

Federation of State Medical Boards  
House of Delegates Meeting  
April 20, 2024

Subject: Pathways to Licensure for International Medical Graduates (IMGs)

Introduced by: Oregon Medical Board

Approved: February 16, 2024

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- Whereas,** State medical boards are responsible for ensuring access to safe, quality medical care; and
- Whereas,** Many states generally require international medical graduates to obtain three years of US-accredited residency prior to qualifying for a full, unlimited license; and
- Whereas,** International medical graduates have obtained education, training, and experience that may be substantially similar to that received in the United States; and
- Whereas,** Some international medical graduates may have been successfully practicing for years prior to an effort to immigrate to the United States; and
- Whereas,** Residency programs do not have capacity to accommodate the number of applicants for postgraduate training; and
- Whereas,** International medical graduates are statistically less likely to match into a residency program, and even less likely to match with each year that passes after graduating from medical school; and
- Whereas,** Requiring international medical graduates to obtain a three-year residency poses a barrier to entry for internationally trained physicians; and
- Whereas,** States have developed a variety of new license types to facilitate pathways to licensure for international medical graduates, but these licensure types often restrict the practice location, specialty, and independence of the physician; and
- Whereas,** In November 2023, the FSMB published a Key Issues Chart, “International Medical Graduates GME Requirements: Board-by-Board Overview” and a table, “Licensure of International Medical Graduates” summarizing the differences among state medical boards’ regulations; and
- Whereas,** There is a need for a consistent approach to licensure for international medical graduates among states; and
- Whereas,** The U.S. Department of Health and Human Services projects a shortage of nearly 140,000 physicians by 2033; and
- Whereas,** State lawmakers, regional health systems, and rural communities are seeking to introduce new legislation that would impose regulatory changes on state medical boards; and
- Whereas,** Health care disparities are exacerbated when vulnerable communities do not have access to medical care; and

**Whereas,** International medical graduates may be able to provide care to bolster the medical workforce; and

**Whereas,** International medical graduates diversify the medical workforce and address cultural and linguistic barriers to health care;

Therefore, be it hereby

**Resolved:** that the FSMB work with the Accreditation Council on Graduate Education (ACGME) and other stakeholders to evaluate alternate licensure models for International Medical Graduates and provide guidance for state medical boards and policy makers considering alternate pathways for licensure.

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Subject: Medical Directors of Health Insurers Making Medical Necessity Determinations

Introduced by: Oregon Medical Board

Approved: February 16, 2024

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- Whereas,** State medical boards are responsible for protecting the health, safety, and wellbeing of patients within their states by ensuring they have equitable access to quality care; and
- Whereas,** An estimated one-third of Americans have medical debt, and communities of color and families below the poverty level are disproportionately impacted by medical debt; and
- Whereas,** Patients may delay or defer care due to the inability to pay for medical services, which disproportionately affects disadvantaged communities and can exacerbate disparities in health outcomes; and
- Whereas,** More than 65% of Americans have private health insurance according to the U.S. Census Bureau's Report, "Health Insurance Coverage in the United States: 2022;" and
- Whereas,** Health insurers employ medical directors to make medical necessity determinations; and
- Whereas,** A medical director's medical necessity determinations are *de facto* determinations of whether patients will have access to needed treatments and medical services; and
- Whereas,** A medical director's role is not clearly within the definition of "practicing medicine" in state Medical Practice Acts, and state medical boards may not have authority to review their decision making in medical necessity determinations; and
- Whereas,** Medical directors are not required to meet standard qualifications or criteria by a particular government or regulatory authority, and medical directors are not required to specialize in the type of care they review; and
- Whereas,** There is a lack of transparency regarding each medical director's education, training, experience, and standing; and
- Whereas,** Medical directors may have a history of discipline by a state medical board, employer, or government agency or other malpractice or conduct reported to the National Practitioner Data Bank; and
- Whereas,** Peer-to-peer discussions between the treating physician and the medical director are administratively burdensome and contribute to physician burnout; and
- Whereas,** State medical boards aim to reduce causes of burnout in order support and retain a thriving workforce who can provide quality medical care for patients;

Therefore, be it hereby

**Resolved:** that the FSMB will research the current regulatory oversight for Medical Directors of health insurance companies; and be it further

**Resolved:** that the FSMB will publish a report articulating the impact of health insurance Medical Directors on patient care and providing recommendations to improve the quality of medical necessity determinations.