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**SENATE BILL 5185**

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**State of Washington 69th Legislature 2025 Regular Session**

**By** Senators Saldaña, Cortes, Cleveland, Wellman, Stanford, Nguyen, Chapman, Orwall, Dhingra, Valdez, Riccelli, Bateman, Hasegawa, and Nobles

AN ACT Relating to establishing preceptorship and hardship pathways to medical practice for international medical graduates; amending RCW 18.71.051; and adding a new section to chapter 18.71 RCW.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

**Sec.**  RCW 18.71.051 and 2020 c 325 s 4 are each amended to read as follows:

(1) Applicants for licensure to practice medicine who have graduated from a school of medicine located outside of the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada, shall file an application for licensure with the commission on a form prepared by the secretary with the approval of the commission. ((~~Each applicant~~)) The commission recognizes as equivalent to the United States medical school accreditation and national medical licensure examination standards the Canadian medical school accreditation and Canadian national medical licensure exam.

(2) Applicants shall furnish proof satisfactory to the commission of the following:

(a) That ((~~he or she has~~)) they have completed in a school of medicine a resident course of professional instruction equivalent to that required in this chapter for applicants generally;

(b)((~~(i) Except as provided in (b)(ii) of this subsection, that he or she meets~~)) That they meet all the requirements which must be met by graduates of the United States and Canadian schools of medicine except that ((~~he or she~~)) they need not have graduated from a school of medicine approved by the commission;

((~~(ii) An applicant for licensure under this section is not required to meet the requirements of RCW 18.71.050(1)(b) if he or she furnishes proof satisfactory to the commission that he or she has:~~

~~(A)(I) Been admitted as a permanent immigrant to the United States as a person of exceptional ability in sciences pursuant to the rules of the United States department of labor; or~~

~~(II) Been issued a permanent immigration visa; and~~

~~(B) Received multiple sclerosis certified specialist status from the consortium of multiple sclerosis centers; and~~

~~(C) Successfully completed at least twenty-four months of training in multiple sclerosis at an educational institution in the United States with an accredited residency program in neurology or rehabilitation;~~))

(c) That ((~~he or she has~~)) they have satisfactorily passed the examination given by the educational council for foreign medical graduates or ((~~has~~)) have met the requirements in lieu thereof as set forth in rules adopted by the commission;

(d) That ((~~he or she has~~)) they have the ability to read, write, speak, understand, and be understood in the English language.

((~~(2)~~)) (3) An applicant may obtain an exceptional qualification waiver, waiving requirements determined by the commission in rule or statute, 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.

(4) The commission, at its sole discretion, may elect to waive requirements in statute and rule when considering internationally trained applicants experiencing hardship in providing required documents for license applications. The commission may also require alternate demonstrations of competence that may include examinations or specialty assessments, a period of supervised practice, or other tools as appropriate for evaluation of an applicant to the satisfaction of the commission. Hardship scenarios the commission may consider include, but may not be limited to, refugee status, persecution in the home country of the applicant due to beliefs, ethnicity, or other demographic considerations. The commission may not consider as a hardship the inability of the applicant to complete the certification and examination processes administered by the educational commission on foreign medical graduates or the failure of required examinations.

NEW SECTION. **Sec.**  A new section is added to chapter 18.71 RCW to read as follows:

(1) The commission may create or approve a preceptorship pathway for international medical graduates to qualify for full and unrestricted physician and surgeon licensure under this chapter. Licensure under this pathway does not require completion of the postgraduate training requirement specified in RCW 18.71.050(1)(b). An individual licensed and practicing under authority of this pathway is a full scope licensed physician for all purposes including medical practice, employment role definition, malpractice coverage, credentialing, and insurance billing for plans described in, but not limited to, Title 48 RCW, unless disciplinary action limits the scope of a particular license. Any scope limitations may also be imposed at the practice level consistent with standard credentialing processes and practice agreements between the licensee and the supervising physician.

(2) An internationally trained medical graduate not currently licensed by the commission may demonstrate competence to the commission for eventual independent practice and licensure through a required period of supervised practice, supervisor assessments, and attestation of the supervisor submitted to the commission.

(a) The pathway consists of the following elements:

(i) Licensure under RCW 18.71.095(6) or be granted a hardship waiver under RCW 18.71.051(3) for licensure under RCW 18.71.095(6);

(ii) Full-time practice as a physician in a clinical location or locations acceptable to the commission for not less than four years or 48 months; and

(iii) A satisfactory rating in all categories by the supervising physician with a commission approved clinical assessment evaluation.

(b) Upon satisfaction of (a) of this subsection, the licensee may apply for a license issued under this chapter by providing the required documentation of a minimum of 48 months of supervised full-time clinical practice at the level of a physician, satisfactory clinical assessment evaluations for the period of supervised practice required in (a)(ii) of this subsection, an attestation from the supervising physician, a written endorsement from the medical director of the practice site if different than the supervising physician, proof of board certification, and supplying any further information required by the commission. The commission accepts only ABMS and AAGP board certifications.

(3) For exceptionally qualified international medical graduates, the commission may establish an abbreviated assessment program to determine competence and skill level for the purposes of issuing a full and unrestricted license.

(4) The commission may conduct rule making to implement the requirements of this section.

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