Written Testimony for the Center for Rural Pennsylvania Public Hearing
Submitted by: Dr. Eric Holmboe
Date: July 16, 2025
Topic: International Medical Graduates and Additional Licensure Pathways

Senator Gene Yaw, Chairman, Representative Eddie Day Pashinski, Vice Chairman, and members of the Center for Rural Pennsylvania Board of Directors:

On behalf of Intealth, thank you for the opportunity to contribute to this important discussion and for your ongoing commitment to addressing the healthcare workforce challenges facing rural communities in Pennsylvania. I am honored to provide testimony today on behalf of our organization.

I will focus my remarks on international medical graduates, or IMGs, and their critical role in the U.S. health care system, particularly in rural and underserved areas. IMGs represent a significant portion of the physician workforce nationwide and are more likely than their U.S. counterparts to practice in high-need communities, including those in rural Pennsylvania. In short, they are vital to maintaining access to care where it is needed most.

At the same time, we recognize that the pathway for IMGs to enter medical practice in the United States can be long, complex, and difficult to navigate. Many IMGs are highly trained physicians who have completed rigorous post-graduate medical education and clinical service abroad, often with years of experience. Yet they can face significant barriers to licensure here, not necessarily because of their competence or commitment, but because current systems are not always structured to recognize or assess their prior training and experience.

Physician Shortages and the Role of IMGs

Our nation faces a shortage of physicians, one that jeopardizes U.S. patients' access to care. A November 2024 report by the Health Resources and Services Administration (HRSA) National Center for Health Workforce Analysis found, *"Nationally, across all physician specialties in the United States, there is a projected shortage of 187,130 full-time equivalent physicians in 2037."*[1] HRSA also estimates that an additional 13,364 primary care and 6,202 mental health practitioners are needed to fulfill current federally-designated Health Professional Shortage Areas (HPSAs).[2] In FY 2024, Pennsylvania had 130 Primary Care HPSA designations and 119 Mental Health HPSA designations.

Foreign national physicians play a critical role in the U.S. health system, particularly in rural areas with physician shortages. In 2025, 6,653 foreign national IMGs matched into U.S. residency training, representing 17.6% of all PGYear1 residency positions filled this year, with many training in teaching hospitals caring for underserved communities.[3] As of 2024, IMGs comprise over 24% of the 1,014,153 licensed physicians in the U.S., with over 70% being foreign nationals. A 2021 survey of IMGs found that 64.1% of respondents were practicing in Medically Underserved Areas (MUA) or [HPSAs], with 45.6% practicing in a rural area."[4]

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[1] Health Resources and Services Administration, National Center for Health Workforce Analysis, *Physician Workforce: Projections, 2022–2037* (Rockville, MD: U.S. Department of Health and Human Services, November 2024), https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/physicians-projections-factsheet.pdf.
[2] Health Resources and Services Administration, *Designated Health Professional Shortage Areas Statistics: Primary Care and Mental Health Care*, April 1, 2025, https://data.hrsa.gov/default/generatehpsaquarterlyreport.
[3] National Residency Matching Program. https://www.nrmp.org/match-data/2025/03/match-by-the-numbers-2025-main-residency-match/
[4] S. V. Malayala et al., "Medically underserved areas and International Medical Graduates (IMGs) in the United States: challenges during the COVID-19 era," *Journal of Community Hospital Internal Medicine Perspectives* 11, no. 4 (June 21, 2021): 457

GME Capacity and IMG Contributions

Despite growth in U.S. medical school enrollment, residency slots remain limited. In 2025, there were 40,041 first-year residency positions, but only 28,760 U.S. medical graduates (MD and DO).[3] Over 20,000 IMGs applied, with 64% securing positions. By comparison, 98% of U.S. MD and DO seniors matched, and nearly all eventually do.[4]

Increasing GME slots would allow more qualified physicians, both U.S. and international, to train and help alleviate workforce gaps. Intealth supports federal and state investments in GME, such as the Resident Physician Shortage Reduction Act of 2025 (H.R. 3890) and state Medicaid-matched funding initiatives.

IMG Physician Re-entry Assistance Programs

One potential model to bolster the IMG physician workforce in Pennsylvania are grants to programs designed to assist IMGs and other health professionals who are living in the United States and legally eligible to work. These programs help IMGs navigate the often long, complex, and difficult pathway for IMGs to enter medical practice in the United States.

Non-profit programs across the country, including the Welcoming Center in Philadelphia, can provide services such as obtaining academic and training records, licensing exam preparation, English-language learning, fee assistance, peer-support, mentorship, and other professional growth opportunities. According to one study, seventeen of these programs have helped over 5,000 physicians pursue a variety of careers, including supporting at least 276 IMGs to Match to medical residency programs in the US.[5]

At the federal level, Intealth has supported the Welcome Back to the Health Care Workforce Act (S.4088 and H.R.7907 in the 118th Congress), which would establish a HRSA grant for states, institutions, and private partners for such programs.

State Licensure Policy Developments

Seventeen states have enacted licensure pathways for internationally trained physicians (ITPs) with experience practicing abroad. In response, Intealth, the Federation of State Medical Boards (FSMB), and ACGME convened the Advisory Commission on Additional Licensing Models, which released nine recommendations in February 2025 to guide states considering such pathways.

The Advisory Commission, co-sponsored by the Federation of State Medical Boards (FSMB), the Accreditation Council for Graduate Medical Education (ACGME), and Intealth, was formed in December 2023 in response to increasing interest among state policymakers to improve patient access and reduce workforce shortages by changing licensure requirements for physicians who have completed training and/or practiced abroad. Some of these proposals bypass certain requirements, including requirements related to U.S. postgraduate training, which are designed to ensure physicians have acquired the necessary knowledge, skills, abilities, and attitudes to provide safe and competent patient care.

The following nine recommendations, which are not intended as an endorsement, focus on the aforementioned eligibility requirements and related considerations for entry by ITPs into additional licensure pathways. They were drafted based on areas of concordance in legislation already introduced and enacted, as well as expert opinion that was collected during a monthslong public comment period in which more than 150 individuals and organizations participated.

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[3] https://www.nrmp.org/match-data/2025/05/results-and-data-2025-main-residency-match/

[4] Sondheimer HM, Xierali IM, Young GH, Nivet MA. Placement of US Medical School Graduates Into Graduate Medical Education, 2005 Through 2015. JAMA. 2015;314(22):2409–2410. doi:10.1001/jama.2015.15702

[5] https://educationforhealthjournal.org/index.php/efh/article/view/25/82

1. Rulemaking authority should be delegated, and resources allocated, to the state medical board for implementing and evaluating any additional licensure pathways.
2. An offer of employment should be required for pathway eligibility. State medical boards should be authorized to define what is an appropriate clinical facility for the supervision and assessment of internationally trained physicians (ITPs) for their provisional licensure period.
3. ECFMG Certification and graduation from a duly recognized medical school should be required for pathway eligibility (see below)
4. Completion of postgraduate training (graduate medical education) outside the United States should be required for pathway eligibility.
5. Possession of authorization from another country or jurisdiction to lawfully practice medicine in that country or jurisdiction, and at least three years of experience in medical practice should be required for pathway eligibility.
6. A limit on the physician's time "out of practice" that is consistent with that state's existing re-entry to practice requirements should be considered.
7. A successfully completed period of supervision and assessment by an employer should be required of ITPs to transition from provisional licensure to full licensure.
8. State medical boards should preserve their authority to assess each candidate for full and unrestricted licensure.
9. State medical boards implementing additional licensure pathways should collect and share data to evaluate the program's effectiveness.

These recommendations emphasize the importance of maintaining public trust and ensuring all practicing physicians meet established standards of competence and safety, and ECFMG certification is one of the core recommendations

About Intealth and ECFMG Certification

Intealth is a private nonprofit organization committed to advancing quality in health professions education worldwide. Through its divisions the Educational Commission for Foreign Medical Graduates (ECFMG®) and the Foundation for Advancement of Medical Education and Research (FAIMER®) Intealth supports the education and training of IMGs, verifies their qualifications for U.S. graduate medical education (GME) and practice, and works to inform health workforce policies globally…

ECFMG Certification is the internationally recognized standard for evaluating whether IMGs are ready to enter U.S. GME. It involves identity verification, primary-source verification of medical credentials, successful completion of the United States Medical Licensing Examinations (USMLE) Step 1 and Step 2 exams, review of the candidate's basic clinical skills, and demonstration of English language proficiency. This ensures that IMGs are prepared to successfully enter training programs and provide supervised patient care in the United States. In 2024, ECFMG certified 13,431 physicians who met these rigorous requirements.

Through its Exchange Visitor Sponsorship Program (EVSP), Intealth also sponsored 15,900 physicians on J-1 visas in 2024. They trained at nearly 770 accredited teaching hospitals across the country.[6] These physicians deliver supervised patient care as part of their training while fulfilling the cultural exchange goals of the J-1 visa program. Together, ECFMG Certification and EVSP create a structured, high-integrity pathway that enables qualified international physicians to contribute meaningfully to the U.S. healthcare system.

[6] https://www.intealth.org/pdfs/J-1_US_Infographic.pdf

Closing

We commend the Center for Rural Pennsylvania for exploring solutions to expand access to care and strengthen the state's physician workforce. IMGs are already a vital part of that solution, and with thoughtful policy design, they can play an even greater role in meeting the needs of rural and underserved communities.

Thank you for your leadership and for the opportunity to contribute. We welcome further dialogue and stand ready to support your work with additional data, resources, or policy guidance. For additional information, please contact me at eholmboe@intealth.org.

Sincerely,

Eric Holmboe, MD
President and CEO