



March 26th, 2025

Chairs Backer, Bierman, and Members of the Health Finance and Policy Committee,

The United States is facing a critical shortage of physicians that is intensifying due to an aging workforce, growing population, and overburdensome licensure requirements. This national shortage of providers is affecting Minnesota, with over 1.3 million residents living in a health professional shortage area.¹

To begin addressing this shortage of providers, qualified foreign physicians that have been trained in comparable programs outside of the United States must be given a reasonable pathway to licensure as a physician in the state. The main hurdle to this solution is Minnesota's onerous state licensure requirements.

Residency programs train medical graduates to practice in different medical specialties and can last anywhere from three to seven years, often requiring long hours for lower rates of pay than fully licensed doctors receive. By default, foreign physicians are not exempted from the residency program requirement even if they have already completed the equivalent of that training and were successfully practicing as a physician in another country.

Under this framework, there is no incentive for foreign-trained medical professionals to come into Minnesota and redo years of training. To complicate matters further, the national residency program system is already overburdened with applicants and is unable to accommodate all the medical graduates that are educated in American schools. Every year, an estimated seven percent of United States medical school graduates are refused entry into a residency program and are thereby unable to continue their medical training to further help alleviate the provider shortage.² Requiring qualified foreign trained physicians to complete an additional residency training program is a waste of resources that can be better allocated to American medical students.

These onerous licensure requirements ignore the educational training and professional experience that foreign physicians have received abroad while also overlooking the high quality of care that these physicians give to American patients. In 2017, 25.4% of the United States' practicing physicians were trained abroad. Foreign physicians make up an even larger portion of the physician workforce in many in-demand medical specialties, like geriatrics (52.7%), oncology (34.4%), and cardiology (34.0%).³ Foreign physicians who are not born in the United States are also more likely to serve in rural, low-income, or

¹ "Primary Care Health Professional Shortage Areas (HPSAs)," Kaiser Family Foundation, updated December 31, 2024.

² Brendan Murphy, "If you're feeling disappointed on Match Day, you are not alone," American Medical Association, April 8, 2024.

³ "Foreign-Trained Doctors are Critical to Serving Many U.S. Communities," American Immigration Council, January 2018.



underserved communities.⁴ Studies show that foreign physicians have the same, if not better, patient outcomes.⁵

HF 1913 would create an expedited licensure pathway for qualified foreign trained physicians who receive job offers to work in a collaborative agreement within a hospital or clinical setting. After working under the supervision of other physicians on a limited license for two years, these providers would be eligible for an unrestricted license to practice throughout the state of Minnesota. Similar actions have been taken in 12 other states in recent years.

Foreign physicians are a valuable source of physician care for all patients – especially those in communities that are clamoring for care. To adequately address Minnesota’s dwindling supply of physicians and ever-increasing demand for health care, we must allow qualified foreign trained physicians to practice without unnecessarily repeating their medical training. These providers should be welcomed into Minnesota for the benefit of patients in need.

Sincerely,

RaeAnna K. Lee

RaeAnna K. Lee
Legislative & Coalitions Director, Minnesota
Americans for Prosperity
rlee@afphq.org

⁴ Robbert J. Duvivier, Elizabeth Wiley, and John R. Boulet, “[Supply, distribution and characteristics of international medical graduates in family medicine in the United States: a cross-sectional study.](#)” BMC Family Practice, March 30, 2019.

⁵ Chris Fleming, “[Foreign-Trained And U.S.-Trained Doctors Provide Same Quality of Care.](#)” Health Affairs, August 4, 2010; Yusuke Tsugawa et al., “[Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study.](#)” BMJ, February 3, 2017; and Yusuke Tsugawa et al., “[Comparison of Patient Outcomes of Surgeons Who Are US Versus International Medical Graduates.](#)” Annals of Surgery, December 2021.



World Education Services Statement of Support for HF 1913

World Education Services (WES) supports HF 1913, that seeks to address the shortage of physicians in the state by creating an alternative pathway to licensure for qualified internationally educated and trained physicians who have who have completed post graduate training outside the U.S. and been previously licensed or otherwise authorized to practice outside the U.S.

The United States currently faces a serious shortage of practicing physicians¹ in both primary and specialty care—a gap that is projected to widen over the coming decade. States across the country are seeking a way to ensure that all citizens, especially those in rural and underserved communities, have sufficient access to medical care. In Minnesota, more than 1.3 million people live in 207 federally designated primary care Health Professional Shortage Areas (HPSAs). Minnesota needs an additional 193 primary care practitioners to meet the state’s current primary health care needs.²

The diversity of languages spoken nationwide is increasing. International medical graduates are well-positioned to help alleviate physician shortages, at the same time filling the growing need for multilingual providers. Their cultural competence is also an asset, as studies have found that patient outcomes improve when health care teams are more diverse.³ Legislation that expands access to medical licensure for international medical graduates allows states to benefit from the education, skills, and experience of a larger pool of qualified practitioners.

HF 1913 will help address Minnesota’s physician shortage, ensure a more diverse health workforce, and promote access to quality care for all state residents by making licensing pathways more accessible for internationally trained physicians in the state.

Thank you for the opportunity to submit this statement of support.

¹ “AAMC Report Reinforces Mounting Physician Shortage.” Association of American Medical Colleges, (June 11, 2021). <https://www.aamc.org/news/press-releases/aamc-report-reinforces-mounting-physician-shortage>.

² “Designated Health Professional Shortage Areas Statistics: First Quarter of Fiscal Year 2024 Designated HPSA Quarterly Summary.” Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, (December 31, 2024). <https://data.hrsa.gov/default/generatehpsaquarterlyreport>.

³ L E Gomez and Patrick Bernet. “Diversity improves performance and outcomes.” National Library of Medicine, National Institutes of Health, (August 2019). <https://pubmed.ncbi.nlm.nih.gov/30765101>.



WES is a non-profit social enterprise that supports the educational, economic, and social inclusion of immigrants, refugees, and international students. For 50 years, WES has set the standard for international academic credential evaluation, supporting millions of people as they seek to achieve their academic and professional goals. Through decades of experience as a leader in global education, WES has developed a wide range of tools to pursue social impact at scale. From evaluating academic credentials to shaping policy, designing programs, and providing philanthropic funding, we partner with a diverse set of organizations, leaders, and networks to uplift individuals and drive systems change. Together with its partners, WES enables people to learn, work, and thrive in new places.