

Testimony to Support Creating Pathways for Internationally-Licensed Doctors to Acquire and Retain Licensure in Minnesota

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Like the rest of America, Minnesota faces a large and growing physician shortage. The effects of the shortage are most acute to rural residents right now. According to the Rural Health Information Hub, 69 counties had shortages of primary care physicians.¹ This puts 1,527,407 Minnesota residents in a health professional shortage area (HPSA).²

Minnesota's physician shortage will grow to more than 2,000 by 2030,³ while this will still have the biggest impact on rural areas, it will soon affect most of the state. 29.9% of all Minnesota physicians are currently at or above the typical retirement age for physicians,⁴ which indicates that the situation could deteriorate at any time. With the rate of residency retention for Minnesota sitting at only 45.3%,⁴ Minnesota needs an intervention to address the shortage.

Minnesota already relies heavily on internationally-trained healthcare professionals to provide critical care in rural and other underserved areas, including at FQHCs and free clinics (17.5% of Minnesota physicians are internationally trained).⁴ For every experienced international physician who can overcome barriers to practice, many more never practice again or leave Minnesota for other states with smoother licensing pathways. Many highly skilled immigrants could reduce the physician shortage, but Minnesota's redundant residency training requirements bar them from doing so.

The main barrier to practice is that, regardless of how many years of experience and training a physician has abroad, he or she must repeat residency training in the US. Yet, there are 3,000+ fewer residency spots than grads in this country,⁵ and it is incredibly difficult for a non-US trained professional to secure a space, taking many years and thousands of dollars. And the residency training is typically bureaucratically duplicative with little value added for internationally licensed doctors who have already completed a residency outside the US.

Right now, there is a fierce nationwide competition for global medical talent to address the healthcare workforce crisis, with states like Tennessee, Alabama, Washington, and Illinois already having passed pathways for international physician licensure; the states of Virginia, Maryland, Massachusetts, Idaho, Iowa, Wisconsin

and Arizona are deliberating pathways as well. It does not make sense for states not to consider highly trained physicians from around the world to practice in the US. There are pathways states can consider to reduce the redundant training while ensuring the skills possessed by these internationally trained physicians are on par to provide quality medical care in the US. This can enhance physician supply by reducing barriers to practice, benefiting physicians and patients alike.

¹ Map of Health Professional Shortage Areas: Primary Care, by County, 2023 - Rural Health Information Hub,” n.d. <https://www.ruralhealthinfo.org/charts/5?state=MN>.

² U.S. Department of Health & Human Services. “Designated Health Professional Shortage Areas Statistics.” Bureau of Health Workforce , December 31, 2023. <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>.

³ Zhang, Xiaoming, Daniel W. Lin, Hugh Pforsich, and Vernon W. Lin. “Physician Workforce in the United States of America: Forecasting Nationwide Shortages.” Human Resources for Health, February 6, 2020. <https://doi.org/10.1186/s12960-020-0448-3>.

⁴ AAMC. “Minnesota Physician Workforce Profile.” Association of American Medical Colleges, 2021. <https://www.aamc.org/media/58231/download>.

⁵ Bernard, Rebekah. “Match Day 2023 a Reminder of the Real Cause of the Physician Shortage: Not Enough Residency Positions.” MedicalEconomics, September 26, 2023. <https://www.medicaleconomics.com/view/match-day-2023-a-reminder-of-the-real-cause-of-the-physician-shortage-not-enough-residency-positions>.