



To: House Health Care Committee
From: Jessa Barnard, Executive Director
Date: April 10, 2026
RE: S. 142, A Pathway to Licensure for Internationally Trained Physicians

The Vermont Medical Society is the largest physician membership organization in the state, representing over 3,100 physicians, physician assistants and medical students across all specialties and geographic locations. We appreciate the opportunity to testify this morning regarding S. 142.

We understand and share the goals S. 142. With workforce shortages across physician specialties in Vermont, we support exploring all options that can increase the numbers of physicians while ensuring safe practice. I appreciate having been invited to participate in a series of meetings with stakeholders to discuss the benefits of a track to licensure for internationally trained physicians. The stories that some individuals have been willing to share about how they have completed medical school and worked as physicians outside of the United States but have limited opportunities in Vermont demonstrate that we can be doing a better job to create pathways into the medical field.

We do have specific comments regarding the details of how the bill creates these pathways. We seek to ensure that the pathway is as equivalent as possible to existing licensure pathways and that the Board of Medical Practice has the capacity to implement the bill.

Since you have not heard from the Board of Medical Practice yet, I will step back for a moment to provide some brief background. To simplify, the current standard pathway for individuals who graduated medical school outside of the United States or Canada to practice medicine in Vermont is to complete at least three years of postgraduate training (a “residency”) in an accredited U.S. or Canadian program accepted by the Board.¹ And this is a viable pathway. [Vermont data](#), last updated in 2022, shows that 12% of licensed physicians in Vermont completed medical school outside of the US, including 13% of specialists and 8% of primary care.²

In contrast to the pathway of completing a US or Canadian residency, the goals of state laws like S. 142 is to streamline medical licensure for physicians educated and trained abroad, including completing their residency outside of the US, and who must also have been licensed and have practiced medicine in another jurisdiction.

Our comments on several specific approaches in the bill include:

¹ As [described](#) by the Federation of State Medical Boards, there are many benefits of postgraduate training (or a “residency”), not only a standardized path to increasing clinical skills and knowledge, but time to learn how the US health care system operates, with all of its administrative complexity (EMRs, billing, insurance, etc), cultural and social norms, and geographic differences in likely diagnoses and illness burdens.

² According to [data](#) from the Federation of State Medical Boards, nationwide, 23% of licensed physicians completed medical school outside of the US or Canada – from 2,392 medical schools in 171 countries around the world. The largest number of licensed IMGs in the U.S. graduated from schools in the Caribbean, followed by India, Pakistan, the Philippines and Mexico.

- **We support:** The bill approach that allows **pathways for both primary and specialty care**. Some states limit their pathway to only primary care and we oppose this choice. Primary care is just as complex and difficult as specialty care – in fact primary care clinicians may see a much wider range of ages and illnesses. Vermont should establish a pathway that, if deemed effective and safe for primary care medical practice, is also effective and safe for specialty care.
- **We support:** Maintaining §1426 (a)(1)(C)(iii), which states that the applicant must have “practiced as a medical professional **performing the duties of a physician outside the United States for at least three of the last five years.**” We believe that recent practice is important to demonstrate maintaining clinical skills. All other physician applicants are required to have been engaged in active practice within three years prior to their application. 26 V.S.A. § 1391 (e)
 - We do question how this interacts with § 1426 (a)(2), which states that the applicant cannot have been out of practice for more than 5 years, and recommend aligning at three years
- **We support:** The bill **granting rulemaking authority** to the Board of Medical Practice to further define issues such as acceptable countries of licensure and standards for employers to use in evaluating physicians. We believe the Board of Medical Practice is best positioned to determine many of the standards and implementation details called for in creating a new pathway to licensure.
- **We support:** Sufficient resources for the Board of Medical Practice to establish and run this licensure pathway. The bill appears to put substantial burden on the Board for evaluating licensees and employers, establishing rulemaking, and reporting on outcomes and yet contains no fees or funds for the Board. Without such funds, the fiscal costs of implementing the program will fall on existing licensees, who do pay every time they are licensed or relicensed. We support a **sufficient fee from state appropriations or by applicant and/or employer fees to fund the establishment and oversight of this pathway.**

Thank you for your attention this morning and we look forward to working with you and others as the bill progresses this session.