

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 1049

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DATE	D-PG	OFFICIAL STATUS
02/23/2015	395	Introduction and first reading Referred to Health, Human Services and Housing
03/25/2015	1324a	Comm report: To pass as amended and re-refer to Finance
04/14/2015	1550	Author added Carlson See SF1458, Art. 8, Sec. 17

A bill for an act

relating to health; addressing barriers to integrating international medical graduates into the Minnesota health care delivery system; appropriating money; proposing coding for new law in Minnesota Statutes, chapter 144.

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

Section 1. **[144.1911] INTERNATIONAL MEDICAL GRADUATES**

ASSISTANCE PROGRAM.

Subdivision 1. **Establishment.** The international medical graduates assistance program is established to address barriers to practice and facilitate pathways to assist immigrant international medical graduates to integrate into the Minnesota health care delivery system, with the goal of increasing access to primary care in rural and underserved areas of the state.

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

(b) "Commissioner" means the commissioner of health.

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

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

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

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

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

2.8 Subd. 3. **Program administration.** (a) In administering the international medical
2.9 graduates assistance program, the commissioner shall:

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

2.14 (2) develop and maintain, in partnership with community organizations working
2.15 with international medical graduates, a voluntary roster of immigrant international medical
2.16 graduates interested in entering the Minnesota health workforce, to assist in planning
2.17 and program administration, including making available summary reports that show the
2.18 aggregate number and distribution, by geography and specialty, of immigrant international
2.19 medical graduates in Minnesota;

2.20 (3) award grants to eligible nonprofit organizations to provide career guidance
2.21 and support services to immigrant international medical graduates seeking to enter the
2.22 Minnesota health workforce. No grant shall exceed \$500,000. Eligible activities under
2.23 this program include the following:

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

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

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

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

2.33 (v) support for other foundational skills identified by the commissioner;

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

3.1 (vii) assistance to international medical graduates in registering with the program's
3.2 Minnesota international medical graduate roster;

3.3 (4) award the initial round of grants under this program by December 2015;

3.4 (5) work with graduate clinical medical training programs to address barriers
3.5 faced by immigrant international medical graduates in securing residency positions in
3.6 Minnesota, including the requirement that applicants for residency positions be recent
3.7 graduates of medical school. The annual report required in subdivision 6 shall include
3.8 any progress in addressing these barriers;

3.9 (6) develop a standardized assessment of the clinical readiness of eligible immigrant
3.10 international medical graduates to serve in a residency program. The commissioner may
3.11 initially develop assessments for clinical readiness to practice one or more primary care
3.12 specialties, adding additional assessments as resources are available. The commissioner
3.13 may contract with an independent entity or another state agency to conduct the assessment.
3.14 In order to be assessed for clinical readiness, eligible international medical graduates
3.15 must have obtained certification from the Educational Commission on Foreign Medical
3.16 Graduates;

3.17 (7) issue a Minnesota certificate of clinical readiness for residency to those who
3.18 pass the assessment;

3.19 (8) develop a plan for the assessment and certification system by December 31, 2015,
3.20 including proposed legislation, a proposed budget, and an implementation schedule that
3.21 allows for assessment and certification of international medical graduates by July 1, 2017;

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

3.25 (i) proposed training curricula;

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

3.28 (iii) monthly stipends for international medical graduate participants. Priority shall
3.29 be given to primary care sites in rural or underserved areas of the state, and international
3.30 medical graduate participants must commit to serving at least five years in a rural or
3.31 underserved community of the state;

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

3.35 (11) award grants to support primary care residency positions designated for
3.36 Minnesota immigrant physicians who are willing to serve in rural or underserved areas

4.1 of the state. A grant shall not exceed \$150,000 per residency position per year. The
4.2 program shall include:

4.3 (i) a prerequisite that participating international medical graduates have lived in
4.4 Minnesota for at least two years and are certified by the Educational Commission on
4.5 Foreign Medical Graduates and hold a Minnesota certificate of clinical readiness for
4.6 residency once such certificates become available;

4.7 (ii) a requirement that participants commit to providing primary care for at least five
4.8 years in a rural or underserved area of Minnesota;

4.9 (iii) a requirement that participants commit to pay back a portion of program costs,
4.10 with those costs being determined by the commissioner; and

4.11 (iv) the option that the program include sponsored primary care residency positions,
4.12 if private funding is made available;

4.13 (12) explore and facilitate more streamlined pathways for immigrant international
4.14 medical graduates to serve in nonphysician professions in the Minnesota workforce; and

4.15 (13) study, in consultation with the Board of Medical Practice and other stakeholders,
4.16 changes necessary in health professional licensure and regulation to ensure full utilization
4.17 of immigrant international medical graduates in the Minnesota health care delivery
4.18 system. The commissioner shall include recommendations in the annual report required
4.19 under subdivision 6 due January 1, 2017.

4.20 Subd. 4. **Consultation with stakeholders.** The commissioner shall administer the
4.21 international medical graduates assistance program, in consultation with the following
4.22 sectors:

4.23 (1) state agencies:

4.24 (i) Board of Medical Practice;

4.25 (ii) Office of Higher Education; and

4.26 (iii) Department of Employment and Economic Development;

4.27 (2) health care industry:

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

4.29 (ii) a health insurer;

4.30 (iii) the Minnesota Medical Association;

4.31 (iv) licensed physicians experienced in working with international medical
4.32 graduates; and

4.33 (v) the Minnesota Academy of Physician Assistants;

4.34 (3) community-based organizations:

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

- 5.1 (ii) organizations serving the international medical graduate community, such as the
5.2 New Americans Alliance for Development and Women's Initiative for Self Empowerment;
5.3 (4) higher education:
5.4 (i) University of Minnesota;
5.5 (ii) Mayo Clinic School of Health Professions;
5.6 (iii) graduate medical education programs not located at the University of Minnesota
5.7 or Mayo Clinic School of Health Professions; and
5.8 (iv) Minnesota physician assistant education program; and
5.9 (5) two international medical graduates.

5.10 Subd. 5. **Board of Medical Practice.** Nothing in this section alters the authority of
5.11 the Board of Medical Practice to regulate the practice of medicine.

5.12 Subd. 6. **Report.** The commissioner shall submit an annual report to the chairs and
5.13 ranking minority members of the legislative committees with jurisdiction over health care
5.14 and higher education on the progress of the integration of international medical graduates
5.15 into the Minnesota health care delivery system. The report shall be submitted by January
5.16 15 each year, beginning January 15, 2016.

5.17 Subd. 7. **Voluntary hospital programs.** A hospital may establish residency
5.18 programs for foreign-trained physicians to become candidates for licensure to practice
5.19 medicine in the state of Minnesota. A hospital may partner with organizations, such as
5.20 the New Americans Alliance for Development to screen for and identify foreign-trained
5.21 physicians eligible for a hospital's particular residency program.

5.22 Sec. 2. **APPROPRIATION.**

5.23 \$..... is appropriated in fiscal year 2016 and \$..... is appropriated in fiscal year
5.24 2017 from the general fund to the commissioner of health for the grant programs and
5.25 operations described in Minnesota Statutes, section 144.1911. The commissioner shall
5.26 develop recommendations for any additional funding required for initiatives needed to
5.27 achieve the objectives of Minnesota Statutes, section 144.1911. The commissioner shall
5.28 report the funding recommendations to the legislature by January 15, 2016.