



LARA

LICENSING AND REGULATORY AFFAIRS

MICHIGAN TASK FORCE ON
FOREIGN TRAINED MEDICAL
PROFESSIONAL LICENSING

Foreign Trained Medical Professional Licensing



REPORT AND RECOMMENDATIONS

December 5, 2023

FINAL REPORT

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Executive Summary

Foreign Trained Medical Professionals Have a Key Role to Play in Addressing Michigan's Workforce Needs

A vibrant, prosperous Michigan economy requires a healthy population – both among residents and the workforce. With an aging population needing increased medical care, and hospitals and other providers across the state facing staffing shortages exacerbated by the COVID-19 pandemic, health care is an increasingly important economic driver. Unfortunately, Michigan has an acute shortage of, and growing need for, health care professionals at a time when its residents, and economy, need them more than ever.

Michigan is not alone in these challenges. States across the nation have begun aggressively turning to Foreign Trained Medical Professionals (FTMPs) to strengthen their workforce and address critical talent shortages. These individuals comprise an underutilized talent source of dentists, nurses, pharmacists, physical therapists, physicians, and other health care professionals who were trained in other countries but possess the experience and skills necessary to deliver quality health care services. However, FTMPs often face confusing, costly, and years-long regulatory and licensing processes that prevent many from practicing or force them into lower level jobs.

It is estimated that Michigan has approximately 6,000 immigrants with health-related degrees who are underemployed or unemployedⁱ. While that may sound like a relatively small number, most primary care physicians have up to 2,500 patientsⁱⁱ. Each time a physician or health care professional makes Michigan their home, thousands of Michiganders stand to benefit, as every single licensing decision has a major ripple effect on the community health professionals serve.

As mandated by Public Act 166 of 2022, the Department of Licensing and Regulatory Affairs (LARA) created the Michigan Task Force on Foreign Trained Medical Professional Licensing (Task Force) to provide proposals to reduce licensure barriers for medical professionals who are trained outside of the U.S.

Starting in the fall of 2022, representatives from state government, higher education, hospitals, and other professional associations were invited to meet with LARA to identify obstacles that prevent FTMPs from practicing in Michigan and create recommendations to improve the efficiency and effectiveness of the licensing process. At the forefront of the Task Force's agenda was to consider what Michigan can do to ensure highly qualified individuals have the ability to practice in Michigan at a level that is commensurate to their education and training.

This report is the product of those meetings and provides policy recommendations to enhance the role FTMPs can play in addressing workforce shortages and creating a healthier, more prosperous Michigan.

Recommendations Brief

Rescind English Language Proficiency Requirements

Removing requirements for applicants to demonstrate a working knowledge of English would serve to embrace non-English speaking FTMPs and improve the collective health care system by increasing the number of health care professionals who can treat underserved, non-English speaking patients.

Create and Maintain Skilled Immigrant Licensure Guides in Multiple Languages

Updating LARA's online resources for skilled immigrants will better address the rapidly changing health licensing environment for FTMPs and help them navigate the licensing process more efficiently.

Establish a Welcome Initiative in Michigan to Support FTMPs

Establishing a state-supported Welcome Initiative that provides FTMPs with individual case management would help applicants complete forms, meet educational requirements, and engage appropriate agencies, including LARA, in submitting a licensure application.

Fund a Grant Program to Assist FTMPs with Licensure and Credential Evaluation

Michigan can join several other states in implementing a grant program to help absorb costs that deter FTMPs from applying, such as the costs associated with licensing applications, credential evaluations, examinations, and educational training.

Dedicate a Liaison to Assist FTMPs and Measure Progress

A full-time employee position within LARA, specializing in providing direct assistance to FTMP applicants, can assist LARA staff in developing administrative rules pertaining to recommendations from this report and provide ongoing assessment for future calls of action.

Create a State-run Initiative to Provide Residency Slots to FTMPs

Implementing a state-run program that awards a limited number of residencies to FTMPs would dramatically increase health care access in underserved populations.

Develop New Transitional Licensure Pathway for FTMPs

Providing a pathway to transitional licensing would allow applicants to begin practicing under appropriate supervision while preparing to meet technical requirements for full licensure.

Expand Acceptability of Accredited Credential Evaluations from Private Entities

Expanding the list of accredited credential evaluation services that are accepted under the administrative rules for each health profession would reduce costs and delays during the licensure application process.

Origins of Task Force and Growing Michigan's Population

The Michigan Task Force on Foreign Trained Medical Professional Licensing was formed through Public Act 166 of 2022. The task force includes a variety of **stakeholders** focused on proposals to reduce licensure barriers for medical professionals who were trained outside of the U.S.



As approved by Governor Gretchen Whitmer on July 20, 2022, the executive budget included \$1 million of state restricted Health Professions Regulatory Fund authorization to cover one-time costs associated with the Michigan Task Force on Foreign Trained Medical Professional Licensing and to implement the Task Force recommendations.

Michigan joins several other states with active task forces or state commissions, including Coloradoⁱⁱⁱ, Illinois^{iv}, and Massachusetts^v. The work also complements the newly established Growing Michigan Together Council, which is developing a statewide strategy aimed at making Michigan a place everyone wants to call home by attracting and retaining talent, improving education throughout the state, upgrading and modernizing transportation and water infrastructure to meet 21st century needs, and continuing Michigan's economic momentum^{vi}. **FTMPs offer an opportunity to better utilize existing workforce that neither needs to be attracted or retained because it is already here or has existing pathways here that will persist.**

MICHIGAN HAS A HEALTH CARE TALENT CRISIS

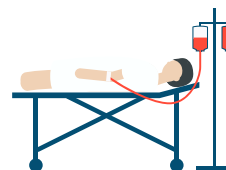


Nearly all of the **health care occupations in Michigan** are projected to experience workforce shortages between now and 2032.



27,000
OPEN JOBS

**in Michigan hospitals alone
in March 2023**



1,700
HOSPITAL BEDS LOST

**in Michigan because of a lack
of staffing since 2020**

Sources: Michigan Healthcare Workforce Index, Detroit Free Press

Introduction

Michigan's Health Care Workforce Crisis Requires Action

**"SINCE 2020,
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HAS LOST 1,700
HOSPITAL BEDS
BECAUSE OF
A LACK OF
STAFFING."**

Like other states, Michigan is grappling with a shortage of health care professionals including physicians, nurses, and other highly skilled positions critical to delivering quality care to residents throughout the state.

Since 2020, Michigan has lost 1,700 hospital beds because of a lack of staffing. This is just one example of how these shortages create longer waits in emergency rooms, delay treatment, and prevent patients from finding care and medical services best suited to their needs – all problems that can be particularly acute in rural areas^{vii}.

The workforce shortages within Michigan health care occupations have only been exacerbated by the pandemic and growing burnout rates caused by inadequate staffing. This is creating a vicious cycle that threatens to leave the state at risk as its population ages. In March 2023, Michigan hospitals alone had 27,000 open jobs, according to the Michigan Health and Hospital Association^{viii}.

The outlook across most health care professions is bleak with trends continuing to show increased need on the horizon.

Health care occupations employed approximately 14.7 million native-born and immigrant workers in 2018, up from 12 million in 2010. Before recent significant shifts in the labor market as a result of the COVID-19 disruptions to daily life, health care occupations were projected to account for 1.9 million of the 8.4 million – or nearly 23% – of jobs expected to be newly created in the United States between 2018 and 2028^{ix}.

AN AGING POPULATION REQUIRES INCREASED CARE



24%

Nearly a **quarter of Michigan's population** will be **60 and older** by 2030, up nearly a third since 2012

83%

of **Michigan** counties had **higher percentages of people over 65 years of age** than the state in 2018, particularly in rural areas

Sources: Crain's Detroit Business, Michigan Primary Care Needs Assessment

Workforce and Population Overview

Talent Shortage to Become Worse Over Next Decade as Needs Grow

In total, 733 areas, population groups, and facilities in Michigan had a shortage of primary care, dental health, or mental health workers as of 2020. According to the 2020 Michigan Primary Care Needs Assessment, more than 2.8 million Michigan residents are underserved in terms of primary medical care resources, more than 1.4 million are underserved for dental care resources, and more than 4.2 million are underserved in terms of mental health care resources^x.

Nearly all of the health care occupations in Michigan are projected to experience workforce shortages between now and 2032, according to the Michigan Healthcare Workforce Index. Among those occupations that are not projected to experience statewide shortages, there are anticipated distribution problems with many of the occupations lacking a presence in rural areas^{xi}.

In fact, the need for physician assistants is nearly 32% more than in 2020. Openings for medical and health services managers are expected to grow by 31.5% with a projected need of 1,505 workers by 2030. The State of Michigan also projects that there will need to be 535 more physical therapy assistants and 485 physical therapists annually to meet demand^{xii}.

These needs mirror national trends. In April 2022, a nursing workforce analysis published in "Health Affairs," the official journal of the Academy of Health, found that total supply of RNs decreased by more than 100,000 from 2020 to 2021 – the largest drop observed over the past four decades^{xiii}. A significant number of nurses leaving the workforce were under the age of 35, and most were employed in hospitals^{xiv}.

**UNDERSERVED
MICHIGANDERS**

**2.8
MILLION+
LACK PRIMARY
MEDICAL CARE**

**1.4
MILLION+
LACK DENTAL CARE**

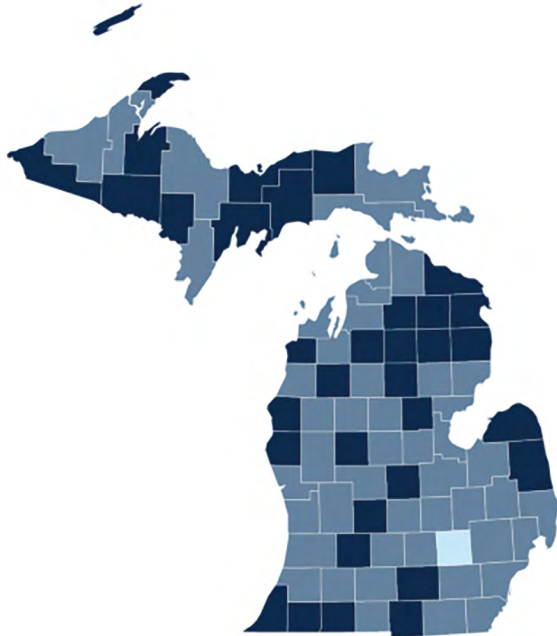
**4.2
MILLION+
LACK MENTAL
HEALTH CARE**

(Source: 2020 Michigan Primary Care Needs Assessment, Michigan Dept. of Health and Human Services)

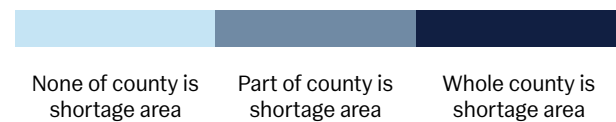
The total supply of RNs in the U.S. decreased by more than 100,000 from 2020 to 2021 - the largest drop observed over the past four decades.

Health Professional Shortage Areas

Primary Care by County (2023)

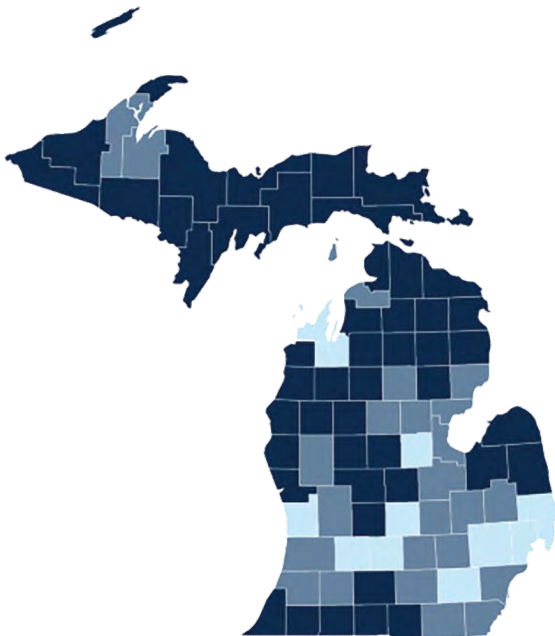


A Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility that has been designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration as having a shortage of health professionals. An overwhelming majority of the 83 counties in Michigan are facing a shortage of primary, dental, and mental health care professions.

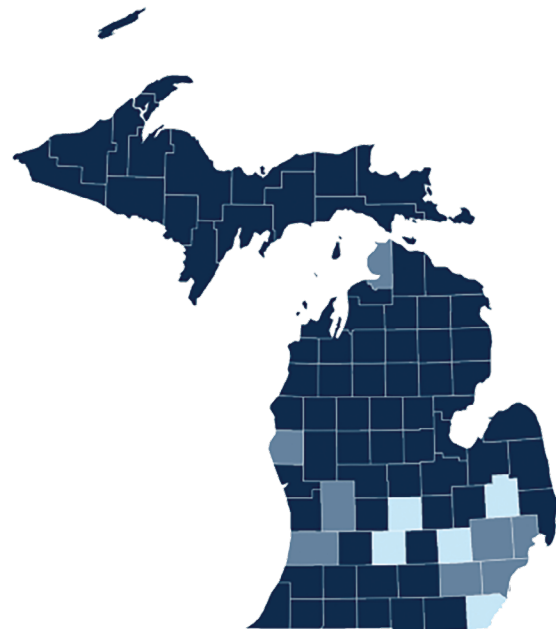


Source: Rural Health Information Hub, Sept. 2023

Dental Care by County (2023)



Mental Health Care by County (2023)



* Currently, Michigan has employed enough dentists to serve more than 13 million patients, which is greater than the current population in the state of Michigan. However, FTMPs are needed to help address factors driving maldistribution of dentists across Michigan that arise due to workforce shortages in specific regions across the state.

Case Study: Nurses Facing Increased Burnout Due to Inadequate Staffing Shortage

**"AMONG
PRACTICING
NURSES
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POSITION
IN THE NEXT
YEAR."**

The U.S. is projected to experience a shortage of registered nurses that is expected to intensify as baby boomers age and the need for health care grows^{xv}. Like other states, Michigan is facing a nursing shortage.

In March 2022, 9,150 nurses with a Michigan license completed a survey on their plans to leave their current nursing position, reduce their hours, or pursue travel nursing. Another 1,224 nurses who left their nursing position within the past two years also reported their reasons for departure^{xvi}.

Among practicing nurses surveyed, 39% said they intended to leave their position in the next year, 28% planned to reduce their clinical hours, and 18% planned to pursue travel nursing. Top-ranked workplace concerns among nurses were adequate staffing, patient safety, and staff safety. The majority of practicing nurses (84%) met the threshold for emotional exhaustion^{xvii}.

Consistent factors associated with adverse job outcomes include inadequate staffing and resource adequacy, exhaustion, unfavorable practice environments, and workplace violence events. Frequent use of mandatory overtime was associated with a higher likelihood of departure from the practice in the past two years^{xviii}.

These challenges are not unique to nursing. Since 2020, about 30% of dental hygienists in Michigan have left the profession, according to the Michigan Dental Association^{xix}.



"Top-ranked workplace concerns among nurses were adequate staffing, patient safety, and staff safety. The majority of practicing nurses (84%) meet the threshold for emotional exhaustion."

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An Aging and Diversifying Population Requires Increased Care

Nationally, it is projected that within a few decades, older people will outnumber children for the first time in U.S. history. By 2034, there will be 77 million people 65 years and older compared to 76.5 million under the age of 18, according to the U.S. Census Bureau^{xx}.

Nearly a quarter – 24% – of Michigan’s population will be 60 and older by 2030, up nearly a third since 2012^{xxi}. In 2018, over 83% of Michigan counties had higher percentages of people over 65 years of age than the state, particularly in rural areas^{xxii}. These trends will result in increased needs for medical care including more surgeries, physical therapy and other care, and exacerbate shortages of qualified health care professionals.

FTMPs Offer Proven, Underutilized Talent Pool

Immigrants and refugees have long played an outsized role in this country’s health care workforce. Nearly 2.8 million immigrants were employed as health care workers in 2021, accounting for more than 18% of the 15.2 million people in the U.S. in a health care occupation. This was slightly higher than the immigrants’ share of the overall U.S. civilian workforce (17%)^{xxiii}. FTMPs were especially overrepresented among certain occupations such as physicians and surgeons (26%) and home health aides (40%). Approximately 1.6 million immigrants were working as doctors, registered nurses, dentists, pharmacists, or dental hygienists^{xxiv}.

However, significant numbers of immigrant college graduates with health-related degrees are facing skill underutilization and working in low-skilled jobs or are out of work. For example, a registered nurse unable to attain licensure may work as a health aide. This underutilization, often referred to as brain waste, affects 263,000 immigrants in the U.S. with college degrees^{xxv}.

The same is generally true in Michigan. Immigrants account for one in ten of Michigan’s health care practitioners, technicians, and technologists^{xxvi}. They also comprise 35% of Michigan’s physicians, surgeons, and nurses^{xxvii}. Yet, estimates indicate that there are 6,000 immigrants with health-related degrees in Michigan who are underutilized^{xxviii}.

Currently many hospital systems are turning to FTMPs to help address their growing talent shortages as part of broader strategies to retain and attract talent^{xxix}.



Barriers Facing Foreign Trained Medical Professionals

**“FOREIGN
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OFTEN STRUGGLE
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THE U.S.”**

Many individuals licensed to practice health care in foreign countries struggle to attain licensure in the U.S. Although some of the barriers, such as attaining a work visa are under purview of the federal government – states, including Michigan, can help FTMPs achieve licensure by reducing the steps, time, and cost it takes to earn a professional license to practice.

The underutilization of FTMPs occurs for several reasons^{xxx}, including these points highlighted during the Task Force meetings:

Financial Hardship and Fees Associated to Licensure

- Financial hardship in the U.S. as FTMPs adapt to a new country and culture. This includes the costs involved with taking private programs for English as a Second Language, retaking academic courses for credits that did not transfer, and other costs associated with licensing exams and applications.

Poor Credit Transfer

- Non-recognition of academic and professional qualifications or transcript requirements by licensing bodies and educational institutions.

Residency Shortage

- A shortage of physician residencies amid growing competition for limited spots.

Limited Licensure Pathway

- Lack of transitional licensure pathways that allow FTMPs to practice under qualified supervision.

Licensing Overview

Most health care professionals must be licensed through LARA to practice in Michigan. Each profession has a unique path filled with different steps and requirements.

LARA's Bureau of Professional Licensing regulates 27 health professions in Michigan under the Michigan Public Health Code. This bureau is, in part, responsible for providing customer service, pre-licensure support, and application processing for licensure applicants. Team members in the Bureau of Professional Licensing fulfill a number of functions such as reviewing applications; processing renewals; issuing licenses, registrations, and certificates; and maintaining all licensing records for over 400,000^{xxxi} professionals.

As discussed throughout this report, FTMPs face various hurdles during the licensure application process that other applicants who are trained and educated in the U.S. do not experience. Although

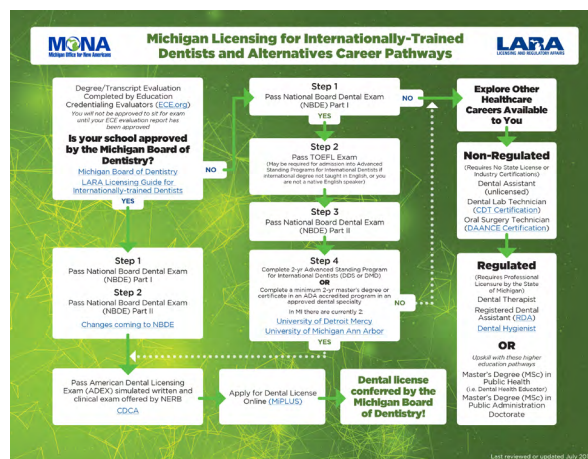
certain requirements are necessary to ensure FTMPs are as qualified as any other licensure applicant, it is important to understand that these additional burdens may discourage FTMP applicants from seeking out licensure in Michigan or may delay the time in which it takes to obtain licensure.

In recognition of this, LARA and its Bureau of Professional Licensing seek to continuously improve the services and support provided to FTMPs through dedicated customer support and tailored licensure guides. However, LARA has also recognized that there is a need to shed light on the obstacles FTMPs experience in order to garner support for solutions that will further reduce unnecessary barriers to licensure.

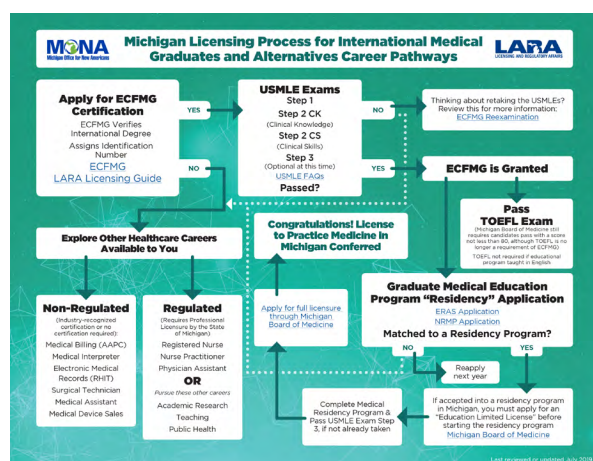
Currently, information needed to apply for a State of Michigan health professional license can be found by visiting michigan.gov/bpl, selecting "Health Licensing," and then selecting the desired profession from the list provided.

Licensing Guidelines

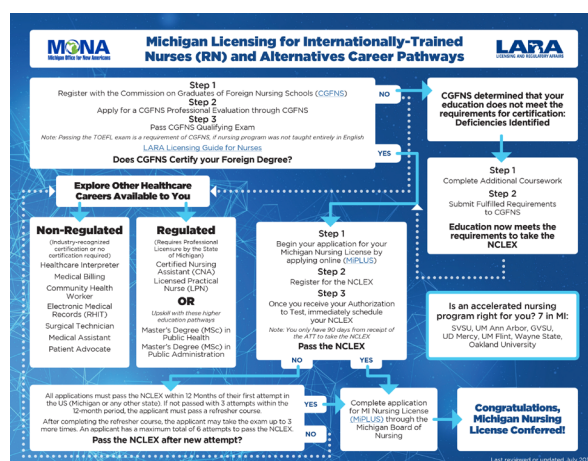
LARA's website contains licensing guides online for careers that require a license in the state of Michigan. This includes an online resource for skilled immigrants, providing important information on how to become a licensed dentist, nurse, and physician. This includes outlining pathways to apply for licensing and coursework needed before a license can be conferred. It has not been updated since 2019.



FOREIGN TRAINED DENTIST



FOREIGN TRAINED PHYSICIAN



FOREIGN TRAINED NURSE



**“ONE
UNIVERSITY
TOLD ME I
HAD TO START
FROM SCRATCH
IN TERMS
OF EARNING
A DEGREE I
ALREADY HAD.”**

LILI PETRICEVIC
CEO, Sheridan
Community Hospital

Licensing Case Study: Lili Petricevic, CEO Sheridan Community Hospital

As CEO of Sheridan Community Hospital, Lili Petricevic knows firsthand both the challenges FTMPs face in earning licensure in Michigan, and how hard it is to find qualified health care professionals in rural communities.

After meeting and marrying her husband overseas while he was serving in the U.S. Armed Forces in the Gulf War, Petricevic came to the U.S. in 1991 looking to continue her profession as an ICU nurse as she had in her native Slovenia.

What followed was nearly four years navigating the licensure process in Michigan, and then Kentucky when the couple had to move, forcing several starts and stops and working in several roles that underutilized her skills, including a nurse’s assistant and medication and wound technician.

Only after essentially recompleting much of her previous nursing education by earning a Bachelor of Science in Nursing from the University of Detroit-Mercy in 2000, was Petricevic able to launch and continue a 20-plus year nursing career in Michigan that now includes leading the 22-bed hospital in West Michigan’s Montcalm County.

“One university told me I had to start from scratch in terms of earning a degree I already had,” said Petricevic. “I wish the licensing process was different considering the staffing shortages we face today. Many potential foreign trained medical professionals struggle because they must work to support their families from the moment they enter our country. In many cases, they are required to go back to school to retake the education they already earned in another country, so they end up just not practicing, and we miss out on their talents.”

Other States Taking Legislative Action

In recent years, several other states have passed legislation to help better leverage FTMPs and international medical graduates (IMGs*) into their workforce. Building on that success, at least 14 states have introduced legislation or have task forces or commissions working to create pathways for IMGs to meet the needs of underserved populations. These include: Alabama^{xxxii}, Arizona^{xxxiii}, Colorado^{xxxiv}, Idaho^{xxxv}, Illinois^{xxxvi}, Maine^{xxxvii}, Massachusetts^{xxxviii}, Minnesota^{xxxix}, Nevada^{xl}, North Carolina^{xli}, Oregon^{xlii}, Tennessee^{xliii}, Virginia^{xliv}, Washington^{xlv}.

As an example, Oregon is considering legislation that will create license guides and cultural competence, provide limited licensing to practice with unlimited renewals, and provide a workforce reentry grant program^{xlvi}.

*Note: The Task Force’s use of the FTMP acronym is synonymous with IMG, which is commonly used by other states and organizations.

Additionally, based on its own commission's recommendations, Massachusetts is considering legislation that would create a limited license for IMGs with a two-step process - sponsorship model for a one-year, renewable license that can be renewed for up to one additional year, followed by a two-year restricted license before being eligible for full licensure ^{xlvii}.

Some recent notable legislation already signed into law, include:

Tennessee SB 1451 - Unrestricted Licensure Granted After Two Years of Sponsored Provisional Licensing

This legislation provides for a sponsorship-based, provisional license leading to full licensure after two years. Applicants must have offers of employment from a health care provider that operates in the state and has a post-graduate training program in place and accredited by the Accreditation Council for Post-graduate Medical Education. A full, unrestricted license can be granted after two years ^{xlviii}.

Idaho SB 1094 - Allows Temporary Permit for Forcibly Displaced Individuals, Mandates Work in Shortage Areas

This legislation allows the state's medical board to provide rules that permit temporary registration of IMGs who are "forcibly displaced persons." It includes a five-year lookback with three-year practice requirement and mandates service in physician shortage area ^{xlix}.

Illinois SB 1298 - Allows for Full, Unrestricted Licensure After Completing Supervised Period

This legislation permits an IMG to apply for a limited license, but the legislature requires its licensing agency to adopt rules requiring the issuance of a full, unrestricted license after the completion of a supervision period and other qualifications as established by the department ^l.

Alabama SB 155 - Reduces the Length of Time Waiting for Licensure

This legislation is an example of a limited, state-specific residency equity bill that reduces the length of time an internationally educated resident must wait for licensure ^{li}.

Case Studies: Other State Initiatives

Massachusetts Welcome Initiative Targets Nursing Shortage

Massachusetts has a welcome initiative program in Boston at Bunker Hill Community College (BHCC) that provides training, coaching, and case management services to internationally trained nurses seeking licensure in Massachusetts. Case managers assist participants with individualized case management support that includes assistance with evaluating nursing credentials, preparing for English and licensure exams, and obtaining licensure ^{lii}.

Founded in 2005 with state funding, the center currently receives financial support from BHCC, which limits its ability to scale up services and operate in other areas of the state. The Massachusetts Department of Public Health's Special Commission on Foreign-Trained Medical Professionals recommended expanding the scope of this center in a report published on July 1, 2022 ^{liii}.

Minnesota Program Helps International Medical Graduates Get Residency Experience

With an eye toward increasing the numbers of primary care physicians in rural and underserved areas, the Minnesota legislature passed a law creating a state-funded grant program to develop training sites that provide hands-on experience for immigrant international medical graduates (IIMGs). IIMGs often have limited opportunities to pursue the residency training required in the U.S. for them to practice^{iv}.

Since 2016, University of Minnesota Medical School has received funding supporting its BRIDGE program^{lv} – Bridge to Residency for Immigrant International Doctor Graduates through clinical Experience. The nine-month program aims to help IIMGs develop the skills necessary to become successful residents in the U.S. medical system^{lv}.

Maine Offers Loans to Immigrants Not Yet Eligible to Work

The Foreign Credentialing and Skills Recognition Revolving Loan Program provides small loans to assist eligible immigrants living in Maine who are not yet eligible to work in the U.S. The loans (up to \$700) are available on first-come, first-served basis and help defray costs associated with becoming work-ready while waiting for issuance of a work permit from federal immigration. It is not limited to health care professionals^{lvii}.

Task Force's Full Recommendations

The following recommendations do not diminish public health, safety or welfare, and would expedite the process through which FTMPs can achieve licensing in Michigan and help address the state's growing need for qualified health care and medical professionals.

Disclaimer: Over the course of several months, the stakeholders represented on the Task Force discussed these issues at great length. In many cases, there was unanimous consensus among the members for the identified barriers and recommendations discussed in this report. In other cases, the members expressed varying opinions due, in part, to each health profession and area of interest having unique requirements. While this full report is endorsed by, and has input from, all members of the Task Force, it does not intend to represent that each member, or the organizations they represented, are providing undivided support of every recommendation.

#1 Rescind English Language Proficiency Requirements

BACKGROUND

Under **MCL 333.16174(1)(d)** all applicants for licensure, including FTMPs, must have a working knowledge of the English language as determined in accordance with minimum standards established by LARA. The standards are set forth under **Mich Admin Code R 338.7002b**. Although effective communication is a critical component of providing health care services, which includes the ability to communicate with English-only speakers and navigate systems that are oriented toward the English language, these abilities can be qualified through means other than English proficiency examinations.

Furthermore, an FTMP passing an English proficiency examination or a non-FTMP whose program was taught in English does not verify that the applicant has the ability to effectively communicate in a way that furthers the protection of the public.

Some states, such as Connecticut, Montana, New York, and South Dakota, and the U.S. territory of Northern Mariana Islands, do not impose an English language proficiency requirement on health care professional licensure applicants.

A key benefit FTMPs provide is the ability to communicate with underserved, non-English speaking constituencies in their native language, and this need is growing. In the U.S., the number of people who spoke a language other than English at home, tripled from 23 million in 1980 to nearly 68 million in 2019^{viii}.

RECOMMENDATION

MCL 333.16174(1)(d) and Mich Admin Code R 338.7002b should be rescinded. Requiring English language proficiency does not enhance the public health, safety, or welfare, nor would removal of the requirement put the public at risk. To better serve the public health and improve care to underserved, non-English speaking patients, Michigan should embrace non-English speaking FTMPs. Health care providers and educational institutions are best suited to assess an individual's communication skills during the clinical training and residency process, or in the case of a limited licensure pathway, through the supervision process.

#2 Create and Maintain Skilled Immigrant Licensure Guides in Multiple Languages

BACKGROUND

Currently, Michigan has available online resources for skilled immigrants that provide an informational resource on how to become a licensed professional in Michigan. These guides were last updated in 2019. Although helpful, these guides alone are inadequate for addressing the changing health licensing environment as it relates to FTMPs.

Colorado, Maine, Maryland, Massachusetts, Minnesota, Virginia, Washington, and other states have already implemented, or have initiated a review to implement, a variety of measures to bolster support of FTMPs. These measures include providing updated and detailed online resources and guides for FTMPs seeking licensure.

RECOMMENDATION

Create Skilled Immigrant Guides to Licensure in various languages for multiple professions licensed by LARA. These guides would provide new, user-friendly materials that FTMPs could access from LARA's website.

#3 Establish a Welcome Initiative in Michigan to Support FTMPs

BACKGROUND

FTMPs often struggle to adjust to a new culture, language, and country while also trying to support their families as they adapt to life in the U.S.

States like Massachusetts have already recommended expanding the scope of its existing welcome initiative to support a wide range of internationally trained health professions in obtaining a license to practice in the U.S. and “welcome them” to the profession. These initiatives require state support in addition to grant funding from academic and nonprofit partners in order to expand the focus and geographical reach of the Welcome Initiative.

Additionally, state-supported funding can be made possible through the **Michigan Global Talent Initiative** (MGTI). In FY 2023 and FY 2024, the state appropriated funds to support the MGTI, a statewide program designed to attract, retain, and place internationally educated and trained professionals. Administered by Global Detroit, the MGTI has budgeted funds to engage key organizations and stakeholders, including the Department of Labor and Economic Opportunity (LEO) and the Michigan Health Council and the Michigan Health Endowment Fund, in a process that will document the need and feasibility for a Michigan Welcome Initiative.

RECOMMENDATION

Establish a state-funded Welcome Initiative that provides FTMPs individual case management to help applicants complete forms, meet educational requirements, and engage appropriate agencies, including LARA, for assistance in submitting a successful licensure application.



#4 Fund a Grant Program to Assist FTMPs with Licensure and Credential Evaluation

BACKGROUND

Licensing applications, credential evaluations, examinations, and meeting requirements for visa sponsorship to the U.S. can be cost prohibitive to FTMPs who are trying to establish themselves financially before considering a move to a state like Michigan. For example, an Educational Commission for the Foreign Medical Graduates (ECFMG) certificate is required for FTMP applicants seeking a medical doctor license in Michigan. The various costs associated with obtaining an ECFMG Certificate can rise to \$8,000 or more, which are fees other non-FTMP applicants do not have to consider^{lix}. Although the costs incurred by FTMPs during the overall licensure process vary depending on the profession, these added costs can deter FTMPs from making the final decision to relocate to Michigan where their health expertise is sorely needed.

RECOMMENDATION

Like several other states, Michigan can implement a grant program to help absorb costs for licensing applications, exams, and credential evaluations. This financial aid would increase the number of FTMPs who complete licensure and stay in Michigan.

#5 Dedicate a Licensing Liaison to Assist FTMPs and Measure Progress

BACKGROUND

With the understanding that a single licensee has the potential to provide care to thousands of patients, it becomes evident that each FTMP who obtains licensure in Michigan is a success story unto itself. LARA's Bureau of Professional Licensing is currently staffed by civil service employees who provide a wide range of services to health licensing applicants, such as processing paperwork, answering emails, providing live assistance over the telephone, verifying original source documentation, and other duties. Although staff are equipped to address concerns from FTMPs, to further enhance the state's goals of enticing more FTMPs to Michigan, an individual dedicated to assisting the needs of only FTMPs and reviewing areas of focus from the Task Force is needed.

Additionally, the Task Force's work and this report is only intended to be a start toward addressing the needs of FTMPs in areas of licensure. Although the Task Force has identified barriers and has proposed broad recommendations, more work is needed to ensure the intent of the Task Force lives on beyond this report. To ensure that, a dedicated civil servant employee can be used to monitor the progress of any recommendations that become implemented, assist LARA staff with addressing administrative rules pertaining to licensure as it relates to FTMPs and the work of this Task Force, and continue to identify areas that this Task Force did not have an opportunity to address in order to initiate calls of actions for further efforts in this area.

RECOMMENDATION

Create a subject matter expert position within LARA to serve as a licensing liaison to provide individualized assistance to FTMPs, develop measurements to monitor progress of this report's recommendations, assist LARA with developing applicable administrative rules that address the Task Force's concerns, and provide ongoing identification of barriers and recommendations relating to FTMPs obtaining licensure in Michigan.

#6 Create State-run Support Initiative to Provide Residency Slots to FTMPs

BACKGROUND

Throughout the U.S. there is a shortage of residency slots available for physicians. Due to a variety of factors involved with the residency application process, FTMPs experience a disadvantage in the match process involved with obtaining a residency slot.

Minnesota became the first in the nation to pilot a state-run program and scholarship designed to award FTMPs with state-funded residency placements. Since its inception, Massachusetts, Illinois, and other states have looked to Minnesota as an example and begun recommending similar programs.

Although a state-funded residency slot program can be limited, its intangible effects of demonstrating a state's openness to FTMPs should not be discounted. Additionally, a typical family practitioner may serve 2,500 patients or more – however limited a residency slot program may seem, licensure of just one candidate can have a profound impact on the individual patients that candidate will treat.

**“FOREIGN
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RECOMMENDATION

Michigan should initiate its own FTMP residency support initiative that awards funding and support to a limited number of qualifying FTMPs. The legislature should consider providing funding sources and appropriations to LARA for FTMP residency support initiatives. Additionally, appropriations should be made to LARA in order to provide dedicated staff and project funding for research and coordination of pooling additional funding with other government and nonprofit entities for this award program.

#7 Develop New Transitional Licensure Pathway for FTMPs

BACKGROUND

FTMPs with years of successful experience in other countries are highly qualified and able to meet the minimal standards necessary to practice in a safe and competent manner in Michigan. However, FTMPs struggle to meet technical licensure requirements in Michigan, which require them to repeat education, training, or examinations that are costly and time-consuming despite being otherwise equivalent to what the FTMP has already completed in their country of licensure. Many states have begun to implement new licensure pathways that account for the unique circumstances of FTMPs.

RECOMMENDATION

For Michigan to remain competitive among potential FTMP applicants, the following enhancements should be implemented:

- Create a process for individual consideration of an FTMP's qualifications in limited circumstances when an FTMP's education, employment, training, or examination records may be incomplete or inaccessible due to extraordinary circumstances in their country of licensure.
- Create a limited licensure pathway for FTMPs that would allow them to obtain a transitional, limited license, with the purpose of obtaining full licensure after obtaining a certain amount of experience under the supervision of a sponsor who is licensed in Michigan.
- Allow certain FTMPs who have already met examination, training, and education requirements in their country of licensure that do not meet the technical requirements for Michigan to obtain a transitional, limited license, to practice before retaking Michigan required examinations, courses, and training. This will allow the FTMP applicant to begin practicing, under appropriate supervision, while preparing to meet the technical requirements for full licensure.

#8 Expand Acceptability of Accredited Credential Evaluations from Private Entities

BACKGROUND

Article 15 of the Michigan Public Health Code and its administrative rules require licensure applicants to meet certain educational requirements, which vary based on the profession. This typically requires a licensure applicant to provide proof of obtaining education from U.S.-based programs or programs taught in English that are specifically approved by LARA's Bureau of Professional Licensing and the health professional board that regulates the profession.

However, licensure applicants with education from programs outside the U.S. or programs not taught in English are also allowed to satisfy the educational requirements for the profession by obtaining documentation from specified credential evaluation services that verify the education is equivalent to a U.S.-based program or program taught in English. Although several private credentialing service entities are pre-approved for various professions regulated by the Bureau of Professional Licensing, there is a high demand for these services. This demand can lead to long delays in applicants receiving the results of an education evaluation from the private entities, consequently leading to a delay in the applicant's ability to complete their licensure application.

RECOMMENDATION

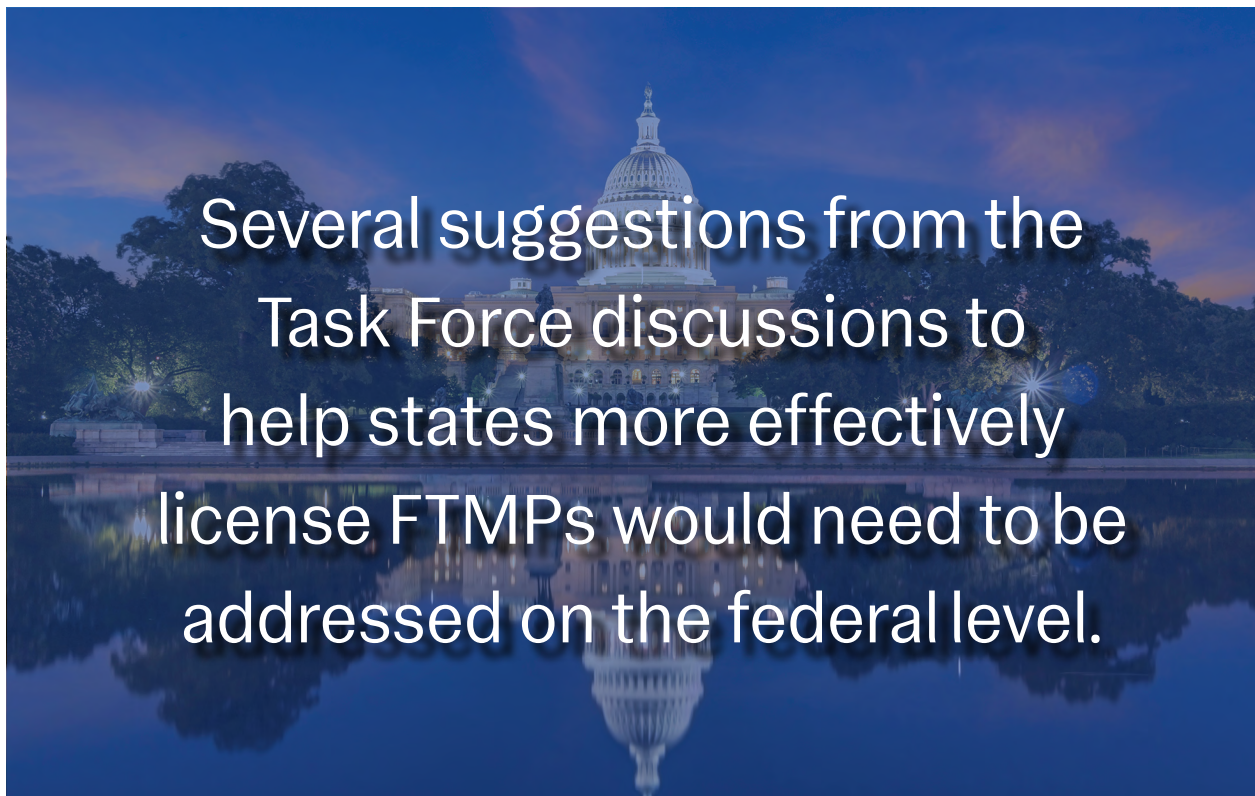
Engage further with credential evaluation entities and organizations, such as the National Association of Credential Evaluation Services (NACES) and Association of International Credential Evaluators (AICE) to assess options for expanding the number of entities that may be relied on for determining education equivalency in order to provide FTMPs more options and faster service for obtaining education evaluations.

Compounding Federal Immigration Policies

While this report is focused on state-level policy changes, it is worth noting that several suggestions emerged from Task Force discussions that could be addressed on the federal level that would help states, including Michigan, more effectively license and employ FTMPs.

Areas of exploration via federal legislation or policy include:

- Allow unused visas at the end of each fiscal year to be reallocated and available in subsequent years.
- Permanently authorize the Conrad 30 Waiver Program and increase number of waivers per state. (The Conrad 30 waiver program allows J-1 foreign medical graduates to apply for a waiver of the two-year foreign residence requirement upon completion of the J-1 exchange visitor program^{ix}.)
- Expedite visa processing and provide more timely decisions related to visa applications or petitions for changes in employment status.
- Allow FTMPs to maintain their status if their hours are reduced or forced to stop working due to public emergency or illness.



Several suggestions from the Task Force discussions to help states more effectively license FTMPs would need to be addressed on the federal level.

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