

**Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

REREVISED

*This Version Includes All Amendments
Adopted in the Second House*

LLS NO. 22-0295.02 Christy Chase x2008

HOUSE BILL 22-1050

HOUSE SPONSORSHIP

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House Committees

Health & Insurance
Appropriations

Senate Committees

Appropriations

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.

SENATE
3rd Reading Unamended
May 10, 2022

SENATE
2nd Reading Unamended
May 9, 2022

HOUSE
3rd Reading Unamended
May 6, 2022

HOUSE
Amended 2nd Reading
May 5, 2022

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

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

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

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

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

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

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

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

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

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

24 **8-87-102. IMG assistance program - creation - services -**
25 **report.** (1) THE IMG ASSISTANCE PROGRAM IS ESTABLISHED IN THE
26 DEPARTMENT TO PROVIDE DIRECT SERVICES TO INTERNATIONAL MEDICAL
27 GRADUATES WISHING TO REESTABLISH THEIR MEDICAL CAREERS IN THIS

1 STATE. THE EXECUTIVE DIRECTOR SHALL CONTRACT WITH A THIRD PARTY
2 TO ADMINISTER THE ASSISTANCE PROGRAM AND SHALL COMPLY WITH THE
3 "PROCUREMENT CODE", ARTICLES 101 TO 112 OF TITLE 24, IN SELECTING
4 AND CONTRACTING WITH THE THIRD-PARTY ADMINISTRATOR.

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

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

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

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

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

25 (I) A VOLUNTARY ROSTER OF IMGs INTERESTED IN ENTERING THE
26 STATE'S HEALTH-CARE WORKFORCE AS PHYSICIANS, IN ORDER TO ASSIST
27 IN ASSISTANCE PROGRAM PLANNING AND ADMINISTRATION, INCLUDING

1 MAKING AVAILABLE SUMMARY REPORTS THAT SHOW THE AGGREGATE
2 NUMBER AND DISTRIBUTION, BY GEOGRAPHIC LOCATION AND SPECIALTY,
3 OF IMGs IN THE STATE; AND

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

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

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

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

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

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

27 (III) THE TOTAL AMOUNT AWARDED TO OR ACCESSED AS

1 SCHOLARSHIPS OR OTHER FUNDS BY PROGRAM PARTICIPANTS, INCLUDING
2 THE AMOUNT OF EACH SCHOLARSHIP OR OTHER FUNDS AWARDED OR
3 ACCESSED AND THE ORIGINATION OF THE SCHOLARSHIP OR FUNDS;

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

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

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

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

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

26 (2) (a) THE PROGRAM ADMINISTRATOR MUST DEVELOP AND
27 IMPLEMENT THE CLINICAL PROGRAM BY JANUARY 1, 2024. IN DEVELOPING

1 AND IMPLEMENTING THE CLINICAL PROGRAM, THE PROGRAM
2 ADMINISTRATOR MAY CONSULT AND COORDINATE WITH STAKEHOLDERS,
3 INCLUDING REPRESENTATIVES FROM:

4 (I) STATE AGENCIES, INCLUDING:

5 (A) THE COLORADO MEDICAL BOARD;

6 (B) THE DEPARTMENT OF REGULATORY AGENCIES;

7 (C) THE DEPARTMENT OF HIGHER EDUCATION;

8 (D) THE DEPARTMENT OF LABOR AND EMPLOYMENT;

9 (E) THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT;

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

11 AND

12 (G) THE OFFICE OF NEW AMERICANS CREATED IN SECTION
13 8-3.7-103;

14 (II) THE HEALTH-CARE INDUSTRY, INCLUDING:

15 (A) HOSPITALS;

16 (B) COMMUNITY PROVIDERS; AND

17 (C) MEDICAL RESIDENCY PROGRAMS;

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

20 (IV) HIGHER EDUCATION INSTITUTIONS; AND

21 (V) THE IMG COMMUNITY.

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

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

26 (II) PROGRAM CURRICULUM, INCLUDING CURRICULUM:

27 (A) PERTAINING TO THE PRACTICE OF ONE OR MORE PRIMARY CARE

1 SPECIALTIES; AND

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

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

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

14 (b) THE PROGRAM DIRECTOR SHALL:

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

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

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

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

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

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

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

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

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

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

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

27 (6) THE PROGRAM ADMINISTRATOR SHALL ALLOW AN IMG WHO

1 SUCCESSFULLY COMPLETES THE CLINICAL PROGRAM TO INTERVIEW FOR A
2 POSITION IN THE PROGRAM ADMINISTRATOR'S RESIDENCY PROGRAM.

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

7 (I) THE EXECUTIVE DIRECTOR; AND

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

10 (b) THE REPORT MUST INCLUDE:

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

14 (II) RECOMMENDATIONS REGARDING:

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

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

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

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

25 **8-87-104. Report to the general assembly.** THE EXECUTIVE
26 DIRECTOR SHALL REPORT ON THE ASSISTANCE PROGRAM AND THE
27 CLINICAL PROGRAM AS PART OF THE DEPARTMENT'S ANNUAL REPORTING

1 UNDER THE "STATE MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE,
2 AND TRANSPARENT (SMART) GOVERNMENT ACT", PART 2 OF ARTICLE 7
3 OF TITLE 2. THE EXECUTIVE DIRECTOR SHALL INCLUDE IN THE REPORT
4 PURSUANT TO THIS SECTION INFORMATION INCLUDED IN THE REPORTS
5 SUBMITTED TO THE EXECUTIVE DIRECTOR PURSUANT TO SECTIONS
6 8-87-102 (4) AND 8-87-103 (7) AND INFORMATION REGARDING ANY
7 PROGRESS MADE PURSUANT TO SECTION 8-87-103 (3)(b)(III) IN
8 ADDRESSING BARRIERS INTERNATIONAL MEDICAL GRADUATES FACE IN
9 SECURING POSITIONS IN MEDICAL RESIDENCY PROGRAMS.

10 **8-87-105. Funding for programs - gifts, grants, and donations**
11 **- implementation contingent on receipt of funding.** (1) THE GENERAL
12 ASSEMBLY MAY APPROPRIATE MONEY FROM THE GENERAL FUND OR ANY
13 OTHER SOURCE TO THE DEPARTMENT FOR THE PURPOSES OF IMPLEMENTING
14 AND ADMINISTERING THE ASSISTANCE PROGRAM AND THE CLINICAL
15 PROGRAM PURSUANT TO THIS ARTICLE 87.

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

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

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

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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:

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

3 **12-240-119. Reentry license - period of inactivity -**
4 **international medical graduate - competency assessment - board**
5 **rules - conversion to full license.** (1) (a) Notwithstanding any other
6 provision of this article 240, the board may issue a reentry license to:

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

13 (II) AN INTERNATIONAL MEDICAL GRADUATE WHO:

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

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

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

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

1 anesthesiologist assistant assessment to:

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

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

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

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

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