

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

**PREAMENDED**

*This Unofficial Version Includes Committee  
Amendments Not Yet Adopted on Second Reading*

LLS NO. 22-0295.02 Christy Chase x2008

**HOUSE BILL 22-1050**

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**HOUSE SPONSORSHIP**

**Ricks,**

**SENATE SPONSORSHIP**

**Buckner,**

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**House Committees**

Health & Insurance  
Appropriations

**Senate Committees**

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**A BILL FOR AN ACT**

101      **CONCERNING FACILITATING THE INTEGRATION OF INTERNATIONAL**  
102                    **MEDICAL GRADUATES INTO THE COLORADO HEALTH-CARE**  
103                    **WORKFORCE.**

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**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.

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.