

Quality and Location Choice of Immigrant Doctors

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Abstract

Doctor shortages are a widespread and growing concern in the healthcare systems of many developed countries, including in the United States. Allowing for immigration of working doctors is a common policy in such by which to expand doctor supply. In the US however, such immigration is bottle-necked by licensing requirements that require domestic retraining, ostensibly due to quality concerns. I study the quality of domestic vs. immigrant emergency medicine doctors in the US. I find quality *premiums* associated with care provided by immigrant doctors, both within a given hospital and across the entire distribution of ER doctors. Notably, I do not find such quality premiums for US citizen medical students educated abroad. I also find immigrant doctors are significantly more likely to work in locations with worse patient outcomes and in designated health provider shortage areas. Estimates of doctor location preferences suggest that this affinity cannot be explained by initial location or vertical matching. My results imply that current licensing restrictions on doctor immigrants are too strict, and policies allowing for alternative licensing pathways for doctor immigrants could alleviate doctor shortages in the areas of greatest need at no cost to healthcare quality.

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