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Expand Access to Primary Care

Remove Barriers to Assistant Physicians

By Jeffrey A. Singer and Spencer Pratt

Not enough physicians, nurse practitioners, physician assistants, and other clinicians are entering the health care workforce to meet the growing primary care needs of Americans. More primary care clinicians need to enter the health care workforce to replace those health care providers who are retiring and to meet the demands of a growing and aging population. A major factor contributing to the clinician dearth is that states generally require physicians to complete a residency program, yet the number of medical school graduates exceeds the number of residency positions.[1] One option that helps ease the deficiency in some states is allowing U.S. and international medical school graduates who have yet to complete a residency program to become assistant physicians (APs) and provide primary care services. However, there are many government-imposed restrictions and barriers that impede these graduates from becoming APs.

Since the early 1950s, hospitals and medical centers that offer postgraduate training (residency) programs have been participating in the National Resident Matching Program (NRMP), which matches graduating medical students with available residency programs.[2] Many medical school graduates do not match with positions in accredited programs because the number of residency slots available has not increased at the same rate as the number of medical students.[3] The graduates are stuck in limbo, unable to apply the knowledge and clinical skills acquired with their doctorate degrees to care for patients while also being unable to further hone and develop those clinical skills with postgraduate training. According to the American Medical Association, in 2021, roughly 7 percent of doctor of medicine graduates and 10 percent of doctor of osteopathy graduates found themselves in that state of limbo.[4]

Some states have reduced the legal barriers that prevent unmatched medical school graduates from rendering primary care services. In 2014, Missouri became the first state to allow these physicians to practice as APs, a type of apprenticeship where medical school graduates work for and collaborate with licensed primary care physicians who have clinics in underserved areas of the state. APs are, in short,


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apprentice physicians, which was a common way to train physicians before the modern era of residency programs.[5]

The Missouri program launched in 2017.[6] By February 2023, APs increased the state's primary care provider workforce by 3 percent. Since Missouri launched its program, Arkansas, Idaho, Kansas, Louisiana, Utah, and Arizona have enacted laws to license APs (see Appendix B).[7]

States should lift barriers that prevent unmatched medical school graduates from providing primary care services. States also should offer the AP option to licensed foreign physicians who wish to immigrate to the United States. States further should amend their licensing laws to allow experienced APs to use their experience as an alternative pathway toward a full medical license. Legalizing APs would help solve the primary care shortage.

THE PROBLEM

America lacks enough primary health care clinicians to serve its growing and aging population. The Health Resources and Services Administration determines primary care health professional shortage areas (HPSAs) in the United States using four parameters: population-to-provider ratio, percent of the population below 100 percent of the federal poverty level, infant health index, and travel time to the nearest source of care.[8] As of December 31, 2022, more than 98 million U.S. residents lived in HPSAs, or areas with enough primary care providers to meet only 47.3 percent of the population's medical needs.[9] Higher HPSA scores reflect more severe shortages. Figure 1 illustrates primary care HPSAs as of January 2023.

A July 2021 Association of American Medical Colleges report projected that in 2034 there will be a shortage of 17,800 to 48,000 primary care physicians.[10] A December 2021 survey in the *Mayo Clinic Proceedings on Innovations, Quality and Outcomes* reported that one in three physicians and advanced practice registered nurses intends to reduce work hours and that one in five physicians intends to quit practicing entirely.[11] A 2020 study published in *Human Resources for Health* projects that California, Texas, and Florida will have the most significant scarcity of physicians by 2030.[12] Rural and underserved urban communities have lacked enough primary care providers to meet the medical demands of the population for a long time.[13] Now the problem is spreading into more populated areas across the country.[14]

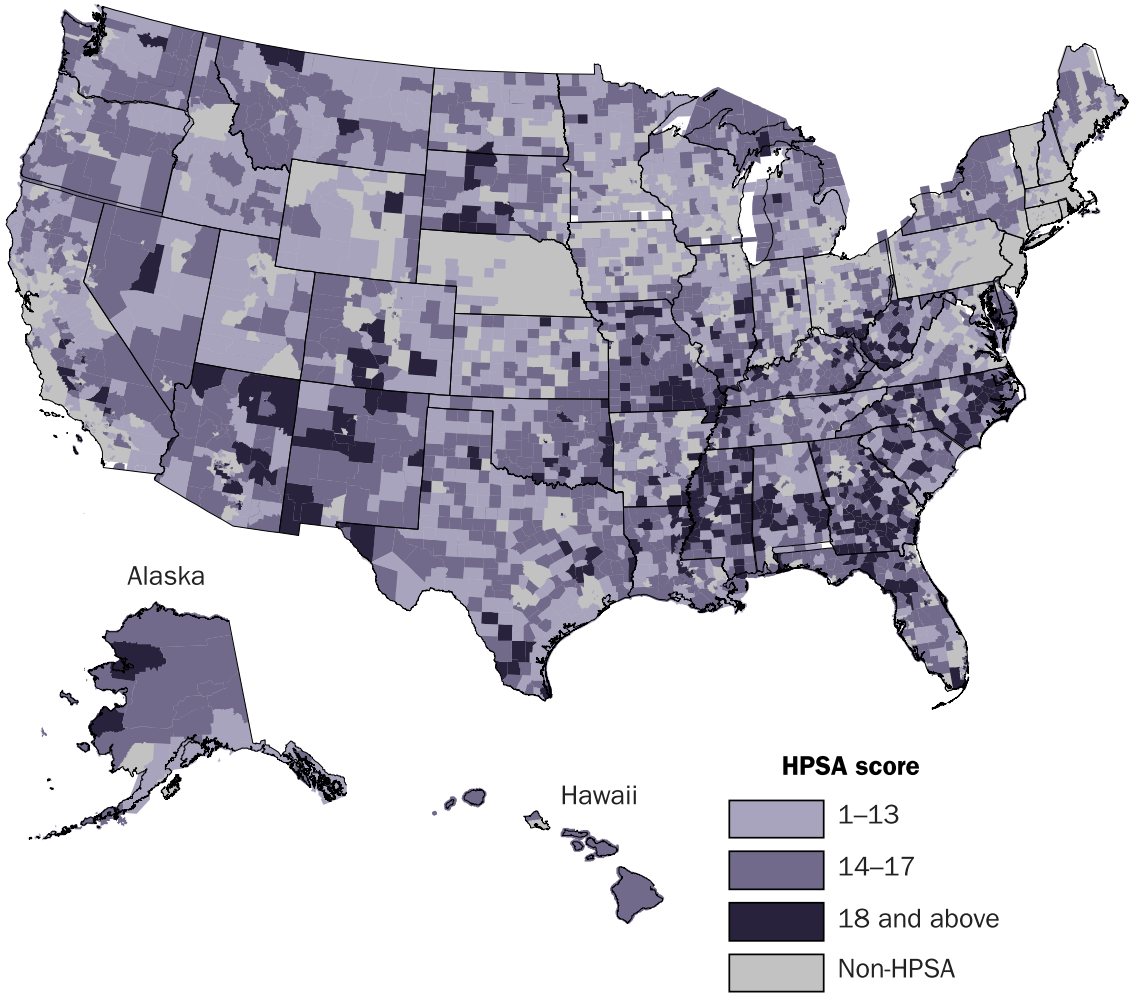
THE NATIONAL RESIDENT MATCHING PROGRAM

The Accreditation Council for Graduate Medical Education is a private nonprofit organization that accredits more than 12,000 residency and fellowship programs in the United States.[15] State licensing boards grant licenses to applicants who have completed at least one year (in most cases) of an accredited residency program. The Association of American Medical Colleges and the National Student Internship Committee created the National Resident Matching Program (NRMP) in the 1950s to assign graduating medical school students to accredited residency programs.[16] Applicants communicate directly with the residency programs they are interested in attending. The program directors determine the applicants' eligibility and may invite them to interview. The applicants and programs submit lists to the NRMP ranking their preferences. The NRMP uses a mathematical algorithm to match the applicants to programs.[17] The NRMP announces the match results on Monday of Match Week, the third week of March. The match serves as a binding agreement between the applicant and the program. The NRMP provides a Supplemental Offer and Acceptance Program (SOAP) to eligible applicants who have not matched with any program.[18] SOAP involves a series of two-hour-long rounds that include remote interviews conducted Monday through Thursday of Match Week, during which programs offer available positions to unmatched applicants, both parties rank their preferences, and the NRMP applies the matching algorithm. Not all programs with open positions choose to participate in SOAP.[19] And not all unmatched applicants are able to find an accredited position.

According to the 2022 NRMP results, 6.8 percent of doctor of medicine (MD) senior applicants and 8.2 percent of doctor of osteopathy (DO) senior applicants failed to match with a residency program. While there were lower percentages of primary care specialty applicants who failed to match than percentages of surgical specialty applicants who failed to match, 13.2 percent of MD and 28.4 percent of DO obstetrics and gynecology applicants failed to match, well above the total average rate.[20] Table 1 shows the 2022 NRMP results for residency programs in four specialty categories that provide primary health care services: family medicine, internal medicine, pediatrics, and obstetrics and gynecology.

Figure 1

Primary care health professional shortage area (HPSA) map



Source: "Map Gallery," Health Resources & Services Administration, Department of Health & Human Services, April 5, 2023.
Note: HPSA scores are developed for use by the National Health Service Corps to determine priorities for the assignment of clinicians. Scores range from 1 to 25 for primary care and mental health and 1 to 26 for dental health. The higher the score, the greater the priority.

Table 1

2022 National Resident Matching Program results

Matched			Unmatched		Total		Percent of total matched (all specialties)		Percent unmatched in specialty	
Specialty	MD	DO	MD	DO	MD	DO	MD	DO	MD	DO
Family medicine	1,386	1,228	23	43	1,409	1,271	9.2	25.0	1.6	3.4
Internal medicine	3,443	1,305	48	48	3,491	1,353	22.8	26.6	1.4	3.5
Obstetrics and gynecology	975	179	148	71	1,123	250	6.4	3.6	13.2	28.4
Pediatrics	1,608	505	18	6	1,626	511	10.6	10.3	1.1	1.2
Total (all specialties)	15,123	4,914	1,111	439	16,234	5,353	100.0	100.0	6.8	8.2

Source: "Results and Data: 2022 Main Residency Match," National Resident Matching Program, May 2022.
Notes: MD = doctor of medicine; DO = doctor of osteopathy.

STATE MEDICAL LICENSE REQUIREMENTS

Most states require domestic applicants for a physician's license to graduate and receive an MD from an accredited U.S. or Canadian medical school, complete at least one year of a residency program, and pass Step 3 of the standardized three-part United States Medical Licensing Examination (USMLE) to receive an unrestricted license to practice medicine. Graduates with a DO from an accredited osteopathic medical school must pass Level 3 of the three-part Comprehensive Osteopathic Medical Licensure Examination (COMLEX). (Medical students take the first two parts of both the USMLE and the COMLEX midway through medical school and just before graduation, respectively.) Some states require two or more years of post-graduate training, and a few require applicants to complete a residency program in a medical specialty to receive a license (see Appendix A).[21] Physicians also can seek certification from specialty boards when they complete specialty residency programs. For example, the American Board of Family Medicine (ABFM) certifies family practitioners who complete a three-year residency in family medicine, pass a standardized certification examination, and meet other criteria.[22]

Physicians who participated in a residency program long enough to satisfy their state's licensing requirement but not long enough to complete the residency program practice as general practitioners (GPs). GPs can practice medicine but cannot claim they are certified in any medical specialty. Many GPs choose to complete only enough years of residency to satisfy state licensing requirements. Most then provide primary care services without getting certified in a specialty.

Not long ago, most primary care physicians were GPs. The first residency programs preparing graduates for ABFM certification began in 1968.[23] A 2020 study found that the United States had 6,545 self-designated GPs who were not ABFM-certified in 2016 with ages ranging from 30 to 96 (mean age 64.6).[24]

STATE LICENSING REQUIREMENTS FOR OTHER INTERNATIONAL MEDICAL GRADUATES

Graduates of medical schools outside the United States and Canada, including graduates of accredited Caribbean medical schools, may apply for residency programs in the United States. These international medical graduates (IMGs) must graduate from a medical school that the Educational Commission for Foreign Medical Graduates (ECFMG) has certified before they can enter U.S. graduate medical programs. The ECFMG began in 1956 as a nonprofit organization with a mission to "evaluate the readiness" of IMGs to enter graduate medical education programs (residencies and fellowships) in the United States.[25] The ECFMG sponsors visas for IMGs who are not U.S. citizens or permanent legal residents.[26] All 50 states and the District of Columbia require IMGs to complete more than one year of residency and pass Step 3 of the USMLE to obtain an unrestricted GP license (see Appendix A). Figure 2 and Figure 3 compare the licensing requirements for U.S./Canadian medical graduates and IMGs among the 50 states and the District of Columbia.

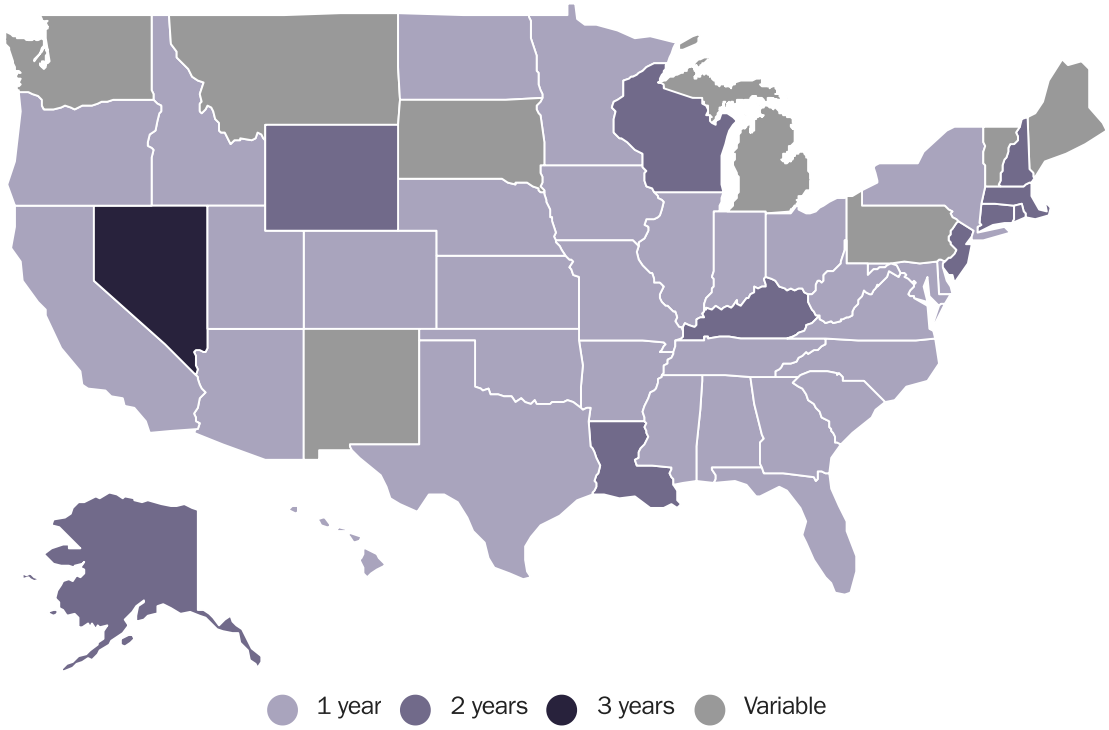
IMGs who received their diplomas more than five years before applying to a graduate medical education program and have been practicing medicine outside of the United States—often for many years—must go through a process resembling that of fresh medical school graduates. This means they must pass ECFMG certification, pass all three USMLE steps, and undergo a residency training program all over again. However, unlike recent medical school graduates, barriers are higher for older IMGs. Older IMGs may only apply for state medical licenses when they complete a residency program. Many experienced foreign-trained doctors take positions in ancillary medical occupations, such as nurses, lab technicians, and radiology technicians, instead of starting over. Some enter residency programs in a completely different specialty than the one they have mastered so that they can work as a doctor in the United States. Some even work in nonmedical sectors or occupations, wasting years of medical training and experience.[27]

ONE SOLUTION: ASSISTANT PHYSICIANS

One way to mitigate the shortage of primary care clinicians is for states to remove barriers that prevent APs from serving patients. In 2014, the governor of Missouri signed a law creating a new category of licensed professionals called assistant physicians (APs) for people who graduated from U.S. medical schools but hadn't been placed in residency programs.[28] The law permits APs to practice primary care in

Figure 2

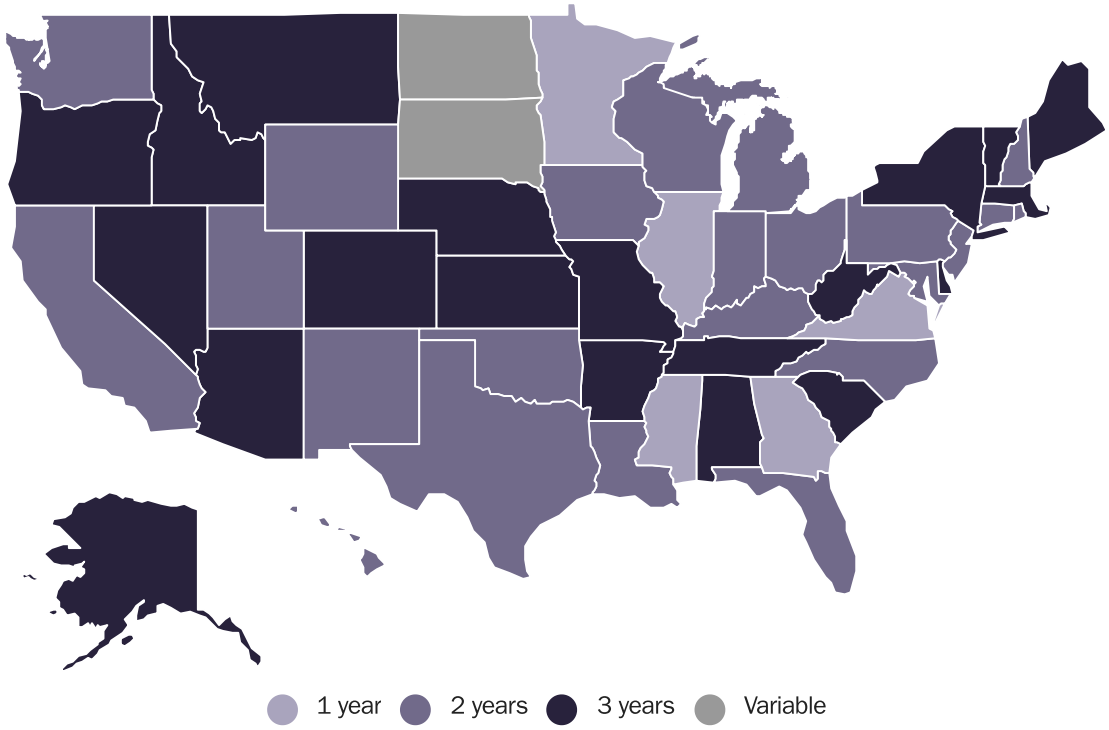
Minimum postgraduate training licensure requirements for U.S./Canadian graduates



Source: "State Specific Requirements for Initial Medical Licensure," Federation of State Medical Boards.
Note: See Appendix A for specific state requirements for initial medical licensure.

Figure 3

Minimum postgraduate training licensure requirements for non-Canadian international graduates



Source: "State Specific Requirements for Initial Medical Licensure," Federation of State Medical Boards.
Note: See Appendix A for specific state requirements for initial medical licensure.

rural and underserved areas of the state with limited supervision by a licensed physician, with whom they must have signed a collaborative practice agreement. The Missouri Board of Registration for the Healing Arts began accepting AP applications in January 2017. Applicants must submit letters of recommendation, proof that they graduated from an accredited medical school, and their scores from Step 1 and Step 2 of the USMLE.

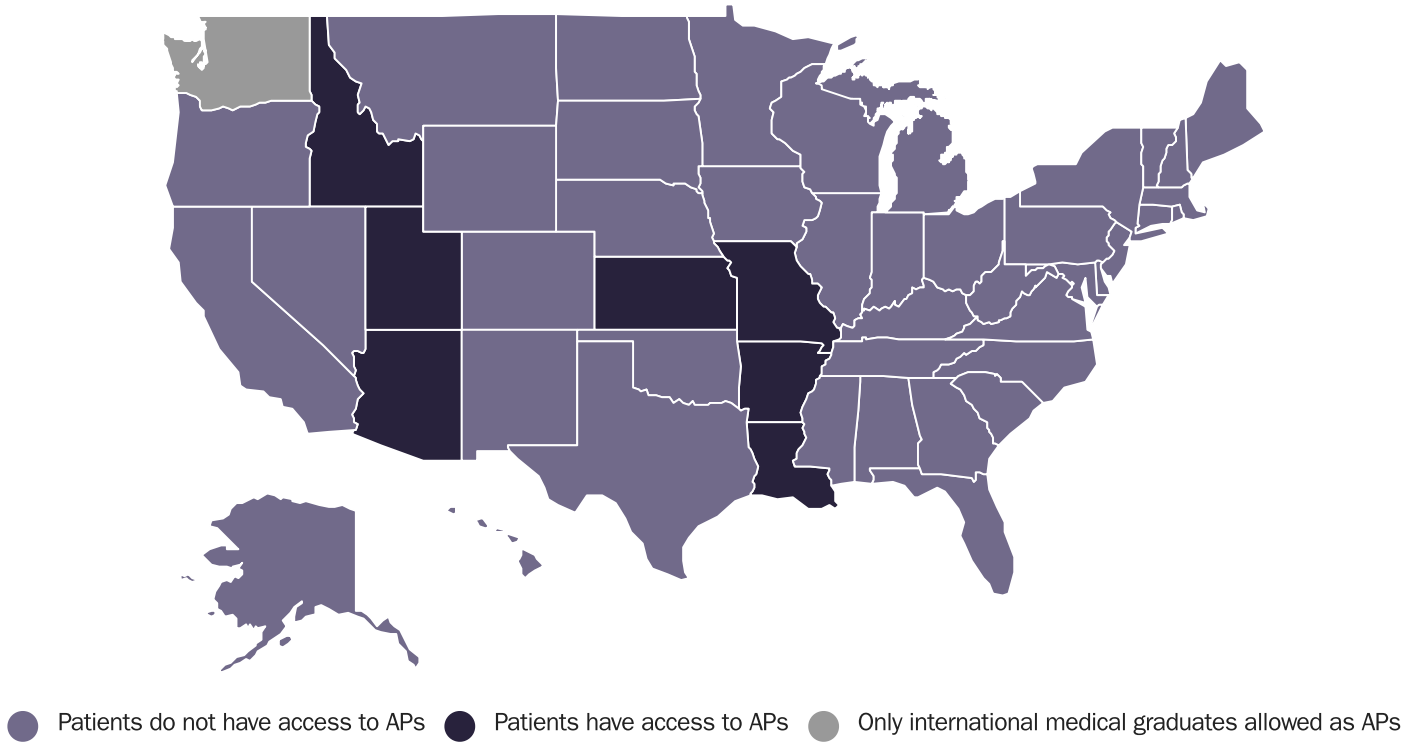
The law has already started lessening the primary care shortage. Missouri had 10,060 fully licensed primary care physicians engaged in direct patient care as of January 2023.[29] As of mid-February 2023, the Missouri Division of Professional Registration listed 292 licensed APs.[30] These figures suggest that APs increased the number of primary care physicians in Missouri by nearly 3 percent.

Six other states have subsequently passed similar laws: Arkansas, Kansas, Utah, Arizona, Louisiana, and most recently, Idaho (see Figure 4).[31] Arkansas law calls APs "graduate registered physicians," and Utah law calls them "associate physicians." Louisiana and Idaho refer to APs as "bridge physicians" because they define the license as a bridge to the next residency match. AP licensing laws vary by state (see Appendix B). However, states typically require APs to sign an agreement with a fully licensed physician who can bill third-party payers for their services. All of these laws require third-party payers to pay for AP services at the same rate as physician assistants. Supervising physicians need not be present when APs are providing services. APs in Missouri can renew their licenses indefinitely. The other states limit the number of years APs may serve patients, after which the government expects them to have obtained a position in an accredited residency program and will block them from practicing as APs. For example, Idaho's bridge physician license is not renewable, while Louisiana allows bridge physicians to renew for two additional years. Yet, even if APs complete one or more years in primary care practice, attend continuing medical education courses, and pass Step 3 of the USMLE, they will not qualify for the unrestricted licenses that many GPs receive after fewer years of postgraduate experience.

In 2021, the Missouri legislature considered a bill that would have allowed APs to apply for an unrestricted license as a GP. Applicants would have had to complete five years of collaborative practice with a licensed supervising physician and 100 hours per year of continuing medical education

Figure 4

States that block patient access to assistant physicians (APs)



Note: See Appendix B for specific state AP laws.

classes. Applicants would also have had to pass Step 3 of the USMLE.[32] The bill did not pass.

In 2021, Washington became the first state to allow practicing IMGs in other countries to immigrate to the state and obtain an AP license.[33] Applicants must graduate from ECFMG-certified programs, pass all three USMLE steps, present three letters of recommendation, and reside in the state for at least one year. Applicants must also comply with federal immigration law, which requires that immigrating physicians obtain a visa. Congress caps the annual number of visas, impeding many foreign doctors from immigrating.[34] Visa applicants can spend more than six months in limbo and incur legal and processing fees that, for many IMGs, can be cost-prohibitive.[35] Recipients of a "limited license for clinical experience" must sign a collaborative agreement with a supervising physician who "must retain professional and personal responsibility for any act that constitutes the practice of medicine . . . when performed by an IMG under their supervision."[36] A supervising physician may not collaborate with more than two IMGs. The limited license is valid for two years, but licensees may renew them once. Unlike the other states that have enacted AP laws, Washington's law only applies to non-Canadian IMGs.

Other states have also removed barriers to IMGs providing health care services. Responding to the COVID-19 public health emergency, Governor Phil Murphy of New Jersey ordered temporary emergency licensure of experienced foreign physicians willing to provide health care services to New Jersey residents.[37] Similar to the law in Washington, the measure required the temporarily licensed foreign physicians to work in designated locations where licensed New Jersey physicians would supervise them. The state licensing board only processed 35 of the 1,110 applications by the time the program ended in March 2022.[38]

RECOMMENDATIONS

Ideally, states should repeal medical licensing laws.[39] In conjunction with that reform, states could accredit independent third-party certification organizations to perform the functions that licensing boards perform.[40] Such organizations could review the credentials, education, and real-world experience of domestic and international applicants and certify them as competent to provide various health care services. Christina Sandefur, Byron Schlomach, and Murray Feldstein have proposed a voluntary alternative pathway involving third-party certification that could coexist with state licensing schemes and gradually replace them.[41]

Alternatively, as a second-best solution, states should enact laws recognizing practitioners' licenses in other states. In 2019, Arizona became the first state to enact a "universal licensing" law, and several states have since passed different versions of such laws.[42] Such laws should not require that practitioners reside in the state. This would enable licensed APs to provide health care services in other states.

Additionally, Congress should define the "locus of care" for telehealth purposes as the state that has licensed the health care practitioner. This would enable APs to provide telehealth services across state lines.[43]

If those reforms are politically infeasible, all states should reduce barriers to medical school graduates becoming APs by establishing a licensure category for them. Of the seven states that license APs, Missouri's AP law has the fewest obstacles to medical school graduates who wish to work as APs. Graduates of foreign medical schools and licensed and experienced physicians from other countries should also be eligible to become APs. Washington's AP law sets such an example. Lawmakers should not limit the number of years APs may practice. Lawmakers should not restrict APs to practicing in rural or underserved areas and should not require licensed APs to continue attempting to enroll in residency programs.

State lawmakers should enable medical school graduates to use their experience as APs as an alternative pathway to unrestricted licensure as GPs. If one or two years of residency plus passing Step 3 of the USMLE qualifies physicians in most states to practice medicine as GPs, then three or more years of experience as an AP and passing the same exam should suffice as well.

The AP to GP alternative pathway could lead to innovations in how specialty boards certify clinicians. For example, GPs who wish to specialize nowadays apply to specialty residency training programs. When they complete residency training, they take standardized specialty examinations and seek certification from specialty boards such as the American Board of Internal Medicine, the American Board of Family Medicine, the American Board of Pediatrics, and the American Board of Obstetrics and Gynecology. Thus, increasing the number of

GPs might incentivize some certifying organizations to develop alternative pathways to certification that place greater emphasis on real-world experience. Certifying organizations might even develop various levels of certification based on applicants' backgrounds and experience.

Increasing the supply of APs and, in turn, GPs, while promoting innovation in specialty certification would increase primary health care access and choice.

CONCLUSION

States should lift constraints and allow domestic and international medical school graduates to become assistant physicians and to use their experience as an alternative pathway to independent, general medical practice. By thus increasing the number and variety of primary care providers, state lawmakers will help to improve primary care access while reducing cost.

Appendix A

State medical licensure requirements

State	Minimum postgraduate training required	Number of attempts at licensing exam	Time limit for completing licensing examination sequence
Alabama	1 year of Accreditation Council for Graduate Medical Education (ACGME) training for U.S. grads; 3 years ACGME training for international medical graduates (IMGs)	4th attempt at Step 3 of the United States Medical Licensing Examination (USMLE) following proof of formal training after the 3rd attempt; 10 attempts at all USMLE steps; no limit on the Comprehensive Osteopathic Medical Licensing Examination of the United States (COMLEX)	7 years to complete all USMLE steps; no limit on COMLEX (if board certified by one of the boards approved by the American Board of Medical Specialties [ABMS] and can complete all parts in 10 years)
Alaska	2 years of ACGME training for U.S. grads; 3 years for IMG	2 attempts per USMLE step; 2 attempts per COMLEX level	7 years to complete USMLE; 10 years for doctor of medicine/doctor of philosophy (MD/PhD) candidates; 7 years to complete COMLEX
Arizona medical	1 year of ACGME training for U.S. grads; 3 years for IMGs	No limit on the USMLE	7 years to complete the USMLE if initial licensure; no limit if already licensed
Arizona osteopathic	1 year of ACGME training	Contact the board for information	Contact the board for information
Arkansas	1 year of ACGME training for U.S. grads; 3 years for IMGs unless currently enrolled in training program through the University of Arkansas for Medical Sciences	3 attempts per USMLE step; 3 attempts per COMLEX level	No limit on the USMLE or COMLEX
California medical	1 year of ACGME training for U.S. grads; 2 years for IMGs	4 attempts at Step 3 of the USMLE	Passing scores on a written/computerized exam shall be valid for a period of 10 years from the month of the examination
California osteopathic	1 year of ACGME training	No limit on the COMLEX	No limit on the COMLEX
Colorado	1 year of ACGME training for U.S. grads; 3 years for IMGs	No limit on the USMLE; no information available on the COMLEX	7 years from first sitting to complete the USMLE or COMLEX; 10 years for MD/PhD or doctor of osteopathy(DO)/PhD candidates
Connecticut	2 years of ACGME training	No limit on the USMLE or COMLEX	7 years to complete the USMLE; no limit on the COMLEX
Delaware	1 year of ACGME training for U.S. grads; 3 years for IMGs	No more than 6 attempts to pass each step of the USMLE	7 years to complete the USMLE
District of Columbia	1 year of ACGME training for U.S. grads; 3 years for IMGs	3 attempts at Step 3 of the USMLE, after which 1 additional year of postgraduate training required; no limit on the COMLEX	7 years to complete the USMLE; no limit on the COMLEX

Appendix A (continued)

State	Minimum postgraduate training required	Number of attempts at licensing exam	Time limit for completing licensing examination sequence
Florida medical	1 year of ACGME training for U.S. grads; 2 years for IMGs	No limit on the USMLE	No limit on the USMLE
Florida osteopathic	1 year of ACGME training in a program approved by the American Osteopathic Association (AOA)	Contact the board for information	No limit on the COMLEX
Georgia	1 year of ACGME training for U.S. grads; 1 year for IMGs if on list; 3 years for IMG if not on list	3 attempts per USMLE step; no limit on the COMLEX	7 years to complete the USMLE; 9 years to complete the USMLE if in MD/PhD program; no limit on the COMLEX
Hawaii	1 year of ACGME training for U.S. grads; 2 years for IMGs	No limit on the USMLE or COMLEX	No limit on the USMLE or COMLEX
Idaho	1 year of ACGME training for U.S. grads; 3 years for IMGs (can be licensed after 2 years if in good standing with Idaho residency training program and has signed an agreement to complete residency in Idaho)	Failure to pass USMLE after 2 attempts may lead to board interview or evaluation; no limit on the COMLEX	No limit on the USMLE or COMLEX
Illinois	2 years of ACGME training	5 attempts at all USMLE steps combined; 5 attempts at COMLEX levels combined	7 years to complete the USMLE; no limit on the COMLEX
Indiana	1 year of ACGME training for U.S. grads; 2 years for IMGs	3 attempts per USMLE step; 5 attempts per COMLEX level	10 years to complete the USMLE; 7 years to complete the COMLEX
Iowa	1 year of ACGME training for U.S. grads; 2 years for IMGs	6 attempts at both Step 1 and Step 2 of the USMLE; 3 attempts at Step 3 of the USMLE; 6 attempts at both Level 1 and Level 2 of the COMLEX; 3 attempts at Level 3 of the COMLEX; 3 years of approved postgraduate training required if outside the attempt limit	10 years to complete the USMLE or COMLEX; 10 years for MD/PhD or DO/PhD candidates (Note: Board certification by ABMS or AOA is required if the applicant has not met the specified time period)
Kansas	1 year of ACGME training for U.S. grads; 3 years of training for IMGs (minimum 2 years in an ACGME–approved program)	3 or more attempts at Step 3 of the USMLE or Level 3 of the COMLEX	10 years to complete the USMLE or COMLEX
Kentucky	2 years of ACGME training	4 attempts at Step 1 of the USMLE or Level 1 of the COMLEX; 4 attempts at Step 1 or Level 2 clinical knowledge; 4 attempts at Step 1 or Level 2 clinical skills; 4 attempts at Step 3 or Level 3	No limit on the USMLE or COMLEX
Louisiana	2 years of ACGME training	No limit at Step 1 of the USMLE or Level 1 of the COMLEX; 4 attempts each at Steps 2 and 3 of the USMLE or Levels 2 and 3 of the COMLEX	10 years to complete the USMLE or COMLEX
Maine medical	U.S./Canadian medical school graduates who graduated after July 1, 2004, must complete 3 years of ACGME training; those who graduated before July 1, 2004, are only required to complete 2 years of ACGME training; 3 years for IMGs	3 attempts at Step 3 of the USMLE (more than 3 attempts require a request for a waiver)	7 years to complete exam sequence (National Board of Medical Examiners, USMLE, and Federation Licensing Examination); more than 7 years requires a waiver
Maine osteopathic	1 year of ACGME training in an AOA-approved program	3 attempts at each USMLE step and each COMLEX level	No limit on the COMLEX
Maryland	1 year of ACGME training for U.S. grads; 2 years for IMGs	Unlimited attempts at each USMLE step or COMLEX level; contact the board for information	No time limit (there are additional requirements if an applicant fails an exam 3 or more times)

Appendix A (continued)

State	Minimum postgraduate training required	Number of attempts at licensing exam	Time limit for completing licensing examination sequence
Massachusetts	Prior to January 2014, 2 years of ACGME training for U.S. graduates and 2 years for IMGs; after January 2014, 2 years for U.S. graduates and 3 years for IMGs	3 attempts at USMLE Step 3 and COMLEX Level 3	7 years to complete the USMLE or COMLEX; may request a waiver under specific conditions
Michigan medical	2 years of ACGME training	3 attempts at each USMLE step	Must pass all USMLE steps within 7 years from the date of first passing any step (must pass Step 3 within 4 years of the first attempt at Step 3 or must complete 1 year of postgraduate training before making additional attempts at Step 3)
Michigan osteopathic	1 year of ACGME training in an AOA-approved program	6 attempts total for the USMLE and COMLEX	Pass all COMLEX levels within 7 years from the date you first passed any COMLEX level
Minnesota	1 year of ACGME training	3 attempts at each USMLE Step, 4 attempts allowed if current license in another State and current certification by specialty board of ABMS, AOA Bureau of Professional Education, Royal College of Physicians and Surgeons of Canada, or College of Family Physicians Canada; 3 attempts at each COMLEX level	Must pass Step 3 of the USMLE or Level 3 of the COMLEX within 5 years of Step 2 or Level 2 or before the end of residency training
Mississippi	1 year of ACGME training for U.S. grads; 1–3 years for IMGs	3 attempts at each USMLE step; no limit on the COMLEX	7 years to complete the USMLE; no limit on the COMLEX
Missouri	1 year of ACGME training for U.S. grads; 3 years for IMGs	3 attempts at Step 3 of the USMLE; 3 attempts on the COMLEX	7 years to complete the USMLE (waived for MD/PhD candidates); no limit on COMLEX
Montana	Completion of ACGME training for U.S. grads; 3 years of ACGME training for IMGs	If an applicant fails to pass the first attempt at Step 3 of the USMLE, applicant may be reexamined no more than 5 additional times; no limit on the COMLEX	7 years to complete the USMLE (exceptions possible for MD/PhD candidates); no limit on the COMLEX
Nebraska	1 year of ACGME training for U.S. grads; 3 years for IMGs	4 or more attempts at each USMLE step; 4 or more attempts at each COMLEX level	10 years to complete the USMLE or COMLEX beginning with date first step or level is passed
Nevada medical	3 years of ACGME training; an unlimited license may be granted to currently enrolled residents in a postgraduate training program in the United States or Canada that have completed at least 2 years of progressive postgraduate training and meet all requirements for an unlimited license in the state of Nevada, including having passed all 3 steps of USMLE within the time period allowed by NAC 630.080 and commit in writing to the Nevada State Board of Medical Examiners that they will complete the program and provide satisfactory completion of the program within 60 days after the scheduled completion of the program	Must pass all 3 steps of the USMLE in not more than a total of 9 attempts and must pass Step 3 in not more than a total of 3 attempts	MD must pass all USMLE steps within 7 years after the date on which the applicant first passes any step; PhD must pass all steps within 10 years after the date on which the applicant first passes any step
Nevada osteopathic	3 years of ACGME training for full license or 2 years if resident signs commitment to practice in Nevada	No limit on the COMLEX	No limit on the COMLEX

Appendix A (continued)

State	Minimum postgraduate training required	Number of attempts at licensing exam	Time limit for completing licensing examination sequence
New Hampshire	2 years of ACGME training	3 attempts at each USMLE step or COMLEX level	No limit on the USMLE or COMLEX
New Jersey	U.S. graduates and IMGs who graduated after July 1, 2003, must complete 2 years of ACGME training and have signed a contract for a 3rd year in an accredited program (at least 2 years must be in the same field); U.S. graduates prior to July 1, 2003, must complete 1 year of ACGME training with 3 years for IMGs	5 attempts at Step 3 of the USMLE; no information available on the COMLEX	7 years to complete the USMLE; no information available on the COMLEX
New Mexico medical	2 years of ACGME training	6 attempts per USMLE step	7 years to complete the USMLE; 10 years for MD/PhD candidates
New Medico osteopathic	1 year of ACGME training	No limit on the COMLEX	Within 7 years of having passed the first COMLEX level
New York	1 year of ACGME training for U.S. graduates; 3 years for IMGs	No limit on the USMLE or COMLEX	No limit on the USMLE or COMLEX
North Carolina	1 year of ACGME training; 2 years for IMGs	3 attempts per USMLE step; 3 attempts per COMLEX level	No time limit for passing all USMLE steps
North Dakota	1 year of ACGME training; 30 months for IMGs	3 attempts at each USMLE step or COMLEX level	7 years to complete the USMLE or COMLEX
Ohio	1 year of ACGME training; 2 years for IMGs	Applicant for licensure has a total of 5 attempts (or 5 times to fail) a USMLE step or COMLEX level (applicant must have passed on the 6th attempt)	10 years to complete the USMLE or COMLEX (possible waiver good cause if over 10 years)
Oklahoma medical	1 year of ACGME training; 2 years for IMGs	3 attempts at each USMLE step (Step 2 = clinical knowledge and clinical skills)	10 years to complete the USMLE
Oklahoma osteopathic	1 year of ACGME training	Contact the board for information	No limit on the COMLEX
Oregon	1 year of ACGME training; 3 years for IMGs	3 attempts at Step 3 of the USMLE and Level 3 of the COMLEX (4th attempt after additional 1-year postgraduate training; waiver of attempt requirement may be available if certified by the ABMS or AOA)	7 years to complete the USMLE or COMLEX
Pennsylvania medical	2 years of ACGME training	No more than 4 attempts at each USMLE step or step component	7 years to complete the USMLE
Pennsylvania osteopathic	1 year of ACGME training	No limit on the COMLEX	No limit on the COMLEX
Rhode Island	2 years of ACGME training for U.S. grads; 2 years for IMGs	3 attempts at each USMLE step; 3 attempts at each COMLEX level	7 years to complete the USMLE; no information available on the COMLEX
South Carolina	1 year of ACGME training for U.S. grads; 3 years for IMGs	4 attempts per USMLE step and COMLEX level	10 years to complete the USMLE or COMLEX
South Dakota	Completion of ACGME training	Allowed 3 attempts, must pass on 3rd, for the USMLE or COMLEX	7 years to complete the USMLE or COMLEX; 10 years for dual program degree MD-PhD applicant

Appendix A (continued)

State	Minimum postgraduate training required	Number of attempts at licensing exam	Time limit for completing licensing examination sequence
Tennessee medical	1 year of ACGME training for U.S. grads; 3 years for IMGs	Applicants who fail any step of the USMLE or Federation Licensing Examination more than 3 times must show ABMS certification and proof of meeting requirements for maintenance of certification to be considered for licensure	All USMLE steps must be taken and passed within 10 years of the first passed step, unless you qualify under an exception
Tennessee osteopathic	1 year of ACGME training	3 attempts at the COMLEX	No limit on the COMLEX
Texas	1 year of ACGME training for U.S. grads; 2 years for IMGs	3 attempts at each USMLE step or COMLEX level (exceptions may apply for applicants who held a Texas Physician in Training permit on or before September 1, 2005, or who have been licensed in good standing in another state for 5 years)	7 or more years to complete the USMLE or COMLEX (exceptions may apply for applicants who are especially board certified, who completed combined MD/PhD programs, or who exceed the time limit but are willing to accept a limited license to practice exclusively in an medically underserved area or health professional shortage area)
Utah medical	2 years of ACGME training completed or 1 year with a second year in the state of Utah in progress	3 attempts at Step 3 of the USMLE	7 years to complete the USMLE; 10 years for MD/PhD candidates
Utah osteopathic	2 years of ACGME training completed or 1 year with a second year in the state of Utah in progress	3 attempts at each COMLEX level	7 years to complete the COMLEX; 10 years for DO/PhD candidates
Vermont medical	2 years of ACGME training for U.S. grads; 3 years for IMGs	3 attempts at Step 3 of the USMLE	7 years to complete the USMLE
Vermont osteopathic	1 year rotating internship or 3 years of ACGME training	No information available at this time	No information available at this time
Virginia	1 year of ACGME training	No limit on the USMLE	10 years to complete the USMLE; greater than 10 years if candidates are certified by the ABMS
Washington medical	2 years of ACGME training	3 attempts at Step 3 of the USMLE	7 or more years to complete the USMLE
Washington osteopathic	1 year of ACGME training	3 attempts on the COMLEX	No limit on the COMLEX
West Virginia medical	1 year of ACGME training for U.S. grads; 3 years for IMGs	6 attempts per USMLE step or step component	10 years to complete the USMLE
West Virginia osteopathic	1 year of ACGME training	No limit on the COMLEX	No limit on the COMLEX
Wisconsin	2 years of ACGME training	3 attempts at each USMLE step and COMLEX level	Must pass Step 3 of the USMLE within 10 years of the date of passing Step 1; N/A on the COMLEX
Wyoming	2 years of ACGME training; 1 year if applicant has current certification by an American Board of Medical Specialties or American Osteopathic Association Bureau of Osteopathic Specialists specialty board or continuous licensure in good standing in at least one state and/or Washington, DC, for the preceding 5 years	7 total attempts on the USMLE or COMLEX in 7 years	7 years (8 years if in combined DO or MD/PhD program)

Source: "State Specific Requirements for Initial Medical Licensure," Federation of State Medical Boards, https://www.fsmb.org/step-3/state-licensure/.

Appendix B

Assistant physician licensure legislation by state

State and year enacted	Statutory authority
Missouri (2014)	Assistant physician license to graduates who have completed Steps 1 and 2 of the United States Medical Licensing Examination (USMLE); can provide primary care services in rural and underserved areas (S.B. 754)
Arkansas (2015)	Graduate registered physician license requires direct continuous supervision to graduates to have completed Steps 1 and 2 of USMLE or equivalent exams; can renew license for a maximum of 2 years (H.B. 1162)
Kansas (2020)	Special permit license for graduates of the University of Kansas School of Medicine that allows them to practice under continuous direct supervision for a maximum of 2 years (Statute 65 § 2811a)
Arizona (2021)	Medical graduate transitional training permit license to graduates who have completed Steps 1 and 2 of USMLE or equivalent exams; valid for 1 year, can renew permit for two additional 1-year periods (S.B. 1271)
Utah (2021)	Associate physician license to graduates who have completed Steps 1 and 2 of USMLE or equivalent exams; scope of practice limited to primary care services in medically underserved areas with limited physician supervision for up to 4 years (Code § 58-67-302.8)
Washington (2021)	Clinical experience limited license to international medical graduates who have been a Washington State resident for at least 1 year, are certified by the Educational Commission for Foreign Medical Graduates, and pass all steps of the USMLE; valid for 2 years and can renew once (S.H.B. 1129)
Louisiana (2022)	Bridge year graduate physicians license to graduates who have applied to, but were not accepted into, an accredited medical residency training program for the first year following medical school graduation; valid for 1 year and can renew no more than two additional 1-year periods (S.B. 439)
Idaho (2023)	Bridge year physicians limited license to those within the first year of graduation and not accepted into an accredited medical residency training program; valid for 1 year, nonrenewable (H.B. 153)

Source: Prepared by state medical boards.

NOTES

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18. "Supplemental Offer and Acceptance Program (SOAP) 2022 Guide for Applicants," National Resident Matching Program, Association of American Medical Colleges, 2022.

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