

SB

29

SFIN

FILE

SENATE FINANCE COMMITTEE REPORT

DATE: 2/26/99

FURTHER: 4/29/99

DATE TURNED
IN TO OFFICE: 29 April 99

Finance Committee considered SENATE BILL NC. 29

"An Act relating to licensure of physicians; and providing for an effective date."

and recommends:

- be replaced with _____ CS _____ (_____)
- adopt previous _____ CS SB 29 (L&C)
- attached amendment(s)
- adopt Letter of Intent by _____ Committee
- further referral to the _____ Committee

- Senate Bill:**
- same title
 - new title
- House Bill:**
- same title
 - technical title
 - new: SCR# _____

SIGNING DO PASS	DP	OTHER RECOMMENDATIONS	NR	DNP	AM
<i>[Signature]</i>	✓	<i>[Signature]</i>	✓		
<i>[Signature]</i>	✓				
		<i>[Signature]</i>	✓		
		<i>[Signature]</i>	✓		
		<i>[Signature]</i>	✓		
Co-Chair: <i>[Signature]</i>	✓	Co-Chair:			
Co-Chair:		Co-Chair:			

NEW FISCAL NOTE(S):

Department	Date	Zero	Fiscal

PREVIOUS FISCAL NOTE(S):*

Department	Date	Zero	Fiscal
OCED/occ. license	4/28/99	✓	

APPROPRIATION -- no fiscal note

*include fiscal notes accompanying Governor's bill

FISCAL NOTE

NC 1
 Bill Version: SB 29
 (S) Publish Date: 2/26/99

STATE OF ALASKA
 1999 LEGISLATIVE SESSION

4/29/99

Revision Date/Time (Note if correction)		Dept. Affected	Commerce & Econ Dev.
Title	<u>An act relating to the licensure of physicians.</u>	BRU	<u>Occupational Licensing</u>
Sponsor	<u>Senator Ward</u>	Component	<u>Occupational Licensing</u>
Requester	<u>Senate Labor and Commerce, Finance</u>	Component Serial No.	<u>2360</u>

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004	FY 2005
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES ()						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY99) cost: 0.0

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB 29 increases the minimum requirement for physician and osteopath applicants. New funds are not required to implement this bill.

Prepared by <u>Jennifer Stricklor, Administrative Manager</u> <i>KT for Ops.</i>	Phone <u>465-2144</u>
Division <u>Occupational Licensing</u> <i>BR</i>	Date/Time <u>1/28/99 4:12 PM</u>
Approved by Commissioner <u>Deborah B. Sedwick</u> <i>[Signature]</i>	Date <u>1/28/99</u>
Agency <u>Commerce & Economic Development</u>	

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MAR 22 1999

Division of Occupational Licensing

Shirley A. Saucerman, M.D.
Neuropsychiatric Research
336 W. 10th Avenue
Anchorage, Alaska 99501-3501
Phone (907) 229-6360
Fax & Voice Mail (907) 279-4393
e-mail: ssaucerman@aol.com
March 21, 1999

State Medical Board-Anchorage
3601 "C" Street, Suite 722
Anchorage, Alaska 99503
Fax 269-8196



RE: Physician Licensure Bills

Dear State Medical Board Members:

Would it be possible to clarify the wording in the physician licensure bills so that it is clear that the proposed increase in the years of residency training requirements does not affect physicians who are currently licensed in Alaska, particularly the wording in regard to foreign medical school graduates. If the residency training requirements are increased for initial applicants who are foreign medical school graduates could it be stated in the bills that this applies for those licensed after a certain date.

I have been licensed in Alaska since 1984. I graduated from a foreign medical school and have completed two years of postgraduate residency training. I first moved to Alaska in 1958 and plan to remain in Alaska.

I will greatly appreciate your consideration of this.

Respectfully submitted,

Shirley A. Saucerman, M.D.

Shirley A. Saucerman, M.D.

SB 29

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

3601 C STREET, SUITE 722
ANCHORAGE, ALASKA 99503-5934
PHONE: (907) 269-8160
FAX: (907) 269-8156
TDD: (907) 465-5437

April 9, 1999

Shirley A. Saucerman, MD
336 West Tenth Avenue
Anchorage AK 99501-3501

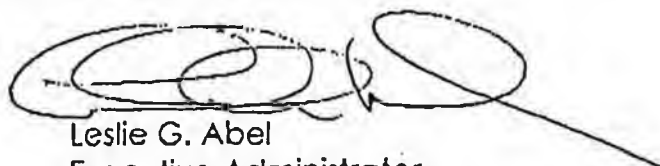
Dr. Saucerman, I received your letter of March 21 in which you express your concern about the change in licensure requirements for foreign medical school graduates. Dr. Sarah Isto, chair, State Medical Board, also forwarded to me the letter you sent her on the same subject. Dr. Isto has asked me to respond to your letters.

As you and I discussed on the telephone, the impact of SB 29, should it pass the legislature and become law, will only affect license applicants who apply **after** the effective date of the law. It was not the board's intention to make this requirement retroactive to apply to current license holders in Alaska such as yourself.

This bill only applies to applicants for **initial licensure**. It does not apply to existing license holders. As I mentioned to you in our telephone call, even if an Alaska licensed physician allowed his/her license to lapse for up to five years, the license would be **reinstated** under the laws in effect at the time of the initial licensure. The individual would not be an initial applicant but a reinstatement of a previously issued license.

I have forwarded a copy of your letter to Senator Jerry Ward's office for his consideration. Senator Ward is the sponsor of SB 29.

Thank you, Dr. Saucerman, for your thoughtful remarks regarding this bill. I hope I have been able to assuage your concerns about its effect.



Leslie G. Abel
Executive Administrator
Alaska State Medical Board

Xc: Board Members
Mark Hodgins
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STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

3601 C STREET, SUITE 722
ANCHORAGE, ALASKA 99503-5934
PHONE: (907) 269-8160
FAX: (907) 269-8156
TDD: (907) 465-5437

April 7, 1999

Senator Jerry Ward
Alaska State Legislature
Mail Stop 3100 - Room 423
Juneau AK 99801-1182

Senator Ward, on behalf of the Alaska State Medical Board, I wish to extend to you the board's continuing support for the change in the U.S. residency requirement for foreign medical graduates. The proposed language in the bill for AS 08.64.200(a)(5) would allow the licensure of physicians who are admitted to this country lawfully but are not permanent residents of the United States.

The board also strongly supports the change to AS 08.64.225 adding paragraph (1) which requires that foreign medical graduates must document to the board evidence of three years of postgraduate training.

The board has gone on the record recommending the following changes in the postgraduate training requirements for U.S. and Canadian medical graduates:

- 1) One year of postgraduate training required for applicants who graduated from medical school before January 1, 1995; and
- 2) Two years of postgraduate training if the applicant graduated on or after January 1, 1995.

Thank you, Senator Ward, for your hard work on this important bill and for your interest and support of the board's activities.



Leslie G. Abel
Executive Administrator
Alaska State Medical Board

xc: Board Members
Catherine Reardon, Director, Div Of Occ Lic

Eyal Herzog M.D.
Ronit Herzog M.D.
(907) 272-0633 home phone and fax
(907) 231-3310 (beeper)

March 24, 1999

Honorable Senator John Torgerson
State Capital
Room 516
Juneau, AK 99801

RE: SB-29

Dear Senator Torgerson:

I am writing this letter on behalf of myself and for my wife, as well as about 100,000 veterans, active duty military personnel and their dependents, and other federal beneficiaries, who reside in the state of Alaska, and I am asking for your support of state bill SB-29.

I am Board Certified in Cardiology, having completed my training in Internal Medicine, Cardiology and an additional fellowship in Advanced Cardiac Imaging at Columbia University in New York, at St. Luke's-Roosevelt Hospital Center. My wife is Board Certified in Pediatrics, and completed her training at Albert Einstein College of Medicine at Schneider's Children Hospital- Long Island Jewish Hospital Center in New York. She also trained in Medical Genetics at Mount Sinai School of Medicine in New York.

While in training, I was holding a J-1 visa, which allowed me to obtain my training in this country, and I am now holding an H-1b visa, which allows me to be employed by the Alaska VA.

A physician with a J-1 visa would normally return to his home country for a period of at least 2 years before being able to return to the United States to practice medicine. This requirement may be waived however, by service in a medically underserved area, or an area that meets particular needs and is in the interest of the United States Government, like the Alaska VA.

About a year ago, I interviewed with the Alaska VA Medical Center in Anchorage, and I was offered a position as a staff Cardiologist, which was critical to the success of the Joint Venture between the VA and Elmendorf AFB hospital. I became part of the ICU team providing Critical Care and Cardiology services to veterans and other federal beneficiaries including active duty military service men and women and their dependents. In addition, as a staff Cardiologist, I provide inpatient and outpatient services to veterans and other federal beneficiaries at the Alaska VA outpatient clinic and Elmendorf AFB hospital.

VA hospitals, and other government facilities, generally only hire American citizens. The Alaska VA, after an extensive recruitment effort lasting over a year, could not successfully recruit an American citizen Cardiologist. They applied for and received a special waiver to recruit and hire a physician who holds a J-1 visa to fill this need. The U.S. Department of Veterans Affairs waived the two years of home residency requirement for me. I believe that I am the first case like this in Alaska.

Until recently, the immigration process was quite simple. Physicians holding J-1 visas would change their status directly to that of permanent resident and were granted green cards. However, new immigration law (Illegal Immigration Reform and Immigrant Responsibility Act of 1996, Sec. 622) requires that physicians now need to obtain an H-1b visa for a period of 3 years prior to obtaining

permanent residence status. Based on this new law, I and my wife will need to work first on an H-1b visa for a period of 3 years, and only after that will we be qualified for permanent residency status.

I decided to accept the Alaska VA offer and committed myself for a period for at least 3 years. We relocated to Anchorage in August 1998.

Unfortunately, while reviewing the "Statutes and Regulations" of the state medical board of Alaska, I was surprised to find that in order to be licensed in Alaska, one needs to be a citizen of the United States or to be lawfully admitted for permanent residence. (Sec. 8.64.200 paragraph 5). None of the other 49 states now has this requirement, only Alaska. Since the recent changes in the immigration rules regarding physicians on J-1 visas, other states modified their regulations and now allow physicians and their families who obtained a waiver to be licensed, even though they are not permanent residents. The lack of any provision for international physicians to obtain a license to practice medicine in the state of Alaska prevents both my wife and I from obtaining a license in this state.

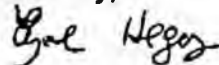
I am currently holding an unrestricted license from the states of Michigan and Indiana. Believing that in the state of Alaska, "The Great Land," flexibility and open mindedness to the new active changes in the immigration regulation should prevail, I appeared before the Alaska State Medical Board on May 25, 1998 and presented this matter. The members of the Board discussed this issue during their subsequent meetings and in their subcommittees, and in November 1998, they unanimously voted in favor of deleting the requirement of citizenship and permanent residency as a requirement for a medical license. The current recommendation for the new law will read "lawfully residing in the United States" instead of "lawfully admitted for permanent residency."

I would like to focus now on the real people who are going to benefit from this bill; these are the residents of the State of Alaska. The people I have known the best are the veterans who live here, many of them on the Kenai Peninsula. Since I moved to Alaska, I have had the privilege to provide Cardiology and Critical Care services to these wonderful people. Unfortunately, while I can provide service to them in a federal facility (a federal facility requires a license from any State in the U.S., for which I am using my Michigan and Indiana licenses), I cannot offer a medical care to them when they require hospitalization at any other local facility. Instead, I am often forced to transfer these patients out of State to Seattle, Washington or Portland, Oregon, which may be a considerable inconvenience for the patients. I could offer these patients services at local facilities here in Alaska for certain services not supported by Elmendorf AFB hospital, but a license to practice medicine in the State of Alaska is required for privileges at all of these other hospitals. Without an Alaska State Medical License, I will continue to have to send these patients and this business outside the State.

The expertise that both my wife and me bring can benefit others as well. I believe I am the only Cardiologist in the State that has completed an additional fellowship in Advanced Cardiac Imaging. This includes applications in Nuclear Cardiology and Advanced Transthoracic and Transesophageal Echocardiography. My wife as mentioned is board certified in Pediatrics trained in Medical Genetics and can apply this expertise in practice here if she can be licensed.

In summary, I am asking for your support for SB-29 to make this possible, and I would be most appreciative if it could be heard as soon as possible. Please don't hesitate to call me at home in the evening or page me at work during the day or weekend if I can be of any assistance. Thank-you very much.

Sincerely,



Eyal Herzog M.D.

Perinatology Associates



March 10, 1999

Senator John Torgerson
Finance Committee
State Capital
Room 516
Juneau, Alaska 99801

MAR 15 1999

Dear Senator John Torgerson:

Alaska Perinatology Associates is in support of Senate Bill No. 29. We are satisfied with the Version H language and encourage you to press this bill forward. Although we are only one organization we are encouraging the passing of this bill to benefit all Alaskans. Our case is a perfect example of how Senate Bill No. 29 will further the quality of healthcare in our state.

Drs. Sherrie Richey and Nelson Isada are the only two perinatologists in Alaska. Perinatology is a subspecialty of obstetrics and gynecology. Two additional years of training in a fellowship program are required in addition to the residency training of obstetrics and gynecology. Our recruiting efforts started in June of 1997 when Dr. David Burrus left Alaska for a position in Minnesota. Since that time we have been looking for another perinatologist. It has been extremely difficult for us to fill this position. There are currently fewer than 800 practicing board-certified perinatologists in the United States. This gives us a notably small group of candidates to begin with.

The establishment of managed care allows sub-specialists to form large organizations. For example, a perinatologist can join a larger group in the lower 48, contract with larger hospitals, earn more money, and work fewer hours because of a higher population area. In Alaska, especially in our practice, we are asking a highly qualified sub-specialist to join a practice where they will be on emergency call a minimum of every third day, 9 to 11 days per month, knowing call days will increase when one doctor is out of town or ill. Dr. Burrus left Alaska to join a practice where he is on call one week-end a month, which includes the maximum of 5 to 7 call days per month. Dr. Burrus joined a typical perinatology practice in the lower 48. Convincing a perinatologist to move to Alaska is difficult enough without clarification on the extensive call schedule and willingness on behalf of the perinatologist to serve so diligently.

In February of 1998 we interviewed a strong candidate, Dr. Juan Martinez-Poyer, a J-1 visa holder, with excellent qualifications. Unfortunately, we have not been successful in offering him employment because of the "permanent residency" requirements. We applied for a permanent labor certificate with the State of Alaska Dept. of Labor in March of 1998. As of today, there are still 11 cases in front of ours. Federal statute dictates the order the labor certificates must be processed, temporary first, then permanent cases. Now we must wait again while the department continues to cycle through the temporary applications again with the onset of another fishing season. Waiting one year for our case to move up only slightly is unacceptable, especially when we are dealing with the life or death issues in healthcare.

The H-1B visa is a temporary visa which we could have received in a timely manner, however, the statute as it is currently written does not allow a medical license to be issued in the state of Alaska unless the applicant has "permanent residency." If Senate Bill No. 29 is passed we may be able to use a H-1B visa for Dr. Martinez-Poyer. His J-1 visa will expire at the end of June and he will be forced to leave the country. We are hopeful this bill will move forward quickly and enable Alaska to retain a highly qualified specialist.

So far I have addressed the reasons why Senate Bill No. 29 would be beneficial for our practice. Now, let me take a minute to explain the benefits to the population as a whole. Again, I am using one specialty as an example of how passing this bill would benefit the entire state. The existence of perinatologists in Alaska has saved the state literally hundreds of thousands of dollars. Before perinatologists came to



Alaska in 1994, Medicaid transported many high-risk patients to Seattle for care. Another benefit to the state of Alaska is the overall quality of care available in Alaska. Over the last 3 years we have significantly reduced the child mortality rate with the combination and availability of neonatologists and perinatologists.

Alaska Perinatology Associates does not advertise for business, nor do we take patients who simply want to be seen by a high-risk pregnancy maternal fetal medicine doctor. Our practice sees patients only by request from other physicians or midwives. Occasionally we will take over the care of an extremely high-risk patient, but more often than not we send the patient back to their doctor with a consultation. This informs the referring doctor of the best possible advice for the patient. The benefit is to both the patient and the continuing education of the referring doctor. Additionally, we are responsible for the care of all high risk maternity care of emergency transport patients coming in from all other urban and rural areas of Alaska, whether from the civilian, military, or native populations.

With only two perinatologists in the state, you can imagine the exhausting call schedule they are facing, 24 hours a day, one day off, one day on. When one of the perinatologists must leave town, the other perinatologist is forced to take continuous day and night call. Limiting the number of highly specialized physicians in Alaska only detracts from the best healthcare plan. We do not want overworked specialists deciding to leave the state because they can not receive adequate coverage from their peers.

I'm sure you can understand our desire to find another perinatologist. If making these positions available to physicians who are in the United States on visas will bring well qualified physicians to Alaska we are convinced it will increase, not detract from the quality of healthcare to which every Alaskan is entitled.

Sincerely,

Carrie L. Towner
Administrator

STATE OF ALASKA

DEPARTMENT OF COMMERCE AND ECONOMIC DEVELOPMENT

DIVISION OF OCCUPATIONAL LICENSING

TONY KNOWLES, GOVERNOR

P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
PHONE: (907) 465-2534
FAX: (907) 465-2974
TDD: (907) 465-5437

E-mail address:
License@commerce.state.ak.us

Dear Senator Mackie,

During last week's hearing on SB 29, members of the Senate Labor and Commerce Committee requested a Department of Commerce and Economic Development bill analysis and a response to public testimony. I have enclosed the analysis and will address in this letter issues raised in letters by Richard Anschuetz and Byron Perkins.

Dr. Perkins expressed concern that SB 29 would prevent many qualified physicians from obtaining Alaska licenses. Dr. Perkins based his testimony on the original SB 29, which required a three-year residency/internship of all applicants. As the department position paper indicates, the State Medical Board proposes a two-year residency/internship for all applicants who graduated from medical school after 1988.

The board believes a three-year residency became the norm in the early 1980's and the one-year rotating internship has been phased out in the United States. Of the 30 applicants considered during the January board meeting, 10 had graduated after 1988 and only one of those have less than two years of post-graduate training. That applicant had difficulties which required conditioning of the license. The board is attempting to increase the post-graduate training requirement because members believe they see deficiencies more frequently in applicants who do not complete residencies. Alaska, particularly rural Alaska, is a challenging place for new physicians to practice because there are fewer colleagues who can give guidance.

Dr. Anschuetz's primary concern appears to be the citizenship requirement. He makes a variety of disturbing assertions in his letter. The State Medical Board did not make its recommendations in "secrecy" or, "without any input from the medical community." In fact, the board sent a newsletter to all physicians in January SB 29 highlighting their consideration of new licensure requirements and asking for comments. I do not think the board intended to hide its support for licensure of lawful residents, which members openly discussed during the January board meeting. The change from "admitted for permanent residence" to "lawfully residing" appeared to be a relatively minor and non-controversial issue.

I am aware of only one other professional license issued by the Division of Occupational Licensing which has a citizenship, permanent residence, or even lawful residence requirement. A professional license is not intended to indicate that it is legal for an individual to work in the United States. It is not uncommon for nurses to apply for license before obtaining work visas and proof of a nursing license can be a requirement to qualify for the visa. A Canadian accountant or engineer may wish to maintain a U.S.

license so his work will be accepted here even though he remains in Canada. A physician may be legal at the time of license application, then over-stay his visa. I believe employers are required by federal law to check for proof of legal work status when they hire new employes, which is a better immigration enforcement tool than occupational licensing.

At the same time that the State Medical Board is advocating acceptance of physicians with a variety of visas, the board is requesting an increase in the length of U.S. internship or residency required of foreign graduates. This position demonstrates that the board wishes to protect public health and safety by ensuring adequate training of immigrant physicians. I do not think amending the citizenship requirement will result in a large influx of foreign physicians since no other state has a citizenship requirement for licensure.

Thank you for the opportunity to comment on SB 29.

Sincerely,

A handwritten signature in black ink, appearing to read 'Catherine Reardon', written in a cursive style.

Catherine Reardon
Director

**Department of Commerce and Economic Development
Division of Occupational Licensing
Analysis of SB 29, Licensure of Physicians**

The department concurs with the position of the State Medical Board on SB 29. The board is attempting to strengthen public protection by ensuring that applicants are adequately prepared to practice in Alaska and that qualified physicians are not unnecessarily blocked from obtaining physician licenses.

SB 29 makes two changes to the medical statutes and the draft CS adds a third change.

- 1) **SB 29 increases the length of residency or internship required, in order for a graduate of a U.S. or Canadian medical school to obtain a physician license, from one year to three years. The draft CS requires a two-year residency or internship.**

The Board proposes a two-year residency or internship for applicants who graduated from a U.S. or Canadian medical school after 1988. Applicants who graduated before 1989 would need the existing one-year residency or internship.

The board advocates making the identical change to both the physician (AS 08.64.200) and osteopath (AS 08.64.205) license qualifications.

SB 29 and the draft CS do not distinguish between applicants who graduated before and after 1988. The department believes the bill should be amended to include the date distinction. One-year internships were common before 1988 and many older physicians would be unable to qualify for an Alaska license if they were subject to the two-year requirement. It is not difficult for the board to evaluate the competence of earlier graduates because they have at least a 10-year work record to examine

The board sent a newsletter to all licensed physicians in January soliciting their comments on increased training requirements. The majority of those who responded supported a three-year residency/internship for both U.S. and foreign graduates. However, the board decided that two years was appropriate for Alaska at this time.

- 2) **Draft-CSSB 29 increases the length of residency or internship required of a foreign medical school graduate from one year to three years. The original bill does not address foreign graduates, leaving the one-year requirement.**

The board supports a three-year residency/internship for foreign graduates because it is difficult to assess the quality of foreign medical schools. Forty-three other states require three-years of post-graduate training for foreign graduates.

The board would like the statute worded so the three-year residency/internship may be performed at more than one facility. The board also advocates requiring passage of the board examination rather than allowing the option of licensure in another state.

- 3) **SB 29 and the draft CS replace the requirement that medical applicants be citizens or permanent residents with the requirement that they lawfully reside in the United States.**

The board supports this change to the law. There are now several types of VISA which authorize foreign citizens to train and work as physicians in the United States without granting permanent resident status. The current law has prevented well-qualified physicians from obtaining Alaska licenses. The department believes Alaska is the only state that requires citizenship or permanent residence for physicians.

Although the board would prefer to delete reference to immigration status from the medical statutes, the board supports the change made by SB 29.

In conclusion, the department supports the primary intent of SB 29, but believes amendments are necessary for the law to work smoothly.

YEARS REQUIRED FOR LICENSURE

STATE	US Grads	IMG's
Alabama	1	1
Alaska	1	1
Arizona	1	3
Arkansas	1	1
California	1	1
Colorado	1	3
Connecticut	2	2
Delaware	1	3
DC	1	3
Florida	1	3
Georgia	1	3
Guam	1	2
Hawaii	1	2
Idaho	1	3
Illinois	2	2
Indiana	1	2
Iowa	1	1
Kansas	1	1
Kentucky	1	3
Louisiana	1	3
Maine	2	3
Maryland	1	3
Massachusetts	1	2
Michigan	2	2
Minnesota	1	2
Mississippi	1	3
Missouri	1	3
Montana	1	3
Nebraska	1	3
Nevada	3	3
New Hampshire	2	2
New Jersey	1	3
New Mexico	2	2
New York	1	3
North Carolina	1	3
North Dakota	1	3
Ohio	1	2
Oklahoma	1	2
Oregon	1	3
Pennsylvania	2	3
Puerto Rico	1	1
Rhode Island	1	3
South Carolina	1	3
South Dakota	2	2
Tennessee	1	3
Texas	1	3
Utah	2	2
Vermont	1	3
Virgin Islands	1	1
Virginia	1	3
Washington	2	2
West Virginia	1	3
Wisconsin	1	1
Wyoming	1	2

	US	IMG
States Requiring 1Yr	43	9
States Requiring 2Yrs	10	16
States Requiring 3 Yrs	1	29

Dr. Isto:
 My source is the latest edition
 of the AMA's publication on
 licensure statistics (1997 edition).

Let me know if you need more.

Leslie

Senator Leman,

Internship / Residency as per SB 29

There are two types of medical education required of physicians in this country: didactic and clinical. The didactic portion of their education is provided in medical school. The clinical aspect of the complete medical education is provided by postgraduate training programs; either internship or residency training programs.

Internship: Internship is typically a one year, post graduate education experience in which the doctor is exposed to a variety of medical disciplines on a rotating basis. There is exposure to family medicine, obstetrics/gynecology, pediatrics, internal medicine, and other "general" medicine disciplines. This one year of education is in a structured, highly supervised setting, at a recognized (accredited) hospital and is intended to serve as the clinical ("hands on") training of the physician. Because it is broadly general in nature, and of only one year's duration, there is exposure to a variety of medical experiences but no great depth in any one field.

Residency: A residency training program is post-graduate clinical training which focuses on one particular medical discipline. Most accredited residency training programs are three years in duration; however, physicians may serve only one or two years in a residency program and be credited with only as many months as they successfully complete. Residency programs are structured, supervised educational experiences in which there are preceptor physicians who teach and supervise the activities of the resident physicians. As the resident works through the program, he/she is afforded greater responsibility and less supervision.

Board Certification: There are 24 medical specialty boards which fall under the umbrella of the American Board of Medical Specialties (ABMS). In order to become "board certified" in one of these specialties, the physician must have completed a three year residency and pass a rigorous examination. To maintain current certification, the physician must attain required hours of continuing medical education and re-certify by examination, usually every ten years. A three year residency program prepares the physician to be board certified in their chosen specialty. Additionally, there are 131 self-designated medical specialty boards for which there are varying requirements for eligibility from as little as paying membership fees to qualify to actual education requirements.

There is another category of postgraduate education: the fellowship. Fellowships are usually one or more years of clinical training in a loosely structured environment. The fellow works under the guidance and tutelage of a recognized expert in a specific discipline, specialty, or subspecialty. There is no "program" as such; each fellowship is peculiar to the individual who is training the fellow.

In this country, medical school education and clinical training are fairly standard and are closely monitored to remain accredited. In 67% of the nations of the world (statistic from the Education Council of Foreign Medical Graduates), there is no requirement for clinical

(postgraduate) training for physicians before they are allowed to practice following their medical school education. Also, quality and substance of medical education varies widely around the world – there is no single standard.

The argument for increasing the minimum number of years for foreign medical graduates is clear; there is no standard around the world which insures that the FMG has adequate training and education comparable to that provided in domestic schools and programs. We do not have, in Alaska, the resources to insure these graduates meet our minimum standards.

For U.S. and Canadian graduates, the argument rests mostly with the ever increasing technology facing medical school graduates today. Most physicians agree that the traditional one year of postgraduate training is inadequate to prepare today's doctor's for the demands of modern medical practice.

If you need further information on this subject, please contact me at 465-4522.

Mark Hodgins
Legislative Aide to Senator Jerry Ward

SENATE FINANCE COMMITTEE

SIGN-IN

SB 29-REQUIREMENTS FOR PHYSICIAN'S LICENSE

NAME: Catherine Reardon Subject/Bill No: SB29
Co./Dept./Title: Director Div of Phone: 465-2538
Address: Occupational Licensing Zip: 99801
PO 110806 Tuleum WA

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

NAME: _____ Subject/Bill No: _____
Co./Dept./Title: _____ Phone: _____
Address: _____ Zip: _____

Do you wish to testify? Yes No Respond To Questions

04/29/99
09:33:30

LEGISLATIVE TELCONFERENCE NETWORK SYSTEM
PARTICIPANT LIST (TESTIFIERS ONLY)

TCN: 90653 SCHEDULED FOR: 04/29/99 09:00 TO 11:00
PUBLIC HEARING SENATE FINANCE

LOCATION: ANCHORAGE

SB 29	EYAL	HERZOG	M.D.	TESTIFY
SB 133	JUDY	BRADY	AOGCC	TESTIFY
SB 133	MARK	WORSTER	ARCO	TESTIFY
SB 133	TIM	COOK	APUC	TESTIFY
SB 133	STEVE	MULDER	ANS ?	TESTIFY
HB 94	DOUG	GRIFFIN	ABC	TESTIFY

LOCATION: GLENNALLEN

SB 133	MR.	DOUGLAS SY	NEEBLEY	TESTIFY
SB 133	MRS.	SHARON	DANIEL	TESTIFY

LOCATION: OFFNET 1 VANCOUVER, WA

LOCATION: OFFNET 2 PORTLAND OR