April 17, 2026
Vermont House Committee on Health Care
Testimony on Senate Bill 142

Chair Black and Members of the Committee:

The Center for Modern Health reaffirms its view of S.142 as a policy improvement, and appreciates the opportunity to continue to address the concerns and objections raised by opponents of the bill. In the past weeks, we've heard about three main ideas. Each has a certain facial validity, but we believe that when examined in the right context, they do not justify maintaining the current system, which excludes qualified physicians from serving Vermonters.

1. On the reliability of credential verification

One concern has to do with the ability of organizations such as the Educational Commission for Foreign Medical Graduates (ECFMG) to verify educational credentials and detect fraud.

Right now, under the existing system, an internationally trained physician who wants to enter an accredited U.S. residency program must first get certified by the ECFMG. That certification process is what verifies their medical school credentials, transcripts, and identity, and screens for fraud. In other words, the current system already depends on ECFMG as the gatekeeper for determining whether someone's foreign education is legitimate.

If opponents of S.142 are saying that they cannot trust ECFMG to verify credentials or detect fraud, then they are implicitly saying that they cannot trust a core component of the current licensing system either.

The question, then, is not whether ECFMG verification is perfect. It is whether it is sufficiently reliable when combined with other downstream safeguards. S.142 preserves those safeguards through supervision, evaluation, and U.S. licensing exams.

2. On work history, criminal background, and multi-country practice

The concern that physicians who have worked across multiple countries are difficult to track is understandable, but it is not unique to this bill.

Even within the United States, background checks and employment verification are imperfect. Physicians move across states, institutions, and roles, and no system provides a perfectly unified, global record.

What the system does in reality, and what S.142 would continue to do, is rely on layered verification: documentation, attestations, examinations, and employment in a licensed facility. A system that demands perfect global traceability sets an impossible standard, rather than a workable one.

3. On the lack of monitoring capacity and expertise

Opponents have expressed that the Vermont Board of Medical Practice may not have the capacity or specialized expertise to design and oversee a new supervisory model for internationally trained physicians.

That concern is understandable, but it actually points to a strength of S.142 rather than a weakness. Namely, the bill does not rely on the Board to independently evaluate the full scope of a physician's prior international training. Instead, it shifts much of the evaluation to where it can be done most effectively: within clinical settings, through supervised practice, over time.

Rather than asking the Board to make high-stakes judgments based solely on foreign credentials and documentation, S.142 allows physicians to be assessed in Vermont, by Vermont providers, under real-world conditions. The Board's responsibility should be understood as something that is met through the system as a whole, not exclusively "up-front" by a pre-admission screening.

4. On differences in international training and cultural norms

We also heard concerns in the last round of testimony about differences in medical training across countries, and even broader concerns about cultural attitudes. It is important to separate two issues: clinical competence and cultural assumptions.

Clinical competence can be assessed through examinations such as the USMLE, through supervised practice, and through direct observation in Vermont clinical settings. That is exactly what S.142 requires.

Cultural assumptions, by contrast, are not unique to international physicians. They vary within the United States as well.

It is important to be precise about what can and cannot reasonably be inferred from a physician's country of origin. What we don't know (without asking, such as in a job interview) is what a person's views are on some cultural issue. What we can appreciate, though, *ex ante*, is that internationally trained physicians who choose to relocate and build their careers in the United States are making a significant professional and personal commitment to practicing within this system and culture. That choice itself reflects an orientation toward participating in, and being accountable to, U.S. clinical norms and legal and ethical expectations. That is as good an indicator as exists in other parts of the licensing landscape.

Closing

No regulatory system eliminates all risk. One question to ask is: is this pathway obviously less safe than the alternatives we already accept? There is no evidence that it is. Another question to ask is: after we add up all the benefits and subtract out all the costs, is Vermont better off in terms of its ability to provide care to its residents? We think it will be.

Thank you for supporting this bill.

Jared Rhoads
Executive Director, Center for Modern Health
jared.rhoads@centerformodernhealth.org