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State of Minnesota  
HOUSE OF REPRESENTATIVES

EIGHTY-NINTH SESSION

H. F. No. 1277

02/26/2015 Authored by Gruenhagen, Moran, Schomacker, Nornes, Loeffler and others  
The bill was read for the first time and referred to the Committee on Health and Human Services Reform

1.1 A bill for an act  
1.2 relating to health; creating a Council on International Medical Graduates;  
1.3 appropriating money; proposing coding for new law in Minnesota Statutes,  
1.4 chapter 144.

1.5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

1.6 Section 1. [144.1911] COUNCIL ON INTERNATIONAL MEDICAL  
1.7 GRADUATES.

1.8 Subdivision 1. Findings; establishment. (a) The legislature finds that Minnesota  
1.9 has a valuable and untapped resource in its population of international medical graduates,  
1.10 who are highly skilled immigrants willing to provide health care in rural and underserved  
1.11 areas of the state, but who face multiple barriers to practice.

1.12 (b) The Council on International Medical Graduates is created to address barriers  
1.13 to practice and facilitate pathways to assist immigrant international medical graduates  
1.14 to integrate into the Minnesota health care delivery system, with the overall goal of  
1.15 increasing access to primary care in rural and underserved areas of the state.

1.16 Subd. 2. Definitions. (a) For the purposes of this section, the following terms  
1.17 have the meanings given.

1.18 (b) "Board" means the Board of Medical Practice.

1.19 (c) "Commissioner" means the commissioner of health.

1.20 (d) "Council" means the Council on International Medical Graduates.

1.21 (e) "Immigrant international medical graduate" means an international medical  
1.22 graduate who was born outside the United States, now resides permanently in the United  
1.23 States, and who did not enter the United States on a J1 or similar nonimmigrant visa  
1.24 following acceptance into a United States medical residency or fellowship program.

2.1 (f) "International medical graduate" means a physician who received a basic medical  
 2.2 degree or qualification from a medical school located outside the United States and Canada.

2.3 (g) "Minnesota immigrant international medical graduate" means an immigrant  
 2.4 international medical graduate who has lived in Minnesota for at least two years.

2.5 (h) "Rural community" means a city or township that is: (1) outside the seven-county  
 2.6 metropolitan area as defined in section 473.121, subdivision 2; and (2) has a population  
 2.7 under 15,000.

2.8 (i) "Underserved community" means a Minnesota area or population included in  
 2.9 the list of designated primary medical care health professional shortage areas, medically  
 2.10 underserved areas, or medically underserved populations (MUPs) maintained and updated  
 2.11 by the United States Department of Health and Human Services.

2.12 Subd. 3. **Governance.** (a) The Council on International Medical Graduates shall  
 2.13 consist of 15 members, appointed by the commissioner of health in consultation with the  
 2.14 Board of Medical Practice. The commissioner shall appoint the initial members of the  
 2.15 council by July 1, 2015. The council shall include members who represent the following  
 2.16 sectors:

2.17 (1) state agencies:

2.18 (i) Department of Health;

2.19 (ii) Board of Medical Practice;

2.20 (iii) Office of Higher Education; and

2.21 (iv) Department of Employment and Economic Development;

2.22 (2) health care industry:

2.23 (i) a health care employer in a rural or underserved area of Minnesota;

2.24 (ii) a health insurer;

2.25 (iii) the Minnesota Medical Association; and

2.26 (iv) licensed physicians experienced in working with international medical graduates;

2.27 (3) community-based organizations:

2.28 (i) organizations serving immigrant and refugee communities of Minnesota; and

2.29 (ii) organizations serving the international medical graduate community, such as the

2.30 New Americans Alliance for Development and Women's Initiative for Self Empowerment;

2.31 (4) higher education:

2.32 (i) University of Minnesota;

2.33 (ii) Mayo Clinic School of Health Professions;

2.34 (iii) graduate medical education programs not located at the University of Minnesota

2.35 or Mayo Clinic School of Health Professions; and

2.36 (iv) Minnesota physician assistant education program; and

3.1 (5) two international medical graduates.

3.2 (b) The terms, compensation, and removal of members of the council shall be  
3.3 governed by section 15.059, except that the council shall not expire unless by action  
3.4 of the council.

3.5 Subd. 4. Powers; duties; program administration. The council shall:

3.6 (1) provide overall coordination for the planning, development, and implementation  
3.7 of a comprehensive system for integrating qualified immigrant international medical  
3.8 graduates into the Minnesota health care delivery system, particularly those willing to  
3.9 serve in rural or underserved communities of the state;

3.10 (2) develop and maintain, in partnership with the Board of Medical Practice and  
3.11 community organizations working with international medical graduates, a voluntary roster  
3.12 of immigrant international medical graduates interested in entering the Minnesota health  
3.13 workforce. The council shall use this information to assist its planning and program  
3.14 administration, including making available summary reports that show the aggregate  
3.15 number and distribution, by geography and specialty, of immigrant international medical  
3.16 graduates in Minnesota;

3.17 (3) award grants to eligible nonprofit organizations to provide career guidance  
3.18 and support services to immigrant international medical graduates seeking to enter the  
3.19 Minnesota health workforce. A grant shall not exceed \$500,000. Eligible activities under  
3.20 this program include the following:

3.21 (i) educational and career navigation, including information on training and licensing  
3.22 requirements for physician and nonphysician health care professions, and guidance in  
3.23 determining which pathway is best suited for an individual international medical graduate  
3.24 based on the graduate's skills, experience, resources, and interests;

3.25 (ii) support in becoming proficient in medical English;

3.26 (iii) support in becoming proficient in the use of information technology, including  
3.27 computer skills and use of electronic health record technology;

3.28 (iv) support for increasing knowledge of and familiarity with the United States  
3.29 health care system;

3.30 (v) support for other foundational skills identified by the council;

3.31 (vi) support for immigrant international medical graduates in becoming certified  
3.32 by the Educational Commission on Foreign Medical Graduates, including help with  
3.33 preparation for required licensing examinations and financial assistance for fees; and

3.34 (vii) assistance to international medical graduates in registering with the council's  
3.35 Minnesota international medical graduate roster;

3.36 (4) disburse its initial round of grants under this program by December 2015;

4.1 (5) work with graduate clinical medical training programs to address barriers faced  
4.2 by immigrant international medical graduates in securing residency positions in Minnesota,  
4.3 including the requirement that applicants to residency be recent graduates of medical  
4.4 school. The council will include its findings in the annual report required in subdivision 8;

4.5 (6) in consultation with the Board of Medical Practice and other partners, develop  
4.6 a standardized assessment of the clinical readiness of eligible immigrant international  
4.7 medical graduates to serve in a residency or apprenticeship program. The council may  
4.8 initially develop assessments for clinical readiness to practice one or more primary care  
4.9 specialties, adding additional assessments as resources are available. The council may  
4.10 contract for the conduct of standardized assessments with an independent entity or another  
4.11 state agency. In order to be assessed for clinical readiness, eligible international medical  
4.12 graduates must have obtained certification from the Educational Commission on Foreign  
4.13 Medical Graduates;

4.14 (7) issue a Minnesota certificate of clinical readiness for residency, apprenticeship,  
4.15 or both to those who pass the assessment;

4.16 (8) work with the Board of Medical Practice to develop a plan for the assessment and  
4.17 certification system by December 31, 2015, including proposed legislation, a proposed  
4.18 budget, and an implementation schedule that allows for assessment and certification of  
4.19 international medical graduates by July 1, 2017;

4.20 (9) award grants to support clinical preparation for Minnesota international medical  
4.21 graduates needing additional clinical preparation or experience to qualify for residency or  
4.22 apprenticeship. A grant shall not exceed \$750,000. The grant program shall include:

4.23 (i) proposed training curricula;

4.24 (ii) associated policies and procedures for clinical training sites, which must be part  
4.25 of existing clinical medical education programs in Minnesota; and

4.26 (iii) monthly stipends for international medical graduate participants. Priority will  
4.27 be given to primary care sites in rural or underserved areas of the state, and international  
4.28 medical graduate participants must commit to serving at least five years in a rural or  
4.29 underserved community of the state;

4.30 (10) develop policies and procedures for the clinical preparation program by  
4.31 December 2015, including an implementation schedule that allows for grants to clinical  
4.32 preparation programs beginning in June 2016;

4.33 (11) award grants to support primary care residency positions designated for  
4.34 Minnesota immigrant physicians who are willing to serve in rural or underserved areas  
4.35 of the state. A grant shall not exceed \$150,000 per residency position per year. The  
4.36 program shall include:

5.1 (i) a prerequisite that participating international medical graduates have lived in  
5.2 Minnesota for at least two years and are certified by both the council and the Educational  
5.3 Commission on Foreign Medical Graduates;

5.4 (ii) participants would commit to providing primary care for at least five years in a  
5.5 rural or underserved area of Minnesota;

5.6 (iii) participants would also commit to pay back a portion of program costs, with  
5.7 those costs being determined by the council; and

5.8 (iv) the program could include sponsored primary care residency positions, if private  
5.9 funding is made available;

5.10 (12) in consultation with the Board of Medical Practice and other partners,  
5.11 develop and administer an apprenticeship program for international medical graduates  
5.12 who are certified under subdivision 5. Apprentices who subsequently become fully  
5.13 licensed physicians must commit to serving at least five years in a rural or underserved  
5.14 community of the state following the apprenticeship. Those successfully completing the  
5.15 apprenticeship shall be eligible to petition the Board of Medical Practice for a full medical  
5.16 license or a permanent limited license to practice under supervision of another physician;

5.17 (13) award grants to clinical sites participating in this apprenticeship program. A  
5.18 grant shall not exceed \$20,000 per apprentice per year to participating sites;

5.19 (14) work with the board to develop the apprenticeship program, including any  
5.20 additional admissions criteria such as length of experience as a physician outside the  
5.21 United States, length of the apprenticeship program, proposed legislation for licensing  
5.22 changes needed, a proposed budget, and an implementation schedule that allows for the  
5.23 enrollment of eligible international medical graduates as apprentices by June 2017;

5.24 (15) work with the board to develop and propose legislation to grant qualified  
5.25 immigrant international medical graduates a time-limited apprenticeship permit equivalent  
5.26 to the residency permit established in section 147.0391, full medical licensure or limited  
5.27 licensure to practice under supervision. The legislation must include a procedure to assess  
5.28 the qualifications of immigrant international medical graduates. The legislation must  
5.29 require that candidates for licensure possess an Educational Commission for Foreign  
5.30 Medical Graduates certificate, pass all United States medical licensing examinations  
5.31 tests and be clinically qualified to practice medicine. The legislation may propose that  
5.32 the certificate of clinical readiness in whole or in part serve as evidence a candidate is  
5.33 clinically qualified to practice medicine. The legislation need not require that candidates  
5.34 obtain United States medical residency experience. The council and board shall submit  
5.35 recommendations and proposed legislation by December 15, 2016;

6.1 (16) explore and facilitate more streamlined pathways for immigrant international  
6.2 medical graduates to serve in nonphysician professions in the Minnesota workforce;

6.3 (17) work with physician assistant training programs to explore alternatives for  
6.4 admission requirements for international medical graduates, including allowing an  
6.5 international medical graduate's scores on the United States medical licensing exams to  
6.6 fulfill basic and higher science prerequisites in physician assistant program admissions;

6.7 (18) work with at least one interested physician assistant education program in  
6.8 Minnesota, in partnership with the Board of Medical Practice and national physician  
6.9 assistant accreditation and certification bodies, to create a program by July 1, 2017, that  
6.10 meets the existing professional standards for physician assistants, but is designed to  
6.11 meet the unique needs of the immigrant international medical graduate who wishes to  
6.12 practice as a physician assistant, including expedited training and specially designed  
6.13 clinical rotations. No later than December 31, 2016, the council shall propose legislation  
6.14 to begin an immigrant international medical graduate physician assistant pilot program  
6.15 in Minnesota; and

6.16 (19) award grants for the development of the immigrant international medical  
6.17 graduate physician assistant pilot program. Grants shall not exceed \$450,000 for this  
6.18 purpose.

6.19 Subd. 5. **Coordination with Board of Medical Practice.** The council and  
6.20 the Board of Medical Practice shall work in partnership to develop the standardized  
6.21 assessment of clinical readiness, the certificate of clinical readiness, and the apprenticeship  
6.22 program and licensing options in subdivision 4. Nothing in this section alters the authority  
6.23 of the Board of Medical Practice to regulate the practice and licensing of medicine.

6.24 Subd. 6. **Appropriations; gifts; grants.** The council may apply for, accept, and  
6.25 disburse gifts, grants, and loans for any of the council's purposes. Money received by  
6.26 the council from gifts and grants is appropriated to the council for purposes specified  
6.27 in the gift or grant.

6.28 Subd. 7. **Staffing.** The commissioner shall conduct the activities in subdivision 4 on  
6.29 behalf of the council, with input from the council. The commissioner shall provide staff,  
6.30 including but not limited to professional, technical, and clerical staff necessary to perform  
6.31 the duties assigned to the council. The council may ask for assistance from other units of  
6.32 state government as needed to fulfill its duties and responsibilities.

6.33 Subd. 8. **Report.** The council shall submit an annual report to the commissioner and  
6.34 the chairs and ranking minority members of the legislative committees with jurisdiction  
6.35 over health care matters on the status of the council's activities. The reports will be due  
6.36 by January 15 each year.

7.1        Sec. 2. **APPROPRIATION.**

7.2            \$..... is appropriated in fiscal year 2016 from the general fund to the commissioner  
7.3 of health for the grant programs and operations of the council. The council and  
7.4 commissioner shall develop recommendations for any additional funding required  
7.5 for council programs and initiatives. The commissioner shall report the funding  
7.6 recommendations to the legislature by December 31, 2015.