

April 10, 2026

Vermont House Committee on Health Care  
Testimony on Senate Bill 142

Chair Black and Members of the Committee:

My name is Jared Rhoads, and I am the Executive Director of the Center for Modern Health, a health policy think tank that engages in research and education at both the federal and state levels. We previously submitted testimony regarding Senate Bill 142. We are writing again to reaffirm that we view S.142 as sound policy.

We see this bill as creating a sensible alternative pathway for qualified foreign-trained physicians to practice medicine in Vermont without being required to repeat residency training they have already completed elsewhere. That reform would help expand access to care, reduce unnecessary licensing barriers, and allow more physicians to begin serving Vermonters, especially in communities that struggle to attract providers.

For this round of testimony, we want to address one specific feature of the bill: the recency-of-practice requirement.

As currently drafted, S.142 requires an applicant to have practiced medicine for 3 of the past 5 years. In our view, that is too restrictive. It risks excluding too many physicians, for no evidence-based reason.

Many foreign-trained physicians who now live in Vermont or elsewhere in the United States did not arrive here just in the past year or two. Some immigrated several years ago, often for family reasons, and have spent time outside of active medical practice while navigating immigration, employment, caregiving, credentialing, or other life transitions. These individuals may still be highly capable physicians. But under a 3-out-of-5-years standard, many of them would be automatically disqualified before they ever have the chance to demonstrate their competency through the bill's other safeguards.

The more narrowly we define eligibility, the fewer physicians will be able to use this pathway. And the fewer physicians who can use it, the smaller the benefit to Vermonters in the form of improved access, shorter wait times, and more provider options.

A better approach would be to adopt a more flexible recency standard, such as requiring at least one year of medical practice within the past seven years. That would still ensure that applicants

have relatively recent clinical experience, while recognizing the real-world circumstances that often interrupt practice for internationally trained physicians after they relocate. It would preserve a meaningful connection to recent medical work without unnecessarily shrinking the pool of qualified applicants.

Importantly, this change would not eliminate the other protections built into the bill. Applicants would still need to satisfy the bill's examination, credentialing, and supervised practice requirements. In other words, loosening the recency standard does not mean abandoning oversight. It simply means allowing more potentially qualified physicians to enter the pathway and be evaluated on their actual competence.

If the purpose of S.142 is to make better use of qualified foreign-trained physicians for the benefit of Vermonters, then the recency requirement should be calibrated to expand opportunity rather than narrow it. A standard like one year within the past seven years would best achieve the goals of improving system capacity and access to care.

Thank you for your continued consideration of this bill.

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