



Legislative Strategies: How Three States Responded to Physician Shortages

The physician shortage in the United States, projected to reach 86,000 by 2036,¹ is felt daily in every community across the nation.² Extended wait times for appointments, hours-long drives to reach providers, and patients who are sicker when they finally see a doctor are all too common. Meanwhile, thousands of internationally trained doctors already living in the U.S., who are eager to care for their neighbors, face onerous barriers to licensure.

In the last four years, 20 states have recognized this paradox and made strides to address it. They've found a number of approaches to including internationally trained physicians in their health care workforce while maintaining standards that ensure public safety. In some cases, states have gone one step further, requiring physicians who begin practicing under these new laws to do so in rural or otherwise underserved communities for a specified period of time.

This brief includes case studies of strategies that legislators in three states—Minnesota, Nevada, and Rhode Island—used to pass bills in 2025 to establish alternative pathways to practice for internationally trained physicians.

1 Association of American Medical Colleges. (2024, March 24). New AAMC Report Shows Continuing Projected Physician Shortage. <https://www.aamc.org/news/press-releases/new-aamc-report-shows-continuing-projected-physician-shortage>

2 KFF. (2024, December 31) Primary Care Health Professional Shortage Areas (HPSAs). <http://kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?activeTab=map¤tTimeframe=0&selectedDistributions=total-primary-care-hpsa-designations&sortModel=%7B%22colId%22:%22Total%20Primary%20Care%20HPSA%20Designations%22,%22sort%22:%22desc%22%7D>



MINNESOTA: The Persistence Model

Minnesota Senator Alice Mann introduced an initial version of a bill to streamline pathways to licensure for internationally trained physicians in 2023. The bill sought to address existing and anticipated gaps in access to care:

1. **Sixty-nine of Minnesota's 87 counties** are officially designated “health professional shortage areas” (HPSAs).³
2. **Thirty percent of Minnesota physicians** are in or near retirement age.⁴
3. **The state is expected to face a shortfall of 2,260 physicians**, including 1,187 primary care providers, by 2030.⁵

Mann's initial effort to pass the bill failed. A revised bill passed in 2025.

Strategic Success Factors

- **Persistence across multiple sessions:** Mann didn't give up when her first bill failed. In her second attempt she adjusted her strategy, collaborating more closely with committee members, obtaining the support of the hospital association, and carefully preparing internationally trained physicians to testify in support of the bills. Mann also secured a neutral position from the licensing board, which was a large force of opposition the first time around.
- **Solicitation of effective testimonials by doctors from key immigrant groups:** Mann's legislative strategy included testimony from internationally trained Somali and Hmong physicians who could not practice in Minnesota. These physicians were intentionally selected to reflect two of the state's largest immigrant populations.
- **Urgent concerns about possible hospital closures in rural counties:** Workforce shortages in underserved areas contributed to urgency that Mann leveraged. Between her first and second efforts, several rural Minnesota hospitals faced closure due to staffing shortages. The situation sharpened legislators' awareness of the need to rapidly mobilize internationally trained doctors already living in the state.

³ <https://ciceroinstitute.org/research/minnesota-physician-shortage-facts/>

⁴ <https://ciceroinstitute.org/wp-content/uploads/2024/03/MN-Physician-Shortage-Facts-one-pager-3-4-2024.pdf>

⁵ <https://ciceroinstitute.org/research/minnesota-physician-shortage-facts/>

NEVADA: The Retrenchment Strategy

Nevada Senator Fabian Doñate designed a 2023 bill to streamline pathways to licensure for internationally trained physicians already living in the state. The bill sought to address health care shortfalls that affected almost all Nevadans:

1. **Nevada is ranked 48th out of 50** for primary care physicians per 100,000 residents.⁶
2. Researchers estimate that the state needs **more than 2,500 additional providers** to meet the national standard of care.⁷
3. **Close to 17 percent** of licensed doctors in the state are not working as physicians.⁸

Strategic Success Factors

Doñate's 2023 bill failed in part because it included a controversial proposal to streamline licensure of assistant physicians too. His 2025 effort succeeded when he focused only on physicians, and doubled down on securing effective witness testimony. Success factors included:

- **Political pragmatism:** In his second effort to streamline pathways to licensure for internationally trained physicians, Doñate removed provisions related to assistant physicians. The move enabled Doñate to secure support from medical associations that had previously objected.
- **Rural focus:** In 2025, Doñate developed a strategy based on his recognition that legislative priorities in Clark County, home to Las Vegas, differed from those of the rest of the state. His team focused on building a coalition of rural stakeholders, including rural health care associations and hospitals.
- **Inclusion of geographic service requirements:** Doñate's 2025 bill included service requirements for underserved areas. This provision appealed to the rural legislators whose support was critical to the bill's passage.

⁶ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10414134/>

⁷ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10414134/>

⁸ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10414134/>

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NEVADA: The Retrenchment Strategy

Strategic Success Factors (*continued*)

- **Massive recruitment and strategic use of testimony:** Doñate and his partners recruited 67 Nevada-based internationally trained physicians who were unlicensed and willing to testify. The unusually large pool demonstrated both the scale of available talent and considerable organizational effort. Doñate's team strategically leveraged Nevada's large population of highly qualified immigrant doctors, many of them trained in Cuba, who struggled to obtain licensure despite their credentials.
- **Bipartisan support:** The 2025 bill succeeded in part because Doñate partnered with a leader in state government and constituency groups on the other side of the political aisle to secure votes.



RHODE ISLAND: The Momentum Model

Like Minnesota and Nevada, Rhode Island has a chronic physician shortage.

1. In 2024, researchers from Brown University found that, **if every active physician in the state saw 1,200 patients a year, some 343,000 residents would still lack access to a provider.**⁹
2. **The state has no public medical schools and only one that is private**, providing a very narrow talent pipeline of locally trained doctors.¹⁰
3. **Only 15 of 106 graduates of primary care residencies (2022–23) in Rhode Island planned to stay in the state and practice**—likely reflecting the fact that most students who attend medical school in Rhode Island are from out of state.¹¹

Strategic Success Factors

Rhode Island Representative Joseph J. Solomon Jr. introduced a bill to create alternative pathways to licensure for internationally trained physicians in early 2025. The bill initially appeared to flounder. In April, however, a family practice serving 25,000 patients across three communities announced that it would close in a few weeks. The state's inability to address widening gaps in care was thrust into the spotlight, and Solomon's bill ultimately passed.

Successful legislative strategies that secured passage included:

- **Building on the success of a neighboring state's recently passed legislation:** Rhode Island based its legislative strategy on the 2024 passage and enactment of a similar bill in Massachusetts. This sponsor's approach demonstrates that legislative momentum in other states can create favorable conditions that reduce the traditional groundwork requirements.
- **Agility in the face of breaking news:** The bill initially appeared dead but suddenly gained momentum and moved rapidly through the legislature in late spring, suggesting that Rhode Island's success hinged in part on the ability to act quickly when conditions for passage became favorable. States across the nation face physician shortages that affect the health and well-being of all residents and when this issue hits a news cycle, legislators should be ready to act.

⁹ <https://www.yahoo.com/news/hundreds-more-physicians-needed-address-231132373.html>

¹⁰ [https://www.shemmassianconsulting.com/blog/medical-schools-in-rhode-island#:~:text=The%20Warren%20Alpert%20Medical%20School%20\(AMS\)%20at%20Brown%20University%20is,admissions%20statistics%20are%20always%20changing.](https://www.shemmassianconsulting.com/blog/medical-schools-in-rhode-island#:~:text=The%20Warren%20Alpert%20Medical%20School%20(AMS)%20at%20Brown%20University%20is,admissions%20statistics%20are%20always%20changing.)

¹¹ <https://www.rilegislature.gov/commissions/RIPRCAPHWOED/commdocs/2024-04-40-Borkan%20et%20al%20RI%20Med%20Primary%20Care.pdf>



What can your state do?

Internationally trained doctors already living in U.S. communities offer an immediate solution. The three approaches outlined in this document provide insight into just a few of the strategies that can help sponsors tap into this vital workforce.

In just four years, 20 states have enacted legislation to streamline pathways to licensure for internationally trained doctors. The World Education Services (WES) policy team has worked side by side with legislators in these states to draft and carry bills. Remaining states across the U.S. can build on this momentum to improve the health and well-being of state residents, and we have the tools and experience to help. [Contact US_programs@wes.org](mailto:US_programs@wes.org) to learn more.



About WES

WES is a non-profit social enterprise that supports the educational, economic, and social inclusion of immigrants, refugees, and international students in the U.S. and Canada. For more than 50 years, WES has set the standard for international academic credential evaluation, supporting millions of people as they seek to achieve their academic and professional goals. Through decades of experience as a leader in global education, WES has expanded its mission to pursue and scale social impact. Since 2020, we have worked with more than two dozen states to draft, advocate, and enact legislation that streamlines the pathway to licensure for internationally educated physicians already living in local communities.



Strategic Success Factors: Three Approaches at a Glance

This chart compares legislative strategies used in Minnesota, Nevada, and Rhode Island to pass laws creating alternative licensure pathways for internationally trained physicians already in the U.S.

Strategy	Minnesota	Nevada	Rhode Island
Compile workforce shortage data	69 of 87 counties HPSAs; 2,260 physician shortfall	All 17 counties HPSAs; 2,500+ physician shortfall	At least 343,000 residents lack provider access
Obtain hospital/medical association support	Obtained hospital association support in second attempt	Obtained rural hospital support in second attempt	Limited opposition due to announcement of family practice closures late in the session
Develop witness strategy	Somali and Hmong physician testimony (significant immigrant populations)	Massive outreach to 67 witnesses; Cuban physicians featured (leading immigrant population)	Few internationally trained physicians in state; testimony provided by other public health specialists
Develop geographic approach	Rural/underserved area focus	Rural coalition building	Statewide access crisis
Assess approach to relevant associations	Focus on minimizing vocal opposition and garnering rural support	Focus on rural and hospital and medical association support	Focus on public health community
Persist across multiple sessions	Failed 2023, succeeded 2025 with improved coalition building	Failed 2023, succeeded 2025 with revised provisions	Passed in one session
Build on regional momentum	—	—	Built on success in Massachusetts