



April 1, 2026

Erica Layon, Chair
Committee on Executive Departments and Administration
New Hampshire House of Representatives
1 Granite Place South, Room 231
Concord, New Hampshire 03301

RE: Opposition to SB 457, relative to the licensing of physicians who graduated from medical schools outside of the United States or Canada.

Dear Chairman Layon and Members of the Committee:

The New Hampshire Society of Physician Associates (NHSPA) opposes SB 457 in its current form, relative to the licensing of physicians who graduated from medical schools outside of the United States or Canada.

NHSPA shares the desire to attract more physicians and providers of all education, training and experiences to practice in New Hampshire. But any such effort must balance public safety with the needs to boost our healthcare workforce. The Senate-passed version does not do enough to ensure public safety. However, NHPSA believes with modifications, this bill can attract more physicians without putting the public at risk. This bill would be improved by requiring international physicians have their license application examined and approved by the Board of Medicine (BOM), pass their boards in the United States, prove they have completed 10,000 post-graduate clinical practice hours, and have more than a proficiency in English.

The Senate-passed version puts the onus on the Office of Professional Licensure and Certification (OPLC) to make significant determinations regarding these physicians. OPLC does not have the staff, let alone the staff training and expertise, to be monitoring and vetting these international physicians. There are many instances, especially in India, where individuals are purchasing fraudulent degrees, and there have been cases of fraudulent physicians here in the U.S. who were not discovered until years later. The entity with the appropriate clinical experience charged with protecting the public is the BOM. The BOM should be reviewing and approving these applications, rather than a non-clinical administrator.

Physicians from outside the US and Canada must sit for their Boards in the US. If they are truly physicians and want to practice here, they should pass their Boards here, and not simply take a step exam or any other exam that is supposed to be completed during medical school. There should not be two different standards for practicing physicians in this state. Physicians from outside of north America should meet the same standards are required by the Interstate Medical Licensing Compact (IMLC).



As written, the current version of the bill unintentionally could allow an international physician to work one day a year for the last 5 years to be compliant. The language in the bill should be specific. NHSPA believes specifying 10,000 post-graduate clinical practice hours, similar to what U.S. residents are required to do with proof of work completed, certifications or board certifications specific to the claimed area of medicine, is appropriate.

If you are imparting critical information to a patient about a diagnosis, or if the patient is trying to communicate something they are experiencing, the physician needs more than basic fluency to make sure both the patient and the physician understand each other and have communicated effectively. The occupational English test does not mean one can have a conversation outside of medical terms and be able to be understood. Many of our PAs recall occasions where members of a healthcare team were misinterpreted, especially by older patients or family members, because they could not understand the clinician who was speaking to them, almost leading to complications. Admittedly, there is no easily identifiable way to tighten up the language requirement. But we are happy to work with the sponsor to devise language.

Thank you for your consideration of our concerns – and proposed improvements – to SB 457.

Sincerely,

Malcolm Hawthaway, PA-C
President