



WORLD EDUCATION SERVICES

Communications Toolkit

# Health Licensing



This communications toolkit is intended to optimize and streamline advocacy and communications efforts around key issues facing immigrants and refugees. Its purpose is threefold:

- To ensure that staff are aligned in their messaging approach to critical issues
- To enable communications managers to more effectively monitor news feeds and social media for rapid turnaround content, media pitching, and Op-Ed opportunities
- To enable communications staff to supply reporters and influencers with important information about an issue, so that key messages have deeper penetration in the public conversation



In this toolkit, we cover the issue of international medical graduates (IMGs) and health licensing within the United States. The toolkit includes a series of messages with supporting points to guide messaging around the issue, several sample pitches for your organization to adapt and use, and sample social media content.

Whether you are seeking to place an Op-Ed or to position a member of your staff as a leader and media spokesperson on health licensing issues, the sample pitches are written in a way that incorporates a list of researched messages that are crafted to be accurate and convincing.

**Health licensing toolkit value proposition:** This toolkit can be used to drive advocacy campaigns and encourage policymakers to permanently remove barriers to licensure that affect immigrants and refugees who hold health care credentials and have professional experience in other countries. It can help to extend your organization's reach, establish partnerships, broaden your platform and voice in the media, and persuade more policymakers to get behind the effort of ensuring that skilled immigrant health care workers have the opportunity to put their skills to use in the communities where they're needed most.

## Overview

**Summary:** U.S. communities benefit when internationally trained health workers can access licenses and employment and put their skills to use.

**Positioning statement:** Internationally trained health workers have lifesaving skills and are poised to help address U.S. health care needs. The barriers that prevent many of these health workers from joining the professional workforce should be permanently amended to ensure equal access to licensure opportunities and the ability of these workers to join the health workforce in positions commensurate with their skills.

## Key Messages

The following 8 key messages on immigrant and refugee health workers and health care licensing convey an argument that supports the conclusion as outlined in the positioning statement above. Each message can be communicated independently to reach the positioning statement, to enable the individual use of each message in accordance with situational and individual pitching needs. However, the positioning statement will be communicated most explicitly and thoroughly when more or all of the messages are conveyed.

## Key Message 1

Communities across the U.S. are suffering from a shortage of health care workers, a situation which will continue to impact our health care system. This shortage exacerbates the strain on resources and operations caused by the COVID-19 crisis.

### Supporting Evidence:

- 1) There is a health care professional shortage, particularly in rural and underserved urban areas. According to **New American Economy**, “in 2015 there were about 10 open health care jobs for every unemployed worker in the U.S.” The challenge is growing: In 2018 there were 13 open health care jobs for each unemployed worker, an increase of 30 percent.
- 2) According to the **American Journal of Medicine**, “the U.S. is rapidly losing its main source of primary care physicians: general internal medicine practitioners, and to a lesser extent, general pediatricians. As a result, the percentage of US primary care physicians decreased from 50% in 1961 to 33% in 2015.”
- 3) According to the **American Immigration Council**, “foreign-trained doctors are critical to addressing [primary physician] shortages, accounting for important shares of primary-care physicians in the United States. Nearly a third (31.8 percent) of all physicians specializing in family medicine, internal medicine, and pediatrics—three specialties associated with primary health care—are foreign-trained.... These 128,099 foreign-trained physicians are among the primary-care doctors recognized by fellow health care professionals as ‘the first line of defense in the health care system.’”
- 4) In parts of the country, the COVID-19 pandemic has resulted in overburdened hospitals as resources have been stretched thin by the influx of patients. The urgent need for more trained professionals has necessitated the calls for retired physicians and nurses to volunteer. Temporary emergency licenses have been granted to internationally licensed health workers and even medical students (pending exam or residency completion) who meet certain **eligibility requirements**. Since the crisis began, governors in Colorado, Massachusetts, Michigan, Nevada, and New Jersey have taken steps to temporarily tap the talent of internationally trained health professionals to help meet emergency staffing needs.

## Key Message 2

Immigrants, including internationally trained health workers, already play a key role in the U.S. health care industry and the fight against coronavirus.

### Supporting Evidence:

#### 1) According to the **American Immigration Council**:

- “At least one-quarter of all doctors in one dozen specialties have been trained outside of the United States.” This includes 52.7 percent of all specialists in geriatrics, and 34.4 percent of oncology specialists.
- “Notably, these [doctors serve areas with] greater African-American, Hispanic, and non-White populations than areas with no foreign-trained doctors. [N]early 70 percent of primary-care doctors in these locations are foreign trained.”
- Moreover, “[a]reas experiencing higher poverty levels have a higher share of foreign-trained doctors.”

2) **New American Economy** reports that immigrants currently make up 16.5 percent of all U.S. health workers and 28.7 percent of all physicians.

Immigrants also make up significant shares of all:

- Home Health Aides (36.5%)
- Personal Care Aides (25.1%)
- Nursing Assistants (22.0%)
- Surgeons (19.7%)
- Registered Nurses (15.7%)
- Respiratory Therapists (13.6%)
- Psychiatrists (32%)

### Key Message 3

There are many more immigrant health care professionals trained and ready to contribute to the U.S. health care workforce than are able to do so. These professionals have language capabilities and personal experience that often make them ideally suited to work in vulnerable and underserved communities, especially those with significant immigrant populations.

#### Supporting Evidence:

1) According to the **Migration Policy Institute**:

- An estimated 263,000 immigrant and refugee workers living in the U.S. who hold health-related degrees are currently working in low-wage jobs or are unemployed. Of those, more than six in 10 were internationally educated.
- “Approximately 118,000 immigrants with undergraduate degrees in nursing are underutilized, representing 45 percent of all immigrant-health care professionals working below their skill level or sidelined.”
- “More than two-thirds [of underutilized immigrant health care professionals] are English proficient, that is, they speak English very well or only English. They also speak a variety of languages other than English, including Spanish (17 percent), Tagalog (15 percent), Chinese (6 percent), Korean and Arabic (4 percent each), as well as Haitian [Creole], Russian, Vietnamese, Hindi, Portuguese, French, and Telugu (2 percent each).”
- **Many also have experience** providing medical care during past pandemics—like SARS, Ebola, the H1N1 flu—or they have worked under crisis conditions like war or natural disasters.

## Key Message 4

Many international health care workers are ready to join the fight against COVID-19 but are unable to do so.

### Supporting Evidence:

- 1) **One thousand** internationally trained health professionals applied for licensing in New Jersey after Governor Phil Murphy updated the state's licensing requirements.
- 2) **According to a survey** conducted by Upwardly Global issued to 130 internationally trained health care professionals, nearly 95 percent wish to contribute to the U.S. health workforce.
- 3) As previously mentioned, MPI **estimates** that there are 263,000 immigrants and refugees with degrees in health care who are either unemployed or unable to put their lifesaving skills to use in their current roles. Of these, more than 60 percent earned undergraduate degrees in health care outside the U.S. Immigrants and refugees with nursing degrees were the most affected, making up 45 percent of all immigrants and refugees with underutilized health degrees.

## Key Message 5

Unequal access to medical residencies and licensing, as well as other costly and time-consuming requirements, often prevent internationally trained health care workers from contributing their skills.

### Supporting Evidence:

1) There are many barriers to occupational licensing in the U.S. The process is long, expensive, and time-consuming, and it often involves repeating portions of the education or experience that internationally trained professionals have already completed in another country. This is especially true of doctors, who may need to enter a residency program even if they've been practicing medicine for years outside the U.S.

According to the **Bipartisan Policy Center**, “While the federal government dictates the conditions for immigrants to work in the country, state governments retain the authority for the system of licensing for medical professionals.” This arrangement results in an uneven patchwork of licensure requirements that individuals often cannot fulfill “due to state credential recognition issues, extensive re-testing requirements, or lack of information about the licensing process.”

2) According to the **CATO Institute**, “State licensing requirements vary with regard to IMGs [international medical graduates]. Some [states] require more years of graduate medical education training than they require of graduates of U.S. and Canadian medical schools before they issue them a license. Most issue licenses to graduates of U.S. and Canadian medical schools after applicants have passed step 2 of the three-step USMLE [United States Medical Licensing Examination] and several don't require these licensees to pass step 3 in order to maintain their license.”

“IMGs who received their diplomas a while ago and have been practicing medicine outside the U.S.[...] must go through the same process as fresh medical school graduates. This means they must get ECFMG [Educational Commission for Foreign Medical Graduates] certification—including taking and passing all three steps of the USMLE—and go through a residency training program all over again. Then they must apply for state medical licenses. Many experienced foreign-trained doctors take positions in ancillary medical fields, such as nursing, lab technician, and radiology technician instead of starting all over again.”

3) IMGs must then apply for admission to a residency program, a highly competitive process. A residency “typically involves grueling 80-hour workweeks, [and is] required even if a doctor previously did a residency in a country with an advanced medical system, like Britain or Japan,” notes the *New York Times*.

And **according to Vox**: “US residency positions are also highly competitive and limited in number. In 2016, there were 35,000 applications for 27,000 positions, and those positions often favor graduates just out of US medical school. In 2018, 56 percent of foreign doctors who applied were “matched” with a residency program compared to 94 percent of US medical students.”

## Key Message 6

There is increasing public support for developing pathways that will allow immigrant and refugee professionals to help mitigate shortages in medical care in the U.S.

### Supporting Evidence:

- 1) A YouGov survey commissioned at the start of the pandemic by More in Common **showed** that, by a six-to-one margin, Americans support internationally trained doctors and nurses temporarily practicing medicine to help care for COVID-19 patients.
- 2) The same study found that the level of support was **consistent across age, race, and party affiliation**.

## Key Message 7

State lawmakers can adapt policy—indeed, some have done so already—so that this talent pool can put its skills to use.

### Supporting Evidence:

1) The governors of Colorado, Massachusetts, Michigan, Nevada, and New Jersey have **already** taken steps to temporarily tap the talent of internationally trained health professionals to help meet emergency staffing needs resulting from COVID-19.

## Key Message 8

As we recover from this national health crisis, these policy changes must be made permanent.

### Supporting Evidence:

- 1) The U.S. had a shortage of health care workers long before the onset of the current health emergency, and shortages will continue to be an issue post-COVID unless we act. CNN projects that the U.S. will need **to hire** 2.3 million health care workers by 2025 to keep up with demand.
- 2) The Association of American Medical Colleges **estimates** that by 2033 the U.S. will be short 139,000 doctors. Not surprisingly, the shortage is worse in rural areas where there are fewer hospitals, fewer medical schools, and older, poorer, and sicker populations more reliant on programs like Medicaid that pay doctors at lower rates.



## Example pitches to media outlets

**IMPORTANT NOTE:** the below sample pitches are intended to be used as templates for your pitching and outreach efforts around issues related to medical licensing. Except for the final Op-Ed example, which should be used only as an example, these sample pitches can easily be copied and pasted into an email, with information in brackets edited to suit your organization’s expertise and individual identity. Feel free to also use them as a starting point to craft your own localized piece/Op-Ed/pitch note on medical licensure and related issues.

If you need assistance writing or placing your piece with a local news outlet, please contact Jas Chana at [jchana@wes.org](mailto:jchana@wes.org).

Pitching your expert as a leader on health licensure:

- **Example 1**

Dear X,

With the news that **[relevant news story on medical licensure/publication’s coverage on /individual reporter’s coverage on medical licensure]** on **[issue relate to medical licensure]**,

I’d like to share a messaging brief covering the barriers that immigrant and refugee medical professionals face in joining the health care system in the U.S. It’s from **[insert name of your organization plus a quick summary of its work]**. **[Sentence covering specific work your organization is doing on this issue]**

I’d also love to connect you with **[insert your key expert and his/her title]** for expert commentary on this issue. **[insert name]** is available to speak on the record at your convenience. Please see below for more information. Feel free to reach out with any questions!

Thank you for your consideration,

[your name]

[email signature]



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Key messages on international health care worker licensing **[pull 3-4 most relevant messages from the above messaging brief to the story at hand]:**

- The U.S. is suffering from a shortage of health care workers, and this shortage will continue to impact our health care system.
- There are many more immigrant health care professionals trained and ready to contribute to the U.S. health care workforce, but they are unable to do so.
- State lawmakers can adapt policy—indeed, some have done so already—so that this talent pool can put its lifesaving skills to use.

Example comment from **[name of your expert and title]:**

“Immigrant and refugee health care professionals are an underutilized asset. They not only have the training and skills to contribute to the U.S. health care system today but bring added value, such as cultural competence and experience in previous crisis health care contexts. Unfortunately, immigrant and refugee health care professionals face licensure barriers that often require them to repeat training that is time-consuming and costly. In our current health emergency, state policy should be amended to tap into this trained pool of international medical talent.”

**[Include a short biography of your expert and bullet points on your expert’s areas of expertise, on this or related issues to attract reporter’s interest]:**

## • Example 2

Dear X,

I noticed your story in **[ NAME OF PUBLICATION ]** about how **[Insert brief description of story you’re referring to]**.

My organization would like to share that there is another largely untapped resource of medical professionals ready to be mobilized to assist the fight against COVID-19. In the U.S., an estimated 263,000 immigrants and refugees with health care degrees either work in low-wage jobs or are unemployed. They



find themselves unable to practice in their chosen field because of costly, time-consuming licensure requirements that in some cases would demand years of retraining and experience.

However, these medical professionals are not only work authorized, trained, and ready to support the U.S. COVID response they bring added benefits, such as cultural competence and even experience working in crisis health conditions, such as previous pandemics.

I work with **[name of your expert and short bio about him/her and your organization and its expertise on this issue]**

I'd love to connect you with **[expert name]** as a potential source for any story you are writing now or in the future.

I am available by phone at X or email at X to discuss

I look forward to hearing from you.

Thank you for your consideration,

**[your name]**

**[email signature]**

***Op-Ed pitches:***

Placing an Op-Ed either by you or your expert:

Dear **[EDITOR'S NAME]**,

The **[insert national or local news story that has inspired you to reach out to the reporter, e.g. in this case, the coronavirus pandemic]** has exacerbated the problems of an already stretched-thin health care system. A shortage of trained health care professionals has strained the U.S. pandemic response, especially in cities, rural areas, and states where the pandemic has hit hardest.



Policymakers in **[Include your state or region]** have responded to this urgent need by enabling medical retirees to resume their practice and students to be fast-tracked to begin practicing. But another source of medical professionals exists in the U.S: thousands of immigrants and refugees who trained overseas.

In the U.S. an estimated 263,000 immigrants and refugees with health care degrees are either underemployed or unemployed. They find themselves unable to practice in their chosen field because of costly, time-consuming requirements that in some cases would demand years of retraining.

I'd like to propose an Op-Ed that urges policymakers in **[Your state]** to tap into this underutilized talent pool, not only because they are trained and can support an overburdened system, but because of the added value many immigrant and refugee professionals provide in their cultural competence or experience working in crisis conditions.

The piece will be written by **[name of your expert/description of his/her expertise/ quick sentence summary of crux of op ed's argument]**

**EXAMPLE: [Media spokesperson and/or name of your organization] is** dedicated to ensuring that skilled immigrants and refugees can maximize their potential in the United States, whose work has already motivated six states (Colorado, Massachusetts, Michigan, Nevada, and New) to take executive action and put in place temporary policy changes enabling immigrants and refugees to put their lifesaving skills to use. The piece encourages **[Governor/location/ political body]** to follow suit.

Thanks so much for your consideration.

**[your name]**

**[email signature]**

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*Placing an Op-Ed written by an immigrant/refugee affected by the issue:*

Pitch: Dear **[Editor's name]**

The following Op-Ed was written by [include name of health care professional with international training]. However, she is not yet able to practice because of undue barriers to licensing faced by internationally trained medical professionals in the U.S.



The piece explores how the current moment demands the mobilization of internationally trained medical graduates to ease the COVID-19 strain on the U.S. health care system. I thought it was perfectly suited to **[publication/news vertical]** given your coverage of **[subject matter/specific coverage]**. The full pitch and piece are below. Thank you so much for your consideration.

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The coronavirus pandemic has exacerbated the problems of an already strained health care system. A shortage of trained health care professionals has impeded the pandemic response, especially in cities, rural areas, and states where the pandemic has hit hardest.

Policymakers have responded to this urgent need by enabling medical retirees to resume their practice and students to be fast-tracked to begin practicing. But another source of medical professionals exists in the U.S: thousands of immigrants and refugees who trained overseas.

One such professional is **[NAME OF INTERNATIONALLY TRAINED MEDICAL PROFESSIONAL]**. She has more than **[X number of years]** of clinical experience but has been unable to practice in the U.S. because of time-consuming and costly licensing requirements.

I'd like to propose an Op-Ed written by **[NAME]** that explores why she wants to practice in the U.S. and the challenges she has faced. **[NAME]** makes the case that the current requirements for international medical graduates will come at the cost of America's health.

I look forward to hearing your feedback.

Thank you for your consideration,

**[your name]**

**[email signature]**

*Example published op ed, based on the above pitch:*

Portland Press Herald- Maine Voices: COVID was the first wave – a mental health crisis will be the second, 8/21/20

[www.pressherald.com/2020/08/21/maine-voices-covid-was-the-first-wave-a-mental-health-crisis-will-be-the-second/](http://www.pressherald.com/2020/08/21/maine-voices-covid-was-the-first-wave-a-mental-health-crisis-will-be-the-second/)



## **Célia Mantovani**

Célia Mantovani is a Brazilian-born psychiatrist and a resident of Portland.

We didn't see the COVID-19 crisis coming. But we're well aware of the mental health emergency the pandemic has created. As cases continue to spike across the country, we are grappling with uncertainty, heightened anxiety, social isolation, financial stress and helplessness; in fact, nearly half of Americans say their mental health is suffering.

As a psychiatrist, I know how vital mental health care is. Loneliness, for example, can be more dangerous than smoking 15 cigarettes a day and deadlier than obesity, according to psychologists at Brigham Young University. Stress can trigger myriad disorders, even affecting the central nervous system.

Unfortunately, America doesn't have enough qualified mental health professionals to meet rising demand. Even before the pandemic, 60 percent of U.S. counties lacked a single psychiatrist, according to the immigration nonprofit New American Economy. Nationally, there are only 11.5 psychiatrists for every 100,000 people. In Maine, we have a population of 1.3 million, but only 300 psychiatrists. I could be one of them, helping to fill this critical health care gap and easing the emotional trauma of my fellow Mainers. But barriers, including a licensing process that doesn't recognize international credentials, stand in our way.

In 2015, I came to this country from Brazil with a well-established medical career. After receiving my psychiatry degree from a top-ranked Brazilian medical school, I completed my residency in psychiatry. Then I worked my way up to attending psychiatrist and clinical supervisor at one of the best hospitals in Latin America. I completed my doctorate in psychiatric emergency and crisis intervention the same year I immigrated.

Moving to the U.S. was the best decision for my family. Brazil can be dangerous. In Maine, my sons can ride their bikes down the street without a worry. But it came at a cost to my career. To work as a psychiatrist in the U.S., I'd have to pass a three-part medical exam, then redo my residency, a years-long process that would require me to begin my 25-year career from scratch. At this point in my life, I don't have the time or resources to start over.

Instead, I decided to pursue academia. I took a job at a local university, teaching medical students. Three years later, however, my position was eliminated. Without a U.S. license, I haven't been able to get another job since 2018.



When COVID hit, I felt called to help address the mental health crisis. Nearly a third of psychiatrists in the U.S. are foreign-born, according to New American Economy. And 93 percent of immigrant health care professionals not currently working in the field are willing to step up to fight COVID, according to a survey from Upwardly Global. But a substantial workforce gap still exists. In 2018, there were 27 open practitioner jobs – psychiatrists, doctors, surgeons – for every unemployed health care worker.

Several states – Michigan, New York, New Jersey, Massachusetts, Colorado and Nevada – have taken steps to close this gap with executive orders allowing some internationally trained health care professionals to temporarily fill front-line jobs. I'm working with IntWork, a diversity recruitment firm, to explore options locally. But short of having an executive order in Maine that opens similar opportunities for immigrant doctors here, my family and I may ultimately have to leave.

These inconsistent policies make little sense. Why should I be allowed to practice in New Jersey but not in Maine? And, for that matter, if professionals like me can help fill shortages in some states now, then why not next month, or next year? COVID or no, health care shortages are acute. If physicians are qualified and willing, they should be able to work no matter where they are from. If we can pass the U.S. medical exam and provide testimony of our credentials and work experience, why isn't that sufficient?

It hurts me to see so many people struggling with their mental health and to be unable to help them. I'm determined to work in my profession, and my family is supportive. But it shouldn't require a cross-country move. My kids grew up in Maine; this is our home. Yet, by staying here, I'm sacrificing my career. With these restrictive policies, we are also sacrificing Americans' health. The thing is, we shouldn't have to choose.



## Example Social Media content

In this section you can find sample tweets that you can use and modify to advocate for a more just and fair licensing process that is accessible to all— including internationally educated immigrants and refugees—to address the shortages in health care related occupations.

### Hashtags and Handles

@WorldEdServices

@WESGlobalTalent

@IMPRINTProject

#ImmigrantsThrive

### General Tweets

Internationally trained health workers have lifesaving skills and are poised to help address U.S. health care needs. It is in our best interest to ensure equitable opportunities by reducing barriers to employment. Learn more here: [\[link\]](#)

The barriers that prevent internationally trained health workers from joining the health workforce should be permanently amended to ensure equal access to licensure. Join us here: [\[link\]](#)

What does health licensing equity look like?

- 1) Recognizing international credentials and experience
- 2) Equal access to medical residencies

Why support health licensing equity?

There is a growing #skillsgap, exacerbated by #COVID19, that internationally trained health workers are ready and qualified to fill.

### Key Message 1

- Communities across the U.S. are suffering from a shortage of health care workers. This growing #skillsgap can be addressed by ensuring equitable opportunities for internationally trained health workers. @WorldEdServices

- .@amjmed notes a 20% decrease in primary health care – the 128,099 internationally trained physicians in the workforce are already mitigating that trend. Opening accessible pathways to licensure for internationally trained health workers is critical. @immcouncil  
[https://www.americanimmigrationcouncil.org/sites/default/files/research/foreign-trained\\_doctors\\_are\\_critical\\_to\\_serving\\_many\\_us\\_communities.pdf](https://www.americanimmigrationcouncil.org/sites/default/files/research/foreign-trained_doctors_are_critical_to_serving_many_us_communities.pdf)

### Key Message 2

- #IMGs already play a key role in the U.S. health care system. Data from @immcouncil indicates that 70% of primary-care doctors in non-White communities are internationally trained – addressing a major gap in #healthcare. Details here:  
[https://www.americanimmigrationcouncil.org/sites/default/files/research/foreign-trained\\_doctors\\_are\\_critical\\_to\\_serving\\_many\\_us\\_communities.pdf](https://www.americanimmigrationcouncil.org/sites/default/files/research/foreign-trained_doctors_are_critical_to_serving_many_us_communities.pdf)
- Immigrants and refugees already play a key role in the U.S. health care industry. @NewAmericanEcon reports that immigrants currently make up 16.5% of all U.S. health workers and 28.7% of all physicians. Details here:  
<https://research.newamericaneconomy.org/report/immigration-and-covid-19/>

### Key Message 3

- There are many internationally trained health w ready to contribute to the U.S. health care workforce than can do so. These workers have skills & experience that make them ideally suited to work in communities historically underinvested in. #HealthLicensingEquity @WorldEdServices
- Many internationally trained health professionals have experience providing medical care during past pandemics—like SARS and Ebola—or they have worked in crises like wars or natural disasters. Find the details in this @PhillyInquirer article:  
<https://www.inquirer.com/opinion/commentary/international-doctors-visas-united-states-philadelphia-coronavirus-20200731.html>

### Key Message 4

- Many international health care workers are ready to join the fight against #COVID-19 but are unable to do so because of barriers to licensure. We must ensure #HealthLicensingEquity to tap into this talent pool as we address this crisis. @WorldEdServices
- 5 governors signed EOs to temporarily reduce licensing barriers for internationally trained health professionals. @IMPRINTproject @ partners are working to make pathways to licensure permanent. Details here: <https://www.imprintproject.org/executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid->

[19/?utm\\_source=partner-twitter&utm\\_medium=social&utm\\_campaign=iehp-comms-toolkit&utm\\_content=executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid-19](https://www.wes.org/partners/gtb-blog/policy-roundup-19/?utm_source=partner-twitter&utm_medium=social&utm_campaign=iehp-comms-toolkit&utm_content=executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid-19)

### Key Message 5

- Unequal access to medical residencies and licensing, as well as other costly and time-consuming requirements, prevent internationally trained health care workers from joining the health workforce. It is critical to address these barriers and foster #HealthLicensingEquity.  
@WorldEdServices
- .@BPC\_Bipartisan highlights how inconstant state & federal immigration processes such as state credential recognition issues, extensive re-testing requirements, or lack of information about the licensing process are key barriers to #HealthLicensingEquity.  
<https://bipartisanpolicy.org/blog/policy-recommendation-lowering-barriers-for-foreign-health-care-workers-can-help-u-s-fight-coronavirus/>

### Key Message 6

- A poll conducted by @MiC\_Global & @HiddenTribesUS indicates strong public support for developing pathways for immigrant and refugee health workers to mitigate shortages in medical care in the U.S. #HealthLicensingEquity  
[https://twitter.com/MiC\\_Global/status/1250468116032819200](https://twitter.com/MiC_Global/status/1250468116032819200)

### Key Message 7

- State lawmakers can adapt policy so that internationally trained health workers can put their skills to use. Find the details on the five states that have enacted #HealthLicensingEquity executive orders in their states on this @IMPRINTproject blog post:  
[https://www.imprintproject.org/executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid-19/?utm\\_source=partner-twitter&utm\\_medium=social&utm\\_campaign=iehp-comms-toolkit&utm\\_content=executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid-19](https://www.imprintproject.org/executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid-19/?utm_source=partner-twitter&utm_medium=social&utm_campaign=iehp-comms-toolkit&utm_content=executive-orders-in-several-states-open-doors-for-internationally-trained-healthcare-professionals-covid-19)

### Key Message 8

- As we recover from this national health crisis, policy changes made to reduce barriers for #IEHPs must be made permanent. Find the details of these policies addressing #HealthLicensingEquity in this @IMPRINTproject blog post. <https://www.wes.org/partners/gtb-blog/policy-roundup-19/>



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[tracking-efforts-to-support-the-economic-mobility-of-immigrants-and-refugees-in-the-u-s/?utm\\_source=partner-twitter&utm\\_medium=referral&utm\\_campaign=policy-roundup-tracking-efforts-to-support-the-economic-mobility-of-immigrants-and-refugees-in-the-u-s&utm\\_content=policy-roundup-tracking-efforts-to-support-the-economic-mobility-of-immigrants-and-refugees-in-the-u-s](https://www.wes.org/2018/05/04/tracking-efforts-to-support-the-economic-mobility-of-immigrants-and-refugees-in-the-u-s/?utm_source=partner-twitter&utm_medium=referral&utm_campaign=policy-roundup-tracking-efforts-to-support-the-economic-mobility-of-immigrants-and-refugees-in-the-u-s&utm_content=policy-roundup-tracking-efforts-to-support-the-economic-mobility-of-immigrants-and-refugees-in-the-u-s)

- Data shows that the U.S. will need to hire 2.3 million health care workers by 2025 to keep up with demand. As we recover from this national health crisis, temporary #HealthLicensingEquity policy changes must be made permanent.

<https://money.cnn.com/2018/05/04/news/economy/health-care-workers-shortage/index.html>