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Agency of Human Services

February 13, 2018

Senate Health & Welfare Committee
Vermont General Assembly
115 State Street
Montpelier, VT 05633-5301

Re: Input for S.253, An Act Relating to Vermont's Adoption of The Interstate Medical Licensure Compact

To the Committee:

Thank you for the opportunity to submit the position of the Board of Medical Practice on S.253, the bill that proposes to have Vermont adopt the Interstate Medical Licensure Compact (IMLC). In short, the Board supports the bill and has formally taken that position on multiple occasions, both during this session of the Vermont General Assembly and in the past when the IMLC was proposed as S.8 on January 14, 2015.

You may find it helpful to have some background regarding what motivated a majority of state medical boards to come together to propose the IMLC. Over the past few decades there has been a trend for physicians to be licensed in multiple jurisdictions. Initially this was probably based a trend for Americans to be less rooted in one place. In recent years the trend for physicians to hold many licenses has accelerated with the growth of technology that supports remote practice of medicine and acceptance of "telemedicine" as a legitimate practice, in the right circumstances.

As more and more physicians sought licenses in many jurisdictions, there was an increase in complaints that going through the licensing process in many states was burdensome, and amounted to a duplication of effort. While licensure requirements are distinct among the states, and the right to establish standards and license physicians is recognized as an important state right, many of the requirements are common to all states. Cooperation to ease multiple-state licensure had long been discussed by the medical boards, facilitated by the national organization known as the Federation of State Medical Boards, but those discussions were not fruitful. However, in the last decade, well-organized and well-funded groups began to advocate for national medical licensure. Trade groups such as the American Telemedicine Association (largely funded by companies that provide technology to support telemedicine and corporations interested in offering remote services) succeeded in having several bills introduced in the United States Congress that would either incrementally or all at once lead to national licensure for

physicians. The prospect of national licensure was seen as a serious affront to states' rights (note that Vermont has more demanding standards, and generally lower rates of malpractice cases and discipline than many states) and, importantly, there was never any proposal for a rational and feasible system of regulation, investigation, and discipline of physicians that would cover the entire nation if medical licensure became national. Despite the questionable feasibility of a national licensure scheme, the amount of resources pushing national licensure gave a strong incentive to find a solution that would ease the burden of obtaining many licenses, yet allow states to be comfortable that their interest in protecting their residents would be served. The result was the IMLC.

In many cases, when a physician applies for a license the outcome is a "no-brainer." Someone who meets our standards for training and education, and who has no adverse history is sure to get a license. Effectively, the standards established in the IMLC are designed to identify the "no-brainers," and allow a medical board to rely on the verification of qualifications performed by another state's medical board. The standard in medical licensing and credentialing is direct verification. Important information such as verification of medical education, examination results, and completion of residency must come directly from the originating body. It is fundamental that you do not accept someone else's statement that they have done your due diligence for you. However, the Board voted to endorse the IMLC as an alternative to our process, which will continue to be the primary path to a Vermont MD license, based upon trust in the other state boards. Additionally, there is a strong network of information sharing, supported by the National Practitioner Data Bank and the FSMB Board Action Data Bank. Access to shared information would help to mitigate any risk associated with relying on the work of other state boards. The Board's decision was also influenced by factors that come up in our answers to the three questions you ask witnesses to address. Those factors will be discussed in my answers to those vital questions:

- Will the proposal affect quality of care in Vermont?
- Will it affect the healthcare workforce in Vermont?
- What problem does it address?

Will the proposal affect quality of care in Vermont?

The Board believes that ultimately it will support quality of care in the physician workforce. First, it will not adversely affect quality because the Board believes that the IMLC will provide an effective alternative to our screening process. Second, it will support quality of care because it will help to avoid physician shortfalls in Vermont. There will be more on that in the next answer.

Will it affect the healthcare workforce in Vermont?

Yes, it will. First, it will avoid a problem with access to services such as remote radiology and pathology, and locum tenens coverage. Remote services and locum coverage are often obtained through firms that facilitate licensure for their physicians. As more and more states adopt the

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IMLC (approximately 22 states have) and firms reduce credentialing services based on the availability of the IMLC option, states that do not adopt the IMLC may see a reduction in the availability of those services. That is especially a concern in small markets such as Vermont. In the same vein, it will provide a speedy pathway to licensure, which is sometimes very important when there is an unanticipated need for a locum tenens physician. Second, it will help with recruitment of physicians to work in Vermont. The availability of an easier and faster pathway to a license might be a factor for some physicians considering a job in Vermont. Also, as more and more physicians make multi-state and remote practice a part of their practice plans, whether the state they are considering offers the IMLC, and thus the ability to easily get other state licenses, may be a recruitment factor.

What problem does it address?

As discussed above, the IMLC addresses general complaints that the medical licensing process is involved and time-consuming. More specifically, it responds to the coordinated efforts to curtail the rights of the states, including Vermont, to regulate physicians and protect their residents.

In sum, the Board supports the IMLC. I would be happy to answer any questions about the IMLC and the medical licensing process that the Committee might have.

Sincerely yours,

David K. Herlihy
Executive Director