



February 13, 2025

In support of SB 2270

The United States is facing a critical shortage of physicians that is intensifying due to an aging workforce, growing population, and overburdensome licensure requirements. This national shortage of providers is affecting North Dakota, with over 180,000 state residents living in a health professional shortage area.¹ To begin addressing this shortage of providers, qualified foreign physicians that have been trained in comparable programs outside of the United States must be given a reasonable pathway to licensure as a physician in the state. The main hurdle to this solution is North Dakota's onerous state licensure requirements.

Residency programs train medical graduates to practice in different medical specialties and can last anywhere from three to seven years, often requiring long hours for lower rates of pay than fully licensed doctors receive. By default, foreign physicians are not exempted from the residency program requirement even if they have already completed the equivalent of that training and were successfully practicing as a physician in another country. Under this framework, there is no incentive for foreign trained medical professionals to come into North Dakota and redo years of training. To complicate matters further, the national residency program system is already overburdened with applicants and is unable to accommodate all the medical graduates that are educated in American schools. Every year, an estimated seven percent of United States medical school graduates are refused entry into a residency program and are thereby unable to continue their medical training to further help alleviate the provider shortage.² Requiring qualified foreign trained physicians to complete an additional residency training program is a waste of resources that can be better allocated to American medical students.

These onerous licensure requirements ignore the educational training and professional experience that foreign physicians have received abroad while also overlooking the high quality of care that these physicians give to American patients. In 2017, 25.4% of the United States' practicing physicians were trained abroad. Foreign physicians make up an even larger portion of the physician workforce in many in-demand medical specialties, like geriatrics (52.7%), oncology (34.4%), and cardiology (34.0%).³ Foreign physicians who are not born in the United States are also more likely to serve in rural, low-income, or underserved communities.⁴ Studies show that foreign physicians have the same, if not better, patient outcomes.⁵

S.B. 2270 would create an expedited licensure pathway for qualified foreign trained physicians who receive job offers from health care providers throughout the state. After working under the supervision of other physicians on a limited license for three years, these providers would be eligible for an unrestricted license to practice in North Dakota. Similar actions have been taken in 12 other states in recent years.

Foreign physicians are a valuable source of physician care for all patients—especially those in communities that are clamoring for care. To adequately address North Dakota's dwindling supply of physicians and ever-increasing demand for health care, we must allow qualified foreign trained physicians to practice without unnecessarily repeating their medical training. These providers should be welcomed into North Dakota for the benefit of patients in need.

Sincerely,

Justin Forde

Americans for Prosperity North Dakota

¹ [“Primary Care Health Professional Shortage Areas \(HPSAs\),” Kaiser Family Foundation, updated April 1, 2024.](#)

² Brendan Murphy, [“If you're feeling disappointed on Match Day, you are not alone,”](#) American Medical Association, April 8, 2024.

³ [“Foreign-Trained Doctors are Critical to Serving Many U.S. Communities,”](#) American Immigration Council, January 2018.

⁴ Robbert J. Duvivier, Elizabeth Wiley, and John R. Boulet, [“Supply, distribution and characteristics of international medical graduates in family medicine in the United States: a cross-sectional study,”](#) BMC Family Practice, March 30, 2019.

⁵ Chris Fleming, [“Foreign-Trained And U.S.-Trained Doctors Provide Same Quality of Care,”](#) Health Affairs, August 4, 2010; Yusuke Tsugawa et al., [“Quality of care delivered by general internists in US hospitals who graduated from foreign versus US medical schools: observational study,”](#) BMJ, February 3, 2017; and Yusuke Tsugawa et al., [“Comparison of Patient Outcomes of Surgeons Who Are US Versus International Medical Graduates,”](#) Annals of Surgery, December 2021.