



**Written Testimony of Patricia A. King, MD, PhD, FACP  
Chair-Elect, Federation of State Medical Boards**

**Hearing on Senate Bill 253  
Committee on Health & Welfare  
Vermont Senate  
Thursday, February 8, 2018**

Chairwoman Ayers and Members of the Committee,

My name is Dr. Patricia King and I am a resident of Burlington, Chair-elect of the Federation of State Medical Boards (FSMB), and former Chairwoman of the Vermont Board of Medical Practice. On behalf of the FSMB, I would like to take this opportunity to comment on Senate Bill 253, the Interstate Medical Licensure Compact. The FSMB urges the Committee to support this legislation.

The FSMB was founded in 1912 and represents all 70 of the state medical and osteopathic regulatory boards in the United States and its territories, including the Vermont Board of Medical Practice and the Vermont Board of Osteopathic Physicians and Surgeons. The mission of the FSMB is to support its member boards as they fulfill their statutory mandate of protecting the public's health, safety and welfare through the proper licensing, disciplining, and regulation of physicians and other health care professionals.

Beginning in 2013, the FSMB worked with its member boards and special experts to study the feasibility of an interstate compact model to support medical license portability nationwide, while simultaneously ensuring state regulatory authority in the protection of the public. Among the issues driving the need for the Compact are physician shortages, the influx of millions of new patients into the health care system as a result of the Affordable Care Act, and the growing need to increase access to health care for individuals in underserved or rural areas through the use of telemedicine as permitted by state law.

The legislation before you today is a new, alternative pathway for expedited medical licensure that will expand access to care, streamline the licensing process for physicians, and facilitate multi-state practice and telemedicine for those physicians and states that voluntarily choose to participate, benefiting both physicians and patients in Vermont.

As mentioned, the Compact was drafted by state medical board representatives themselves, with the assistance of the FSMB and the Council of State Governments (CSG). Throughout the two-year drafting process, input and feedback was received and incorporated from a multitude of stakeholders, including state medical boards, provider organizations, patient advocacy

organizations, hospitals and health systems, and the telehealth industry. Since the final model legislation was released in September 2014, 22 states have formally enacted the Compact, in addition to being introduced in Vermont and seven other legislatures this year, including New York, Rhode Island, Maryland, Michigan, Indiana, Georgia, the District of Columbia, and Guam. The Compact is supported nationally by the American Medical Association and the American Osteopathic Association.

I would like to provide several clarifying statements about the Compact to ensure that the Committee has a thorough understanding of what the Compact is, and what it is not.

The Compact does not supersede the state's autonomy and control over the practice of medicine. On the contrary, it is the ultimate expression of state authority. States maintain control through a coordinated legislative and administrative process. The Compact thwarts the ongoing efforts of several federal policymakers and powerful interest groups that seek to nationalize the medical licensure system. In the Compact, the practice of medicine is defined as where the patient is located, not where the physician is located. As such, all initial disciplinary actions will be handled by the Board of the state where the patient is located, just as it is conducted today.

The Compact is entirely voluntary for physicians to utilize. The Compact's definition of a physician does not change the existing definition of a physician in a state or territory's existing Medical Practice Act, nor does it change the basic requirements for state medical licensure of a physician seeking only one license within a state, or who chooses to become licensed in additional states through existing processes.

In order to obtain a license through the Compact, a physician must meet nine eligibility requirements, including holding specialty certification at the time of application and having no disciplinary actions. The requirements are of the highest criteria to ensure all states have the ability to join the Compact and to ensure physicians have the highest standards to protect patient safety. The Compact does not require Maintenance of Certification (MOC) at any stage of the process. Physicians are only required to possess specialty certification, or a time-unlimited certificate, as an entry point into the Compact process. Once issued a license by a Compact Member State, the physician must comply with existing state rules, regulations, and standards.

The Compact creates a Compact Commission that is comprised of two representatives from each member state. This Commission, which has been meeting since October 2015, serves as an administrative clearinghouse of licensing and disciplinary information among participating member states and territories. The Commission, like the FSMB, does not have regulatory control over physicians or the practice of medicine. It does not issue licenses nor does it revoke licenses. Its only purpose is to facilitate interstate cooperation and the transfer of information between member states and territories. Regulatory control remains with the respective medical boards. The Compact Commission began processing applications on April 6, 2017. At the end of December 2017, 534 applications were processed resulting in 745 licenses issued and 46 licenses renewed.

The Commission is not a new layer of bureaucracy, but rather an innovative modality that will enhance information sharing between state medical boards, thereby expediting the licensing

process and better protecting patients. The Commission has the ability to accept federal or private grants to fund its operation. The FSMB was awarded a three-year \$750,000 grant through the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) to provide support to Compact Member States in the operation of the Compact Commission.

State participation in the Compact is, and will remain, voluntary. States are free to withdraw from the Compact at any time and may do so by repealing the enacted statute. The withdrawal provisions of the Interstate Compact are consistent with interstate compacts currently in place for a variety of purposes throughout the country.

The Interstate Medical Licensure Compact is a testament to the work of medical regulatory boards, physicians, and other key stakeholders to reach consensus in support of a state-based solution that will simultaneously expedite state medical license portability while ensuring the protection of the public.

Again, I thank you for the opportunity to comment on Senate Bill 253 and urge you to support this legislation. The FSMB hopes you will look at the long-range benefits that this legislation will have on expanding access to care and streamlining the licensing process for physicians in Vermont.