

March 20, 1974

LEGISLATIVE NOTES ON R.S.30:4-4.1  
(Requirements for internship in public hospital)

Copy 2

L.1971 - chap.112 - A2131

Feb.8 - Introduced by Kaltenbacher and others.

Feb.11 - Passed both houses under emergency resolution.

Apr.22 - Approved, chapter 112, 1971.

Not amended during passage.

Statement (copy enclosed).

Governor's statement on signing (copy enclosed).

Newspaper clippings (from V.F.-N.J.-Physicians)

Manber, Malcolm M. "Lawmakers would speed return of  
overseas trained doctors" Newark Evening News  
February 9, 1971

"Measure on interns given nod" Asbury Park Press  
February 12, 1971

Harris, Roger "A break for Jersey interns trained abroad"  
Newark Star Ledger, February 12, 1971

Davies, John O. "Legislature to ease intern crisis"  
Courier Post, February 15, 1971

"New medical internship laws signed" Newark Evening News  
April 23, 1971

Manber, Malcolm M. "State to test foreign med students"  
Newark Sunday News, May 16, 1974

Manber, Malcolm M. "Doctors ask repeal of new intern law"  
Newark Evening News May 19, 1971

DEPOSITORY COPY  
Do Not Remove From Library

JH/EH  
Encl.

ASSEMBLY, No. 2131

STATE OF NEW JERSEY

INTRODUCED FEBRUARY 8, 1971

By Assemblymen KALTENBACHER, WILSON, CAPUTO, GOLD-  
FARB, RINALDI, THOMAS, RICHARDSON, DENNIS,  
HIRKALA, FONTANELLA, HIGGINS, GAVAN, HAELIG,  
VANDER PLAAT, SCANCARELLA and PFALTZ

Referred to Committee on Commerce, Industry and Professions

AN ACT concerning internships in hospitals in this State.

1 BE IT ENACTED *by the Senate and General Assembly of the State*  
2 *of New Jersey:*

1 1. No hospital licensed by this State or operated by the State, a  
2 county or a municipality and which receives funds pursuant to the  
3 "New Jersey Medical Assistance and Health Services Act," P. L.  
4 1968, c. 413 (C. 30:4D-1 et seq.) shall require an individual as a  
5 condition to serving an internship in such hospital to take an  
6 examination other than an examination which may be required by  
7 rules and regulations of the State Board of Medical Examiners.

1 2. This act shall take effect immediately.

STATEMENT

Current regulations of the Educational Council for Foreign Medical School Graduates (ECFMG) discriminate against the many hundreds of qualified New Jersey medical students who are compelled to attend foreign medical schools. (There is space for only one student out of every 20 who applies to medical school in New Jersey.) Although there is no such requirement under New Jersey law, our graduates of foreign medical schools are compelled by ECFMG rules to first spend unproductive months and years interning in foreign countries before being permitted to intern in a New Jersey hospital prior to taking the examination for licensure conducted by the New Jersey State Board of Medical Examiners.

The American Hospital Association (AHA) registers hospitals in the United States which meet certain standards. A hospital must be registered by the AHA before it may be approved by the Joint Commission on Accreditation of Hospitals. The Joint Commission

is sponsored by the AHA, the American Medical Association (AMA), the American College of Physicians and the American College of Surgeons. Internships and residencies are under the supervision of the AMA. Under rules established by the AHA and AMA, a New Jersey resident who graduates from a foreign medical school must pass an examination conducted by the ECFMG and must be certified by the ECFMG before he is eligible for appointment as an intern or resident in any hospital registered with the AHA and approved by the AMA for an internship or residency. (The ECFMG examination merely qualifies the applicant for admission to an intern or residency program and should not be confused with the licensure examination conducted by the State Board of Medical Examiners).

The applicant for ECFMG examination and certification must have successfully completed the full medical curriculum (of at least 4 years) prescribed by the country in which the medical school is located and must have received a university degree or medical diploma. In addition, the applicant must have fulfilled all of the educational requirements short of actual licensure for an unrestricted license to practice medicine in the country in which he has his medical education. The latter requirement discriminates against the New Jersey student since as a matter of fact, the overwhelming majority of our students studying abroad attend the University of Bologna in Italy and the University of Guadalajara in Mexico, both of which require internship as a prerequisite for licensure. The discriminatory features of the ECFMG would also apply, of course, to New Jersey students in other foreign countries with similar requirements.

Concededly, the ECFMG (which is sponsored by the AHA, the AMA, the Association of American Medical Colleges, the Association for Hospital Medical Education, the Federation of State Medical Boards of the United States and the Association for Hospital Medical Education) has served the public interest through its program of testing foreign trained medical graduates to help assure that such graduates are qualified to assume responsibility as interns caring for patients in hospitals in the United States. However, in applying its rules in an arbitrary and discriminatory manner, the ECFMG renders a disservice to the citizens of New Jersey (and to other states similarly situated) when one considers that in 1968, 39 New Jersey hospitals offered 508 internships of which only 62% were filled, (and, of those, some 87% were filled by graduates of foreign medical schools).

The ECFMG rules are discriminatory because licensure requirements of foreign countries differ. For example: The University of Bologna, established in 1088 and the oldest university in Europe, offers a 6-year medical course. It requires applicants from the United States to have first completed a 4-year premedical course in the United States and to have attained a "B" average. (In most other states, these students would readily find places in their own state's medical schools). However, Italy requires that students in its medical schools, who wish to qualify for the Italian State Examination for licensure in medicine, must complete a 6 months' internship (a 12-month internship will be required for students graduating after May 1, 1971).

The ECFMG requires that a New Jersey student who wishes to intern in a New Jersey hospital must first serve an internship in Italy (for which he receives no credit under the New Jersey Medical Practice Act) and which Italy requires only of graduates of its medical schools who wish to take the Italian licensing examination (an examination which if passed by an American student does not enable him to practice medicine in Italy, since as an alien, he is ineligible to do so.)

Similarly, in the case of the University of Guadalajara, graduates of its 4-year medical school program are required by Mexican law to take a one year internship followed by 1 year of social service in Mexico if they seek licensure in Mexico. Accordingly, under the ECFMG rule, they must delay the commencement of their New Jersey intern training for 2 years. Yet, the Italian and Mexican medical schools encourage their graduates who are citizens of the United States to seek internships in hospitals in the United States rather than in Italy and Mexico, but are blocked by the ECFMG which insists that in order to intern in the United States, the student must first have completed the foreign internship.

While it might be claimed by the ECFMG that its requirement for completion of foreign internships as an additional prerequisite for commencement of an internship in the United States, serves to produce a better candidate for internship, the ECFMG's own rules make it clear that the requirement is an arbitrary one. New Jersey students (if there are any) who pursue their medical studies in, for example, Afghanistan, Albania, the Congo, Iraq, Korea, Laos or Viet-Nam (none of which require an internship) would be eligible for ECFMG examination and certification immediately upon graduation from the medical schools in such countries.

Even attempts by the ECFMG to "liberalize" its rules only serve to demonstrate their arbitrariness. For example, the ECFMG permits a student to take its examination prior to the date of completion of his Italian internship. Yet should the student pass the examination, he is not eligible for ECFMG certification to a United States internship until he completes the Italian internship.

Thus, the ECFMG requirements present this paradox: the higher the standards of the foreign medical school, the more difficult it is to intern in a United States hospital following graduation from such school; the lower the standards, the less difficult it is to begin training in the United States. Why then, does the ECFMG continue to insist upon completion of the foreign internship when the State of New Jersey imposes no such requirement?

Hospitals, medical educators, physicians and public health officials have indicated concern with the ECFMG rules. Yet hospitals in New Jersey, while actively recruiting interns from among graduates of foreign medical schools, are reluctant to employ interns lacking ECFMG certification, or for that matter, applicants who have passed the ECFMG examination but have not been certified for lack of the foreign internship. The reason appears to be that our hospitals fear the possible loss of approval of their intern programs by the AMA and loss of accreditation by the Joint Commission on Accreditation of Hospitals (the AHA and the AMA). Yet the fact is that the standards for accreditation of the Joint Commission on Accreditation specifically require that hospitals comply with all applicable state laws, including those relating to licensing.

The requirements for licensure to practice medicine in this State are prescribed by the New Jersey Medical Practice Act and the rules of the State Board of Medical Examiners. The Medical Practice Act provides that the State Board of Medical Examiners shall approve hospitals for intern training. The requirements for licensure of New Jersey hospitals by the Department of Institutions and Agencies are similarly prescribed by New Jersey law. There is no requirement under New Jersey law or rules adopted under our law that a graduate of a foreign medical school applying for admission to an intern training program in a New Jersey hospital and for a license to practice medicine in this State must first have completed a foreign internship before commencing the intern training in a United States hospital required by our law.

Can it seriously be contended that the Joint Commission and the American Medical Association, which have no jurisdiction in

New Jersey, can preempt this State's sole right to determine the requirements for intern training in New Jersey hospitals and for licensure to practice medicine and deny accreditation to New Jersey hospitals which act in compliance with this State's laws governing their operation?

This bill affords additional protection to New Jersey hospitals receiving funds pursuant to New Jersey's "Medicaid Act" by providing that such hospitals shall not require any examination as a condition to serving an internship unless the examination is prescribed by rules and regulations of the State Board of Medical Examiners. Our State Board of Medical Examiners could require ECFMG examination for foreign nationals, the overwhelming majority of whom are already licensed to practice medicine in their own countries prior to entering the United States and are therefore not troubled by the discriminatory aspects of ECFMG rules. Should the ECFMG revise its rules to eliminate the discrimination against American students studying abroad, our State board could require ECFMG certification for such students. If the ECFMG fails to do so, the State board could readily devise a preinternship examination to be given United States citizens graduating from foreign medical schools in the same manner as the State board already devises their post-internship licensure examinations.

In his special message on "Education for Better Medical Care," Governor Cahill urged a concerted effort toward two goals: the first "is to develop medical and dental education in ways that contribute to the quality of health care. . . . Our second goal in New Jersey must be to provide maximum opportunity for deserving men and women to get a medical education within our State."

These goals are desirable and attainable. However, we should also recognize that we are presently squandering the talent of fully qualified New Jersey students who have been compelled to seek their medical education abroad (as have almost 40% of the physicians already practicing in this State).

Continuation of current ECFMG policies will seriously deter highly dedicated and capable young men and women who have the ability to pursue medical careers and who in pursuit of such careers are willing to leave their homes and families, to study medicine in a foreign language and to bear, without governmental scholarships or other assistance, the cost of such study.

Far from sacrificing the quality of health care, this bill would instead improve the quality of health care. To cite but one example, New Jersey students who have become fluent in Italian or Spanish

while pursuing their medical studies, would be encouraged to apply for intern training in New Jersey hospitals serving our many thousands of Italian and Spanish speaking residents. In order to accomplish this, we must first eliminate the discriminatory and arbitrary requirements which violate the criteria established in the recent report of the New Jersey Professional and Occupational Licensing Study Commission. The commission recommended that "all entry requirements be clearly related to the purposes for which professions are regulated." Certainly this cannot be said of current ECFMG rules.

April 22, 1971

STATEMENT BY GOVERNOR WILLIAM T. CAHILL  
AT THE SIGNING OF  
ASSEMBLY BILL #2131 AND SENATE BILL #2083

---

A - 2131

Last May, in a special message on medical education, I described New Jersey's critical shortage of physicians, the continuing inability of our hospitals to fill internship and residency positions, and the lack of educational opportunities for those who want to become medical practitioners. I therefore urged concerted effort toward two goals:

The first -- "to develop medical education in ways that contribute to the quality of health care..."

The second -- "to provide maximum opportunity for deserving men and women to get a medical education within our State."

Assembly Bill 2131 and Senate Bill 2083 which I am today signing into law are consistent with, and important steps toward obtaining, these goals.

Over the years, the American public had been told that any substantial increase in enrollments at our medical schools would decrease the quality of education and of subsequent medical services. Our Nation had long accepted such statements blindly, unquestioningly, and without regard to our vital needs for widely available health care. Medical educators have come to recognize the fallacy of such assumptions. The recent Carnegie Commission report on medical education is stimulating further positive thinking along these lines. In New Jersey, this Administration, together with the trustees and faculty of the College of Medicine and Dentistry of New Jersey, is now proving how wrong these scare tactics are. In one year we have increased educational opportunities to accommodate 564 medical students in 1971-72 as compared to 358 students enrolled in our medical schools in 1969-70, with no reduction in the quality of the students, the teaching, or the future medical delivery.



I can cite several additional recent indices of the rapid progress we are making. Creation of a Board of Trustees of the College of Medicine and Dentistry of New Jersey has unified medical education. The recent opening of the Family Services Clinic at the Newark center and the improved delivery of medical care in that area are indications of progress.

Raritan Valley Hospital has been acquired as an interim clinical teaching base for the Rutgers center, pending the development of a permanent teaching hospital. These steps mean that the dream of converting our two year medical school in Piscataway into an institution graduating M.D.'s, can now become a reality.

Both of these initiatives will make possible even more significant enrollment expansions than the figures I mentioned earlier. We now anticipate that freshmen class enrollments at the two centers can rise in this decade to 360 instead of the 190 who will be admitted next September. When I recall that the Carnegie Commission called for a 50% medical school enrollment increase by 1980, I think we can all be proud of the accomplishments we are planning, and indeed already achieving.

Finally, I refer to success at the Newark center related to its present senior medical school class. Every one of these prospective graduates was successful in gaining his first or second choice of a hospital for his internship. Martland Hospital, our CMDNJ institution in which they received their undergraduate clinical training, was chosen by 33 seniors, as compared with 9 of the previous year! This constitutes unequivocal evidence that our students believe they have received, and will continue to receive, a high quality medical education within the College of Medicine and Dentistry of New Jersey.

While this progress and enrollment expansions at the College of Medicine and Dentistry is dramatic, past neglect continues to cause an acute shortage of interns, and correspondingly, an acute shortage of practicing physicians. During recent years, New Jersey hospitals have been able to fill only about 60% of their available internships. Concurrently, many of our young people who want to become doctors have been compelled to pursue their studies in foreign medical schools. At present, there are estimated to be over 800 New Jersey residents now studying medicine in foreign nations.

After years of sacrifice and study, these dedicated young men and women seek to return to New Jersey to complete their education and to practice medicine. They stand ready and willing to demonstrate their competence by any reasonable test or measure.

However, despite their abilities, and despite our State's vital needs for qualified medical manpower, existing certification procedures deter them from securing internships in a New Jersey hospital prior to taking the examination for licensure conducted by the State Board of Medical Examiners.

The result is that otherwise qualified foreign medical school graduates are being attracted to internships in Canada or other states such as Ohio where more realistic regulations are in effect.

Since it has been established that young physicians tend to take residencies and later practice in communities where they have interned, the urgency of removing arbitrary and prejudicial barriers to New Jersey internship is self evident.

As the statement of purpose accompanying A-2131 details, under regulations established by the National Educational Council for Foreign Medical School Graduates, an applicant for an internship in a New Jersey hospital must first have fulfilled all the educational requirements "short of actual licensure" in the country where he received his medical education.

Since many countries require lengthy internships for licensure, the result is that United States citizens are compelled to spend unproductive months and years interning in foreign countries prior to being permitted to intern in New Jersey.

Conversely, the present ECFMG rules permit graduates of countries where internships are not required to seek immediate certification for hospital employment in New Jersey. In effect, the present system denies the State of New Jersey an opportunity to independently examine the medical abilities and knowledge of foreign medical graduates. By requiring obedience to the licensing requirements of foreign nations, sometimes inept practitioners are permitted to intern if they are willing to wait and comply with pro forma requisites. On the other hand, often competent and dedicated graduates who want to begin medical practice immediately are deterred and discouraged.

It is therefore clear that present practices fail to support effectively the public's interest in expanded and quality medical care.

Assembly Bill 2131 empowers the State Board of Medical Examiners to adopt more adequate and comprehensive regulations governing eligibility for New Jersey internships. Similarly, Senate Bill 2083 gives American citizens the same licensing privileges heretofore given foreign nationals. It eliminates, for example, the requirement that New Jersey interns who have studied in Italy, interrupt their training and preparation for New Jersey licensing examination and return to Italy to take their national licensure examination.

In signing these two bills, however, I am aware of the need for safeguards to protect the public against inadequately educated practitioners and to insure the highest quality medical care. I therefore believe that the present legislation requires clarification and sign them with the understanding that the Board of Medical Examiners is adopting regulations to govern their applications.

These regulations provide the following protections:

First, in order to insure that an applicant is qualified to begin a hospital internship, he must successfully complete a standard examination prescribed by the Board of Medical Examiners, adequate to judge his knowledge of the Science of Medicine and the extent of his clinical competence.

Secondly, any applicant prior to taking the examination for medical and surgical licensure in New Jersey must have completed a one-year internship in a New Jersey hospital affiliated with a medical school or approved by the Board of Medical Examiners.

Thirdly, where examination and screening of an applicant by the Board of Medical Examiners indicates a need, the Board should have discretionary authority to require any graduate of a foreign medical school to serve a "clinical clerkship" not to exceed 6 months in a New Jersey hospital either affiliated with a medical school or approved by the Board of Medical Examiners.

With these understandings, I commend the sponsors of this legislation for moving aggressively to speed the return of New Jersey doctors trained abroad and to more effectively safeguard quality health care through independent testing of all foreign medical graduates. I also extend sincere appreciation to the Board of Medical Examiners, and the New Jersey Hospital Association for their support, and to the American Medical Association and the Educational Council for Foreign Medical Graduates, for their advice and consultations.

###