



**Written Testimony of John Bremer
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**Hearing on House Bills 4582-4583
Committee on Health Policy
Michigan State House of Representatives
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Chairman Callton, and Members of the Committee, my name is John Bremer. I am the State Legislative & Policy Coordinator for the Federation of State Medical Boards (FSMB). Thank you for the opportunity to testify today on House Bill 4582 and House Bill 4583. The Federation of State Medical Boards urges the Committee to support these bills.

The FSMB is a national, non-profit organization whose members include all of the 70 state medical and osteopathic licensing and disciplinary boards of the United States and its territories, including both the Michigan Board of Medicine and the Michigan Board of Osteopathic Medicine and Surgery. The FSMB's primary mission is to promote excellence in medical practice, licensure, and state-based regulation on behalf of its member medical boards as they strive to protect the public. The FSMB and its member boards are focused on improving the system of medical licensure in the U.S. and advancing the overall quality, safety, and integrity of health care.

As a membership organization, the FSMB serves as a conduit for member boards to share information and address current issues. The FSMB provides a variety of services to support state medical boards in carrying out their statutory responsibilities to protect the public. These services include developing model policies and

identifying “best practices” for states, providing legal and policy research, and monitoring regulatory and legislative activity at the local, state and federal levels.

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, simultaneously ensuring state regulatory authority in the protection of the public. Among the issues driving the need for the Compact are physician shortages, the expected 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.

The legislation before you today, the Interstate Medical Licensure Compact, 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 Michigan.

As mentioned, the Compact was drafted by state medical board representatives, with the assistance of the FSMB and the Council of State Governments (CSG). Throughout the near two year drafting process, input and feedback was received and incorporated from a multitude of stakeholders, including state medical boards, provider organizations (American Medical Association and American Osteopathic Association), patient advocacy organizations, hospitals and health systems, and telehealth industry. The final model legislative language was released in September 2014 and since then, 11 states have enacted the Compact, in addition to

nine other states that have introduced the legislation, including Michigan. State neighbor Illinois enacted the Compact in July 2015 and we hope Wisconsin will join the Compact by the end of the year, as well.

The Compact is supported in Michigan by Ascension Health, Trinity Health, Michigan Health & Hospital Association, and the American Association of Retired Persons (AARP), among others.

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

The Compact does not supersede a state's autonomy and control over the practice of medicine. On the contrary, it is the ultimate expression of state authority. States will 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. The practice of medicine is defined in the Compact 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 definition of a physician in the Interstate Compact relates only to the eligibility to receive a license through the process outlined in the Compact, which again, is entirely voluntary for physicians to utilize. The Compact definition does not change the existing definition of a physician in a state'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 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 are of 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 of each Member State. This Commission, which met for the first time on October 27, will essentially serve as an administrative clearinghouse of licensing and disciplinary information between participating Member States. The Commission will not have regulatory control over physicians or the practice of medicine. It will not issue licenses nor will it revoke licenses. Its only charge is to facilitate interstate cooperation and the transfer of information between member states. Regulatory control remains with the respective medical boards.

The Commission is not a new layer of bureaucracy, but rather an innovative modality that will enhance information sharing between state boards, thereby expediting the licensing process and better protecting patients. It is the intent of the Commission to be budget neutral – the Commission will be able to accept federal or private grants to fund its operation. The FSMB was recently awarded a \$225,446 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 establishing the Compact Commission. While the Commission will have the option of member assessments, which will be minimal if ever required, and fees to participating physicians, best akin to a 'Ticketmaster processing fee,' it is expected, through economies of scale, that this process will not only expedite licensing for physicians, but possibly reduce the costs of seeking licensure in multiple states.

State participation in the Compact is, and will remain, voluntary. States are free to withdraw from the Compact and may do so by repealing the enacted statute. The withdrawal provisions of the Interstate Compact are consistent with interstate compacts currently enacted 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 medical license portability while ensuring the protection of the public.

Again, I thank you for the opportunity to comment on House Bill 4582 and House Bill 4583 and urge you to support these bills. 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 Michigan.