

Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO

INTRODUCED

LLS NO. 22-0295.02 Christy Chase x2008

HOUSE BILL 22-1050

HOUSE SPONSORSHIP

Ricks,

SENATE SPONSORSHIP

Buckner,

House Committees
Health & Insurance

Senate Committees

A BILL FOR AN ACT

101 CONCERNING FACILITATING THE INTEGRATION OF INTERNATIONAL
102 MEDICAL GRADUATES INTO THE COLORADO HEALTH-CARE
103 WORKFORCE.

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

Section 1 of the bill makes legislative declarations and findings regarding the shortage of health-care providers in the state, the presence of qualified, internationally trained medical professionals in the state, the ability of those professionals to assist the state in addressing health-care workforce needs, the barriers to entry into the health-care workforce these

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

professionals face, and the need to reduce those barriers to facilitate the integration of these professionals into the state's health-care workforce.

Section 2 establishes the following 2 programs in the department of labor and employment (CDLE) to assist international medical graduates (IMGs) seeking to integrate into the state's health-care workforce:

- The IMG assistance program, the purpose of which is to provide direct services to IMGs, including a review of an IMG's education, training, and experience to recommend appropriate next steps for integrating IMGs into the state's health-care workforce; technical support through the credential evaluation process; and scholarships to assist in defraying the medical licensure process; and
- The clinical readiness program, the purpose of which is to provide curriculum for and assessments of IMGs to help them build the skills necessary to enter a medical residency program.

Section 2 also directs the executive director of CDLE to include in its annual report to the general assembly pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act" information about the IMG assistance program, the clinical readiness program, and any progress made in addressing barriers IMGs face in securing positions in medical residency programs.

Section 3 authorizes the executive director of the department of regulatory agencies (DORA), subject to available funding, to award funding to medical residency programs to provide additional residency positions dedicated to qualified IMGs and directs the executive director of DORA to report on any funding awarded for this purpose as part of DORA's annual report to the general assembly pursuant to the "State Measurement for Accountable, Responsive, and Transparent (SMART) Government Act".

With regard to requirements for licensure under the "Colorado Medical Practice Act" (act):

- **Section 4** defines "IMG" for purposes of the act;
- **Section 5** reduces the length of postgraduate clinical training that an IMG must complete to qualify for a medical license from up to 3 years to one year; and
- **Section 6** allows an IMG to obtain a reentry license if the IMG has a current or expired international medical license and meets Colorado medical board-specified qualifications and requirements, including an assessment of the IMG's competency to practice.

1 **SECTION 1. Legislative declaration.** (1) The general assembly
2 finds that:

3 (a) A 2020 study by the Association of American Medical
4 Colleges estimates that the United States could see a shortage of between
5 54,100 and 139,000 physicians by 2033;

6 (b) By 2030, Colorado is expected to have a statewide shortage of
7 over 2,400 physicians;

8 (c) As of January 2022, Colorado has 123 areas designated as
9 primary care health professional shortage areas;

10 (d) As of 2017, there were approximately 3,000 immigrants in
11 Colorado whose health-related undergraduate degrees were underutilized,
12 2,000 of whom received their education outside of the United States;

13 (e) Between 1,200 and 1,900 patients can be served for each
14 additional physician that is added to Colorado's workforce; and

15 (f) According to the National Resident Matching Program:

16 (I) In 2021, international medical graduates (IMGs) represented 21% of
17 medical residency matches nationwide compared to only 4.2% in
18 Colorado; and

19 (II) Only 2.5% of IMGs matched to a Colorado residency program
20 in the past decade.

21 (2) The general assembly further finds and declares that:

22 (a) Colorado faces an ongoing shortage of physicians, while, at
23 the same time, Coloradans who received their medical degrees and
24 training and practiced as licensed physicians outside of the Unites States
25 are underutilized and face prohibitive barriers to joining the health-care
26 workforce in Colorado;

27 (b) Supporting the integration of IMGs into the Colorado

1 health-care workforce helps Coloradans across the state and increases
2 access to qualified providers;

3 (c) IMGs are uniquely situated to use their diverse backgrounds,
4 experiences, language, and cultural skills to provide enhanced care to
5 diverse patients and communities;

6 (d) At the request of the governor and 12 state legislators, the
7 nurse-physician advisory task force for Colorado health care (NPATCH)
8 examined the issue of licensure pathways for IMGs and issued its
9 recommendations on August 6, 2021; and

10 (e) In order to help address health-care provider shortages in the
11 state and position Colorado to benefit from much-needed and unrealized
12 medical expertise in local communities, it is important to enact policies
13 to provide qualified IMGs a pathway to licensure and into the state's
14 health-care workforce.

15 **SECTION 2.** In Colorado Revised Statutes, **add** article 87 to title
16 8 as follows:

17 **ARTICLE 87**

18 **International Medical Graduates**

19 **Pathway to Health-care Workforce**

20 **8-87-101. Definitions.** AS USED IN THIS ARTICLE 87, UNLESS THE
21 CONTEXT OTHERWISE REQUIRES:

22 (1) "ASSISTANCE PROGRAM" MEANS THE IMG ASSISTANCE
23 PROGRAM ESTABLISHED IN SECTION 8-87-102.

24 (2) "CLINICAL PROGRAM" MEANS THE CLINICAL READINESS
25 PROGRAM ESTABLISHED IN SECTION 8-87-103.

26 (3) "COLORADO MEDICAL BOARD" MEANS THE COLORADO
27 MEDICAL BOARD CREATED IN SECTION 12-240-105.

1 (4) "DEPARTMENT" MEANS THE DEPARTMENT OF LABOR AND
2 EMPLOYMENT.

3 (5) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF
4 THE DEPARTMENT OR THE EXECUTIVE DIRECTOR'S DESIGNEE.

5 (6) "INTERNATIONAL MEDICAL GRADUATE" OR "IMG" MEANS A
6 PHYSICIAN WHO RECEIVED A BASIC MEDICAL DEGREE OR QUALIFICATIONS
7 FROM A MEDICAL SCHOOL OUTSIDE OF THE UNITED STATES OR CANADA.

8 (7) "PROGRAM PARTICIPANT" MEANS AN IMG PARTICIPATING IN
9 THE ASSISTANCE PROGRAM OR THE CLINICAL PROGRAM.

10 (8) "THIRD-PARTY ADMINISTRATOR" OR "THIRD PARTY TO
11 ADMINISTER" MEANS THE GRANTEE SELECTED BY THE EXECUTIVE
12 DIRECTOR PURSUANT TO SECTION 8-87-102 (1) TO ADMINISTER THE
13 ASSISTANCE PROGRAM, INCLUDING RECEIVING GRANT FUNDS AND TAKING
14 ON THE OBLIGATIONS OF THE ASSISTANCE PROGRAM, WHICH INCLUDES
15 PROVIDING DIRECT SERVICES TO PROGRAM PARTICIPANTS AND REPORTING
16 TO THE EXECUTIVE DIRECTOR.

17 (9) "USMLE" MEANS THE UNITED STATES MEDICAL LICENSING
18 EXAMINATION, A THREE-STEP EXAMINATION FOR MEDICAL LICENSURE IN
19 THE UNITED STATES.

20 **8-87-102. IMG assistance program - creation - services -**
21 **report.** (1) THE IMG ASSISTANCE PROGRAM IS ESTABLISHED IN THE
22 DEPARTMENT TO PROVIDE DIRECT SERVICES TO INTERNATIONAL MEDICAL
23 GRADUATES WISHING TO REESTABLISH THEIR MEDICAL CAREERS IN THIS
24 STATE. THE EXECUTIVE DIRECTOR SHALL CONTRACT WITH A THIRD PARTY
25 TO ADMINISTER THE ASSISTANCE PROGRAM AND SHALL COMPLY WITH THE
26 "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, IN SELECTING
27 AND CONTRACTING WITH THE THIRD-PARTY ADMINISTRATOR.

1 (2) THE ASSISTANCE PROGRAM MUST PROVIDE THE FOLLOWING
2 DIRECT SERVICES TO PROGRAM PARTICIPANTS:

3 (a) REVIEW THE BACKGROUND, EDUCATION, TRAINING, AND
4 EXPERIENCE OF PROGRAM PARTICIPANTS IN ORDER TO RECOMMEND
5 APPROPRIATE STEPS TO ENABLE PROGRAM PARTICIPANTS TO INTEGRATE
6 INTO THE STATE'S HEALTH-CARE WORKFORCE AS PHYSICIANS OR TO
7 PURSUE AN ALTERNATIVE HEALTH-CARE CAREER;

8 (b) PROVIDE TECHNICAL SUPPORT AND GUIDANCE TO PROGRAM
9 PARTICIPANTS THROUGH THE CREDENTIAL EVALUATION PROCESS,
10 INCLUDING PREPARING FOR THE USMLE AND OTHER APPLICABLE TESTS
11 OR EVALUATIONS;

12 (c) PROVIDE SCHOLARSHIPS OR ACCESS TO SCHOLARSHIPS OR
13 FUNDS FOR CERTAIN PROGRAM PARTICIPANTS TO HELP COVER OR OFFSET
14 THE COST OF THE MEDICAL LICENSURE PROCESS, INCLUDING THE COSTS OF
15 THE CREDENTIAL EVALUATION PROCESS, PREPARING FOR THE USMLE AND
16 OTHER APPLICABLE TESTS OR EVALUATIONS, THE RESIDENCY APPLICATION
17 PROCESS, AND OTHER COSTS ASSOCIATED WITH RETURNING TO A CAREER
18 IN HEALTH CARE;

19 (d) IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS WORKING
20 WITH IMGs, DEVELOP:

21 (I) A VOLUNTARY ROSTER OF IMGs INTERESTED IN ENTERING THE
22 STATE'S HEALTH-CARE WORKFORCE AS PHYSICIANS, IN ORDER TO ASSIST
23 IN ASSISTANCE PROGRAM PLANNING AND ADMINISTRATION, INCLUDING
24 MAKING AVAILABLE SUMMARY REPORTS THAT SHOW THE AGGREGATE
25 NUMBER AND DISTRIBUTION, BY GEOGRAPHIC LOCATION AND SPECIALTY,
26 OF IMGs IN THE STATE; AND

27 (II) A VOLUNTARY ROSTER OF IMGs SEEKING ALTERNATIVE

1 HEALTH-CARE CAREERS IN ORDER TO SUPPORT THOSE IMGs IN THEIR
2 INTEGRATION INTO NONPHYSICIAN HEALTH-CARE ROLES; AND

3 (e) PROVIDE GUIDANCE TO IMGs TO APPLY FOR MEDICAL
4 RESIDENCY PROGRAMS OR OTHER PATHWAYS TO LICENSURE.

5 (3) THE EXECUTIVE DIRECTOR SHALL DETERMINE, WITH INPUT
6 FROM STAKEHOLDERS AND AFTER CONSIDERING RELEVANT RESEARCH OF
7 THE NEEDS OF THE WORKFORCE AND IMGs IN COLORADO, THE ELIGIBILITY
8 CRITERIA FOR PARTICIPATION IN THE PROGRAM, ANY LIMITS ON THE
9 AMOUNT OF DIRECT SERVICES PROVIDED TO AN INDIVIDUAL PROGRAM
10 PARTICIPANT, ANY CAPS ON SCHOLARSHIP AMOUNTS AVAILABLE UNDER
11 THE ASSISTANCE PROGRAM, AND ANY OTHER MATTERS REGARDING THE
12 ASSISTANCE PROGRAM THAT THE EXECUTIVE DIRECTOR DEEMS
13 NECESSARY.

14 (4) (a) WITHIN ONE YEAR AFTER IMPLEMENTATION OF THE
15 PROGRAM AND ANNUALLY THEREAFTER, THE THIRD-PARTY
16 ADMINISTRATOR SHALL SUBMIT A REPORT TO THE EXECUTIVE DIRECTOR
17 REGARDING THE OPERATION OF THE ASSISTANCE PROGRAM, INCLUDING:

18 (I) THE NUMBER OF IMGs WHO PARTICIPATED IN THE PROGRAM
19 AND THEIR DEMOGRAPHICS;

20 (II) THE SPECIFIC SERVICES PROVIDED TO PROGRAM PARTICIPANTS,
21 INCLUDING THE NUMBER OF PROGRAM PARTICIPANTS THAT RECEIVED THE
22 SERVICE AND THE COST OF PROVIDING THE SERVICE;

23 (III) THE TOTAL AMOUNT AWARDED TO OR ACCESSED AS
24 SCHOLARSHIPS OR OTHER FUNDS BY PROGRAM PARTICIPANTS, INCLUDING
25 THE AMOUNT OF EACH SCHOLARSHIP OR OTHER FUNDS AWARDED OR
26 ACCESSED AND THE ORIGINATION OF THE SCHOLARSHIP OR FUNDS;

27 (IV) THE TOTAL COST OF PROVIDING DIRECT SERVICES UNDER THE

1 ASSISTANCE PROGRAM; AND

2 (V) ANY OTHER INFORMATION THE THIRD-PARTY ADMINISTRATOR
3 DEEMS APPROPRIATE OR THE EXECUTIVE DIRECTOR REQUESTS.

4 (b) THE REPORT MUST NOT INCLUDE ANY PERSONALLY
5 IDENTIFYING INFORMATION ABOUT PROGRAM PARTICIPANTS.

6 (c) THE EXECUTIVE DIRECTOR SHALL INCLUDE THE REPORT AS
7 PART OF ITS REPORT PURSUANT TO SECTION 8-87-104.

8 **8-87-103. Clinical readiness program - creation -**
9 **administration - required components - participant qualifications -**
10 **report.** (1) THE CLINICAL READINESS PROGRAM IS ESTABLISHED IN THE
11 DEPARTMENT TO ASSIST IMGs ADMITTED TO THE CLINICAL PROGRAM IN
12 BUILDING THE SKILLS NECESSARY TO BECOME SUCCESSFUL RESIDENTS IN
13 THE UNITED STATES MEDICAL SYSTEM. BY JANUARY 1, 2023, THE
14 EXECUTIVE DIRECTOR SHALL CONTRACT WITH A COLORADO-BASED
15 MEDICAL SCHOOL TO SERVE AS THE PROGRAM ADMINISTRATOR
16 RESPONSIBLE FOR DEVELOPING, IMPLEMENTING, AND ADMINISTERING THE
17 CLINICAL PROGRAM AND SHALL COMPLY WITH THE "PROCUREMENT
18 CODE", ARTICLES 101 TO 112 OF TITLE 24, IN SELECTING AND
19 CONTRACTING WITH A COLORADO MEDICAL SCHOOL TO SERVE AS THE
20 PROGRAM ADMINISTRATOR.

21 (2) (a) THE PROGRAM ADMINISTRATOR MUST DEVELOP AND
22 IMPLEMENT THE CLINICAL PROGRAM BY JANUARY 1, 2024. IN DEVELOPING
23 AND IMPLEMENTING THE CLINICAL PROGRAM, THE PROGRAM
24 ADMINISTRATOR MAY CONSULT AND COORDINATE WITH STAKEHOLDERS,
25 INCLUDING REPRESENTATIVES FROM:

26 (I) STATE AGENCIES, INCLUDING:

27 (A) THE COLORADO MEDICAL BOARD;

- 1 (B) THE DEPARTMENT OF REGULATORY AGENCIES;
- 2 (C) THE DEPARTMENT OF HIGHER EDUCATION;
- 3 (D) THE DEPARTMENT OF LABOR AND EMPLOYMENT;
- 4 (E) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;
- 5 (F) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING;
- 6 AND
- 7 (G) THE OFFICE OF NEW AMERICANS CREATED IN SECTION
- 8 8-3.7-103;
- 9 (II) THE HEALTH-CARE INDUSTRY, INCLUDING:
- 10 (A) HOSPITALS;
- 11 (B) COMMUNITY PROVIDERS; AND
- 12 (C) MEDICAL RESIDENCY PROGRAMS;
- 13 (III) COMMUNITY-BASED ORGANIZATIONS, INCLUDING A
- 14 COMMUNITY-BASED ORGANIZATION SERVING IMMIGRANTS AND REFUGEES;
- 15 (IV) HIGHER EDUCATION INSTITUTIONS; AND
- 16 (V) THE IMG COMMUNITY.
- 17 (b) THE CLINICAL PROGRAM MUST INCLUDE AT LEAST THE
- 18 FOLLOWING ELEMENTS:
- 19 (I) A MECHANISM FOR PROCESSING AND ASSESSING PROGRAM
- 20 APPLICATIONS;
- 21 (II) PROGRAM CURRICULUM, INCLUDING CURRICULUM:
- 22 (A) PERTAINING TO THE PRACTICE OF ONE OR MORE PRIMARY CARE
- 23 SPECIALTIES; AND
- 24 (B) THAT PROVIDES INPATIENT AND OUTPATIENT TRAINING
- 25 OPPORTUNITIES COMBINED WITH COMMUNITY AND CLASSROOM-BASED
- 26 COMPONENTS TO PREPARE PROGRAM PARTICIPANTS TO MATCH INTO AND
- 27 SUCCEED IN A UNITED STATES RESIDENCY PROGRAM; AND

1 (III) AN ASSESSMENT SYSTEM TO ASSESS THE CLINICAL READINESS
2 OF PROGRAM PARTICIPANTS TO SERVE IN A UNITED STATES RESIDENCY
3 PROGRAM, INCLUDING CLINICAL READINESS FOR THE PRACTICE OF ONE OR
4 MORE PRIMARY CARE SPECIALTIES AND ADDITIONAL ASSESSMENTS AS
5 RESOURCES ARE AVAILABLE.

6 (3) (a) THE PROGRAM ADMINISTRATOR SHALL DESIGNATE A
7 PROGRAM DIRECTOR, WHO MUST BE A PHYSICIAN LICENSED TO PRACTICE
8 MEDICINE IN THIS STATE.

9 (b) THE PROGRAM DIRECTOR SHALL:

10 (I) DEVELOP AN OPERATING PLAN AND BUDGET FOR THE CLINICAL
11 PROGRAM;

12 (II) DEVELOP AND IMPLEMENT THE CURRICULUM FOR AND
13 ASSESSMENTS OF PROGRAM PARTICIPANTS FOR CLINICAL READINESS,
14 EXCEPT AS PROVIDED IN SUBSECTION (3)(c) OF THIS SECTION;

15 (III) WORK WITH RESIDENCY PROGRAMS IN THE STATE TO ADDRESS
16 BARRIERS IMGs FACE IN SECURING RESIDENCY POSITIONS IN THE STATE,
17 INCLUDING EVALUATING OTHER METHODS FOR TESTING AN IMG'S
18 CLINICAL READINESS, EXPLORING ALTERNATIVES TO THE REQUIREMENT
19 THAT AN APPLICANT FOR A RESIDENCY POSITION BE A RECENT GRADUATE
20 OF MEDICAL SCHOOL, AND DEVELOPING RIGOROUS CLINICAL ASSESSMENTS
21 AND OPPORTUNITIES FOR IMGs TO OBTAIN IN-DEPTH CLINICAL
22 EXPERIENCE IN THE UNITED STATES; AND

23 (IV) MAKE REPORTS AND RECOMMENDATIONS AS REQUIRED BY
24 SUBSECTION (6) OF THIS SECTION.

25 (c) THE PROGRAM DIRECTOR MAY CONTRACT WITH AN
26 INDEPENDENT ENTITY OR A STATE AGENCY TO CONDUCT ASSESSMENTS OF
27 THE CLINICAL READINESS OF PROGRAM PARTICIPANTS.

1 (4) TO QUALIFY TO PARTICIPATE IN THE CLINICAL PROGRAM, AN
2 APPLICANT MUST:

3 (a) BE AN IMG WHOSE MEDICAL DEGREE OR QUALIFICATIONS
4 HAVE BEEN EVALUATED BY A CREDENTIALING AGENCY APPROVED BY THE
5 COLORADO MEDICAL BOARD AND DETERMINED TO BE EQUIVALENT TO A
6 MEDICAL DEGREE FROM AN ACCREDITED MEDICAL SCHOOL IN THE UNITED
7 STATES OR CANADA OR A STATE OR COUNTRY WITH WHICH COLORADO
8 HAS A RECIPROCAL LICENSE AGREEMENT; AND

9 (b) HAVE ACHIEVED A PASSING SCORE ON THE USMLE STEP ONE
10 AND STEP TWO EXAMINATIONS.

11 (5) ONCE A PROGRAM PARTICIPANT COMPLETES THE CURRICULUM
12 FOR THE CLINICAL PROGRAM, THE PROGRAM DIRECTOR OR AN ENTITY WITH
13 WHOM THE PROGRAM DIRECTOR CONTRACTS SHALL ASSESS THE PROGRAM
14 PARTICIPANT FOR CLINICAL READINESS FOR A RESIDENCY PROGRAM. IF THE
15 PROGRAM PARTICIPANT PASSES THE ASSESSMENT, THE PROGRAM DIRECTOR
16 SHALL:

17 (a) ISSUE THE PROGRAM PARTICIPANT AN INDUSTRY-RECOGNIZED
18 CREDENTIAL OF CLINICAL READINESS; AND

19 (b) SUBMIT A REPORT AND RECOMMENDATION TO THE
20 ADMINISTRATOR OF THE ASSISTANCE PROGRAM AND THE DEPARTMENT
21 REGARDING THE PROGRAM PARTICIPANT.

22 (6) (a) BY JANUARY 1, 2025, AND BY EACH JANUARY 1
23 THEREAFTER, THE PROGRAM DIRECTOR, IN CONSULTATION WITH THE
24 COLORADO MEDICAL BOARD AND OTHER STAKEHOLDERS, SHALL SUBMIT
25 A REPORT REGARDING THE CLINICAL PROGRAM TO:

- 26 (I) THE EXECUTIVE DIRECTOR; AND
27 (II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF

1 REGULATORY AGENCIES.

2 (b) THE REPORT MUST INCLUDE:

3 (I) INFORMATION ABOUT THE OPERATIONS OF THE CLINICAL
4 PROGRAM, INCLUDING THE NUMBER OF IMGs WHO PARTICIPATED IN AND
5 COMPLETED THE CLINICAL PROGRAM; AND

6 (II) RECOMMENDATIONS REGARDING:

7 (A) CHANGES TO PROFESSIONAL LICENSURE REQUIREMENTS THAT
8 PROMOTE THE INCREASED UTILIZATION OF IMGs IN THE STATE'S
9 HEALTH-CARE WORKFORCE; AND

10 (B) THE CREATION OF A CERTIFICATION RECOGNIZED BY THE
11 DEPARTMENT, THE DEPARTMENT OF HIGHER EDUCATION, OR THE UNITED
12 STATES DEPARTMENT OF LABOR.

13 (c) THE REPORT MUST NOT INCLUDE ANY PERSONALLY
14 IDENTIFYING INFORMATION ABOUT ANY PROGRAM PARTICIPANT.

15 (d) THE EXECUTIVE DIRECTOR SHALL INCLUDE THE REPORT AS
16 PART OF ITS REPORT PURSUANT TO SECTION 8-87-104.

17 **8-87-104. Report to the general assembly.** THE EXECUTIVE
18 DIRECTOR SHALL REPORT ON THE ASSISTANCE PROGRAM AND THE
19 CLINICAL PROGRAM AS PART OF THE DEPARTMENT'S ANNUAL REPORTING
20 UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE,
21 AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7
22 OF TITLE 2. THE EXECUTIVE DIRECTOR SHALL INCLUDE IN THE REPORT
23 PURSUANT TO THIS SECTION INFORMATION INCLUDED IN THE REPORTS
24 SUBMITTED TO THE EXECUTIVE DIRECTOR PURSUANT TO SECTIONS
25 8-87-102 (4) AND 8-87-103 (6) AND INFORMATION REGARDING ANY
26 PROGRESS MADE PURSUANT TO SECTION 8-87-103 (3)(b)(III) IN
27 ADDRESSING BARRIERS INTERNATIONAL MEDICAL GRADUATES FACE IN

1 SECURING POSITIONS IN MEDICAL RESIDENCY PROGRAMS.

2 **SECTION 3.** In Colorado Revised Statutes, **add** 12-30-119 as
3 follows:

4 **12-30-119. IMG-dedicated residency positions - rules - gifts,**
5 **grants, and donations - report - definitions.** (1) TO THE EXTENT
6 FUNDING IS AVAILABLE, THE EXECUTIVE DIRECTOR MAY AWARD FUNDING
7 TO INTERESTED RESIDENCY PROGRAMS IN THE STATE FOR ADDITIONAL
8 RESIDENCY POSITIONS DEDICATED TO INTERNATIONAL MEDICAL
9 GRADUATES WHO MEET CRITERIA DETERMINED BY THE EXECUTIVE
10 DIRECTOR BY RULE. THE EXECUTIVE DIRECTOR MAY AWARD FUNDING
11 ONLY FOR ADDITIONAL RESIDENCY POSITIONS THAT ARE APPROVED BY THE
12 ACGME.

13 (2) ADDITIONAL RESIDENCY POSITIONS THAT ARE APPROVED BY
14 THE ACGME, DEDICATED TO IMGs, AND AWARDED FUNDING BY THE
15 EXECUTIVE DIRECTOR:

16 (a) MAY BE FILLED BY AN IMG WHO SATISFIES THE CRITERIA
17 ESTABLISHED BY THE EXECUTIVE DIRECTOR FOR PARTICIPATION IN A
18 RESIDENCY POSITION DEDICATED TO IMGs;

19 (b) MUST RECEIVE FUNDING FOR AT LEAST THE LENGTH OF THE
20 RESIDENCY PROGRAM; AND

21 (c) MAY BE SELECTED BASED ON GEOGRAPHIC LOCATION,
22 INCLUDING WHETHER LOCATED IN OR SERVING A RURAL COMMUNITY OR
23 MEDICALLY UNDERSERVED AREA OR POPULATION; PRACTICE SPECIALTY;
24 THE ANTICIPATED VOLUME OF APPLICANTS; AND AVAILABLE FUNDING.

25 (3) THE EXECUTIVE DIRECTOR SHALL ADOPT RULES SPECIFYING
26 THE ELIGIBILITY CRITERIA AND REQUIREMENTS FOR AN IMG TO
27 PARTICIPATE IN A RESIDENCY POSITION DEDICATED TO IMGs, WHICH MAY

1 INCLUDE, UPON COMPLETION OF THE RESIDENCY PROGRAM AND LICENSURE
2 BY THE COLORADO MEDICAL BOARD, A REQUIREMENT TO:

3 (a) PRACTICE IN THIS STATE FOR A MINIMUM PERIOD, IN A HPSA,
4 OR IN A RURAL COMMUNITY OR MEDICALLY UNDERSERVED AREA OR
5 POPULATION; OR

6 (b) REIMBURSE THE STATE A PORTION OF THE COST OF THE
7 RESIDENCY POSITION.

8 (4) THE EXECUTIVE DIRECTOR MAY SEEK, ACCEPT, AND EXPEND
9 GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR
10 THE PURPOSES OF THIS SECTION.

11 (5) THE EXECUTIVE DIRECTOR SHALL REPORT ON ANY FUNDING OF
12 IMG-DEDICATED RESIDENCY POSITIONS PURSUANT TO THIS SECTION AS
13 PART OF THE DEPARTMENT'S ANNUAL REPORTING UNDER THE "STATE
14 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
15 (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2.

16 (6) AS USED IN THIS SECTION:

17 (a) "ACGME" MEANS THE ACCREDITATION COUNCIL FOR
18 GRADUATE MEDICAL EDUCATION, AN ORGANIZATION THAT SETS AND
19 MONITORS THE PROFESSIONAL EDUCATIONAL STANDARDS FOR PHYSICIANS,
20 OR ANY SUCCESSOR ACCREDITING ENTITY.

21 (b) "COLORADO MEDICAL BOARD" MEANS THE COLORADO
22 MEDICAL BOARD CREATED IN SECTION 12-240-105.

23 (c) "HPSA" MEANS AN AREA DEFINED OR DESIGNATED AS A
24 HEALTH PROFESSIONAL SHORTAGE AREA IN ACCORDANCE WITH 42 U.S.C.
25 SEC. 254e.

26 (d) "INTERNATIONAL MEDICAL GRADUATE" OR "IMG" MEANS A
27 PHYSICIAN WHO RECEIVED A BASIC MEDICAL DEGREE OR QUALIFICATIONS

1 FROM A MEDICAL SCHOOL OUTSIDE OF THE UNITED STATES OR CANADA.

2 (e) "MEDICALLY UNDERSERVED AREA OR POPULATION" MEANS AN
3 AREA OR POPULATION DESIGNATED BY THE HEALTH RESOURCES AND
4 SERVICES ADMINISTRATION IN THE UNITED STATES DEPARTMENT OF
5 HEALTH AND HUMAN SERVICES AS HAVING TOO FEW PRIMARY CARE
6 PROVIDERS, HIGH INFANT MORTALITY, HIGH POVERTY, OR A HIGH ELDERLY
7 POPULATION.

8 (f) "RURAL COMMUNITY" MEANS A COUNTY WITH A POPULATION
9 OF FEWER THAN FIFTY THOUSAND RESIDENTS OR A MUNICIPALITY WITH A
10 POPULATION OF FEWER THAN TWENTY-FIVE THOUSAND RESIDENTS IF THE
11 MUNICIPALITY IS NOT CONTIGUOUS TO A MUNICIPALITY WITH A
12 POPULATION OF TWENTY-FIVE THOUSAND OR MORE RESIDENTS.

13 **SECTION 4.** In Colorado Revised Statutes, 12-240-104, **amend**
14 (5.7); and **add** (5.6) as follows:

15 **12-240-104. Definitions.** As used in this article 240, unless the
16 context otherwise requires:

17 (5.6) "DISTANT SITE" HAS THE MEANING SET FORTH IN SECTION
18 10-16-123 (4)(a).

19 (5.7) ~~"Distant site" has the meaning set forth in section 10-16-123~~
20 ~~(4)(a)~~ "INTERNATIONAL MEDICAL GRADUATE" MEANS A PHYSICIAN WHO
21 RECEIVED A BASIC MEDICAL DEGREE OR QUALIFICATIONS FROM A MEDICAL
22 SCHOOL OUTSIDE OF THE UNITED STATES OR CANADA.

23 **SECTION 5.** In Colorado Revised Statutes, 12-240-114, **amend**
24 (1) introductory portion as follows:

25 **12-240-114. International medical graduates - degree**
26 **equivalence.** (1) For ~~graduates of schools other than those approved by~~
27 ~~the Liaison Committee on Medical Education or the American~~

1 ~~Osteopathic Association, or the successor of either entity~~ INTERNATIONAL
2 MEDICAL GRADUATES, the board ~~may~~ SHALL require ~~three years~~ ONE YEAR
3 of postgraduate clinical training approved by the board. An applicant
4 whose ~~foreign~~ INTERNATIONAL medical school is not an approved medical
5 college is eligible for licensure at the discretion of the board if the
6 applicant meets all other requirements for licensure and holds specialty
7 board certification, current at the time of application for licensure,
8 conferred by a regular member board of the American Board of Medical
9 Specialties or the American Osteopathic Association. The factors to be
10 considered by the board in the exercise of its discretion in determining the
11 qualifications of applicants ~~shall~~ MUST include the following:

12 **SECTION 6.** In Colorado Revised Statutes, 12-240-119, **amend**
13 (1) and (2)(a) introductory portion; and **add** (2)(a.5) and (4) as follows:

14 **12-240-119. Reentry license - period of inactivity -**
15 **international medical graduate - competency assessment - board**
16 **rules - conversion to full license.** (1) (a) Notwithstanding any other
17 provision of this article 240, the board may issue a reentry license to:

18 (I) A physician, A physician assistant, or AN anesthesiologist
19 assistant who has not actively practiced medicine, practiced as a physician
20 assistant, or practiced as an anesthesiologist assistant, as applicable, for
21 the two-year period immediately preceding the filing of an application for
22 a reentry license, or who has not otherwise maintained continued
23 competency during that period, as determined by the board; OR

24 (II) AN INTERNATIONAL MEDICAL GRADUATE WHO:

25 (A) HOLDS A CURRENT OR EXPIRED INTERNATIONAL LICENSE OR
26 MEETS OTHER QUALIFICATIONS SPECIFIED BY THE BOARD BY RULE; AND

27 (B) SATISFIES ANY OTHER REQUIREMENTS ESTABLISHED BY THE

1 BOARD BY RULE, WHICH MAY INCLUDE A RECOMMENDATION OF THE
2 INTERNATIONAL MEDICAL GRADUATE FROM THE ADMINISTRATOR OF THE
3 IMG ASSISTANCE PROGRAM CREATED IN SECTION 8-87-102 OR FROM THE
4 PROGRAM DIRECTOR OF THE CLINICAL READINESS PROGRAM CREATED IN
5 SECTION 8-87-103 OR A REQUIREMENT FOR SPECIFIC TRAINING, BUT THE
6 BOARD SHALL NOT REQUIRE COMPLETION OF A UNITED STATES MEDICAL
7 RESIDENCY PROGRAM.

8 (b) The board may charge a fee for a reentry license.

9 (2) (a) In order to qualify for a reentry license, the physician,
10 physician assistant, ~~or~~ anesthesiologist assistant, OR INTERNATIONAL
11 MEDICAL GRADUATE shall submit to evaluations, assessments, and an
12 educational program as required by the board. The board may work with
13 a private entity that specializes in physician, physician assistant, or
14 anesthesiologist assistant assessment to:

15 (a.5) FOR INTERNATIONAL MEDICAL GRADUATES, THE BOARD MAY
16 APPROVE AN ASSESSMENT MODEL TO ASSESS THE COMPETENCY OF
17 INTERNATIONAL MEDICAL GRADUATES APPLYING FOR A REENTRY LICENSE
18 UNDER THIS SECTION AND SHALL APPROVE CRITERIA, INCLUDING MINIMUM
19 REQUIREMENTS, STANDARDS, AND COMPETENCIES, FOR THE ASSESSMENT
20 OF THESE APPLICANTS.

21 (4) THE BOARD SHALL ADOPT RULES AS NECESSARY:

22 (I) TO SPECIFY REQUIREMENTS APPLICABLE TO INTERNATIONAL
23 MEDICAL GRADUATES PURSUANT TO SUBSECTION (1)(a)(II) OF THIS
24 SECTION; AND

25 (II) REGARDING THE CRITERIA FOR AN ASSESSMENT MODEL TO
26 ASSESS THE COMPETENCY OF INTERNATIONAL MEDICAL GRADUATES
27 PURSUANT TO SUBSECTION (2) OF THIS SECTION.

1 **SECTION 7. Safety clause.** The general assembly hereby finds,
2 determines, and declares that this act is necessary for the immediate
3 preservation of the public peace, health, or safety.