

## CHAPTER 379

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**PROFESSIONS AND OCCUPATIONS**

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**HOUSE BILL 22-1050**

BY REPRESENTATIVE(S) Ricks, Bacon, Benavidez, Bernett, Bird, Boesenecker, Caraveo, Exum, Gonzales-Gutierrez, Hooton, Jodeh, Kipp, Lindsay, Lontine, Michaelson Jenet, Sirota, Titone;  
also SENATOR(S) Buckner, Ginal, Gonzales, Hinrichsen, Jaquez Lewis, Kolker, Lee, Pettersen, Winter, Fenberg.

**AN ACT****CONCERNING FACILITATING THE INTEGRATION OF INTERNATIONAL MEDICAL GRADUATES INTO THE COLORADO HEALTH-CARE WORKFORCE.**

*Be it enacted by the General Assembly of the State of Colorado:*

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

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

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

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

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

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

(f) According to the National Resident Matching Program:

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

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*Capital letters or bold & italic numbers indicate new material added to existing law; dashes through words or numbers indicate deletions from existing law and such material is not part of the act.*

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

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

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

(b) Supporting the integration of IMGs into the Colorado health-care workforce helps Coloradans across the state and increases access to qualified providers;

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

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

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

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

**ARTICLE 87**  
**International Medical Graduates**  
**Pathway to Health-care Workforce**

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

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

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

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

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

(5) "DEPARTMENT" MEANS THE DEPARTMENT OF LABOR AND EMPLOYMENT.

(6) "EXECUTIVE DIRECTOR" MEANS THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OR THE EXECUTIVE DIRECTOR'S DESIGNEE.

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

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

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

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

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

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

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

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

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

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

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

(II) A VOLUNTARY ROSTER OF IMGs SEEKING ALTERNATIVE HEALTH-CARE CAREERS IN ORDER TO SUPPORT THOSE IMGs IN THEIR INTEGRATION INTO NONPHYSICIAN HEALTH-CARE ROLES; AND

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

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

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

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

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

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

(IV) THE TOTAL COST OF PROVIDING DIRECT SERVICES UNDER THE ASSISTANCE PROGRAM; AND

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

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

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

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

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

(I) STATE AGENCIES, INCLUDING:

(A) THE COLORADO MEDICAL BOARD;

(B) THE DEPARTMENT OF REGULATORY AGENCIES;

(C) THE DEPARTMENT OF HIGHER EDUCATION;

(D) THE DEPARTMENT OF LABOR AND EMPLOYMENT;

(E) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

(F) THE DEPARTMENT OF HEALTH CARE POLICY AND FINANCING; AND

(G) THE OFFICE OF NEW AMERICANS CREATED IN SECTION 8-3.7-103;

(II) THE HEALTH-CARE INDUSTRY, INCLUDING:

(A) HOSPITALS;

(B) COMMUNITY PROVIDERS; AND

(C) MEDICAL RESIDENCY PROGRAMS;

(III) COMMUNITY-BASED ORGANIZATIONS, INCLUDING A COMMUNITY-BASED ORGANIZATION SERVING IMMIGRANTS AND REFUGEES;

(IV) HIGHER EDUCATION INSTITUTIONS; AND

(V) THE IMG COMMUNITY.

(b) THE CLINICAL PROGRAM MUST INCLUDE AT LEAST THE FOLLOWING ELEMENTS:

(I) A MECHANISM FOR PROCESSING AND ASSESSING PROGRAM APPLICATIONS;

(II) PROGRAM CURRICULUM, INCLUDING CURRICULUM:

(A) PERTAINING TO THE PRACTICE OF ONE OR MORE PRIMARY CARE SPECIALTIES;  
AND

(B) THAT PROVIDES INPATIENT AND OUTPATIENT TRAINING OPPORTUNITIES COMBINED WITH COMMUNITY AND CLASSROOM-BASED COMPONENTS TO PREPARE PROGRAM PARTICIPANTS TO MATCH INTO AND SUCCEED IN A UNITED STATES RESIDENCY PROGRAM; AND

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

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

(b) THE PROGRAM DIRECTOR SHALL:

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

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

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

(IV) MAKE REPORTS AND RECOMMENDATIONS AS REQUIRED BY SUBSECTION (7) OF THIS SECTION.

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

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

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

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

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

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

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

(6) THE PROGRAM ADMINISTRATOR SHALL ALLOW AN IMG WHO SUCCESSFULLY COMPLETES THE CLINICAL PROGRAM TO INTERVIEW FOR A POSITION IN THE PROGRAM ADMINISTRATOR'S RESIDENCY PROGRAM.

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

(I) THE EXECUTIVE DIRECTOR; AND

(II) THE EXECUTIVE DIRECTOR OF THE DEPARTMENT OF REGULATORY AGENCIES.

(b) THE REPORT MUST INCLUDE:

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

(II) RECOMMENDATIONS REGARDING:

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

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

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

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

**8-87-104. Report to the general assembly.** THE EXECUTIVE DIRECTOR SHALL

REPORT ON THE ASSISTANCE PROGRAM AND THE CLINICAL PROGRAM AS PART OF THE DEPARTMENT'S ANNUAL REPORTING UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7 OF TITLE 2. THE EXECUTIVE DIRECTOR SHALL INCLUDE IN THE REPORT PURSUANT TO THIS SECTION INFORMATION INCLUDED IN THE REPORTS SUBMITTED TO THE EXECUTIVE DIRECTOR PURSUANT TO SECTIONS 8-87-102 (4) AND 8-87-103 (7) AND INFORMATION REGARDING ANY PROGRESS MADE PURSUANT TO SECTION 8-87-103 (3)(b)(III) IN ADDRESSING BARRIERS INTERNATIONAL MEDICAL GRADUATES FACE IN SECURING POSITIONS IN MEDICAL RESIDENCY PROGRAMS.

**8-87-105. Funding for programs - gifts, grants, and donations - implementation contingent on receipt of funding.** (1) THE GENERAL ASSEMBLY MAY APPROPRIATE MONEY FROM THE GENERAL FUND OR ANY OTHER SOURCE TO THE DEPARTMENT FOR THE PURPOSES OF IMPLEMENTING AND ADMINISTERING THE ASSISTANCE PROGRAM AND THE CLINICAL PROGRAM PURSUANT TO THIS ARTICLE 87.

(2) THE DEPARTMENT MAY SEEK, ACCEPT, AND EXPEND GIFTS, GRANTS, OR DONATIONS FROM PRIVATE OR PUBLIC SOURCES FOR THE PURPOSES OF IMPLEMENTING AND ADMINISTERING THE ASSISTANCE PROGRAM AND THE CLINICAL PROGRAM PURSUANT TO THIS ARTICLE 87.

(3) (a) UNLESS THE DEPARTMENT RECEIVES AN AMOUNT OF APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS SUFFICIENT TO COVER THE COSTS OF THE ASSISTANCE PROGRAM, THE DEPARTMENT SHALL NOT IMPLEMENT THE ASSISTANCE PROGRAM.

(b) UNLESS THE DEPARTMENT RECEIVES AN AMOUNT OF APPROPRIATIONS, GIFTS, GRANTS, AND DONATIONS SUFFICIENT TO COVER THE COSTS OF THE CLINICAL PROGRAM, THE DEPARTMENT SHALL NOT IMPLEMENT THE CLINICAL PROGRAM.

**SECTION 3.** In Colorado Revised Statutes, 12-240-104, **amend** (5.7); and **add** (5.6) as follows:

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

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

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

**SECTION 4.** In Colorado Revised Statutes, 12-240-114, **amend** (1) introductory portion as follows:

**12-240-114. International medical graduates - degree equivalence.** (1) For ~~graduates of schools other than those approved by the Liaison Committee on Medical Education or the American Osteopathic Association, or the successor of either entity~~ INTERNATIONAL MEDICAL GRADUATES, the board ~~may~~ SHALL require ~~three years~~ ONE YEAR of postgraduate clinical training approved by the board. An



applicant whose ~~foreign~~ INTERNATIONAL medical school is not an approved medical college is eligible for licensure at the discretion of the board if the applicant meets all other requirements for licensure and holds specialty board certification, current at the time of application for licensure, conferred by a regular member board of the American Board of Medical Specialties or the American Osteopathic Association. The factors to be considered by the board in the exercise of its discretion in determining the qualifications of applicants ~~shall~~ MUST include the following:

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

**12-240-119. Reentry license - period of inactivity - international medical graduate - competency assessment - board rules - conversion to full license.**

(1) (a) Notwithstanding any other provision of this article 240, the board may issue a reentry license to:

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

(II) AN INTERNATIONAL MEDICAL GRADUATE WHO:

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

(B) SATISFIES ANY OTHER REQUIREMENTS ESTABLISHED BY THE BOARD BY RULE, WHICH MAY INCLUDE A RECOMMENDATION OF THE INTERNATIONAL MEDICAL GRADUATE FROM THE ADMINISTRATOR OF THE IMG ASSISTANCE PROGRAM CREATED IN SECTION 8-87-102 OR FROM THE PROGRAM DIRECTOR OF THE CLINICAL READINESS PROGRAM CREATED IN SECTION 8-87-103 OR A REQUIREMENT FOR SPECIFIC TRAINING.

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

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

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

(4) THE BOARD SHALL ADOPT RULES AS NECESSARY:

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

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

**SECTION 6. Safety clause.** The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, or safety.

Approved: June 7, 2022