
License Portability Facilitating Multi-State Practice

The Increasing Need for License Portability

- Environment of medicine rapidly changing
 - *Rise of telemedicine and technology*
 - *Increase in multi-state practice*
 - *Passage of Affordable Care Act and need for greater access to care*
- In this environment, **PORTABILITY** of medical licenses is critical and must be facilitated
- **Goal: Enhance portability, while ensuring medical quality and patient protection**



,FSMB -License _Portability Activity

- **FSMB has long been a proponent for enhanced portability of licenses**

Almost two decades of action beginning with the Report of the Special Committee on Licensure by Endorsement (1995) and Model Act for the Practice of Medicine Across State Lines (1996)



Components of License Portability Initiatives

Uniform

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Improve Improve FCVS the

Expedited
Endorsement and
Telemedicine
Standards

Policy and
Legislative

Credentials
Verification

**Explore feasibility for
mechanism to facilitate
expedited endorsement**



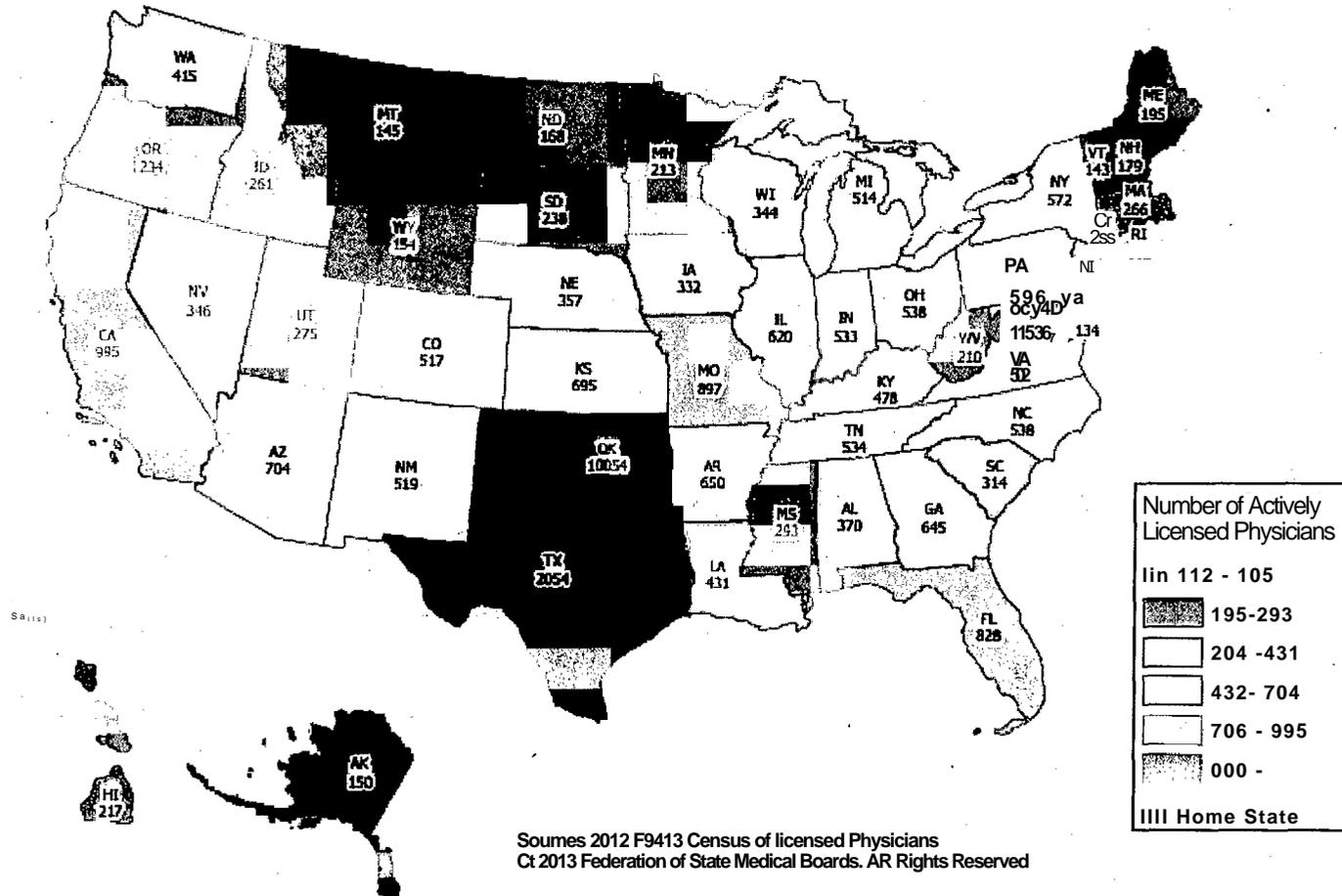
- Interstate
Medical
Licensure
Compact⁷

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CO 2014 Federation of State Medical Boards



Oklahoma State Board of Licensure & Supervision Actively Licensed Physicians with Multi-State Licenses



Number of Actively Licensed Physicians

- |||| Home State
- 195-293
- 204-431
- 432-704
- 706-995
- 000-

Sources 2012 F9413 Census of licensed Physicians
Ct 2013 Federation of State Medical Boards. AR Rights Reserved



Interstate Compact Directive Resolution 13-5

- **FSMB House of Delegates unanimously adopted *Resolution 13-5: Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice (HOD 2013)***
- **Directed FSMB to convene representatives from state medical boards and special experts as needed to aggressively study the development of an Interstate Compact model to facilitate license portability**



The Compact Development Project

- **Launched a feasibility study of Interstate Compact concept**
 - Multi-stakeholder planning group*
- **All dimensions of Interstate Compacts being explored**
 - *What has worked for others, and why?*
 - What operational/administrative models are possible?*
 - What timeframe is realistic?*
 - *Transferability for other health professions*

What is an Interstate Compact

- **State cooperation enshrined in Constitution**

Contract between compact states

Respond to collective problem without 'nationalization' of the issue

Retains state sovereignty on issues traditionally reserved to state jurisdiction

The Interstate Compact Process

Three step process

- **Advisory Stage**
- **Drafting Stage**
- **Education and Enactment**



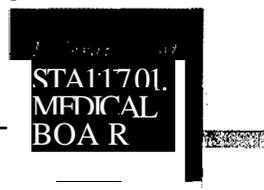


Key Foundational Blocks

Maintain State Authority and Control: The interstate compact concept retains state-based licensure and state control of the licensing process — but it should at the same time streamline significantly the process of license application and renewal for eligible physicians. A compact would NOT entail a "national" license. State boards will not give up their authority in this new system, and participation in an interstate compact will not compromise their ability to generate fees.

Establish High Standards for Physician Eligibility: A proposed framework should adhere to the highest standards of eligibility for physicians who practice within it, in order to ensure patient safety and protection. Not all physicians will qualify to participate in a compact — only those who meet rigorous requirements.

Ensure a Well-Coordinated and Fairly-Applied System of Oversight and Discipline: An effective interstate compact must include a cooperative system of information-sharing and rapid adjudication of disciplinary issues between states. The proposed framework should demonstrate to state boards and the public constituents they represent that the oversight of physician activity remains well-coordinated, strong, and effective.



Consensus Principles

- **Participation in an interstate compact for, medical licensure will be strictly voluntary for both, physicians and state boards of medicine.**
- **Generally, participation in an interstate compact creates another pathway for licensure, but does not otherwise change a state's existing *Medical Practice Act*.**
- **The practice of medicine occurs where the patient is located at the time of the physician-patient encounter and, therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located.**



Consensus Principles (cont.)

- **An interstate compact for medical licensure will establish a mechanism whereby any physician practicing in the state will be known by, and under the jurisdiction of, the state medical board where the practice of medicine occurs.**
- **Regulatory authority will remain with the participating state medical boards, and will not be delegated to any**
- **entity that administers the compact.**
- **A physician practicing under an interstate compact is bound to comply with the statutes, rules and regulations of each compact state wherein he/she chooses to practice medicine.**



Consensus Principles (cont.)

State medical boards participating in an interstate compact are required to share complaint/investigative information with each other.

The license to practice medicine may be revoked by any or all of the compact states.

Key Topics Under Discussion

In studying an initial framework for an interstate compact for medical licensure, key topics under consideration include:

Compact development process

- **Projected level of adoption among the states**
- **Expectations for how a compact could be utilized by state medical boards to expedite licensing for qualified physicians seeking to practice in multiple jurisdictions**
- **Critical content areas such as qualifications, credentialing requirements, information sharing and licensing fees**
- **Key stakeholders**





Next Steps

- **Provide a forum for representatives from state medical boards to deliberate on the compact framework, which will include:**
 - **Physician eligibility requirements for participation in the compact**
 - **Disciplinary process**
 - **Funding options for a self-sustaining compact**
 - **Gauging level of interest among states for adoption**
- **Assemble drafting team with support of Council of State Governments that will begin drafting model legislation based on an agreed upon framework**
- **Submit report to the FSMB House of Delegates in April 2014**

