

**SUBJECT:** Timeframe for international medical graduate to apply for medical license.

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 7 ayes — Kolkhorst, Alvarado, S. Davis, Gonzales, Laubenberg,  
Schwertner, Truitt

0 nays

4 absent — Naishtat, Coleman, S. King, Zerwas

**WITNESSES:** For — Rodney Young, Texas Academy of Family Physicians & Texas Medical Association; (*Registered, but did not testify:* Tom Banning, Texas Academy of Family Physicians; Jose Camacho, Texas Association of Community Health Centers; Carrie Kroll, Texas Pediatric Society; Don McBeath, Texas Organization of Rural & Community Hospitals; Marcus Mitias, Texas Health Resources; Michelle Romero, Texas Medical Association; Matthew Wall, Texas Hospital Association; Chris Yanas, Teaching Hospitals of Texas)

Against — None

On — Mari Robinson, Texas Medical Board

**DIGEST:** CSHB 1380 would amend Occupations Code, ch. 155 to allow an individual who had completed graduate medical training outside the United States or Canada, and who was in the third and final year of training for practice in a program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, to apply for a medical license if the individual could prove that all of the other licensing standards had been met.

The bill would take effect September 1, 2011.

**SUPPORTERS SAY:** CSHB 1380 would help keep newly trained doctors in Texas. The state faces a huge shortage of physicians, particularly in primary and family care specialties, which threatens our health care infrastructure. With one out of four doctors in America completing their graduate medical studies outside the United States, it is clear that international medical graduates

(IMGs) have played a critical role in maintaining the system. Nearly 40 percent of all residents training to practice family medicine in Texas are IMGs, but many cannot afford to stay because they must wait to apply for their licenses, delaying the dates for board certification exams and limiting employment opportunities in Texas.

Currently, any IMG may obtain a Texas medical license after three years of residency, even if their programs are longer than that. An IMG training to become a neurosurgeon could receive full licensure well before the completion of the six- to seven-year residency program. These physicians are fully eligible to sit for a board exam to gain all of their credentials as soon as they finish. However, IMGs entering into primary care or other three-year residency programs cannot apply until they have completed their third and final year of training. It makes no sense to keep good doctors unemployed when we need them caring for Texas families. CSHB 1380 would allow IMGs to obtain a medical license before the end of their residency so they could sit for their specialty board exams and be properly credentialed upon the completion of the training program and find jobs in Texas.

The consequence of this delay reaches beyond the pocket books of the IMGs. The average cost to the state to train a medical resident is about \$100,000 over three years. Currently, 24 other states allow IMGs to apply for medical licensure before the end of the three-year residency program. The state of Texas has paid to educate these IMGs, but because they cannot get credentialed fast enough, they face a serious financial hardship. As a result, some are moving across the state line to care for patients in Oklahoma and New Mexico. HB 1380 would remove the delay, save state funds, and improve Texans' access to care.

A recent report by *Health Affairs* revealed that there is no significant mortality difference in patients of physicians who completed their graduate medical degrees in the United States and those who completed their degrees at foreign institutions. The process for IMGs to practice medicine in the United States is exhaustive in order to ensure patient safety. HB 1380 would not change the length of time that an IMG had to train, but would remove an unnecessary barrier that discourages well trained IMGs from staying in Texas.

OPPONENTS  
SAY:

The medical training received by new physicians in American medical schools is of the highest quality and carefully regulated. It may not be clear what type of academic training IMGs have received, and it would be a mistake to rush the process to credential these physicians. The extra year of training allows the faculty of the residency program to have every opportunity to assess the IMGs' skills and ensure their competency.

NOTES:

The committee substitute would allow applicants who graduated from a foreign medical school to be eligible to apply for a license after they had begun the third and final year of residency, rather than after they had completed two years of residency as in the filed bill. The committee substitute specifies that the residency program be approved by certain medical accreditation boards, which is not included in the filed bill.

The companion bill, SB 1022 by Rodriguez, was referred to the Senate Health and Human Services Committee on March 16.