



February 25, 2025

The Honorable Joseph J. Solomon, Jr., Chair
House Committee on Corporations
State House
82 Smith St.
Providence, RI 02903

RE: H 5108 – An Act Relating to Businesses and Professions – Board of Medical Licensure and Discipline

Dear Chair Solomon:

Please accept this letter regarding H 5108, legislation that would allow internationally trained physicians to practice at healthcare facilities in rural and underserved communities and would provide a mentorship alternative to the existing regulation requiring two years of supervised US residency training for licensure in the State. This act would create a pathway for these physicians to apply for a full, unrestricted license to practice medicine. Although the Rhode Island Department of Health (RIDOH) appreciates the goal of the legislation (to address the State's current primary care and psychiatric provider shortages) RIDOH has concerns about the potential efficacy and impact of the legislation as proposed.

Rhode Island patients assume and expect that a licensed physician has the training and experience necessary to provide care that meets or exceeds the standards of their specialty. Currently, US standards for residency training are set by the Accreditation Council for Graduate Medical Education (ACGME). Currently, there are no US agencies that can validate the quality of training provided in residency and fellowship programs outside of North America.

As proposed in this legislation the burden would fall to RIDOH to attempt to determine whether an applicant's training and clinical experience in another country is substantially similar to having been trained and worked in the same specialty in the US. In addition, there is no system, such as the US National Practitioner Data Bank, to determine whether an international physician has been disciplined or has had malpractice claims filed against them. Assessing the training and experience of a physician trained in another country (where medications, procedures, and the healthcare system likely differ from medical care in the US) is an impossible task to effectively accomplish and would likely pose risks to patient health and safety. To attempt to implement the provisions of H 5108, RIDOH would need at least 2 FTE positions, as well as subscriptions to any reporting systems in the countries of origin of each physician (if they exist).

Please know, Rhode Island has existing pathways for internationally trained physicians to become licensed by obtaining advanced standing with the certification Board in their specialty. Board certification is the gold standard for physician knowledge in their specialty. In addition, ACGME has begun accrediting residency programs in countries such as Japan, Qatar, and Singapore.

The World Federation for Medical Education (WFME) has begun to validate residency accrediting agencies in other countries and has validated the accrediting bodies in several

countries including Canada, Pakistan, Libya, and Italy. RIDOH is currently in the process of revising the physician licensing regulations, and the Board of Medical Licensure and Discipline (BMLD) is considering adding language allowing physicians trained in countries where their residency program is accredited by WFME or ACGME-International (ACGME-I) to be eligible for licensing in Rhode Island.

Nine states have passed similar legislation in the past six years, and none have been able to safely implement the provisions, including the licensing of physicians. Tennessee was the first to do so in 2019. As of December 2024, no licenses have been issued in any of those states due to the inability to assess the quality of training and experience of the applicants and the significant burden (financially and legally) on the medical boards in those states. There are indications that the states that have enacted legislation have found that physicians applying for licensure are not primary care physicians, but rather, surgeons seeking to avoid the need to complete US residency training to become licensed and board eligible. It remains unclear whether these laws will increase access to primary care.

Before any systems changes can be made, it is critical to ensure that the intended goals of the legislation can be achieved, and funding secured to make and sustain the changes. RIDOH is willing and interested in working with the sponsors to identify strategies for addressing the healthcare professional shortage issues faced by Rhode Island today. Thank you for the opportunity to comment on this legislation.

Sincerely,



Jerome M. Larkin, MD
Director

CC: The Honorable Members of the House Committee on Corporations
Nicole McCarty, Chief Legal Counsel
Lynne Urbani, Director of House Policy