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Agency of Human Services

April 14, 2026

To: House Committee on Health Care
From: Matthew Greenberg, MD, FACEP
Chair, Vermont Board of Medical Practice
Re: S142

Dear Madam Chair and members of the Committee,
Thank you for having me here today to discuss S142, an Alternative Pathway for Licensure of Internationally Trained Medical Graduates. My name is Matthew Greenberg. I am here representing the Vermont Board of Medical Practice that I currently Chair. As a matter of background, I am an emergency physician with 25 years in practice. I am not however, an expert on medical education nor am I a global health scholar. What I can speak to today is the thorough discussion the Board has had on the subject. I can also speak to my personal experience becoming a licensed physician here in Vermont.

Over my years in practice, I have worked with many Foreign medical graduates and personally feel strongly that they represent an important part of the medical workforce. There has been a well-established pathway for medical graduates to become a physician here in the United States however that has universally required a Medical Residency here in the United States.

Before moving on, I think it would be helpful to explain the process of becoming a physician here in the United States. There are some minor alternatives, but in general after high school most physicians will attend 4-year undergraduate degree. This is then followed by 4 years of medical school which is then followed by a residency. Most residencies are between 3 and 7 years. The first year of residency is also called an internship. At each level of education, the educating body is respectively accredited by an outside organization these organizations are often themselves regulated by federal agencies. For example, resident education is accredited through the ACGME. In addition to completing accredited training programs, each individual proceeding through that level of training also has to pass competency exams. For example: to get into medical school one generally has to take the MCAT (Medical College Admission Test). For purposes of licensing in the United States, there is a 3 step licensing exam called the USMLE (United States Medical Licensing Exam). The first 2 steps are generally taken as a medical student. The third step is most often taken a year or 2 into residency.



When a physician applies for a medical license through a State Board or gets credentialed at a hospital all of the educational and licensing information is assessed. As these are all well-developed processes within this country this information is readily available to licensing and credentialing organizations.

Currently internationally trained medical graduates can have their undergraduate and medical education accredited and verified by the Educational Commission for Foreign Medical Graduates (ECFMG). Verification by ECFMG can qualify them to apply for US residency programs. This is currently the typical pathway that a foreign medical graduate can become a licensed physician in the United States. I will add, the US recognizes a degree of reciprocity with Canada that allows a more streamlined approach in medical education. The current Bill under discussion proposes an alternative means that would avoid a formal US residency training but allow international trained physicians to become licensed in the state of Vermont .

In general the board felt that the purpose and intent of the bill is meaningful and beneficial: the concept of filling a workforce void with physicians that are currently unable to work due to their foreign training seems like a clear win-win situation. Unfortunately, when it comes to the details we have significant concerns. The primary charter of the board is the protection of the citizens of Vermont and their medical care. Ensuring that all physicians who are practicing within the state do so at the highest caliber of quality and training is of the utmost importance. As such, it is very important to us that we get this process correct. The initial bill called for a number of requirements that the board would find challenging if not impossible with its current staff and budget.

Specifically, we have concerns about the board's ability to perform adequate background checks and evaluation of credentials beyond our normal scope of understanding. Is not currently our practice to look at organizations outside the United States and hence this would be a whole new area of uncertainty. Limiting participants to those already cleared through immigration to be legally allowed to work in this country would help alleviate some of this concern. This would also eliminate the concerns about high costs associated with visas and the possibility of "purchasing a medical license" by wealthy individuals who may have no intention of settling in Vermont.

We would also want to make sure that nothing we do during this process or during their employment would jeopardize their potential pending citizenship. In particular FQHC's (Federally Qualified Health Centers) will be required to follow federal guidelines which may be more stringent than guidelines developed by the state of Vermont.

The board had concerns regarding the employment of potential candidates both during their provisional training and then during their limited licensure. Normally funding for residencies comes from the federal government. Currently this is approximately \$100,000 per resident per year. This money helps pay for training costs and salary of the resident. Current proposal does not discuss how the program would be funded to cover both training expenses and participant salary. Would this require GMCB involvement? Who would determine their salary? How is this kept equitable? Details regarding how an organization would be certified to oversee the provisional portion are lacking as well. Who would then be responsible for making sure that these organizations provide appropriate level of training?

The board has some concerns about the criteria that have been discussed for eligibility in the program. Of specific concern is the time since last practice. Various time frame shave been discussed such as one out of the last severe years vs 3 out of the last five years etc. Of concern is that time out of practice poses serious threat for deterioration of skills. Unfortunately, the current immigration process can take many years to get a person to a place where they are legally able to be employed. These long gaps pose a great challenge for quality.

The board has significant concerns about the possibility for legal employment after completion of the proposed program. Currently most physician jobs in this country require board certification or at least eligibility. Participants in the proposed program would have neither of these. Would these physicians be approved for practice by CMS? Our primary concern with this would be the potential for large companies to hire physicians with limited options into less ideal jobs such as online physician evaluation as you may see with companies like “Hims and Hers”, essentially physician indentured servitude.

The board has further concerns about liability both for the training organizations and the physicians themselves once they are in a position to get a limited license. Who would maintain the liability insurance for any trainees. Who would pay this cost? Is there potential legal liability to the Board or the state of Vermont? Will these participants even be able to get malpractice insurance when attempting to practice on their own after completion of the program?

In summary the board is in favor of the general concept, but has significant concerns regarding the details of the program and its implementation. The board is very much in favor of allowing appropriately trained physicians to extend their training and be allowed to work here in the state of Vermont filling a void in workforce while supporting their own families.

The board is very supportive of the proposed amendment by the Department of Health to provide the Board and the Department additional time for rulemaking. This would give us the time to more extensively research how other states have taken on this topic. It would also give us time to engage appropriate thought-leaders to ensure that any such program is crafted in a manner that protects the citizens of the state of Vermont as well as any future candidates enrolled in such a program. Several members of the board, myself included, have already volunteered to work on a subgroup to help facilitate this endeavor.

Respectfully,

A handwritten signature in blue ink that reads "Matthew Greenberg". The signature is written in a cursive, flowing style.

Matthew Greenberg, MD, FACEP
Chair, Vermont Board of Medical Practice