



International Medical Graduates (IMG) Assistance Act of 2023: Bill Summary

In May 2023, Rep. Adam Smith (D-WA) [introduced](#) the International Medical Graduates (IMG) Assistance Act of 2023 ([H.R. 3733](#)). This is one of three bills introduced by Rep. Smith to facilitate entry into the healthcare field for internationally trained immigrants. The bill aims to address forecasted skilled labor shortages and decrease underemployment among immigrants, refugees, asylees, and other non-citizens authorized to work in the United States and trained in healthcare professions. The other two bills introduced by Rep. Smith include the [Immigrants in Nursing and Allied Health Act of 2023 \(H.R.3731\)](#) and the [Professional's Access to Health of 2023 \(PATH\) Workforce Integration Act \(H.R. 3732\)](#).

The *IMG Assistance Act of 2023* would permit the U.S. Department of Health and Human Services (HHS) to award grants for states to create programs that allow internationally trained medical graduates who are in the U.S. lawfully to practice medicine under the supervision of fully licensed physicians while they complete steps 1 and 2 of the United States Medical Licensing Examination. This licensing examination is a prerequisite to be able to practice medicine in the U.S.

What would the *IMG Assistance Act* do?

The bill would allow the HHS Secretary to award grants to states to “develop and implement programs” to allow “eligible” International Medical Graduates (IMGs) to practice under the supervision of licensed physicians for a period of up to four years. This would happen while the IMGs complete steps 1 and 2 of the United States Medical Licensing Examination (USMLE). Successful completion of Step 1 [includes](#) an eight-hour, roughly 280-question test on “foundational sciences” such as anatomy, pathology, and biochemistry. Completion of Step 2 includes a nine-hour, roughly 318-question exam designed to assess clinical knowledge. These steps are required before IMGs can be certified by the Educational Commission for Foreign Medical Graduates (ECFMG), participate in a residency program, and finally sit for the final exam portion of the USMLE, also known as Step 3. Successful completion of all these steps is a prerequisite to applying for medical licensure to [practice independently](#) as a physician in the United States.

“Eligible” IMGs are defined as individuals who “graduated from a school of medicine outside the United States or Canada” and who are either:

- Lawful permanent residents (LPRs or green-card holders);
- Admitted as refugees;
- Granted asylum; or
- Individuals “otherwise authorized to be employed in the United States.” This could include Temporary Protected Status (TPS) holders, and individuals who came to the U.S. under one of the humanitarian parole programs and have work authorization. They must be internationally trained medical graduates.

The bill would also give the HHS Secretary discretion to grant states funds to assist “eligible” IMGs while they complete steps 1 and 2 of the USMLE. “Covered Assistance” could include:

- Paying the costs of the USMLE (Parts 1 and 2 are \$670 each², \$925 in 2024 for Part 3³) ;

- Career counseling;
- Case management;
- Classes in English as a second language;
- Assistance in diploma verification; and,
- Test preparation courses.

Finally, the bill exempts certain “eligible” IMGs from counting against the full-time equivalent (FTE) caps of qualifying teaching hospitals where they are practicing as residents. These caps, most of which were fixed in the late 1990s, determine the amount of federal funding teaching hospitals can receive for their residency programs and are calculated based, in part, on the number of full-time equivalent medical residents the hospital employs.

- Exempting certain IMGs from the cap would mean that qualifying teaching hospitals could receive additional federal funds to help cover the costs of training IMGs without losing funds for traditional residents.
- Participating in an accredited residency program is a necessary step in the medical licensure process in the U.S. To be eligible for the FTE exemption for IMGs, hospitals must:
 - Have an agreement with a “Federally qualified health center” where residents train;
 - Be located in a state that allows IMGs to practice; and,
 - Predominantly serve medically underserved populations.

Why would the IMG Assistance Act be beneficial?

Tackle Physician Shortage. The bill would serve to address the shortage of primary care physicians, predicted by a 2021 [study](#) from the American Association of Medical Colleges (AAMC) to grow to as high as 48,000 by 2034. According to the study, this problem is due to an aging but still growing U.S. population. On top of that, the study found that “[i]f underserved populations had health care use patterns like populations with fewer access barriers, demand would rise such that the nation would be short by about 102,400 (13%) to 180,400 (22%) physicians relative to the current supply.”

Full Skill Utilization. The bill would serve to combat “skill underutilization,” also known as “brain waste,” among highly-trained immigrants. According to a 2019 [study](#) from the Migration Policy Institute (MPI), 21% of internationally trained immigrants in the United States were underemployed, as compared to 16% of U.S.-born graduates. Further, according to the same study, among immigrants with health-related degrees, the rate of “brain waste” of immigrants is almost twice as high as among the U.S.-born. Even so, according to [reports](#), immigrants—defined as “anyone born outside the country to non-U.S. citizen parents who is a resident of the United States”—are “twice as likely to work as physicians and surgeons” as the U.S.-born.

Healthcare Access. Finally, the bill would serve to promote access to healthcare in underserved communities by providing teaching hospitals serving underserved communities with funds to employ additional IMG residents. According to the AAMC [study](#) mentioned above, “[D]ue to sociodemographic differences, historically underserved populations have received less care than can be explained by utilization differences in age distribution, disease prevalence, and other health risk factors.” This proposed legislation seeks to address this concerning conclusion by supplying more healthcare providers in hospitals serving predominantly underserved populations, such as “minority populations, people living in rural communities, and people without medical insurance.”

The National Immigration Forum would like to thank Sam Snell, Policy and Advocacy Intern, for developing this bill summary.