

Interstate Physician Licensure Compact

Summary

Mayo Clinic Health System supports Assembly Bill 253 and Senate Bill 196, which will enable Wisconsin to enter into an Interstate Medical Licensure Compact (“Compact”), providing a new expedited licensing option for physicians seeking to practice in multiple states. Under the bill, a commission will be established to serve as a clearinghouse for physician licensure and to ensure high standards are maintained. Participation is entirely voluntary and the Compact does not alter Wisconsin’s current medical licensing structure for those who choose not to participate. Proposed by Representative VanderMeer and Senator Harsdorf, the Compact has the support of nearly 80 co-sponsors, and recently passed the state Assembly on a 95-1 vote.

Benefits of the Compact

- The current patchwork of state-by-state medical licensing rules presents a costly and time-consuming barrier. Approval of the Compact will allow for **streamlined licensing, lower compliance costs** and will **reduce barriers** to the practice of medicine.
 - MCHS credentialing staff estimate it can take up to 40 hours of administrative time - a majority of it redundant - to complete each licensure application.
 - The current licensing process can take many months for a physician to navigate, depending on the requirements found in each state. With the Compact in place, multi-state licensing can occur in a matter of days.
- The Compact will help **promote the use of telemedicine**, which allows for greater convenience for patients and their families, **safer care, better outcomes, fewer redundancies**, and ultimately **higher quality care and cost savings** for patients.
 - 726 MCHS physicians are licensed in both Wisconsin and Minnesota – a growing number of them practicing telemedicine.
- The Compact will enable MCHS to **expand access** and continue to **confront the physician shortage** in rural areas, helping to keep high-quality health care in local communities.
- Wisconsin’s **high medical standards** and oversight over the practice of medicine will remain intact. Participation is **entirely optional**, and the state’s current licensing and fee structure will remain in place for those who choose not to participate.

[Mayo Clinic Health System asks that you please support the Interstate Physician Licensure Compact legislation.](#)

Contact for questions or additional information:

Nels Rude, 608-512-1284



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Senate Committee on Health and Human Services
Senator Leah Vukmir, Chair

FROM: Mark Grapentine, JD
Senior Vice President - Government and Legal Affairs

DATE: October 22, 2015

RE: **Support for** Senate Bill 196 – Interstate Compact for Medical Licensure

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society thanks the Senate Committee on Health and Human Services for this opportunity to share our strong support for Senate Bill 196, which authorizes Wisconsin to join the Interstate Medical Licensure Compact.

We believe the Compact is an effective tool that will ease often-duplicative administrative obstacles some physicians face when seeking medical licenses in multiple states. The legislation accomplishes this while: 1) maintaining individual state medical board autonomy over the regulation and discipline of its state's physicians, and 2) keeping Wisconsin's existing licensure process for those not wishing to utilize the Compact method. This legislation helps fix a problem, does not erode power from the state's Medical Examining Board and is truly optional for physicians.

Earlier this year the Society was pleased to partner with more than a dozen medical specialty societies, medical schools and medical group management organizers as part of Doctor Day 2015, highlighting the positive impact joining the Compact could bring to Wisconsin's patients and their physicians. The attached memo from that advocacy day continues to effectively summarize the strong benefits of joining the Compact, including:

- **Lessening the wait time for gaining a medical license.** Too often a physician wishing to work in multiple states must wait for each state to verify the same basic information – school attendance, work history, etc. – before obtaining a license and being allowed to provide medical care. The Compact provides a streamlined verification process for highly-qualified physician license applicants, allowing these skilled professionals to enter a state's workforce more quickly.
- **Maintains State Autonomy Over License-Holders.** As medicine evolves, patients are able to access high quality health care via more remote means. While this has led some in the U.S. Congress to propose a national-based license, the Society believes that such a structure would severely undermine the state-based Medical Examining Board structure that has proven successful at protecting the public while fostering statutory and administrative requirements that make sense for Wisconsin. Concern over a federal license structure is undoubtedly one of the reasons why 11 states (including Minnesota, Iowa and Illinois) have already joined the Compact, bolstered in late September by a bipartisan group of U.S. Senators expressing support for the Compact (attached).

- **The Proposal Is Both Cost-Neutral and Optional.** Wisconsin has taken a thoughtful approach in its process of joining the compact. The bill ensures that the costs associated with a Compact-related license application will be borne by Compact applicants. Physicians who do not wish to obtain or renew their license by this new method may choose to get their license via the current system. The bill provides freedom of choice without creating new unwanted mandates.

Thank you again for this opportunity to share our strong support for Senate Bill 196. We look forward to any further discussions about this thoughtful, forward-looking proposal. As always, please feel free to contact the Society on this and other proposed health care policy.



Interstate Compact for Medical Licensure

WHAT are the issues?

As health care continues to evolve, physicians find it helpful to hold medical licenses in multiple states. This is true especially for physicians who work in multiple offices across state lines. And as medical technology continues to evolve, tools like telemedicine allow physicians to provide effective and efficient patient care to patients who may be in other states—which means that the physician must hold a medical license in that state.

Medical organizations across the nation are working to implement an Interstate Licensing Compact—an optional, alternative pathway for qualified physicians to become licensed in multiple states in an expedited manner. The Federation of State Medical Boards will help states that pass legislation containing the same licensing compact language organize into a commission to process licenses, monitor discipline, etc.

WHY is it important?

The licensure process for a physician who practices in many states can be a significant time and administrative burden. This burden also can make it harder for health care systems to recruit physicians to work for them in border areas; the lag time it can take for the licensure process to be completed in multiple states often causes a physician to choose to work elsewhere rather than wait for licenses to be issued.

Recruiting high-quality physicians to Wisconsin (or keeping physicians in our state) is a constant challenge. A more efficient licensing process can help combat access to care issues.

WHAT can the State Legislature do to help?

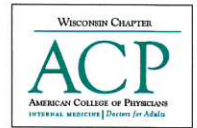
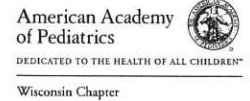
The Compact will not be established until it is enacted in at least seven states. If the State Legislature moves the Compact legislature forward this spring, Wisconsin has an opportunity to be one of those initial states that will help establish important rule-making.

Additional Background Information

HOW it works

Physicians can apply for an “expedited license” in a state other than their own without filling out another formal application or providing another set of documents to the other state’s board. If they meet the eligibility requirements specified in the compact, the board in their “principal state” of license can attest to their qualifications, and the second state can license them.

—continued



Wisconsin Chapter
American College of
Emergency Physicians



Wisconsin Academy
of Ophthalmology
The Eye M.D.s



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON



Wisconsin
CHAPTER



WISCONSIN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WISCONSIN



Wisconsin Medical Society

How it Works –continued

- A full and unrestricted medical license may be issued by a state board that is a member of the Compact.
- For a physician to be eligible to receive expedited licensing the following must apply:
 - No convictions or subject to certain alternatives to conviction by a court for a felony, gross misdemeanor or crime of moral turpitude.
 - No discipline by a medical board.
 - No disciplinary action related to a controlled substances.
 - Not under active investigation by a law enforcement agency or a medical board.
 - Successful completion of an accredited graduate medical education and certification by nationally recognized medical or osteopathic specialty boards.
- An estimated 80 percent of physicians nationwide will meet eligibility requirements.
- The cost of the Compact will be largely covered by compact licensing fees. These fees are only paid by physicians who voluntarily choose to participate—**the cost will not be spread among physicians who choose not to participate.**
- Authority of medical practice acts, scope of practice and quality of care remain with the state—regardless of participation in the Compact.

Amendment or withdrawal from Compact

- Commission may propose amendments—not effective until enacted into law by unanimous number of states.
- State can withdraw from Compact if state repeals enacting legislation.

United States Senate

WASHINGTON, DC 20510

September 25, 2015

Humayun J. Chaudhry, DO, MACP
President and CEO
Federation of State Medical Boards
1300 Connecticut Ave NW
Suite 500
Washington, DC 20036

James Daniel Gifford, MD, FACP
Chairman of the Board of Directors
Federation of State Medical Boards
1300 Connecticut Ave NW
Suite 500
Washington, DC 20036

Dear Drs. Chaudhry and Gifford,

We are writing to congratulate the Federation of State Medical Boards (FSMB), and the medical and osteopathic boards it represents, on the progress made in implementing an Interstate Medical Licensure Compact to support medical license portability and expand access to care. As strong supporters of the state-based system of physician licensure, we believe the Compact represents a significant step forward in the licensure of physicians and we applaud the work of the FSMB and its member boards in this area.

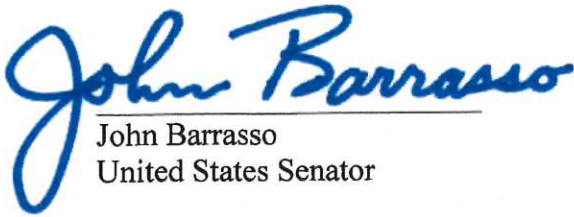
The Compact will provide physicians with another avenue to seek expedited licensure which will facilitate practice in multiple states. This is critically important to ensure the expansion of telehealth technology, which we believe plays an important role improving access to health care for our constituents. In addition, we are pleased the Compact does not increase the regulatory burden placed on physicians. Doctors that would like to continue to seek licensure through each individual state medical board may continue to do so. However, by adopting the Compact, states are recognizing the need to provide doctors with an additional option to fulfill their licensure needs.

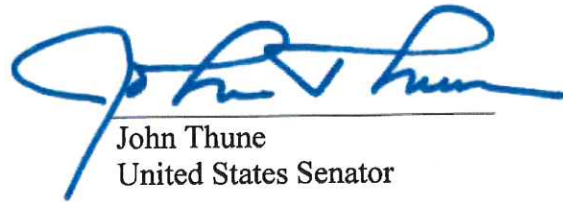
Since the model Interstate Medical Licensure Compact drafting process was completed in September 2014, the Compact has already been enacted in Wyoming, South Dakota, Utah, Idaho, West Virginia, Montana, Alabama, Minnesota, Nevada, Iowa, and Illinois. Furthermore, an additional 8 state legislatures (including Maryland, Michigan, Nebraska, Oklahoma, Rhode Island, Texas, Vermont, and Wisconsin) introduced the Compact this session.

We are pleased to learn that you have surpassed your target of a minimum of seven states joining the Compact, thereby formally establishing the administrative role of the Compact Commission. We understand that nearly 30 state medical and osteopathic boards have endorsed the Compact, many of which will seek to join the Compact in the years ahead.

In the coming months, we encourage you to continue to work with your member medical boards and states to consider participation in the Compact, which will simultaneously facilitate multistate practice while ensuring states' ability to regulate medicine and ensure patient safety. Please keep us apprised as the Compact continues to be enacted by states throughout the nation.

Sincerely,


John Barrasso
United States Senator


John Thune
United States Senator


Shelley Moore Capito
United States Senator

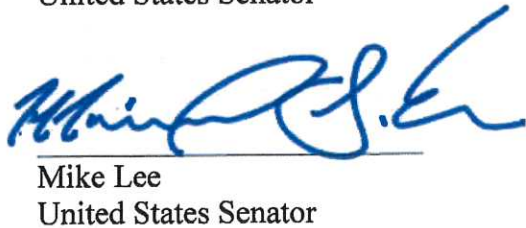

Thad Cochran
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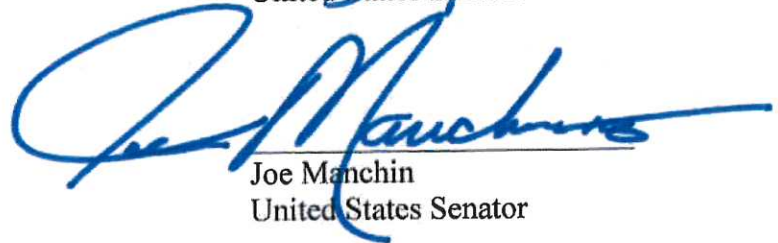

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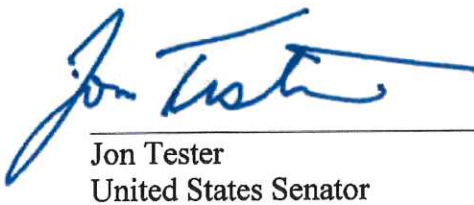

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James M. Inhofe
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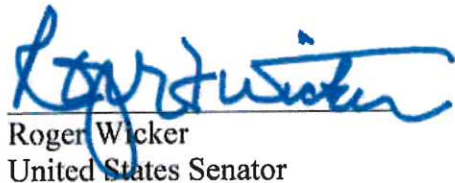

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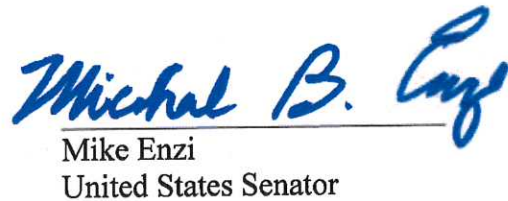

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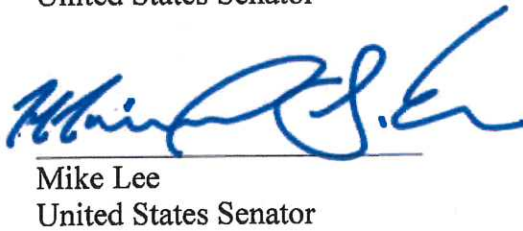

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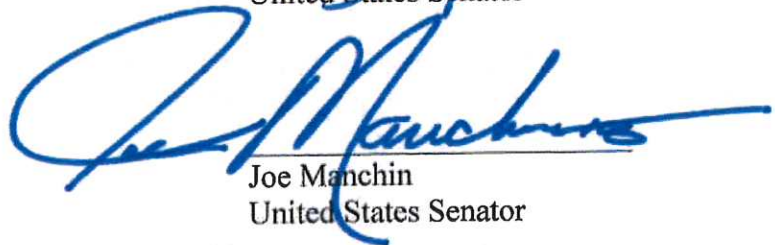

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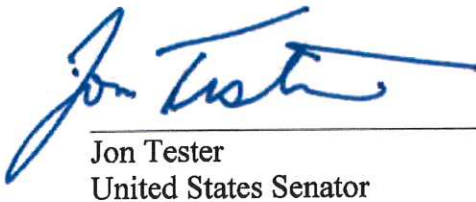

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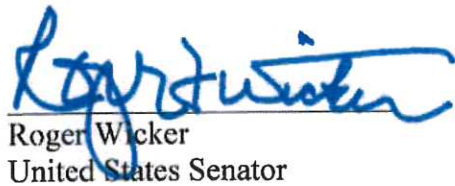

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WISCONSIN LEGISLATIVE COUNCIL

Terry C. Anderson, Director

TO: SENATOR LEAH VUKMIR

FROM: Brian Larson, Staff Attorney

RE: Questions Regarding 2015 Senate Bill 196, Relating to Ratification of the Interstate Medical Licensure Compact

DATE: October 12, 2015

In response to a request from your office, this memorandum addresses three questions regarding 2015 Senate Bill 196 (the bill), relating to ratification of the Interstate Medical Licensure Compact (the Compact). Each of the questions is restated and discussed below, following a brief description of the bill.

2015 SENATE BILL 196

The bill ratifies and enters Wisconsin into the Interstate Medical Licensure Compact, a multi-state agreement that creates a streamlined process for physicians to become licensed in multiple states. The Compact creates a process by which a physician who is licensed in one state may become licensed in one or more other states without having to verify "static qualifications" in each state. These are qualifications that do not change over time, such as medical education, graduate medical education, and results of medical or licensing examinations. States typically require primary source verification of these qualifications. Under the Compact, after a physician's primary state of licensure has verified the qualifications, and certain additional criteria have been met, other member states may rely on the primary state's verification when issuing a license to the physician.

The Compact's process to allow licensing in multiple states is referred to as the expedited licensing process. A license issued through the expedited process is valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state. Expedited licensing is administered by the Interstate Commission, which is made up of two members from the medical examining board of each member state.

DISCUSSION

Board Certification and Maintenance of Certification

You asked whether the Compact requires physicians to have board certification as a medical specialist and to participate in a Maintenance of Certification (MOC) program. Briefly, a physician seeking to use the Compact will be required to have board certification, and may be required to participate in an MOC program. Currently, neither board certification nor MOC participation are required for direct licensure in Wisconsin.

Board Certification

A physician must meet certain eligibility requirements to use the expedited licensing process under the Compact. This includes a requirement of board certification as a medical specialist. Board certification is defined as "specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists." [P. 11, LL. 1-3.] As a result of this requirement, if Wisconsin were to join the Compact, a physician who uses the expedited licensing process to obtain a license to practice medicine in Wisconsin would be required to have board certification, as defined under the Compact.

Maintenance of Certification Program

After a physician has been certified by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists, these organizations may impose requirements for maintaining board certification over time. Requirements may include participation in a continuous professional development program, which is referred to as an MOC program.

The Compact does not specifically require MOC participation. However, there is a question as to whether MOC is nonetheless required. It appears that observers are divided on this question, based on some of the representations made in debate over the Compact during the past year.¹ It should be noted that the Interstate Commission may provide some clarity by addressing this issue through rule-making in the future. Without any such guidance at this time, the question must be answered with reference to the language of the Compact itself.

¹ For example, the Federation of State Medical Boards (FSMB) asserts that the Compact does not require MOC participation at any stage. [See FSMB, "Myths and Facts about the Interstate Medical Licensure Compact," available at: <https://www.fsmb.org/Media/Default/PDF/Licensure/InterstateCompactMyths.pdf> (last accessed Oct. 12, 2015).] Meanwhile, the Association of American Physicians and Surgeons (AAPS) asserts that unless a physician has obtained a lifetime certificate, maintenance board certification through an MOC program is required of any physician who uses the Compact. [See AAPS, "FSMB Insults Physicians and Patients with Attempt to Defend Power Grab," available at: http://www.aapsonline.org/index.php/site/article/fsmb_insults_physicians_and_patients_with_attempt_to_defend_power_grab (last accessed Oct. 12, 2015).]

Under the Compact, there is an argument that MOC participation is not required at any time. This argument is based on the fact that the Compact does not specifically reference an MOC requirement. In contrast, the Compact states that physicians must comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a **member state**. [P. 15, LL 6-8.] Therefore, according to this interpretation, the Compact's board certification requirement does not continue beyond the period of the initial application. After initial licensure, participation in an MOC program would be unnecessary unless it is required under an applicable member state's continuing education or renewal requirements, according to this view.

There is also a contrasting argument that where MOC participation is required for maintaining board certification, a physician seeking license renewal under the Compact will be required to comply with these requirements. This is because board certification is included in the Compact's definition of a "physician." [P. 10, LL. 14-25, and P. 11, LL. 1-15.] Significantly, this defined term is used in the renewal provisions of the Compact, which refer to "[a] physician seeking to renew an expedited license granted in a member state." [P. 14, LL 18-20.] This could provide the basis for a court to determine that renewal of a license under the Compact is available only to individuals who meet its definition of a "physician," including board certification. It would follow that, if participation in an MOC program is required for maintaining the certification, then, effectively, so too will it be required whenever renewal of a license under the Compact is desired.

Physicians Not Seeking Licensure Through the Compact

Finally, it should be noted that even if a state has joined the Compact, a physician seeking licensure in the state may choose to utilize the expedited licensing process under the Compact or to seek a license directly from the state. For those who do not use the Compact process, nothing in the bill will require board certification or participation in MOC activities, and the procedures for direct application for a license under the laws of the state in which licensure is sought will apply.

Authority to Regulate the Practice of Medicine

You asked whether and to what extent the Compact would supersede Wisconsin law if the state were to join. Briefly, although the Compact would create new requirements related to the issuance of licenses by the Medical Examining Board (MEB), nothing in the Compact would override existing state authority to regulate the practice of medicine.

If Wisconsin were to participate in the Compact, the state would be obligated to enforce it and take all actions necessary and appropriate to effectuate its purposes and intent, and the Compact would have "standing as statutory law." [P. 26, LL. 1-5.] MEB would face new requirements related to verification and sharing of certain license-related information in cases where a physician uses the expedited licensing process under the Compact.

However, the Compact specifically provides that it will not affect other aspects of the regulation of medicine in a member state. The Compact states that it "shall not override existing state authority to regulate the practice of medicine." [P. 26, LL. 5-6.] All physicians would remain subject to MEB regulation and to all the statutory and regulatory requirements related to medical practice in the state, regardless of how they received their license. A physician licensed through the Compact would also be subject to Compact provisions under which the status of their license in every state could be affected by disciplinary action taken against the physician in any state in which they are licensed.

Promulgation of Rules

You asked whether rules may be promulgated under the Compact, and whether they would be under the authority of the Wisconsin Legislature. Briefly, the Compact does allow for promulgation of rules to achieve its purposes, but the rules would not be under the authority of the Legislature.

The Compact calls for the promulgation of rules by the Interstate Commission, "to effectively and efficiently achieve the purposes of the Compact," with a rule-making process similar to that under the Model State Administrative Procedure Act of 2010. Similarly to the provisions of the Compact itself, the rules will have the standing of statutory law in member states, but may not override existing state authority to regulate the practice of medicine. The Compact provides that a rule extending "beyond the scope of the purposes of the Compact" will be invalid and have no force and effect. [P. 25, LL. 5-15.]

Under these requirements, if Wisconsin were to join the Compact, the state would become subject to future rules promulgated by the Interstate Commission. The terms of the Compact prohibit the rules from going beyond the scope of the purposes of the Compact. However, the rules would be under the authority of the Interstate Commission, rather than the Wisconsin Legislature. If a dispute were to arise regarding a rule or its effect on state law, the Compact would provide an opportunity for judicial review in federal court, in Washington D.C., with deference to the actions of the Interstate Commission. [P. 25, LL. 16-21.] In the future, if Wisconsin were to withdraw from the Compact, any rules promulgated under the Compact would cease to apply one year following the effective date of the withdrawal. [P. 29, LL. 15-22.]

If you have any questions, please feel free to contact me directly at the Legislative Council staff offices.

BL:jal

WISCONSIN HOSPITAL ASSOCIATION, INC.



October 22, 2015

To: Members of the Senate Committee on Health and Human Services

From: Matthew Stanford, General Counsel

Re: WHA Supports Senate Bill 196 - the Interstate Medical Licensure Compact Bill

The Wisconsin Hospital Association (WHA) is pleased to support the Interstate Medical Licensure Compact Bill – Senate Bill 196, authored by Sen. Harsdorf and Rep. VanderMeer.

Enactment of this bill will remove redundant red-tape in the medical licensure process and thus increase access to care in Wisconsin communities by creating a VOLUNTARY, alternative, expedited process for a physician to receive a Wisconsin license and begin providing care, under Wisconsin practice laws, to patients in Wisconsin. Physicians that do not utilize the expedited Compact process are not affected by the legislation.

Without the Compact, it can take 3 to 6 months or more to gather and process all of the paperwork for a physician to receive a Wisconsin license. Because the process for applying for a medical license is similar but not uniform across states, this means that physicians applying in Wisconsin often have to provide the same information but in a different format to the Wisconsin Medical Examining Board that they have already provided to other state medical boards. As a practical example for Wisconsin patients and communities, if a community recruits a physician to replace a community's retiring physician, the licensure delay can mean that the community goes without local physician services while the recruited physician spends time applying for and waiting for his/her Wisconsin license to process.

By joining with the 11 states that have already adopted the Compact (including Iowa, Minnesota, and Illinois), Wisconsin can expedite the process to receive a Wisconsin license for physicians that meet the heightened eligibility standards of the Compact legislation. For physicians that utilize the expedited Compact process to receive a Wisconsin license, this will reduce the time and cost for both the physician and the Department of Safety and Professional Services to apply for and process the physician's Wisconsin license. Most importantly, it will enable those physicians to begin serving Wisconsin communities more quickly.

WHA is pleased to join with our health system members here today that have been instrumental in developing the model Compact language, the **over 600 individuals that came to Capitol during WHA's Advocacy Day in April to advocate for the Compact legislation**, the Wisconsin Medical Society, the Wisconsin Medical Examining Board, and multiple other organizations in supporting Wisconsin's adoption of the Interstate Medical Licensure Compact.

We ask to you to vote in support of Senate Bill 196 – the Interstate Medical Licensure Compact Bill. If you have any questions about details of the bill, please contact Kyle O'Brien (kobrien@wha.org) or Matthew Stanford (mstanford@wha.org) at 608-274-1820.



ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS, INC.

1601 N. Tucson Blvd., Suite 9
Tucson, Arizona 85716

The Voice for Private Physicians Since 1943

October 21, 2015

Re: Opposition to SB 196 - Interstate Medical Licensure Compact

To: Wisconsin Senate Committee on Health and Human Services
Chair: Senator Leah Vukmir
P.O. Box 7882
Madison, WI 53707-7882

Dear Chair Vukmir and Committee Members:

We ask you to please oppose legislation enacting the Interstate Medical Licensure Compact in Wisconsin.

Here are a few reasons states including Arizona, Missouri, Texas, Ohio, and Vermont, have thus far rejected participation in this Compact:

- The Interstate Medical Licensure Compact will supersede a state's autonomy and control over the practice of medicine.
- The Interstate Commission will likely implement changes to the state Medical Practice Act.
- There will be a significant cost to each participating state in joining the Interstate Medical Licensure Compact.
- It will be difficult and expensive for a state to extricate itself from the Interstate Medical Licensure Compact.
- The cost of obtaining medical licenses could be dramatically increased, and states must protect their citizens from regulatory excesses.
- Whereas, the Interstate Medical Licensure Compact's definition of a physician is at variance with all other state medical boards.

Here are a few additional reasons the Compact is wrong for Wisconsin's physicians and their patients:

- The proposed Interstate Medical Licensure Compact would abdicate essential state sovereignty over medical issues, by transferring powers to out-of-state private organizations and to other States. Wisconsin should not give up its authority and responsibility to entities that are unaccountable to Wisconsin voters.
- The Interstate Compact improperly delegates authority to private, out-of-state specialty organizations that have no transparency or accountability to Wisconsin voters, by requiring the much-criticized "Maintenance of Certification (MOC)."
- This Interstate Compact was pushed by a private organization in Texas (the Federation of State Medical Boards - FSMB) that has historically been an opponent of private medicine. It has not been properly discussed with physicians in private practice or genuine patient groups. The Texas legislature failed to approve the legislation despite heavy lobbying by special interests.
- The issue of telemedicine is best handled by Wisconsin for Wisconsin residents. This state has premier medical centers to provide all in-state telemedical consultation, obviating any need for out-of-state contacts. The Wisconsin legislature should not be delegating that responsibility to private, out-of-state organizations and to other State licensing bodies.

Thank you for considering our concerns about this legislation.

Sincerely,

Jane Orient, MD, Executive Director, AAPS

Dr. Kenneth Simons
Chairperson

Dr. Timothy Westlake
Vice Chairperson

Dr. Mary Jo Capodice
Secretary

WISCONSIN MEDICAL EXAMINING BOARD



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Madison WI 53708-8935

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FAX: 608-267-3816

RE: SB196

October 22, 2015

Dear Senator Vukmir and members of the Senate Committee on Health and Human Services,

On behalf of the Wisconsin Medical Examining Board, I am making the following statement regarding the Interstate Licensure Compact:

The Wisconsin Medical Examining Board is in support of the Interstate Licensure Compact because the Compact will create an additional voluntary expedited licensing option for physicians seeking medical licenses in multiple states.

Sincerely,

Dr. Kenneth Simons
Chair, Wisconsin Medical Examining Board



TO: The Honorable Members of the Senate Committee on Health and Human Services

**FROM: Kenneth Simons, MD, Senior Associate Dean for Graduate Medical Education and Accreditation
Professor of Ophthalmology and Pathology**

DATE: October 22, 2015

RE: Please Support Senate Bill 196, the Interstate Medical Licensure Compact

Thank you Chairperson Vukmir and members of the Senate Committee on Health and Human Services for holding a public hearing today on Senate Bill 196, the Interstate Medical Licensure Compact. I would also like to thank Senator Sheila Harsdorf and Representative Nancy VanderMeer for authoring and moving this critical legislation forward.

My name is Dr. Ken Simons, and I am the Senior Associate Dean for Graduate Medical Education and Accreditation and professor of Ophthalmology and Pathology at the Medical College of Wisconsin (MCW). I also serve the Medical College of Wisconsin Affiliated Hospitals, Inc. as Executive Director and Designated Institutional Official. Finally, I am proud to serve the citizens of the State of Wisconsin as a member of and current Chair of the Wisconsin Medical Examining Board (MEB).

As healthcare evolves to provide the best quality care and value at the right time and place, it is critical that our state keep pace with the rest of the nation and stay at the forefront in innovation and efficiency. The Interstate Medical Licensure Compact is critical to keeping Wisconsin on the cutting edge of physician recruitment and access to care, especially in medically underserved areas of the state.

At MCW we employ over 1500 faculty physicians. Our physicians provide adult patient care throughout 5 health systems, 8 hospitals, and 38 clinics throughout Wisconsin, and also provide pediatric specialty care at more than 30 specialty clinics through a joint venture with Children's Hospital of Wisconsin. In total, MCW is the largest physician group practice in Wisconsin and is the 14th largest in the nation. We care for more than 500,000 patients, which represents more than 2.2 million patient visits annually.

MCW recruits new faculty physicians from our over 850 residents and fellows in 88 ACGME accredited training programs, as well as across the nation. As a result, it is critical to have the ability to place the best possible faculty into our many clinical departments.

It is not unusual to take from three to six months for an out of state physician to become licensed in Wisconsin. As we work to alleviate physician shortages, this lead time is simply unnecessary and unacceptable for the many patients across the state. Joining the Compact will provide an expedited licensure process to significantly reduce this lead time and assist in getting the right physicians to the right places at the right times.

Although I am here today supporting the bill on behalf of MCW, and cannot formally support the legislation as Chair of the MEB beyond noting that the Medical Examining Board did endorse the Compact, it has been my experience within that role that the lengthy and involved licensure process is needlessly frustrating for incoming physicians. I can only imagine that thousands of patients across the state share in this very same frustration.

I am very confident that as a member of the Compact, Wisconsin would and will retain its critical oversight over the regulation of physicians in our great state in order to ensure patient safety and care. In fact, the Compact will allow states to conduct joint investigations of physicians when necessary, greatly enhancing our ability to track physicians who may not be acting in a patients' best interest.

I am excited and encouraged about the prospects for Wisconsin joining the Interstate Medical Licensure Compact. Thank you again for your time today and I am happy to answer any questions. Following the hearing, please feel free to also contact Kathryn Kuhn, Vice President of Government & Community Relations, or Nathan Berken, Director of Government Relations at 414.955.8217, or via email at kkuhn@mcw.edu or nberken@mcw.edu.

October 22, 2015

To: Committee on Health

From: Albert L. Fisher, M.D.

Re: S.B. 196

S.B. 196 would ratify the Interstate Medical Licensure Compact. While it may sound like a good idea, the Interstate Medical Licensure Compact would not serve doctors or patients well. Wisconsin should not join the Compact.

SELLING CERTIFICATES. The stated purpose of the Interstate Medical Licensure Compact bill is to streamline the process of obtaining a medical license in more than one state. On closer reading, however, only those physicians who are buying the products and participating in the recertification programs of the American Board of Medical Specialties may use the Compact. Wisconsin should not be giving a special deal to private corporate entities trying to sell products to physicians. If there is to be such a Compact, then any physician should be able to use this method of licensure.

A NEW LAYER OF BUREAUCRACY. The Interstate Medical Licensure Compact bill would establish an out of state bureaucracy called the Interstate Commission. This bureaucracy would be given broad rule making authority that "shall have standing as statutory law." By joining the Compact, Wisconsin would agree to rules that are not spelled out in advance. The Interstate Commission may take "legal action...in the Federal District Court where the Interstate Commission has its principle offices to enforce compliance with the Compact and its promulgated rules and bylaws against a member state in default."

NEW FINANCIAL LIABILITIES FOR THE STATE OF WISCONSIN. The Interstate Commission will set fees to be levied on the states. These fees are not spelled out in advance. Although the bill states that the physicians who use the compact will be responsible for the fees, it is possible that physicians will choose to NOT obtain licenses through the Compact. Ultimately, the state of Wisconsin may end up paying the bill.

WHAT IS THE NEED FOR SUCH A BILL? Is there a physician in full time clinical practice who has approached the bill's sponsors requesting this bill in order to improve the quality of care that he or she is providing? If Wisconsin wishes to expedite the licensing process for out of state physicians, then it can do so right now. In fact, Wisconsin can process a license application in 3 – 6 weeks. We do not need to cede control over the practice of medicine to an out of state bureaucracy in order to achieve such a goal.

A HIDDEN AGENDA. Powerful special interest groups are behind the push for this legislation. The Federation of State Medical Boards is trying to position itself as the natural entity for centralizing medical licensing. They are attempting to tie medical licensing to never ending testing of physicians. This costly and onerous process has been rejected by state medical boards across the country. However, the Federation of State Medical Boards is not giving up. This bill is truly a Trojan Horse designed to advance their agenda of power and control. While it is voluntary in the initial stages, it is safe to predict that through incrementalism their goals will become mandates over time. Please vote against this unnecessary legislation. Texas, Vermont, Missouri, and Ohio have recently voted NO on this legislation and Wisconsin should vote NO also.



July 8, 2015

To Physicians Licensed in the State of Ohio,

You may be aware of the Interstate Licensure Compact for physicians that has been adopted by some states to address multi-state licensure. The State Medical Board of Ohio has decided not to pursue legislation to implement the Interstate Licensure Compact at this time, and would like to provide you with the reasoning behind that decision.

For those of you who are not familiar with the Interstate Licensure Compact, it is a formal agreement between states to address licensure for physicians seeking licensure in multiple states. The Compact Agreement was developed in September 2014 and to date has been adopted by the legislatures of nine states (Alabama, Idaho, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia and Wyoming). According to the Federation of State Medical Boards' website, an additional 10 states have legislation pending to adopt the Interstate Licensure Compact (Iowa, Illinois, Maryland, Michigan, Nebraska, Oklahoma, Rhode Island, Texas, Vermont and Wisconsin). The Compact is governed by the Interstate Compact Commission which was activated when seven states adopted the Compact. It is estimated that the Interstate Compact Commission will become fully operational in the next 12 to 18 months.

In order to be eligible for a license through the Compact process, physicians must meet the following criteria:

- Hold a full, unrestricted license to practice medicine in a Compact state;
- Hold specialty board certification or hold a time unlimited specialty certificate;
- Have no discipline on any state medical license;
- Have no discipline related to controlled substance prescribing;
- Not be under investigation by any licensing or law enforcement agency;
- Passed the USMLE or COMLEX within 3 attempts;
- Successfully completed a graduate medical education program.

The Board has identified several areas of concern with the Interstate Licensure Compact, including loss of self-determination, financial issues, legal issues, and the administrative burden associated with additional bureaucracy and lack of operational clarity.

Loss of Self-Determination: The Compact would remove the Ohio Medical Board's authority to regulate its licensees.

- The Compact Commission will adopt rules that have the force of law in the member states and supersede any conflicting state law. If Ohio becomes a member of the Interstate Compact, the rules would be applicable to Ohio even if Ohio votes in opposition to their adoption at the Compact Commission.
- The rules of the Compact Commission will determine the application process for the interstate expedited license, the application fee, the issuance of the license, the renewal fee and determine what disciplinary or investigatory information is required to be shared with other member boards.

- Ohio would have no ability to deny or restrict a license to a physician who has been determined to be eligible for the Interstate Compact license by another member board, even if that individual would be denied a license under Ohio law.

Financial Issues: The Compact imposes duties without providing for appropriate funding to the Ohio Board

- Licensure and renewal fees are virtually the exclusive source of funding for the Board.
- The Compact requires states to provide services without receiving a fee. For example, if Ohio is designated as the “state of principal license” by the applicant, Ohio must determine whether the applicant is eligible for the interstate expedited license without receiving any fee. If Ohio finds the applicant to be ineligible, it must incur the costs of an administrative hearing under the Ohio Administrative Procedures Act, without any fee.
- The Commission will levy an annual assessment to the member states to cover the operations of the Commission, with the assessment determined by a formula adopted by the Commission. At this time, the amount of this fee is unknown.
- Renewals must be made through the Commission. The Commission will collect the fee for renewal in each state of licensure and then distribute the allotted amount to each state. Currently, the Board receives the majority of its funding from the biennial renewal fees.

Legal Concerns: The Compact may not be legally permissible, and violates the confidentiality of investigations

- Under the Compact, licensure records for physicians granted an interstate license are deemed to be investigatory records, and, therefore, confidential. Under the Ohio Public Record Law, licensure records are public documents and are regularly shared with hospitals, physicians and other members of the public. This discrepancy will create legal challenges under the Ohio Public Record Law.
- There is a strong likelihood that the Compact will create a due process legal challenge to the Ohio disciplinary requirements. If a license is suspended in one state, it is automatically suspended without a hearing in all states. Even if the state that originally imposed the suspension reinstates the license, the other states must hold a hearing before reinstating the license.
- The requirement to share investigatory information with other member states puts Ohio’s participation with DEA and law enforcement task forces at risk. Although the information is classified as “confidential” it doesn’t preclude another state from providing the information to the physician being investigated. This is in direct conflict with DEA and law enforcement task force requirements.

Additional Bureaucracy and Confusion: The Compact will likely add an administrative burden and slow the licensure processes

- If Ohio adopts the Compact, there will be two different licensure processes: (1) Ohio law and (2) the Compact. Both processes include an “expedited” license but the requirements are different. This will confuse applicants and the staff.
- There will be duplicative reporting of licensure and disciplinary information to the FSMB and to the Commission.
- All complaints against physicians who hold the interstate expedited license must be reported to the Commission. However, many states have a different interpretation of the word “complaint,” and there will likely be inconsistencies in the application of this requirement.

- Because renewal of an interstate expedited license must be completed through the Commission, renewal will likely take longer to be reflected in Ohio's database.

Ohio currently has numerous options for physicians considering licensure in this state, including an expedited license available to physicians who have already practiced for five years in another state. The Interstate Licensure Compact would not create any new services or options for physicians in Ohio, and it will likely increase the costs to the physicians and limit the Board's authority to regulate its licensees. For these reasons, the Board is not pursuing legislation to adopt the Compact in Ohio.

We would like to hear from you on this issue. Please send any comments to Joan Wehrle at Joan.Wehrle@med.ohio.gov.

Sincerely,

The State Medical Board of Ohio



Donald R. Kenney, Sr., President

Michael L. Gonidakis, Vice-President
Kim G. Rothermel, M.D., Secretary
Bruce Saferin, D.P.M., Supervising Member
Robert P. Giacalone
Andrew P. Schachat, M.D.
Michael Schottenstein, M.D.
Sushil M. Sethi, M.D.
Amol Soin, M.D., M.B.A.
Anita M. Steinbergh, D.O.



State Senator Sheila Harsdorf

To: Senate Committee on Health and Human Services

From: Senator Sheila Harsdorf

Date: October 22, 2015

RE: Senate Bill 196 – Ratification of the Interstate Medical Licensure Compact

Chair Vukmir and Committee Members:

Thank you for holding a public hearing on Senate Bill 196 (SB 196), which would enter Wisconsin into the Interstate Medical Licensure Compact and would thereby allow Wisconsin physicians to participate in a streamlined process to become licensed in multiple states. I appreciate the opportunity to testify in support of SB 196.

Currently, physicians must be licensed in the state where they practice and see patients. As a result, physicians must be licensed in multiple states to practice at all the facilities of a health system that crosses state lines. Since gaining licensure in multiple states can be onerous and time-consuming, the Interstate Medical Licensure Compact seeks to streamline the process and provide a more expedient pathway to gaining licensure in multiple states.

Under the Compact, physicians seeking to practice in multiple states may choose to participate by authorizing the Compact to share information on the physician's qualifications and background to other states. Allowing information that has already been vetted and screened by a physician's home state to be accepted by another state reduces bureaucratic hurdles and shortens the time to licensure. As hospitals and clinics align under a single organization with multiple facilities in different states, it is becoming increasingly more important to have physicians licensed in multiple states.

This is particularly evident in western Wisconsin, where HealthPartners, Allina, Gunderson Lutheran, Mayo Clinic Health System, and other health groups operate in both Minnesota and Wisconsin. Hospital and clinic directors in my district have expressed concerns with the red tape in bringing a physician licensed in another state into Wisconsin to provide care.

Another benefit of the Compact would be the anticipated increase in use of telemedicine technologies and online consultations. These expanded health care options will be a benefit for many residents of underserved and rural areas and represent great promise in the future delivery of medicine. Streamlining the licensure process will enhance opportunities to utilize physicians from beyond our state's borders.

It is important to note that Wisconsin maintains control over its licensing practices and standards and that physicians will still need to fulfill all licensing requirements required by Wisconsin as they are seeking to gain licensure through the Compact. Additionally, regulatory authority over physicians, including disciplinary actions, remains with our state's medical board. Finally, physician participation is entirely voluntary and all costs and fees are covered by the physician.

Joining the Interstate Medical Licensure Compact will enhance Wisconsin's ability to attract high quality physicians and open up greater access to physicians that have specialized expertise. This legislation is supported Medical Society, Hospitals Association, Mayo Clinic, and Gunderson Lutheran. I urge your support of SB 196 and would welcome the opportunity to answer any questions.



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

TO: Honorable Members of the Senate Committee on Health and Human Services

FROM: State Representative Nancy VanderMeer

DATE: October 22, 2015

SUBJECT: Testimony in Support of SB 196, the Interstate Medical Licensure Compact

Thank you Chairwoman Vukmir and members of the Senate Committee on Health and Human Services for holding a hearing on Senate Bill 196 today. As the author of this legislation, along with Senator Harsdorf, I am pleased to testify before you and to take any questions that committee members may have.

Senate Bill 196 will enable Wisconsin to enter into an Interstate Medical Licensure Compact, which will provide a new, expedited, licensing option for physicians seeking to practice in multiple states. I am proud to say that this bill has the support of 72 other legislators who have signed on as sponsors, including many of you here today, along with a broad coalition of health care stakeholders. On September 24th, the state Assembly passed this bill with a 95-1 vote.

I would like to start by discussing the need for this legislation. Currently, when a physician in another state wishes to practice in Wisconsin, that physician must apply for and receive a medical license in Wisconsin. The same can be said for a Wisconsin physician seeking to practice in another state.

While the application process, and requirements, are similar among states, it can be time consuming for physicians, taking many months to navigate. Physicians are often times required to submit duplicative, extensive documentation that is unnecessary. Essentially, the patchwork of state-by-state medical licensing rules is presenting a costly and time-consuming barrier to the practice of medicine.

This legislation seeks to address that regulatory burden by allowing for expedited multi-state licensing. Through the Compact, physicians who choose to participate - and this is entirely voluntary - will be able to receive a medical license in Wisconsin and other states who have joined the Compact within a matter of days. This not only reduces a burden on physicians, but also health systems who assist in the credentialing process.

It is important to note that under this new licensing process, our state's current medical standards and oversight over the practice of medicine will remain fully intact, and no changes are being proposed to state's Medical Practice Act. Physicians licensed through the Compact will need to continue to comply with all laws, rules and regulations of the state in which the patient is located.



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

One of the benefits of this legislation is that it seeks to address a major health care issue facing our communities: access. With the Compact in place, qualified physicians with an existing medical license in a Compact state can begin providing care in Wisconsin communities more quickly.

Furthermore, this legislation will help promote the use of telemedicine. As you are aware, telemedicine provides many benefits, including greater convenience for families, safer care, better outcomes, and ultimately higher quality care and cost savings.

Earlier this year, I had the opportunity to speak with administrators and physicians at the Mayo Clinic Sparta hospital in my district about the importance of this legislation and the connection it has with telemedicine. Like many small hospitals, Sparta isn't able to always have professionals on hand with the expertise needed to make certain diagnosis. In order to properly care for patients they need to consult with experts who are a long distance away, and sometimes located in another state. Telemedicine is one way in which they are able to expedite those consults, preventing delays in care. The Compact ties into this effort, and similar ones across the state, by streamlining licensing for qualified physicians, which in turn ensures they are able to connect with patients. This will enable providers to expand access and continue to confront the physician shortage in rural areas, helping to keep high-quality health care in local communities.

I would also like to discuss the structure of the Compact. Under this bill, a commission will be established to serve as a clearinghouse for physician licensure and to ensure high standards are maintained. Two representatives from our state will be members of the commission overseeing implementation of the Compact. The Compact legislation is also written to ensure that physician fees, paid by those who voluntarily participate in the Compact, will support operating costs, including those of the Compact Commission, who is charged with administering the Compact.

An important aspect of this legislation worth repeating is that the Compact is entirely optional. Furthermore, physicians that choose not to use the Compact process, or that are ineligible for the Compact process, may continue to seek licensure in Wisconsin and other Compact states under the current licensure process. Nothing will change for physicians who choose not to participate.

In closing, I want to stress the main reasons this legislation is important and worthy of your support. First, it will allow for streamlined licensing, lower compliance costs and reduced barriers. Second, it will increase access to health care, and help to alleviate the physician shortage in our state, especially in rural areas.

In closing, I ask that you join Senator Harsdorf and myself, along with a broad coalition of health care stakeholders, in support of this effort to streamline the medical licensing process and to improve access to high quality care.

Thank you for the opportunity to testify here today, I would be happy to answer any questions you may have at this time.