AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 2
(I-26)

Introduced by: International Medical Graduates Section

Subject: Fee Parity for International Medical Graduates Taking USMLE Examinations Outside the United States

Referred to: Reference Committee (Assigned by HOD)

Whereas, International Medical Graduates (IMGs) represent a vital component of the United States healthcare workforce, helping address critical physician shortages, particularly in rural and medically underserved areas; and

Whereas, examinees taking the United States Medical Licensing Examination® (USMLE®) Step 1 and Step 2 Clinical Knowledge (CK) at testing centers outside the United States and Canada are assessed substantial international test delivery surcharges ($210 for Step 1 and $235 for Step 2 CK) in addition to baseline registration fees; and

Whereas, these regional surcharges create a severe, compounding financial barrier for international medical students and graduates seeking to enter the US healthcare system; and

Whereas, the transition toward fixed USMLE examination schedules and the planned expansion of testing center infrastructure globally streamlines capacity planning, stabilizes operational overhead, and lowers per-candidate delivery costs; and

Whereas, economies of scale achieved through expanding global test site networks should reduce operational costs across the board rather than placing an asymmetric financial burden on candidates testing abroad; and

Whereas, the American Medical Association is committed to advancing health equity, eliminating arbitrary workforce entry barriers, and supporting a diverse global physician pipeline; therefore, be it

RESOLVED, that our American Medical Association advocate with the National Board of Medical Examiners (NBME), the Federation of State Medical Boards (FSMB), and Intealth/ECFMG to establish fee parity between domestic and international test-takers for all USMLE examinations by eliminating geographic test delivery surcharges; (Directive to Take Action) and be it further

RESOLVED, that our AMA work with testing sponsors to ensure that any restructuring of examination scheduling—including fixed exam administration windows and international center expansion—is implemented with transparent, standardized cost structures that do not disproportionately penalize candidates testing outside the United States. (Directive to Take Action)

Fiscal Note: (assigned by HOD)

Received:

References:
1. Intealth / Educational Commission for Foreign Medical Graduates. 2026 Information Booklet: Fees and Payment. ECFMG; 2026.
2. National Board of Medical Examiners, Federation of State Medical Boards. USMLE Bulletin of Information. NBME/

AMA RELEVANT POLICY

AMA Principles on International Medical Graduates - H-255.988

1. Our AMA supports current U.S. visa and immigration requirements applicable to foreign national physicians who are graduates of medical schools other than those in the United States and Canada.
2. Our AMA supports current regulations governing the issuance of exchange visitor visas to foreign national IMGs, including the requirements for successful completion of the USMLE.
3. Our AMA reaffirms its policy that the U.S. and Canada medical schools be accredited by a nongovernmental accrediting body.
4. Our AMA supports cooperation in the collection and analysis of information on medical schools in nations other than the U.S. and Canada.
5. Our AMA supports continued cooperation with the ECFMG and other appropriate organizations to disseminate information to prospective and current students in foreign medical schools. An AMA member, who is an IMG, should be appointed regularly as one of the AMA's representatives to the ECFMG Board of Trustees.
6. Our AMA supports working with the Accreditation Council for Graduate Medical Education (ACGME) and the Federation of State Medical Boards (FSMB) to assure that institutions offering accredited residencies, residency program directors, and U.S. licensing authorities do not deviate from established standards when evaluating graduates of foreign medical schools.
7. In cooperation with the ACGME and the FSMB, our AMA supports only those modifications in established graduate medical education or licensing standards designed to enhance the quality of medical education and patient care.
8. Our AMA continues to support the activities of the ECFMG related to verification of education credentials and testing of IMGs.
9. Our AMA supports that special consideration be given to the limited number of IMGs who are refugees from foreign governments that refuse to provide pertinent information usually required to establish eligibility for residency training or licensure.
10. Our AMA supports that accreditation standards enhance the quality of patient care and medical education and not be used for purposes of regulating physician manpower.
11. Our AMA representatives to the ACGME, residency review committees and to the ECFMG should support AMA policy opposing discrimination. Medical school admissions officers and directors of residency programs should select applicants on the basis of merit, without considering status as an IMG or an ethnic name as a negative factor.
12. Our AMA supports the requirement that all medical school graduates complete at least one year of graduate medical education in an accredited U.S. program in order to qualify for full and unrestricted licensure. State medical licensing boards are encouraged to allow an alternate set of criteria for granting licensure in lieu of this requirement:
    a. completion of medical school and residency training outside the U.S.;
    b. extensive U.S. medical practice; and
    c. evidence of good standing within the local medical community.
13. Our AMA supports publicizing existing policy concerning the granting of staff and clinical privileges in hospitals and other health facilities.
14. Our AMA supports the participation of all physicians, including graduates of foreign as well as U.S. and Canadian medical schools, in organized medicine. Our AMA offers encouragement and assistance to state, county, and specialty medical societies in fostering greater membership among IMGs and their participation in leadership positions at all levels of organized medicine, including AMA committees and councils, the Accreditation Council for Graduate Medical Education and its review committees, the American Board of Medical Specialties and its specialty

boards, and state boards of medicine, by providing guidelines and non-financial incentives, such as recognition for outstanding achievements by either individuals or organizations in promoting leadership among IMGs.

15. Our AMA supports studying the feasibility of conducting peer-to-peer membership recruitment efforts aimed at IMGs who are not AMA members.
16. Our AMA membership outreach to IMGs to include
    a. using its existing publications to highlight policies and activities of interest to IMGs, stressing the common concerns of all physicians;
    b. publicizing its many relevant resources to all physicians, especially to nonmember IMGs;
    c. identifying and publicizing AMA resources to respond to inquiries from IMGs; and
    d. expansion of its efforts to prepare and disseminate information about requirements for admission to accredited residency programs, the availability of positions, and the problems of becoming licensed and entering full and unrestricted medical practice in the U.S. that face IMGs. This information should be addressed to college students, high school and college advisors, and students in foreign medical schools.
17. Our AMA supports recognition of the common aims and goals of all physicians, particularly those practicing in the U.S., and support for including all physicians who are permanent residents of the U.S. in the mainstream of American medicine.
18. Our AMA supports its leadership role to promote the international exchange of medical knowledge as well as cultural understanding between the U.S. and other nations.
19. Our AMA supports institutions that sponsor exchange visitor programs in medical education, clinical medicine and public health to tailor programs for the individual visiting scholar that will meet the needs of the scholar, the institution, and the nation to which he will return.
20. Our AMA supports informing foreign national IMGs that the availability of training and practice opportunities in the U.S. is limited by the availability of fiscal and human resources to maintain the quality of medical education and patient care in the U.S., and that those IMGs who plan to return to their country of origin have the opportunity to obtain GME in the United States.
21. Our AMA supports U.S. medical schools offering admission with advanced standing, within the capabilities determined by each institution, to international medical students who satisfy the requirements of the institution for matriculation.
22. Our AMA supports the Federation of State Medical Boards, its member boards, and the ECFMG in their willingness to adjust their administrative procedures in processing IMG applications so that original documents do not have to be recertified in home countries when physicians apply for licenses in a second state.
23. Our AMA supports continued efforts to protect the rights and privileges of all physicians duly licensed in the U.S. regardless of ethnic or educational background and opposes any legislative efforts to discriminate against duly licensed physicians on the basis of ethnic or educational background.
24. Our AMA supports continued study of challenges and issues pertinent to IMGs as they affect our country's health care system and our physician workforce.
25. Our AMA supports advocacy to Congress to fund studies through appropriate agencies, such as the Department of Health and Human Services, to examine issues and experiences of IMGs and make recommendations for improvements.
26. Our AMA will uphold its commitment to opposing discrimination against IMGs in all aspects of medical education and training.

BOT Rep. Z, A-86 Reaffirmed: Res. 312, I-93 Modified: CME Rep. 2, A-03 Reaffirmation I-11 Reaffirmed: CME Rep. 1, I-13 Modified: BOT Rep. 25, A-15 Modified: CME Rep. 01, A-16 Appended: Res. 304, A-17 Modified: CME Rep. 01, I-17 Reaffirmation: A-19 Modified: CME Rep. 2, A-21 Modified: CME Rep. 1, A-22 Modified: CCB/CLRPD Rep. 1, A-22 Reaffirmed: CME Rep. 03, A-23 Reaffirmed: Res. 312, A-25 Reaffirmed in lieu of the first resolve: Res. 234, A-25 Reaffirmed: Res. 241, A-25 Appended: Res. 304, I-25 Reaffirmed: Res. 226, A-26

Financial Burdens and Exam Fees for International Medical Graduates H-255.964

1. Our American Medical Association encourages key stakeholders, such as the National Board of Medical Examiners, Federation of State Medical Boards, Educational Commission for Foreign Medical Graduates (a member of Intealth), Cambridge Assessment English and Box Hill Institute, and others to (a) study the most equitable approach for achieving parity across U.S. MD and DO trainees and international medical graduatstes with regard to application, exam, and licensing fees and related financial burdens; and (b) share this information with the medical education and IMG communities.
2. Our AMA encourages relevant stakeholders to work together to achieve cost equivalency for exams required of all medical students and trainees, including IMGs. CME Rep. 03, A-23