons Testifying (Ways & Means):** PRO: Hala Al Yasiri, IMG Task Force, Deputy Chair; Anab Abdullahi, IMG Task Force; Yulia Sledneva, IMG Task Force.

OTHER: Katie Kolan, Washington State Medical Association; Kate White Tudor, Washington Association for Community Health.

**Persons Signed In To Testify But Not Testifying (Ways & Means):** No one.