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Alternate Pathways to Integrate International Medical Graduates (IMGs) into the U.S. Healthcare Ecosystem: A Policy Analysis of Texas HB 2038 ("the DOCTOR Act")

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ABSTRACT:

Background: The United States and Texas, in particular, face persistent and worsening physician shortages, disproportionately affecting rural and underserved communities. Texas HB 2038 ("the DOCTOR Act") establishes alternative licensure pathways intended to streamline the entry of qualified International Medical Graduates (IMGs) into supervised clinical roles, with a focus on service in safety-net and shortage settings.

Objective: To distill the policy architecture of HB 2038 into an implementation-ready framework describing eligibility, site requirements, supervision, geographic constraints, and procedural steps for two licensure routes: the Foreign-Licensed "Provisional" license and the "Physician Graduate" limited license.

Methods: Descriptive policy analysis of an implementation presentation and its cited resources (professional association briefs, state board guidance, and the bill text). Information was extracted, categorized (by eligibility, sites, supervision, geography, and testing), and synthesized into operational checklists and proposed evaluation metrics.

Results: Both pathways require an ECFMG-eligible primary medical qualification (from a WDOMS-listed school with a sponsor note), primary-source verification, and English proficiency as demonstrated by OET-Medicine. The "Provisional" license requires an active foreign license, completed postgraduate training abroad, a Texas employment offer, and completion of the Texas Medical Jurisprudence Exam; practice initially occurs at ACGME-accredited/affiliated sites and, upon renewal, is restricted to rural/MUA/HPSA settings. The "Physician Graduate" limited license requires Texas residency, valid U.S. work authorization/citizenship/permanent residence, a supervising practice agreement, and non-enrollment in a residency program. Practice is limited to clinics in counties with fewer than 100,000 residents and FQHC/FQHC-LAL sites.

Conclusions: HB 2038 offers structured, supervised, and shortage-area–oriented on-ramps for IMGs. Effective execution will hinge on supervisory capacity, safety-net site readiness, jurisprudence, and access to language testing, as well as outcomes monitoring (including access, quality, and retention). (Texas Legislature, n.d.). (Texas Medical Board, n.d.)

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KEYWORDS: *International Medical Graduates; licensure pathways; physician workforce; HB 2038; the DOCTOR Act; FQHC; HPSA; MUA; OET-Medicine; ECFMG*

INTRODUCTION:

Physician workforce shortfalls in the United States have created access bottlenecks that are most acute in rural and otherwise underserved communities. Texas HB 2038 "the DOCTOR Act" responds by establishing two alternate pathways to integrate qualified IMGs into supervised clinical practice, prioritizing safety-net and shortage settings and, in the Texas context, aiming to address gaps across Federally Qualified Health Centers (FQHCs) and communities designated as Health Professional Shortage Areas (HPSAs) or Medically Underserved Areas (MUAs). The policy also outlines safeguards for language proficiency and primary-source verification to ensure the maintenance of care quality and patient safety. This manuscript synthesizes the law's structure and presents a practical implementation blueprint focused on International Medical Graduates (IMGs) and employers. (Texas Legislature, n.d.). (American Medical Association, n.d.; Federation of State Medical Boards, n.d.)

Texas's approach is part of a broader, rapidly expanding national initiative. The Federation of State Medical Boards (FSMB) documents that, as of August 2025, eighteen states have enacted additional licensure pathways for internationally trained physicians namely Arkansas, Florida, Iowa, Idaho, Illinois, Indiana, Louisiana, Massachusetts, Minnesota, North Carolina, Nevada, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Virginia, and Wisconsin while several other states are actively considering similar proposals (Federation of State Medical Boards, 2025a, 2025b). Complementary analyses from national organizations, such as the American Medical Association (AMA), also underscore the trend and its impact on workforce motivation (American Medical Association, n.d.).

METHODS:

This study employed a descriptive policy analysis design to translate a program implementation presentation, along with its cited statutory and regulatory sources, into an operational framework for alternative licensure pathways for IMGs in Texas. The unit of analysis was the policy architecture of HB 2038 ("the DOCTOR Act") and related administrative guidance. We focused on articulating the practical implications of eligibility criteria, site requirements, supervisory structures, geographic constraints, and sequencing of application steps. The a priori objective was to convert disparate policy elements into coherent, implementation-ready workflows suitable for use by safety-net employers, supervising physicians, and IMGs. (Texas Legislature, n.d.; Texas Medical Board, n.d.; Federation of State Medical Boards, n.d.)

Data sources comprised the implementation presentation and the public documents it references, including the enrolled bill text, Texas Medical Board (TMB) guidance pages, and national comparative briefs summarizing state-level IMG pathways. Sources were included if they directly addressed statutory provisions of HB 2038, licensure or supervision requirements pertinent to Texas, or cross-state contrasts that clarified Texas-specific practices. Materials that were purely editorial or lacked direct relevance to statutory or administrative requirements were excluded. All documents were accessed in their most recent publicly available versions as of the date of analysis. (Texas Legislature, n.d.; Texas Medical Board, n.d.; Federation of State Medical Boards, n.d.)

Information was abstracted using a structured template with five domains: (1) core eligibility; (2) site requirements; (3) supervision and practice constraints; (4) assessment and testing; and (5) application sequencing and documentation. Two independent passes through the material were conducted to identify and verify pathway-defining clauses (e.g., provisional vs. physician-graduate licensure), align terminology across sources, and surface any apparent discrepancies. Extracted items were synthesized into a narrative text and translated into checklists and stepwise "flow" descriptions, emphasizing both employer readiness (e.g., FQHC/FQHC-LAL verification, ACGME affiliation) and applicant readiness (e.g., primary-source verification, jurisprudence exam, English proficiency testing). Where multiple sources provided overlapping guidance, we privileged the statute and official TMB guidance, using national comparative summaries to contextualize Texas within broader trends. (Texas Legislature, n.d.; Texas Medical Board, n.d.; Federation of State Medical Boards, n.d.)

Quality assurance procedures included source triangulation (cross-checking each procedural requirement against at least two documents when possible), consistency checks on key terms (e.g., "affiliation," "rural," "HPSA/MUA"), and documentation of assumptions when language in public sources was ambiguous. Because this analysis relied exclusively on publicly available policy documents and a program presentation, no human participants were involved, and institutional review board oversight was not required. The resulting synthesis is intended to be implementation-focused and should be periodically revalidated against updated statutory amendments or TMB rulemaking. (Texas Legislature, n.d.; Texas Medical Board, n.d.; Federation of State Medical Boards, n.d.)

RESULTS:

Statutory Architecture and Practice Settings**:** Texas HB 2038 ("the DOCTOR Act") establishes two alternate licensure pathways intended to expand supervised clinical participation by qualified IMGs (Table 1). The first is a Foreign-Licensed "Provisional" License (Sec. 155.1015) for physicians who already hold a medical license abroad and have completed an internship or residency outside the United States. The second is a "Physician Graduate" Limited License (Subchapter E) for U.S.-based IMG physicians who are not enrolled in a residency but can practice under supervision. Both pathways are oriented toward safety-net environments: eligible practice sites include FQHCs and FQHC-LALs. During the initial term of the Provisional license, practice must occur at sites that are ACGME-accredited for residency or affiliated with an ACGME-accredited program; upon renewal (year 2+), practice is restricted to rural communities, MUAs, or HPSAs. By contrast, the Physician Graduate license confines practice to clinics in counties with fewer than 100,000 residents**,** including FQHC/FQHC-LAL sites. (Texas Legislature, n.d.)

Core Eligibility (Both Pathways): Across both routes, applicants must hold a primary medical degree that is ECFMG-eligible (i.e., from a school listed in the World Directory of Medical Schools (WDOMS) with an ECFMG Sponsor Note**)** and represents the institution's recognized primary medical qualification (e.g., MBBS, MD) leading to licensure in its home country (Figure 1). Credentials must undergo primary-source verification; curricula must comply with ECFMG expectations (e.g., not predominantly distance learning; away rotations are school-approved/affiliated; no excessive transfer credits designed to circumvent requirements). Applicants must also demonstrate English proficiency by achieving passing scores across all four Occupational English Test (OET)-Medicine modules, obtainable at Prometric test centers or via OET@Home. These standard requirements establish a baseline for training quality and communication competence before the commencement of supervised practice. (American Medical Association, n.d.; Federation of State Medical Boards, n.d.; Prometric, n.d.)

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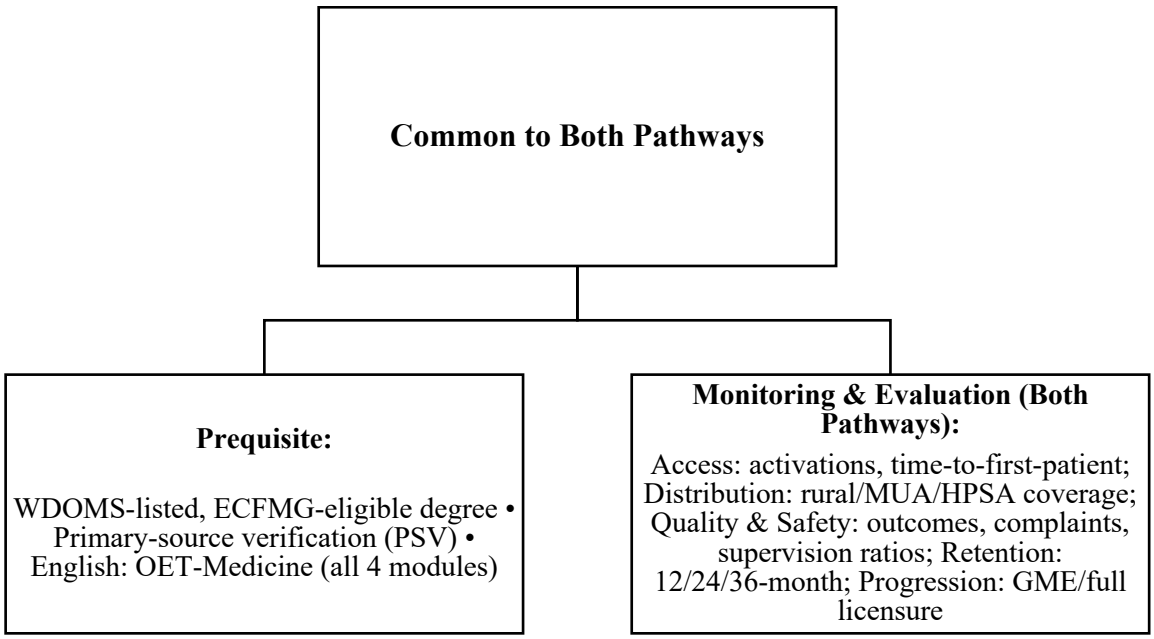
Table 1: Requirements for Texas HB 2038 (the "DOCTORS" Act) Alternate Licensure Pathways for IMGs

Requirement	Foreign-Licensed "Provisional" License	"Physician Graduate" Limited License
Primary medical qualification (ECFMG-eligible; WDOMS with ECFMG Sponsor Note)	Required	Required
Primary-source verification of degree/enrollment	Required	Required
English proficiency (OET-Medicine: all four modules)	Required (Prometric center or OET@Home)	Required (Prometric center or OET@Home)
Active foreign medical license	Required; in good standing	Not required
Postgraduate training abroad (internship/residency)	Required; completed outside the U.S.	Not required
Texas residency (domicile)	Not specified in provided materials	Required
U.S. work authorization / citizenship / permanent residence	Not specified in statute; follows general employment/visa requirements	Required (valid work authorization or U.S. citizen/permanent resident)
Employment / Supervision	Texas employment offer; supervised practice at eligible site	Supervising practice agreement with a Texas-licensed physician
Testing requirements	Texas Medical Jurisprudence Exam — required	Not specified in provided materials
Eligible practice sites — initial	FQHC or FQHC-Look-Alike; site must be ACGME-accredited or affiliated with an ACGME residency	Clinics in counties with <100,000 residents; includes FQHC/FQHC-LAL sites
Geographic / ongoing practice limits	After renewal (year 2+): restricted to rural communities, MUAs, or HPSAs	Restricted to clinics in counties with <100,000 residents (FQHC/FQHC-LAL)
Enrollment in a residency program	Not required (foreign training accepted)	Must NOT be enrolled in a residency
Renewal / term notes	Renewal triggers geography shifts to rural/MUA/HPSA	Not specified in provided materials
Supervision ratio / oversight details	Per TMB/site policy; not specified in provided materials	Per TMB/site policy; not specified in provided materials
Malpractice coverage / credentialing	Per employer and site; not specified in statute	Per employer and site; not specified in statute
Application sequence (summary)	1) Verify WDOMS/ECFMG + PSV 2) OET 3) Align site (FQHC/LAL + ACGME/accredited or affiliated) 4) Texas job offer 5) TMB app + Jurisprudence 6) Begin under constraints	1) Verify WDOMS/ECFMG + PSV 2) OET 3) Align site (county <100k; FQHC/LAL) 4) Supervising agreement 5) TMB app 6) Begin under constraints

Note. Summarized from public documents and implementation materials: Texas Legislature (n.d.); Texas Medical Board (n.d.); Federation of State Medical Boards (n.d.); American Medical Association (n.d.).

Pathway-specific Requirements: For the Foreign-Licensed "Provisional" License, candidates must demonstrate an active foreign medical license in good standing**,** complete postgraduate training abroad (internship/residency), have a Texas employment offer, and successfully complete the Texas Medical Jurisprudence Exam (Figure 2). Together, these conditions recognize prior training and licensure achieved outside the U.S. while anchoring entry to a supervised practice setting in Texas. For the "Physician Graduate" Limited License**,** candidates must establish Texas residency (domicile), possess valid U.S. work authorization (or be a U.S. citizen/permanent resident), execute a supervising practice agreement with a Texas-licensed physician, and not be enrolled in a residency at the time of licensure. These criteria emphasize local ties, lawful employment status, and structured oversight appropriate for physicians progressing toward full licensure. (Texas Legislature, n.d.; Texas Medical Board, n.d.)

Figure 1: Texas HB 2038 "the DOCTOR Act" – Flowchart Common to Both Pathways for IMGs



Legend: WDOMS = World Directory of Medical Schools; ECFMG = Educational Commission for Foreign Medical Graduates; OET = Occupational English Test; PSV = Primary Source Verification; TMB = Texas Medical Board; ACGME = Accreditation Council for Graduate Medical Education; FQHC = Federally Qualified Health Center; LAL = Look Alike; MUA = Medically Underserved Area; HPSA = Health Professional Shortage Area.

Application and Documentation Operational Sequence: In practical terms, applicants proceed through a predictable sequence: (1) confirm WDOMS/ECFMG status and complete primary-source verification**;** (2) satisfy English proficiency via OET-Medicine (Prometric or OET@Home); (3) secure an eligible site alignment for the Provisional license, an FQHC/FQHC-LAL that is ACGME-accredited or affiliated; for the Physician Graduate license, an FQHC/FQHC-LAL or clinic in a <100,000-population county; (4) finalize employment or supervision a Texas employment offer (Provisional) or a supervising practice agreement (Physician Graduate); (5) complete Texas Medical Board application steps, including the Jurisprudence Exam for Provisional applicants and all identity/verification/background submissions; and (6) activate practice under the appropriate statutory site/geographic constraints, planning for renewal requirements (e.g., the Provisional pathway's shift to rural/MUA/HPSA after year 1). (Texas Legislature, n.d.; Texas Medical Board, n.d.)

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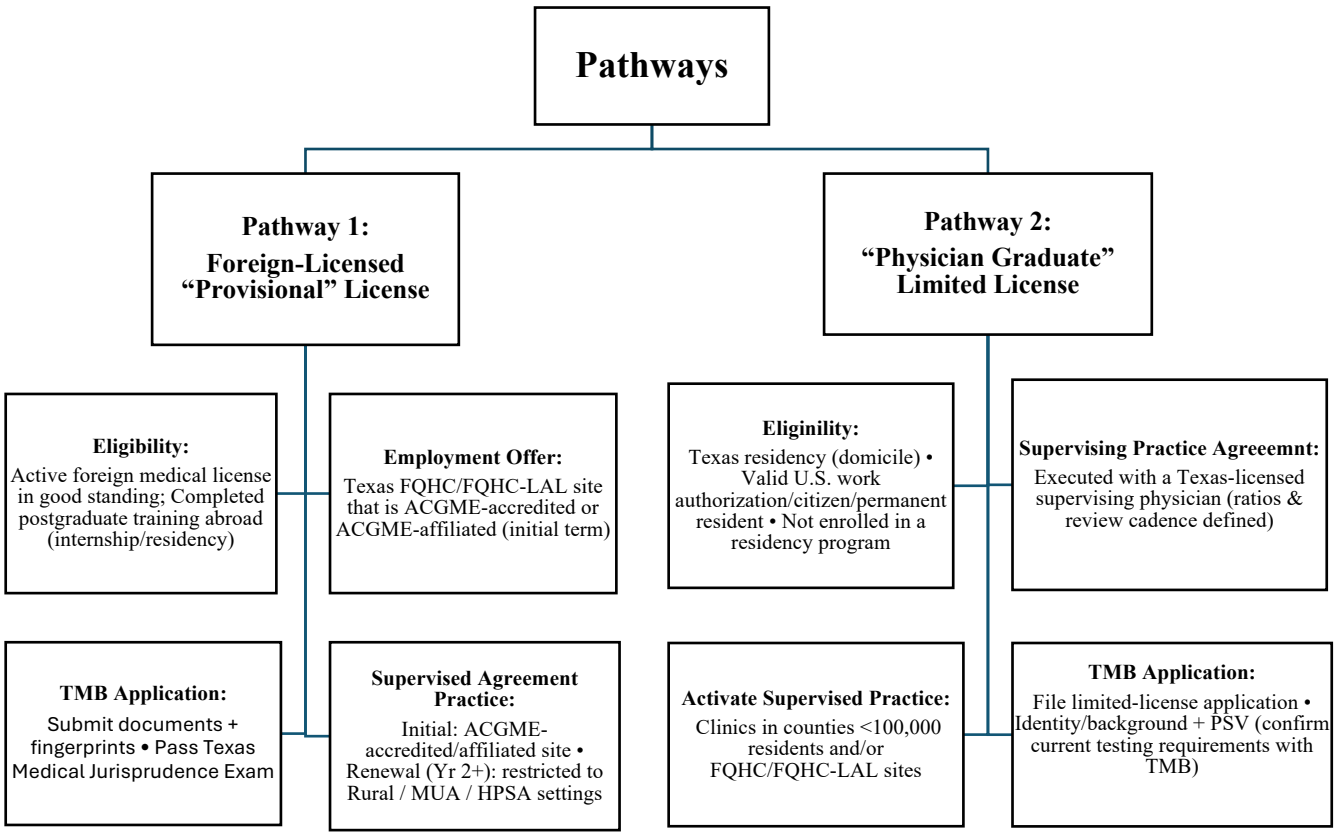
Monitoring and Evaluation - Suggested Metrics: To assess whether these pathways improve access and maintain quality, we propose a concise dashboard of outputs and outcomes: Access (e.g., number of IMGs licensed per pathway, time-to-first-patient, total encounters at FQHC/FQHC-LAL sites); Distribution (e.g., proportion practicing in rural/MUA/HPSA settings, county-level coverage gains); Quality and safety (e.g., supervisory ratios, patient outcomes, complaint rates, re-credentialing results); Retention (e.g., 12-, 24-, and 36-month retention in shortage areas); and Professional progression (e.g., transitions to full licensure, entry into GME, or sustained community practice; Figure 2)). Routine reporting of these indicators enables iterative policy refinement while keeping patient protection and equitable access at the forefront. (American Medical Association, n.d.)

Figure 2: Texas HB 2038 "the DOCTOR Act" – Flowchart for Both Pathways for IMGs



Legend: TMB = Texas Medical Board; ACGME = Accreditation Council for Graduate Medical Education; FQHC = Federally Qualified Health Center; LAL = Look Alike; PSV = Primary Source Verification.

DISCUSSION:

HB 2038 operationalizes two structured on-ramps that expand supervised practice opportunities for IMGs while channeling capacity to settings with the greatest need. The workforce impact is likely to be strongest in FQHCs and rural counties, where recruitment challenges persist. By incorporating language proficiency (OET-Medicine) and primary-source verification requirements, the law aims to strike a balance between

access and patient safety. The Provisional route recognizes the maturity of foreign-trained clinicians who have obtained licensure and completed postgraduate training abroad. In contrast, the Physician Graduate route facilitates supervised practice for Texas-based IMGs who are not in residency but can serve in small-county clinics under oversight.

Implementation challenges include: (1) supervisory capacity and preceptor readiness; (2) site preparedness for onboarding, credentialing, and payer enrollment; (3) testing logistics (OET availability, jurisprudence scheduling); (4) malpractice coverage and risk management; and (5) immigration/work authorization constraints (especially for Physician Graduate candidates). Sustained program support, including standardized onboarding curricula, ethics and jurisprudence refreshers, and language coaching, can mitigate early-phase variability.

Clarifying definitions for "affiliation" with ACGME programs, enabling tele-supervision where appropriate, offering state incentives to expand supervising physician pools, and commissioning independent outcomes evaluation (including access, quality, and equity metrics) can strengthen public accountability. Finally, coordination with FQHC consortia and GME sponsors can create longitudinal pathways into residency or full licensure, improving retention in shortage geographies. (Texas Legislature, n.d.). (Prometric, n.d.). (American Medical Association, n.d.; Federation of State Medical Boards, n.d.)
This synthesis is derived from an implementation presentation and its cited resources, rather than a comprehensive statutory/regulatory compendium or empirical outcomes dataset; specific administrative rules, timelines, and forms may evolve. Stakeholders should confirm current requirements on the Texas Medical Board website and the enacted bill text before implementation. (Texas Legislature, n.d.; Texas Medical Board, n.d.)

CONCLUSIONS:

Texas's DOCTOR Act establishes two supervised on-ramps, Provisional and Physician Graduate, that channel qualified IMGs into FQHCs, rural counties, MUAs, and HPSAs while preserving safeguards (ECFMG-eligible credentials, primary-source verification, English proficiency, structured oversight). Turning this policy into durable gains requires pragmatic execution: growing supervisor capacity, standardizing onboarding (including ethics, jurisprudence, EMR, and safety), streamlining access to OET-Medicine and jurisprudence exams, and preparing sites for fast credentialing, payer enrollment, malpractice, and immigration/work-authorization steps. A lightweight evaluation dashboard should provide access to key metrics (activations, time-to-first-patient), quality/safety (outcomes, complaints, supervision ratios), and retention (at 12, 24, and 36 months), guiding continuous improvement with an equity lens. Finally, building bridges to GME and full licensure (through competency checks, micro-credentials, targeted service incentives, and tele-supervision where appropriate) will convert near-term relief into a resilient, community-rooted physician workforce.

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