

# SENATE BILL REPORT

## SSB 5185

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As Amended by House, March 3, 2026

**Title:** An act relating to establishing a pilot program that creates a pathway to physician licensure for international medical graduates.

**Brief Description:** Establishing a pilot program that creates a pathway to physician licensure for international medical graduates.

**Sponsors:** Senate Committee on Health & Long-Term Care (originally sponsored by Senators Saldaña, Cortes, Cleveland, Wellman, Stanford, Nguyen, Chapman, Orwall, Dhingra, Valdez, Riccelli, Bateman, Hasegawa and Nobles).

**Brief History:**

**Committee Activity:** Health & Long-Term Care: 1/31/25; 1/27/26, 1/30/26 [DPS, w/oRec].

**Floor Activity:** Passed Senate: 2/6/26, 39-9.  
Passed House: 3/3/26, 89-4.

**Brief Summary of First Substitute Bill**

- Creates the Clinical Experience Graduate Pilot Program.
- Removes exceptions to the residency requirement for certain permanent immigrants.

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### SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

**Majority Report:** That Substitute Senate Bill No. 5185 be substituted therefor, and the substitute bill do pass.

Signed by Senators Cleveland, Chair; Orwall, Vice Chair; Slatter, Vice Chair; Muzzall, Ranking Member; Bateman, Chapman, Harris, Holy, Riccelli and Robinson.

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

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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 part of the legislation nor does it constitute a statement of legislative intent.*

Signed by Senator Christian.

**Staff:** Jacob Ewing (786-7402)

**Background:** Physician Licensure Eligibility Requirements for Foreign Graduates.

Applicants for licensure as a physician who are graduates of schools of medicine located outside the United States or Canada are required to furnish proof that they:

- have completed a resident course of professional instruction equivalent to that in the United States;
- meet all the requirements which must be met by graduates of the United States and Canadian schools of medicine except that they need not have graduated from a school of medicine approved by the Washington Medical Commission (WMC);
- have satisfactorily passed the examination conducted by the Educational Commission for Foreign Medical Graduates or have met the alternative requirements set forth in commission rules; and
- have the ability to read, write, speak, understand, and be understood in the English language.

Applicants are exempt from furnishing proof of meeting the postgraduate medical training requirement, which must be met by graduates of United States and Canadian schools of medicine, if they are able to demonstrate that they:

- were admitted as a permanent immigrant to the United States as a person of exceptional ability under the rules of the United States Department of Labor; or
- have been issued a permanent immigrant visa and received multiple sclerosis certified specialist status from the consortium of multiple sclerosis centers and successfully completed at least 24 months of training in multiple sclerosis at an educational institution in the United States with an accredited residency program in neurology or rehabilitation.

An applicant may obtain an exceptional qualification waiver, waiving requirements determined by WMC in rule, if they possess an acceptable body of work related to research, medical excellence, or employment, and have the recommendation of other national or international experts in the same specialty or field.

WMC may issue limited licenses to international medical graduates (IMGs) upon nomination by the chief medical officer of any hospital, appropriate medical practice, the Department of Children, Youth, and Families, the Department of Social and Health Services, the Department of Corrections, or a county or city health department. An IMG applying for a limited license must:

- be a state resident for at least one year;
- provide proof of certification by the Educational Commission for Foreign Medical Graduates;
- pass the United States Medical Licensing Examination; and
- submit to a WMC background check as generally required of applicants.

An IMG practicing with a limited license may only practice within the nominating facility or organization, under the control of a licensed supervising physician of the same or substantially similar clinical specialty.

Clinical Experience License. The WMC issues International Medical Graduates Clinical Experience Licenses (CEL) that provide a pathway for qualified international medical graduations to gain supervised clinical experience in Washington. A CEL allows an IMG to practice medicine under an approved practice agreement while preparing for residency or other advanced training opportunities. A CEL is valid for two years and may be renewed up to three times. This allows an IMG to practice under a CEL for a maximum of eight years.

**Summary of First Substitute Bill:** Physician Licensure Eligibility Requirements for Foreign Graduates. The provisions exempting internationally educated applicants for physician licensure who are permanent immigrants of exceptional ability or hold a permanent immigrant visa and are specialists in multiple sclerosis from furnishing proof of meeting the same postgraduate medical training requirement as graduates of United States and Canadian schools of medicine, are removed.

WMC may adopt rules to establish a primary care license for applicants who have successfully completed the Clinical Experience Graduate Pilot Program (pilot program).

Clinical Experience Graduate Pilot Program. WMC is directed to establish and administer a pilot program that creates a pathway to full unrestricted medical licensure to provide primary care.

An applicant to the pilot program must:

- hold a CEL issued on or before July 1, 2026;
- complete two years of continuous supervised clinical practice under a CEL;
- not have any active disciplinary action or significant disciplinary history;
- obtain satisfactory clinical assessment evaluations from the supervising physician in all categories in a clinical assessment evaluation; and
- obtain an attestation from the supervising physician or written endorsement from the medical director of the practice site if different than the supervising physician.

An applicant qualifies for full unrestricted medical licensure to provide primary care upon completing:

- four years total of supervised clinical practice—comprising the two years required for program entry plus an additional two years of practice under the pilot program;
- requirements of the CEL program;
- step 3 of the United States Medical Licensing Examination; and
- passing a clinical competency assessment approved by WMC.

Eligible practice sites for the pilot program include hospitals, federally qualified health

centers, government entities, certain private practice or physicians groups, and, with WMC approval, mental and behavioral health facilities.

WMC must provide an annual report on the pilot program to the Legislature until 2035. The report must include:

- data about practice patterns of program participants;
- relevant disciplinary actions taken against program participants; and
- recommendations for how the pilot program could be expanded to include graduates of medical schools in the United States.

The pilot program expires June 30, 2035.

**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 (Regular Session 2025):** PRO: International medical graduates shared personal stories about how the limited licensure program enabled them to provide care to underserved communities. It was highlighted that IMGs have successfully served 35,000 patients, including those with chronic conditions, elderly individuals, and those in long-term care. IMGs are filling critical gaps in the healthcare workforce and this bill would ensure continued care for vulnerable populations. Washington has a severe physician shortage, particularly in rural areas, and similar licensing pathways exist in other states. IMGs are already required to pass rigorous medical licensing exams in the U.S., demonstrate English proficiency, and undergo supervised clinical training in the U.S., while receiving intensive oversight and competency evaluations. There is a severe shortage of U.S. residency slots, and IMGs face disproportionate challenges in obtaining them. Requiring residency for IMGs would limit healthcare access for the broader population.

CON: Concerns were expressed that IMGs should be required to complete U.S. residency programs to ensure safe and high-quality care. The residency training provides immersive, hands-on experience that is critical for patient safety. Concerns about training variability were raised, with some testifiers noting differences in the quality of medical education and training across countries. Opponents argued that alternative pathways could create a two-tiered system where IMGs receive a different level of training compared to U.S. medical graduates.

OTHER: The proposed pathway aligns with existing licensure models and there is no significant patient safety risk. IMGs already undergo rigorous evaluations including medical

licensing exams and supervised practice, mitigating concerns about quality control.

**Persons Testifying (Health & Long-Term Care):** PRO: Dr. Jamal Mustafa, Puget Sound Psychiatric Clinic; Dr. Khalid Ahmed, Puget Sound Psychiatric Clinic; Dr. Nadeem Mian, Medical Resident PGYII; Lawson Mansell; Aleksandr Vlasov; Win Mar Lar Kyin; ZANAB WASEEM, PAN PACIFIC HEALTH, PLLC; Dr Stan Flemming, Pacific Medical Specialty Group; Dr. Lisa Stolarczyk, Cura Healthcare; Dr. Fikir Kibret, Cura Healthcare; Dr Carla Amadei, Pacific Medical Specialty Group; Dr Oksana Nesterenko, Pacific Medical Specialty Group; Mohamed Khalif, The International Medical Graduates Academy (TIMGA); Dr. Neriza Mercado, Pacific Medical Specialty Group; Dr. Caleb Chu, Pacific Medical Specialty Group; Levoy Cooks, Prest Media; Michael Zimmer, World Education Services; Abdirizak Mukhtar, Somali Bridge.

CON: Alex Wehinger, WA State Medical Association (WSMA); Ingrid Gerbino, MD, WSMA; Anukrati Shukla, MD, WSMA.

OTHER: Bridget Hoggard; Micah Matthews, Washington Medical Commission/Deputy Executive and Legislative Director.

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

**Staff Summary of Public Testimony On First Substitute (Health & Long-Term Care) (Regular Session 2026):** PRO: International medical graduates have a real impact on many residents in Washington by helping bring access to care in underserved communities. This bill is a product of collaboration between many groups and will provide a pathway for international medical graduates to move from a limited license to a full license. This bill removes barriers to practice for international medical graduates while ensuring high standards of quality, safety, and patient care.

**Persons Testifying (Health & Long-Term Care):** PRO: Senator Rebecca Saldaña, Prime Sponsor; Alex Wehinger, WA State Medical Association (WSMA); Micah Matthews, Washington Medical Commission (WMC); Mohamed Khalif, The International Medical Graduates Academy (TIMGA).

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

**EFFECT OF HOUSE AMENDMENT(S):**

- Restricts the private practices and physician employment groups that qualify as practice sites under the Clinical Experience Graduate Pilot Program to those with physicians delivering in-person patient care.
- Clarifies that the pilot program is only available to international medical graduates.
- Corrects a reference to the Educational Commission for Foreign Medical Graduates.