

Diana Wahle, 325 Partridge Road, East Dummerston, VT 05346 dianawahle@gmail.com

January 23, 2026

S.142 Relicensing Bill - Testimony: Senate Health and Welfare Committee

Dear Senate Health & Welfare Committee:

As you proceed with your S.142 deliberations, I offer some additional information re: the bill's length and recency of practice restrictions and Advisory Commission assessment guidelines.

At present, 22 states have implemented (or are in the process of implementing) alternative pathways to licensing bills similar to S.142. To assist those of us supporting pending bills, World Education Services (WES) has prepared a Bill Comparison Chart comparing the key bill provisions (see attached). In your upcoming Committee discussions, recency and length of practice will be featured. It is important to note the range of approaches taken by different states: In our region, for instance, Massachusetts requires only one year of practice with no recency specified; Rhode Island requires at least 3 years with no recency specified. Other states are much more restrictive. It would be of value to learn how our neighboring states' licensing boards are each coming to terms with length and recency of practice requirements. In southern Vermont for instance, our hospitals are concerned if the '3 out of the last 5 years' requirement is enforced, our potential ITP applicants will simply move to Massachusetts to re-license.

It is important to note that the chart is based on bill text and does not yet include further details states may have added in rules or board policy. We do not yet have data to demonstrate the impact of the '3 out of the last 5 years' provision in the pipeline of applicants.

In my 1-15-26 S.142 testimony to your Committee, I stated my concern that the bill's requirement presents a significant challenge. Only four of the sixteen internationally trained physicians (ITPs) I interviewed presently meet the "3 out of the last 5 years" stipulation. By the time they successfully take their required USMLE 1 & 2 exams, none of them will be eligible.

If the long-term goal of the length and recency of practice restrictions is to ensure patient safety, there are other guardrails in the pathway that serve this purpose.

First, no one can access this pathway without an offer of employment from an eligible healthcare facility. This is an employer-driven pathway: without an offer of employment, no applicant can receive a provisional license. Vermont's healthcare facilities already operate under strict federal and state quality standards and have well-established processes for evaluating clinical competency and ensuring patient safety. My intention in raising this point is simply to underscore that the bill should avoid introducing restrictions that unnecessarily limit employers'

discretion to hire qualified candidates based on their own expertise, workforce needs, and internal safeguards.

Second, the Advisory Commission on Additional Licensing Models, which is made up of a consortium including the Federation of State Medical Boards, InTealth and ACGME, have prepared a detailed 60 page Assessment Toolkit (attached) outlining the suggested content of the two year Supervisory Model assessment curriculum.

The combination of continuing to trust our healthcare facilities and providing them with the support to access applicants through this new pathway are strong guardrails to ensure patient safety.

Thank you for the opportunity to explore this issue in a bit more depth.

Sincerely,

Diana Wahle, Chair, Windham County NAACP Health Justice Committee