

Duplicates/Conflicts with/Companion to/Relates to:
Duplicates/Relates to Appropriation in the General Appropriation Act

SECTION III: NARRATIVE

BILL SUMMARY

Synopsis:

SB 172 seeks to increase New Mexico's health care workforce by enacting the Immigrant Health Care Workforce Development Act. The bill provides for an immigrant health care professional acceleration program, an immigrant primary care physician readiness pathway and an immigrant primary care residency grant program. It creates the (nonreverting) immigrant health care workforce development fund and the immigrant health care workforce advisory group and appropriates \$1.5M to the Department of Workforce Solutions to implement the Act's provisions, including hiring three FTE.

FISCAL IMPLICATIONS

SIGNIFICANT ISSUES

We appreciate the intent to increase the state's healthcare workforce by supporting immigrant healthcare professionals. However, we have several concerns and suggestions to ensure that SB 172 effectively addresses the needs of both immigrant healthcare workers and the existing healthcare system in New Mexico.

1. **Support for Traditional Pathways:** While the bill provides financial support for testing fees, housing, and administrative expenses for immigrant healthcare workers, it is crucial to ensure that similar support is available for individuals pursuing traditional pathways to licensure. Adequate support for all candidates is necessary to maintain fairness and equity in the system.
2. **Licensure Requirements:** The current proposal may not lead to licensure for immigrant healthcare workers in New Mexico, as the state requires two years in an accredited residency program. Without meeting this requirement, these individuals will not become licensable, which undermines the bill's objective.
3. **Assessment of Post-Graduate Training:** The bill proposes assessing post-graduate training as "substantially similar to the United States residency." However, this assessment requires thorough review and validation of the training programs abroad, similar to the Accreditation Council for Graduate Medical Education International (ACGME-I) standards. Without such rigorous evaluation, it is challenging to ensure the equivalence of international programs to U.S. standards.
4. **ECFMG Certification:** We agree with the necessity of Educational Commission for Foreign Medical Graduates (ECFMG) certification for immigrant healthcare workers. This certification ensures that candidates meet the required standards for medical practice in the U.S.
5. **USMLE Requirements:** ECFMG requires that international medical graduates satisfy the USMLE requirements for ECFMG Certification within a seven-year period. This means that once you pass an exam, you will have seven years to meet the other

examination requirements for ECFMG Certification. This seven-year period begins on the date of the first exam passed and ends exactly seven years from that date.

6. **Quality of International Medical Graduates (IMGs):** Based on extensive interactions with IMGs, it is evident that while many are competent, a significant number require additional supervision and guidance to practice effectively in the U.S. Ensuring rigorous training and evaluation is essential to maintain high standards of care.
7. **Historical Interactions with IMGs:** The Departments of Internal Medicine and Pediatrics have long histories of externships for foreign-trained individuals with connections to New Mexico. Many of these individuals have successfully integrated into practice following residency training, , but others have not entered residency due to the challenges mentioned above.
8. **Residency Program Limitations:** There is no existing fast-track one-year training program for immigrants that can be utilized, and no Accreditation Council for Graduate Medical Education (ACGME) pathway to provide this experience. Additionally, residency programs are confined to the National Resident Matching Program (NRMP) requirements, limiting the selection of immigrant applicants.
9. **Visa and Certification Requirements:** The bill should clarify the eligibility of individuals with different immigration statuses, including Green Card holders, other Employment Authorization Document (EAD) holders, and those with Deferred Action for Childhood Arrivals (DACA) or refugee status. Currently, the University of New Mexico (UNM) only works with J1 visas, which are sponsored by the ECFMG.
10. **Training and Adaptation Needs:** Foreign-trained healthcare workers often struggle to adapt to the U.S. medical system, including communication styles, patient expectations, electronic medical records (EMRs), and medical insurance constraints. A rigorous residency program is necessary to develop their skills and ensure they meet ACGME and board specialty standards.
11. **Precedent from Other States:** Tennessee's medical board refused to create an application for IMGs under a similar policy, highlighting potential challenges in implementing such a program.
12. **Competence of IMGs:** While many IMGs are competent, some struggle initially but improve with residency training. Ensuring they meet the same standards as U.S. graduates is crucial for patient safety and care quality.
13. **Cost and Certification Barriers:** The costs for USMLE exams, ECFMG certification, and visa application fees are significant barriers for immigrant healthcare workers. The bill should address these financial challenges to support their integration into the workforce.
14. **Quality Control and Oversight:** Not all international medical schools provide the same quality of training. Rigorous ACGME accredited residency training programs are necessary to ensure proper guidance and preparation for safe and effective patient care.

While SB 172 aims to address the shortage of healthcare professionals in New Mexico, it is critical to ensure that immigrant healthcare workers meet the same rigorous standards as U.S. graduates. Adequate support, thorough assessment, and clear pathways to licensure are critical to achieving this goal.

PERFORMANCE IMPLICATIONS

ADMINISTRATIVE IMPLICATIONS

CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP

TECHNICAL ISSUES

OTHER SUBSTANTIVE ISSUES

ALTERNATIVES

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL

AMENDMENTS