



RECOGNIZING THE ROLE OF INTERNATIONALLY TRAINED HEALTH WORKERS BEYOND COVID-19

2021 Report



INTRODUCTION

The COVID-19 pandemic has highlighted existing inequities in the United States health care system. A growing body of research reveals that the pandemic has disproportionately impacted communities that have been historically underserved, marginalized based on race or immigration status, and adversely affected by persistent inequality, exacerbating critical health care shortages and long-standing disparities in access to health care in the U.S.¹

In response to the urgency of the COVID-19 pandemic, governors in Colorado, Massachusetts, Michigan, Nevada, New Jersey, and New York issued executive orders that allowed internationally trained immigrant and refugee health workers to pursue temporary licensure and practice. These temporary licensure reforms highlight the need for permanent policy solutions that address the many barriers to employment that internationally trained immigrant and refugee health workers face in the U.S.

BACKGROUND

A pipeline of qualified health workers stands ready to join the U.S. health workforce. The Migration Policy Institute (MPI) estimates that there are 263,000 immigrants and refugees with health-related degrees in the U.S. who are currently underemployed or unemployed. More than 6 in 10 of these individuals are internationally educated.² Skill underutilization deprives our workforce of diversity—including the urgently needed social, cultural, and linguistic abilities of immigrant and refugee workers.

Despite their extensive international health care training and clinical experience, immigrant and refugee health workers often face daunting obstacles to health care workforce reentry in the U.S. These highly qualified workers are unable to obtain licensure without meeting requirements that are onerous, time-consuming, expensive, and in some cases unrelated to their area of specialty and competency. International medical graduates (IMGs) must repeat years of training: In addition to validating their international credentials and completing a multi-step exam, IMGs must typically redo their postgraduate clinical training to become licensed in the U.S. Residency training positions are limited, however, and IMGs are granted them at significantly lower rates than those of their U.S.-educated counterparts (in 2021, immigrant and refugee IMGs secured residency positions at a 55 percent rate compared with a 93 percent rate among their U.S.-educated peers)³

¹ According to more recent data from the Centers for Disease Control and Prevention (CDC), non-Hispanic American Indian or Alaska Native people were 5.3 times more likely to be hospitalized for COVID-19 than non-Hispanic white people. COVID-19 hospitalization rates among non-Hispanic Black people and Hispanic or Latino people were both about 4.7 times the rate of non-Hispanic white people (“Coronavirus infection by race: What's behind the health disparities?” Mayo Clinic (August 2020) <https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/coronavirus-infection-by-race/faq-20488802>)

² Batalova, J., Fox, M. and Pierce, S., 2020. Brain Waste among U.S. Immigrants with Health Degrees: A Multi-State Profile. [online] [migrationpolicy.org](https://www.migrationpolicy.org/research/brain-waste-immigrants-health-degrees-multi-state-profile). Available at: <<https://www.migrationpolicy.org/research/brain-waste-immigrants-health-degrees-multi-state-profile>>

³ American Medical Association. 2021. 2021 Match hits record highs despite pandemic's disruptions. [online] Available at: <https://www.ama-assn.org/residents-students/match/2021-match-hits-record-highs-despite-pandemic-s-disruptions>

OPENING TEMPORARY PATHWAYS FOR INTERNATIONALLY TRAINED IMMIGRANT AND REFUGEE HEALTH WORKERS

Recognizing the underutilized talent pool of internationally trained immigrants and refugees, governors in Colorado, Massachusetts, Michigan, Nevada, New Jersey, and New York issued emergency executive orders to allow internationally trained health workers to meet acute staffing needs during the height of the pandemic. The following table provides an overview of these policies.

STATE	PROFESSIONS	PRIOR CLINICAL EXPERIENCE	U.S. RESIDENCY PROGRAM	ACTIVE LICENSE OUTSIDE THE U.S.	OTHER	STATUS
CO	Nurses, physicians, physician assistants, and respiratory therapists	A minimum of one year of postgraduate training or practice outside the U.S.	No	Not Required	Medical licensing exams and 1 year of postgraduate training outside the U.S.	Governor Polis issued Executive Order D 2020 038 in April 2020. Per the temporary emergency rules promulgated under this executive order, temporary licenses were issued beginning May 1, 2020, and for 120 days thereafter. Any temporary licenses issued under this order expired on January 1, 2021.
MA	Physicians	A minimum of two years of postgraduate medical training in a program approved by the Accreditation Council of Graduate Medical Education, the American Osteopathic Association, or an accredited Canadian program	Two years	Not Required		Governor Baker issued COVID-19 Order No. 41, effectively rescinding COVID-19 Order No. 23, but licenses issued pursuant to COVID-19 Order No. 23 remain valid for 2 years from the date of issuance.
MI	Physicians, physician assistants, nurses, and respiratory therapists	A minimum of five years of practice experience At least one year of practice within the past five years	No	Required		Governor Whitmer issued Executive Order 2020-150, effectively rescinding Executive Order 2020-61.
NV	Physicians, physician assistants, nurses, emergency medical technicians, and others	Not required	No	Not Required	Verification of international credentials by the Chief Medical Officer	The most recent emergency order signed by Governor Sisolak on April 19, 2021 – Emergency Directive 044 – confirmed the continued validity of the Crisis Standards of Care as set forth in Directive 011.

STATE	PROFESSIONS	PRIOR CLINICAL EXPERIENCE	U.S. RESIDENCY PROGRAM	ACTIVE LICENSE OUTSIDE THE U.S.	OTHER	STATUS
NJ	Physicians	A minimum of five years of practice experience Practice within the last five years	No	Required		In June 2021, Governor Murphy signed Executive Order No. 244, ending the COVID-19 Public Health Emergency. As a result, temporary licenses under Executive Order 112 expired on June 30, 2021.
NY	Physicians	One year of graduate medical education in a postgraduate training program accredited by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association	One year	Not Required		Governor Cuomo issued Executive Order 202.10 on March 23, 2020. This Executive Order expired on April 22, 2020.

LESSONS LEARNED

As policymakers consider permanent licensing reforms, they can draw key lessons from the implementation of these executive orders:

Eligibility criteria should be attainable.

It is crucial that policy proposals consider the unique circumstances of immigrants and refugees. Eligibility requirements for professional licenses—such as needing clinical experience within the past five years and proof of an active license in the issuing country—can pose significant challenges to qualified immigrant and refugee health workers who have lived in the U.S. for a long time.

For refugees, such criteria are especially limiting. As of 2018, refugees spent an average of 10 years in displacement, making it practically impossible for them to meet eligibility guidelines that would require clinical experience within the past five years.⁴

In some cases, individuals who applied for temporary licensure no longer held valid licenses. Refugees and other displaced people who have been forced to flee conflict, persecution, and other conditions in their countries often cannot obtain documentation verifying their international training and credentials. In addition, because of variations in the licensing process in the country where they had practiced, some IMGs who applied for temporary licenses could not verify their international credentials.

⁴ World Bank Blogs, 2019 updated: How long do refugees stay in exile? To find out, beware of averages, Xavier Devictor, December 9, 2019, available at: <https://blogs.worldbank.org/dev4peace/2019-update-how-long-do-refugees-stay-exile-find-out-beware-averages>

World Education Services (WES) launched the WES Gateway Program to help displaced individuals continue their education, become licensed in their field, or take the next step in their career in the U.S. The program offers credential evaluation reports for eligible individuals who have been displaced as a result of adverse circumstances in their country and have limited proof of academic achievements. The WES Gateway Program is currently available to individuals who were educated in Afghanistan, Eritrea, Iraq, Syria, Turkey, Ukraine, or Venezuela.

Engagement efforts should be robust and well designed

Challenges with the implementation of the executive orders granting temporary licenses illustrate the need to partner with community members—including immigrant and refugee health workers and prospective employers—in future licensing efforts.

According to Upwardly Global, a national non-profit that supports the efforts of internationally trained immigrants and refugees to rebuild their careers in the U.S., complex application processes and a lack of coordination and communication between relevant state agencies and employers, potential licensees, and service providers impeded the temporary policies' implementation. Effective community engagement efforts are necessary to ensure the success of new licensing opportunities. Employment outcomes would benefit from a comprehensive outreach strategy to engage potential licensees, potential employers, labor unions, community-based organizations, refugee resettlement organizations, immigrant service providers, and the media to raise awareness of and support for new policies.

Conclusion

Action is critical. As policymakers pivot toward a post-pandemic recovery, it is imperative to consider how the health workforce can be more inclusive of the 263,000 underemployed and unemployed immigrants and refugees who hold health degrees. States must build on temporary emergency measures to open permanent opportunities for licensure. Policies that ensure equity and inclusion in the health care workforce will not only break down barriers to employment for qualified health workers but also address inequities in the U.S. health care system during the pandemic and beyond.

Authors

Fatima Sanz, Policy Strategist, Global Talent Bridge World Education Services

Victoria Francis, State Lead for the Refugee Advocacy Lab and State Advocacy Officer for the International Rescue Committee