



SB 476 – International Trained Physicians (ITP) Workgroup

January 28, 2026, 5-7PM

Videoconference

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Meeting ID: 160 788 0792

Passcode: =NnRJ0BBz2

Meeting Materials: <https://omb.oregon.gov/ITP>

By Phone: 669-254-5252

Meeting ID: 160 788 0792

Passcode: 3413230377

The public is invited to attend all portions of this meeting and may participate by providing comment during the public comment period (item #4). Members of the public will be muted for all other portions of the meeting.

1. Call to Order and Roll Call, Jill Shaw, DO, Workgroup Chair (5:00-5:05PM)

Workgroup Members:

Jill Shaw, DO – Oregon Medical Board Representative, Workgroup Chair

Thomas Cooney, MD, MACP, FRCP – American College of Physicians Representative

Marianne Parshley, MD, MACP – Oregon Medical Association Representative

Michelle Bowers, MS, CWDP – Oregon Primary Care Association Representative

Ann Klinger, OHSU Health Medical Affairs – Facility Representative

Erich Koch CMPE, FHFMA, Klamath Health Partnership – Facility Representative

Marianne Calnan, MD, DrPH – Internationally Trained Physician

Win Mar Lar Kyin, MB, BS, MPH, MBA – Internationally Trained Physician

Theresa San Agustin, MD (retired) – Community Member

Paula Heimberg, MD – ITP Physician Mentor

Vipul Mahajan, MBBS, FACP, FHM, CPE – ITP Physician Mentor

Lina deMoraes, District Director, Senator Kayse Jama – Sponsoring Legislator (ex officio)

Meeting overview:

- This workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 473 (2025).
- The workgroup is advisory only—OMB makes final decisions and consensus is not required.
- Open, honest, and respectful communication is expected at all times.
- This is a public meeting and will be recorded.
- The public may attend and comment during designated times but will be muted otherwise.

Review of January 14, 2026 Workgroup meeting minutes

2. Follow Up from January 14th Meeting, OMB Staff (5:05-5:10PM)

3. Discussion of Qualifications for ITP Provisional License, Jill Shaw, DO, Workgroup Chair (5:10-6:30PM)

To qualify for provisional licensure, under SB 476 Section 6(1), an internationally trained physician must:

- Medical Degree: Graduate from a school of medicine with a degree substantially similar to a Doctor of Medicine (MD) or Doctor of Osteopathic Medicine (DO), as determined by the Oregon Medical Board.
- Training Program: Complete a training program substantially similar to approved training programs in the United States.
- ECFMG Certification: Obtain certification from the Educational Commission for Foreign Medical Graduates (ECFMG), which requires passage of USMLE Steps 1 & 2.
- Practice Experience: Practice a minimum of three years of full-time practice as a physician in another country or jurisdiction.
- Good Standing: Provide proof of good moral character and verification of good standing in all countries or jurisdictions where they practiced, trained, or educated.

Discussion Questions:

- a. **Training Program**: What should the OMB consider in determining whether an international training program is “substantially similar” to an ACGME-accredited residency? (5:10-5:40PM)
 - What criteria should be met for a program to be deemed substantially similar?
 - Should the OMB require that the program be accredited by a particular entity?
 - For surgical specialties, should there be case requirements?
 - Other considerations or requirements?
 - What documentation can be obtained from the training programs to verify completion and competency to practice medicine?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models [Guidance Document #1 \(February 2025\)](#), recommendation #4, pages 6-7.

- b. **Practice Experience**: How could the OMB verify if an applicant practiced medicine in another country or jurisdiction for at least three years? (5:40-6:05PM)
 - What type of practice would satisfy this requirement?

- What documentation can be obtained from employers or regulators to verify this practice requirement?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models [Guidance Document #1 \(February 2025\)](#), recommendation #5, page 8.

- c. **Good Standing:** How could the OMB verify proof of good standing in all countries or jurisdictions where they practiced, trained, or educated (outside of the U.S.)? (6:05-6:30PM)
 - Is there commonly used terminology or documentation that should be specified?
 - Are there regional databases similar to the National Practitioner Data Bank?

To assist with this discussion, see the Advisory Commission on Additional Licensing Models [Guidance Document #1 \(February 2025\)](#), recommendation #5, page 8.

4. Public Comment (6:30-6:50PM)

We welcome public feedback throughout the development of this program. Public attendees may comment by raising their hand, and OMB staff will call on you.

Please state your name and organization (if applicable) before speaking and limit your comments to less than 3 minutes each.

Additional written comments may be emailed to elizabeth.ross@omb.oregon.gov.

5. Closing Discussion, Jill Shaw, DO, Workgroup Chair (6:50-7:00PM)

Workgroup members will provide closing thoughts, and the Workgroup Chair will summarize the meeting discussion and next steps.

- Updates will be posted on the [SB 476 webpage](#).
- Next Virtual Workgroup Meetings:
 - Wednesday, February 25, 5-7PM
 - Wednesday, April 15, 5-7PM
 - Wednesday, May 13, 5-7PM
- Workgroup members and the public may submit additional written comments to Elizabeth Ross, elizabeth.ross@omb.oregon.gov. Based on date of receipt, written comments will be shared with the ITP Workgroup at their next meeting and posted online.

Agenda Subject to Change: To ensure that the Workgroup makes the best use of meeting time, agenda items may be reviewed out of order. The agenda is subject to change without additional notification. Posted times are provided as an estimate.

For questions regarding SB 476/ITP implementation, email Elizabeth Ross, Legislative & Policy Analyst, elizabeth.ross@omb.oregon.gov.

For information on attending meetings or to request accommodations, contact Gretchen Kingham, Executive Assistant, gretchen.kingham@omb.oregon.gov or (971) 673-2700.

Senate Bill 476 (2025) Excerpts

with bold language highlighting areas to discuss at this meeting

SECTION 6.

(1) The Oregon Medical Board may issue a provisional license to a qualified internationally trained physician. To be considered for a provisional license under this section, an internationally trained physician must have:

(a) Graduated from a school of medicine with a degree substantially similar to a degree of Doctor of Medicine or Doctor of Osteopathic Medicine, as determined by the board;

(b) Completed a training program that is substantially similar to an approved training program, as determined by the board;

(c) Obtained certification from the Educational Council for Foreign Medical Graduates, or its successor organization, as approved by the board;

(d) Practiced medicine in another country or jurisdiction for at least three years;

(e) An offer of employment at a clinical facility located in this state that will provide supervision and assessment of the applicant in accordance with standards established by the board by rule;

(f) Complied with all board rules that apply to similar applicants for a license to practice medicine in this state; and

(g) Provided evidence, as determined sufficient by the board, that the applicant is of good moral character consistent with the requirements of ORS 677.100 and in good standing in each country or jurisdiction in which the applicant practiced and received education and training.

(2) An applicant for a provisional license under this section shall:

(a) Apply to the board in the form and manner required by the board;

(b) Pay the fee established by the board by rule; and

(c) Provide to the board any further information required by the board.

(3) An internationally trained physician provisionally licensed under this section shall practice:

(a) Under the supervision of a physician licensed under ORS 677.100 who is in good standing with the board and meets the requirements established by the board relating to supervision; and

(b) (A) In a facility in this state with an approved training program;

(B) In a federally qualified health center that provides primary care and other services to underserved populations, as determined by the board; or

(C) In any other clinical location that demonstrates that the location meets the requirements established by the board by rule.

- (4) An internationally trained physician provisionally licensed under this section:
- (a) Is considered a fully licensed physician in this state for all purposes, including but not limited to credentialing and insurance billing;
 - (b) Is subject to all the provisions of this chapter and to rules of the board adopted under this chapter; and
 - (c) Has the same duties and responsibilities, and is subject to the same penalties and sanctions, as any other physician licensed under this chapter.
- (5) An internationally trained physician provisionally licensed under this section may, after completion of four years of full-time equivalent practice under subsection (3) of this section, successful completion of a clinical assessment evaluation as determined by the board by rule and satisfaction of the requirements for licensure under ORS 677.100, apply for licensure under ORS 677.100.
- (6) The board may adopt rules as necessary to carry out this section

SECTION 7a.

ORS 677.010 is amended to read: 677.010. As used in this chapter, subject to the exemptions in ORS 677.060 and unless the context requires otherwise:

....

(3) “Approved training program” means a residency program that is accredited by the Accreditation Council of Graduate Medical Education, or its successor organization, the American Osteopathic Association, or its successor organization, or the Royal College of Physicians and Surgeons of Canada, or its successor organization, and approved by the board.

....

(10) “Internationally trained physician” means a physician who graduated from a medical school that is not an approved school of medicine and who completed a training program that is not an approved training program.



Approved by the Board on April XXX, 2026.

OREGON MEDICAL BOARD

Meeting of the SB 476 Internationally Trained Physicians (ITP) Workgroup

January 14, 2026, 5:00pm • Held via Video Conference

PUBLIC SESSION

Welcome

Jill Shaw, DO, Workgroup Chair, called the meeting to order at 5:02pm and called the roll. A quorum was confirmed.

The following Workgroup Members were present:

Michelle Bowers, MS, CWDP	Win Mar Lar Kyin, MB, BS, MPH, MBA
Thomas Cooney, MD, MACP, FRCP (arrived at 5:30pm)	Vipul Mahajan, MBBS, FACP, FHM, CPE
Lina deMorais (ex officio)	Marianne Parshley, MD, MACP
Paula Heimberg, MD	Theresa San Agustin, MD
Ann Klinger	Jill Shaw, DO, Workgroup Chair
Erich Koch CMPE, FHFMA	

Marianne Calnan, MD, DrPH was absent with prior notice.

OMB Staff present:

Nicole Krishnaswami, JD, Executive Director	Netia N. Miles, Licensing Manager
Elizabeth Ross, JD, Legislative & Policy Analyst	Gretchen Kingham, Executive Assistant

Chair Shaw welcomed Workgroup members and the public, discussed ground rules for the meeting, and provided an agenda overview. She also noted that the Workgroup will gather input from affected parties and experts to help develop rules for Senate Bill 476 (2025) and that the Workgroup is advisory only; the Board makes all final decisions and consensus of the Workgroup is not required.

Workgroup Member Introductions

Dr. Shaw invited Workgroup members to introduce themselves:

- **Michelle Bowers, MS, CWDP:** Workforce Development Manager at Oregon Primary Care Association, which supports the 33 federally qualified health centers across the state with recruitment, retention, and wellbeing strategies.
- **Thomas Cooney, MD, MACP, FRCP:** Internal medicine physician and educator at Oregon Health & Science University and has been heavily involved with the Accreditation Council for Graduate Medical Education (ACGME) and the American College of Physicians.
- **Lina deMoraes (ex officio):** Senate Majority Leader Kayse Jama's District Director and Brazilian immigrant whose parents are both internationally trained veterinarians.
- **Paula Heimberg, MD:** Board-certified pediatrician who has supervised international medical graduates (IMGs) in the US and mentored IMGs in their careers; since 2019, she has taught in person and remotely in residency programs overseas.
- **Ann Klinger, CPCS, CPMSM:** Director of OHSU Medical Affairs Program and Hillsboro Medical Center. She has been involved with the State of Oregon's Credentialing Association as well as the National Association.
- **Erich Koch, CMPE, FHFMA:** CEO at Klamath Health Partnership, a federally qualified health center.
- **Win Mar Lar Kyin, MBBS, MPH, MBA:** Internationally trained physician from Myanmar and refugee physician who arrived in Portland in 2022 after the military coup in her country.
- **Vipul Mahajan, MBBS, FACP, FHM, CPE:** Internationally trained, board-certified hospitalist who practices in Medford, Oregon and serves as the medical director for acute care services at Providence Medford Medical Center.
- **Marianne Parshley, MD, MACP:** Internal medicine primary care physician from East Portland and past president of the Oregon Medical Association.
- **Theresa San Agustin, MD:** Representative with the Oregon Disability Commission and retired federal government researcher.
- **Jill Shaw, DO, Workgroup Chair:** Immediate past chair of the OMB; Board-certified obstetrician and gynecologist who retired from full-time practice to promote provider wellness.

Workgroup Charter

Workgroup members acknowledged the Internationally Trained Physicians (ITP) Workgroup Charter.

The SB 476 Workgroup has been formed to gather input from those who will be directly impacted and from those with knowledge and expertise to inform the development of proposed rules implementing Senate Bill 476 in Oregon.

SB 476 Intent and Impact in Oregon

Senate Majority Leader Kayse Jama, who represents East Portland and Northern Clackamas County (District 24), discussed how his legislation, SB 476, aims to create pathways for internationally trained doctors to practice in Oregon. He shared that he is originally from Somalia and has been in the U.S. for 27 years and explained how his own immigrant experience of being welcomed and supported by Oregonians when he arrived knowing no one shaped his perspective on this work.

Senator Jama explained that the legislation focuses on workforce development by enabling professionals with expertise to provide quality care to communities that need it most. He emphasized this creates a win-win situation allowing skilled professionals to return to their professions while serving populations who could benefit from culturally competent care. He provided the bill has been in development for 4-5 years with significant collaboration

from the Oregon Medical Board (OMB) and national organizations and thanked everyone for their support in this rulemaking process.

Kien Truong, Majority Office Policy Advisor, shared that he immigrated to Oregon in 2014 and that his grandfather was a nurse and healthcare worker in Vietnam who, after fleeing the war to Oregon, could not return to his field and worked as a custodian for many years.

Mr. Truong joined Senator Jama's staff in 2021 and began working on SB 476 in 2023. The bill passed in 2025 with three main components:

1. Requires culturally responsive training (approved by the Office of Immigrant and Refugee Advancement) for licensing board staff who work with internationally educated professionals.
2. Requires all professional licensing boards to create easy-to-follow guides explaining requirements, processes, costs, and timelines.
3. Allows the Oregon Medical Board to issue full, unlimited licenses to practice medicine after provisional licensure and with expectations and reporting requirements.

Mr. Truong explained that the goal of SB 476 is to address workforce shortages by tapping into this underutilized pool of professionals while maintaining Oregon's high standards for patient care and reducing the burden on current staff. He emphasized that this is just the beginning of ongoing work to address these challenges.

Advisory Commission on Additional Licensing Models

Andrea Ciccone, JD, Chief of Staff, Federation of State Medical Boards (FSMB), introduced herself and explained that the FSMB is a member organization of 69 state medical and osteopathic boards across the U.S. and territories (including the Oregon Medical Board). FSMB does not regulate directly but supports member boards through advocacy and policy work.

Ms. Ciccone discussed the national landscape for internationally trained physicians:

- Tennessee was the first state to enact internationally trained physician legislation in 2023, waiving traditional U.S.-based graduate medical education requirements.
- Currently 18 states have enacted this legislation, with 3 additional states allowing limited licensure.
- More than a dozen states have pending legislation, with 6 additional states introducing bills in recent weeks.
- Of the 18 states, only 9 are currently accepting applications (many still in rulemaking).
- To date, only about 5 licenses have been issued across all 9 active states.

Additionally, she reviewed the work of the Advisory Commission on Additional Licensing Models, co-chaired by the FSMB, the Accreditation Council for Graduate Medical Education (ACGME), and Intealth™ (which oversees the Educational Commission for Foreign Medical Graduates - ECFMG). The Commission was established in December 2023 to guide and advise state medical boards, state legislators, policymakers, and others to inform their development and/or implementation of laws specific to the licensing of physicians who have already trained and practiced medicine outside the United States or Canada. She specifically noted:

- Representatives from state medical boards (including Oregon's Nicole Krishnaswami), physician organizations, medical education bodies, and advocacy groups.
- National symposium in June 2024 with 200+ participants.
- Over 100 public comments reviewed.

The Advisory Commission issued two sets of guidance:

1. February 2025 - Eligibility and Structure (targeted to boards/legislators):
 - Graduation from Medical School
 - Completion of Post-Graduate Training
 - License/Authorization to Practice in Another Country

- Limitation on Time Out of Practice
 - Offer of Employment Prior to Application to an Additional Pathway
 - Temporary Provisional Licensure Prior to Eligibility to Apply for Full and Unrestricted Licensure
 - Eligibility for Full and Unrestricted Licensure
 - Rulemaking Authority Delegated to the State Medical Board
 - Standard Reporting Requirements
2. August 2025 - Assessment and Supervision (focused on provisional period):
- Internationally-trained physicians (ITPs) should be assessed on all six general competencies:
 1. Medical Knowledge (MK)
 2. Patient Care and procedural skills (PC)
 3. Interpersonal and communication skills (ICS)
 4. Professionalism
 5. Systems-based Practice (SBP)
 6. Practice-based Learning and Improvement (PBLI)
 - ITPs should undergo a formative needs assessment at the beginning of the supervisory period to identify strengths and areas for improvement as part of learning plan
 - A specialty-specific exam, such as an in-training exam, should be used to inform an ITP's learning plan during the supervisory period.
 - Assessment should be longitudinal and periodic:
 - Knowledge assessment
 - Clinical skills (direct observation)
 - Multisource feedback
 - Review and audit of medical record
 - By the end of the supervisory period, an ITP should demonstrate the ability to engage in independent and unsupervised practice.
 - The level of supervision for an ITP should be tailored to the competence of the individual ITP:
 - Not allowed to practice (observer only)
 - Allowed to practice only under proactive, full (direct) supervision
 - Allowed to practice only under reactive/on-demand (indirect) supervision
 - Allowed to practice unsupervised
 - Supervisors of ITPs should be physicians (MD, DO or equivalent).
 - The rights of ITPs as employees should be taken into consideration to ensure fair and equitable treatment during their supervision period.

Ms. Ciccone also addressed key challenges identified and noted that these challenges raise questions about whether this is the only or best solution for workforce issues, suggesting Oregon should consider what other effective approaches might address workforce shortages.

SB 476 Overview

Elizabeth Ross, Oregon Medical Board Legislative & Policy Analyst, reviewed SB 476 in detail to outline what is in the bill, setting the framework for the rules and the OMB's development of this new program. She explained that Senate Bill 476 is based on the 9 recommendations from the national Advisory Commission. She acknowledged that provisional licensure is just one step—other elements like visas, malpractice insurance, and credentialing are also needed for internationally trained physicians to practice in Oregon.

Ms. Ross provided a bill structure overview:

- Sections 1-3: Training requirements for professional licensing board staff (not covered in this workgroup)
- Section 4: Administrative—places Sections 5 and 6 into the Oregon Medical Practice Act
- Section 5: Reporting requirement for OMB to report progress to legislature on odd-numbered years (not covered in this workgroup)
- Section 6: Creates the provisional licensure pathway with outlined qualifications, application process, and practice requirements around supervision and location/facility. = (main focus of workgroup)
- Sections 7/7A: Add two key definitions for “approved training program” and “internationally trained physician.”
- Section 8: Updates statute to add pathway for full license after 4 years under provisional licensure
- Sections 9-11: outline implementation timelines, with section 6 becoming operative January 1, 2027

Additionally, Ms. Ross explained that the workgroup must stay within the bill's framework and cannot create additional qualifications or requirements beyond what is specified unless allowed specifically by rulemaking.

Rulemaking Process, and Public Meetings Law Overview

Ms. Ross discussed the rulemaking process, highlighting that Oregon law encourages state agencies to seek public input before giving notice to adopt rules. This Workgroup is a key component of OMB's public engagement. Ms. Ross reviewed the posted timeline.

Additionally, Ms. Ross explained that Workgroup meetings must follow Oregon public meeting laws:

- Open to public with posted notices
- Minutes maintained
- No private discussions among workgroup members outside of meetings

She noted that all materials, recordings, minutes, and public comments will be posted at omb.oregon.gov/ITP and that the public can submit written comments at any time to elizabeth.ross@omb.oregon.gov.

J-1 Physician Visa Waiver Program

Neelam Gupta, MPH, MSW, Director of Clinical Supports, Integration, and Workforce at the Oregon Health Authority (OHA), explained that the program she oversees is run through OHA's Oregon Primary Care Office, which administers various federally funded programs designed to increase healthcare workforce recruitment and retention.

Ms. Gupta provided an overview of the Physician Visa Waiver Program, which helps coordinate placement of internationally trained physicians in underserved areas of Oregon. She discussed that federal immigration law created the J-1 visa program, which provides temporary visas for internationally trained doctors to complete graduate medical education or training in the U.S. She elaborated that the J-1 visa normally requires physicians to return to their home countries for 2 years after completing their graduate coursework in the United States.

Ms. Gupta explained that Oregon can sponsor 30 waiver applications per fiscal year (October 1 - September 30); applications are then reviewed and approved by the federal government. Physicians who receive the waiver can remain in the U.S. instead of returning home for 2 years and in exchange, they must work in a federally designated shortage area for a 3-year service commitment. She shared that Oregon is an attractive state for physicians, and the state typically fills all 30 slots each year.

Deepti Shinde, MPP, Policy Lead for Oregon's Primary Care Office at OHA, explained that the J-1 Visa Waiver Program operates under Oregon's Primary Care Office and elaborated on the waiver approval process that typically takes 3 months total.

Ms. Shinde shared the 2002-2024 program data:

- 555+ physicians placed in 40 cities across 23 counties in Oregon

- 61% were primary care physicians (family medicine, internal medicine, pediatrics, OB/GYN, general psychiatry)
- 39% were specialists (cardiology and other specialties)
- 88% of physicians who started 3+ years ago completed their obligations
- 87% remained with the same employer after completing their service contract
- 57% of all physicians who participated since 2002 are still practicing in Oregon

She additionally noted that the current program year opened in October 2025 and 28 of 30 slots have already been filled.

Workgroup member Theresa San Agustin asked if someone who is a U.S. citizen, passed the ECFMG, but has not received a match, would be qualified to apply for this provisional license. Nicole Krishnaswami, Oregon Medical Board Executive Director, responded that the provisional license in the bill does not require or specify any citizenship status, noting it is focused only on whether the person was a fully trained and practicing physician in another country and needs a pathway to come into the United States. She explained that it is possible that a U.S. citizen could have completed their education, training, and practice in another country and want to come through this pathway. This pathway is not available for a physician who completed medical education in the U.S. but did not match into residency.

Informational Overview: Oregon Higher Education Coordinating Commission and the Healthcare Industry Consortium

Daria Curtis, Higher Education Coordination Commission (HECC), shared that she is an immigrant from Ukraine and Oregon became her home 18 years ago.

Ms. Curtis explained that HECC's healthcare consortium industry and workforce development initiatives focus on ensuring healthcare workforce pipelines are large enough, well-trained, diverse, supported, and aligned with real clinical and community needs. HECC convenes employers, healthcare systems, education providers, labor partners, workforce boards, and community-based organizations to co-create solutions grounded in real operational challenges (staffing shortages, credentialing setbacks, rural access, specialty care gaps). She elaborated on the healthcare industry consortium's five central roles:

1. Aligning Oregon's workforce ecosystem partners
2. Identifying skills standards and high-value, stackable credentials
3. Identifying barriers to equitable participation in education and employment
4. Advancing promising practices and strategies
5. Integrating workforce supply and demand data

Ms. Curtis explained that these roles ensure workforce planning is evidence-based, clinically informed, and centered on patient safety and access. The consortium operates as a forum for innovation and co-investment, coordinates public/private/community action, and advances diversity, equity, and inclusion in recruitment, retention, and career advancement. The consortium membership includes executive healthcare leaders, education institutions, labor representatives, community organizations, State Workforce and Talent Development Board, Racial Justice Council representative, employers, local workforce boards, and economic development partners. This diversity ensures decisions reflect clinical realities, regulatory standards, workforce conditions, and community impact.

Ms. Curtis concluded that the HECC sees its work as complementary to OMB's, ensuring future clinicians, technicians, behavioral health professionals, and support staff enter the workforce prepared, supported, and committed to high standards of care. HECC values feedback and insights to reinforce strategies and maintain public trust.

Office of Immigrant & Refugee Advancement role, implementation status, and resource needs,

Jessica Ventura, Director of the Office of Immigrant & Refugee Advancement (OIRA), shared that she immigrated from El Salvador at age 5, crossing the border with her mother, and grew up undocumented in North Portland. She

has spent a decade in Oregon state service focusing on translating statute into practical implementation across complex systems.

Ms. Ventura explained that OIRA is an independent office within the Oregon Department of Human Services (ODHS) created by statute in 2021, with a small team of 4 staff that coordinates statewide policy, strategy, and implementation related to immigrant and refugee communities across state government. She noted OIRA does not run direct service programs, but instead focuses on statutory implementation, policy alignment, and cross-agency coordination to advance fairness and belonging by advising state leadership, elevating community voice, strengthening partnerships, providing accurate information, and shaping state policy. Ms. Ventura described OIRA's dual mandates of response, currently visible through coordination on increased immigration enforcement, providing guidance and accurate information during instability, and advancement, which is building systems that function better over time. SB 476 is an example of this work. Additionally, she shared current data from OIRA:

- 400,000+ immigrants live in Oregon
- Immigrants make up roughly 18% of Oregon's workforce
- Since 1975, Oregon has welcomed 67,000+ refugees
- SB 476 is about how state systems function for people who already live and work in Oregon

Ms. Ventura discussed SB 476 requirements for OIRA, noting that the bill directs all professional licensing boards to ensure culturally responsive training for staff who interact with internationally educated individuals (section 1) and OIRA's role is to establish the approval framework.

This is complex because many boards operate independently, requiring centralized standards, guidance, and oversight, while culturally responsive training requires input from internationally educated professionals and culturally specific community organizations. OIRA must ensure the approval framework reflects lived experience and real-world barriers. Ms. Ventura discussed that she is working closely with Senator Jama's office and the ODHS budget team to prepare a policy option for the 2026 legislative session to create a dedicated program analyst to lead this implementation. OIRA looks forward to working with OMB and other boards as implementation begins and will share updates they are available.

Public Comment

Walid Ismail Attia, MD, PhD, a neurosurgeon trained in Egypt who attended a fellowship in Augusta, Georgia, asked specific questions about qualifying for licensure through a new pathway. Ms. Ross responded that Dr. Attia had previously emailed these questions, and she would respond outside of the Workgroup meeting.

Closing Remarks

Executive Director Krishnaswami thanked the workgroup for stepping up to take on this significant volume of work. She noted that this first meeting was designed to level set and provide background on partner organizations and that at the January 28, 2026, meeting, the group will start examining substantive content, including what qualifications should be required for the pathway and future meetings reviewing what the provisional period should look like including supervision and what type of employer is appropriate.

Ms. Krishnaswami then highlighted the complexity, noting the workgroup has expertise in credentialing and residencies around the world, and the OMB must learn how to evaluate countless residency programs around the world. She asked Workgroup members to come prepared with expertise and questions for the next meeting and encouraged workgroup members to send any topics they want addressed to Elizabeth Ross.

Dr. Shaw also expressed her gratitude for workgroup members and members of the public and discussed logistics for the next meeting on Wednesday, January 28, 2026 at 5PM. The agenda will include discussions on high-level concepts around approving international training programs and previous practice. Board staff will send out materials next week.

Dr. Shaw adjourned the meeting at 6:38 PM.

SB 476 WORKGROUP CHARTER

Purpose

The SB 476 Workgroup will inform draft rules to implement SB 476 (2025) sections 5-9, creating a provisional license for internationally trained physicians (ITPs) starting January 1, 2027.

Members

- 1-2 members of the Oregon Medical Board
- 2 representatives from professional associations or societies representing primary care and/or specialty physicians
- 1-2 representatives of a facility/employer who intends to hire and supervise ITPs
- 1-2 internationally trained physicians
- 1 representative of community organization supporting refugees/immigrants
- 1 community member representing health care consumers (no immediate tie to a healthcare provider/internationally trained physician)
- 1 *ex officio* member of the sponsoring legislator's office

Administrative support will be provided by Oregon Medical Board staff.

Scope

The SB 476 Workgroup will review and advise on new and amended rules and other guidelines or procedures to implement SB 476.

Meetings

Public meetings will be held January-May 2026. Meetings will be subject to public meetings law, including public notice, public records, public access, and public comment. The meetings will be held via teleconference or videoconference and are planned for:

- Wednesday, January 14, 5-7PM
- Wednesday, January 28, 5-7PM
- Wednesday, February 25, 5-7PM
- Wednesday, April 15, 5-7PM
- Wednesday, May 13, 5-7PM

**dates and times subject to change.*

Objectives

The SB 476 Workgroup may recommend administrative rules, guidelines, or procedures for the purpose of implementing SB 476 (2025).

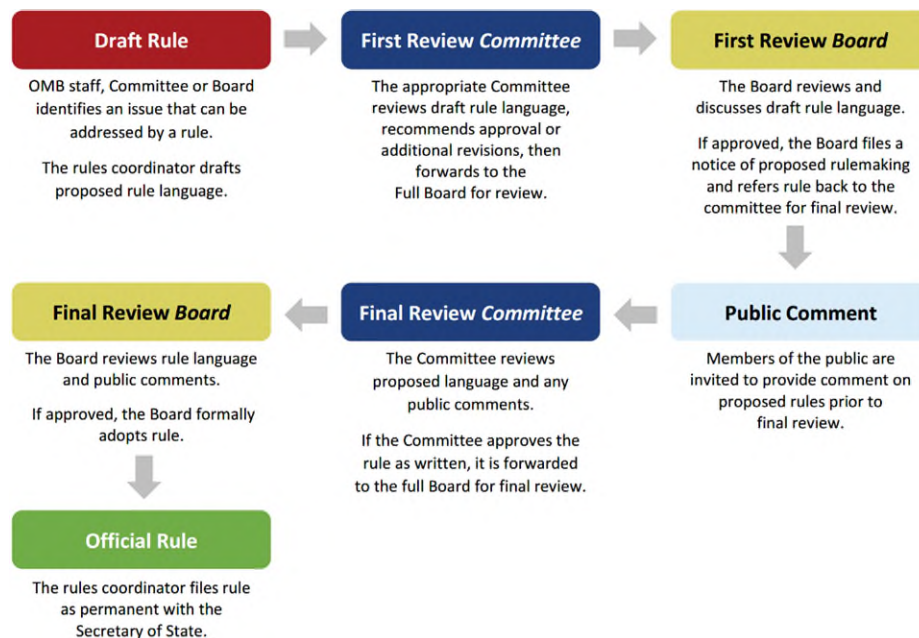
SB 476 Workgroup recommendations will be reviewed by the Administrative Affairs Committee and full Board during 2026 meetings. The Board retains final decision making authority.

Rulemaking Process & Public Meetings Law Overview, Oregon Medical Board

July 31, 2025	SB 476 signed by Governor Tina Kotek
January 14, 5-7PM	ITP Workgroup Meeting, Informational Session
January 28, 5-7PM	ITP Workgroup Meeting
February 25, 5-7PM	ITP Workgroup Meeting
March 11, 5PM	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
April 2	Oregon Medical Board reviews all recommendations
April 15, 5-7PM	ITP Workgroup Meeting
May 13, 5-7PM	ITP Workgroup Meeting
June 10, 5PM	OMB Administrative Affairs Committee reviews the Workgroup's recommendations, makes recommendations to the Board
July 9	Oregon Medical Board reviews all recommendations, initiates rulemaking
After July 9	OMB files notice of proposed rules; formal public comment period opens
August 18	Public hearing for members of the public to provide oral testimony
September 9	Final review by the Administrative Affairs Committee
October 1	Final review and possible adoption by the Oregon Medical Board
October-December	OMB staff develop program systems (IT, website, forms, etc.)
January 1, 2027	SB 476 sections 4-9 and OMB rules become effective.
January 4, 2027	OMB starts accepting ITP applications

Dates and times subject to change.

Administrative Rule Making Process



Public Meetings

ITP Workgroup meetings are public meetings and will follow Oregon Public Meeting Law. This includes providing public notice, ensuring public access, maintaining meeting minutes, and prohibiting private deliberations among Workgroup members between meetings. All Workgroup review and consensus-building must occur during scheduled meetings.