

SENATE BILL REPORT

2SSB 5846

As Passed Senate, March 13, 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: Senate Committee on Ways & Means (originally sponsored by 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, 2/28/19 [DP2S, w/oRec].

Floor Activity:

Passed Senate: 3/13/19, 44-4.

<p style="text-align: center;">Brief Summary of Second Substitute Bill</p> <ul style="list-style-type: none">• Creates the international medical graduate (IMG) work group to develop recommendations for the creation of an IMG assistance program.

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.

Staff: Greg Attanasio (786-7410)

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.

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5846 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Frockt, Vice Chair, Operating, Capital Lead; Mullet, Capital Budget Cabinet; Braun, Ranking Member; Bailey, Becker, Billig, Carlyle, Conway, Darneille, Hasegawa, Hunt, Keiser, Liias, Palumbo, Pedersen, Rivers, Van De Wege, Wagoner and Warnick.

Minority Report: That it be referred without recommendation.

Signed by Senators Brown, Assistant Ranking Member, Operating; Honeyford, Assistant Ranking Member, Capital; Schoesler and Wilson, L..

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 Second Substitute Bill: Subject to the amounts appropriated, the IMG work group is established.

The Governor will appoint the following members to the work group:

- a representative from the Medical Quality Assurance Commission;
- a representative from the Department of Health, Health Systems Quality Assurance Division;
- a representative from the University of Washington School of Medicine Graduate Medical Education Program;

- a representative from the Washington State University Elson S. Floyd College of Medicine Graduate Medical Education Program;
- a representative from the Pacific Northwest University of Health Sciences College of Osteopathic Medicine Graduate Medical Education Program;
- a representative from a statewide association representing physicians;
- a representative from the Washington State Family Medicine Residency Network;
- a representative from a primary care health care employer in a rural or underserved area of Washington;
- a representative from a health carrier offering coverage in a rural or underserved area of Washington;
- a licensed physician with experience working with international medical graduates;
- a representative from an organization specializing in refugee advocacy in Washington;
- a representative from an organization serving refugee physicians and IMGs;
- a representative from an organization offering counseling and educational programs to internationally trained health professionals;
- a representative from an organization representing community and migrant health centers; and
- at least two international medical graduates.

The work group must develop strategies and recommendations for reducing barriers for IMGs to obtain residency positions in Washington, including preresidency training. The work group must also make recommendations on:

- the appropriate number of residency positions designated for IMGs, and their locations and specialties; and
- the postresidency service requirements for IMGs who graduate from a designated residency position.

The Medical Quality Assurance Commission must provide staff support to the work group. The work group must submit a report of its recommendations to the Governor and the Legislature by June 30, 2020.

These provisions expire on June 30, 2020.

Appropriation: The bill contains a section or sections to limit implementation to the availability of amounts appropriated for that specific purpose.

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): *The committee recommended a different version of the bill than what was heard.* 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, Deputy Chair, IMG Task Force; 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.