



STATEMENT

of the

American Medical Association

for the Record

Federal Trade Commission's Economic Liberty Task Force

**RE: Streamlining Licensing Across State Lines: Initiatives to
Enhance Occupational License Portability**

July 20, 2017

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The American Medical Association (AMA) appreciates the opportunity to present the views of our physician and medical student members regarding Streamlining Licensing Across State Lines: Initiatives to Enhance Occupational License Portability. We commend the Federal Trade Commission's Economic Liberty Task Force for your leadership in recognizing the need to identify the policies that expand options for licensed health professionals such as physicians and other allied health professionals. The AMA supports the goal of enhanced competition that advances patient health and safety while promoting economic opportunity for physicians. In the past three years progress has been made to reduce these barriers while upholding important patient health and safety priorities, but more opportunities remain, including strategies to: leverage technology to reduce administrative burdens, costs, and time delays faced by physicians seeking licensure in multiple states; and advance adoption of interstate compacts.

Modernization of State-Based Licensure

The AMA has long-established policy to support efforts to modernize, streamline, and generally remove the paperwork and cost burdens of obtaining a medical license. The AMA strongly supports licensure solutions that make it easier for physicians to obtain the initial license as well as additional licenses to practice in multiple states, while preserving the ability of states to protect patient health and welfare and oversee the care provided to patients within their borders. Both are possible while leveraging new technologies coupled with thoughtful policies that enhance interstate cooperation and communication.

For at least a decade, the AMA has urged policymakers to address the cost, time, and paperwork burdens associated with licensure, which is compounded when a physician seeks licensure in more than one state.

In 2012, the AMA supported scaling up the Health Resources and Services Administration (HRSA) Licensure Portability Program pilot program. At the time, the AMA was aware that 38 states were interested in securing grants. The funding was used to modernize the state-based licensure process while enhancing standardization and interoperability, without undermining the state's capacity to maintain public health, safety, and local oversight. The License Portability Program included three components: Uniform Application, Federation Credentials Verification Services (FCVS), and Expedited Licensure (EL). The grants were piloted with great success and supported the following:

- Uniform online application, similar to the common college application. Just like the common college application, the states could add addendums to the application, but there would be identical formats.
- Utilization of a common credential verification process. The Federation of State Medical Board (FSMB) already had the system in place.
- Expedited licensure process.

In addition to expedited licensure, the FSMB indicated that portability could lead to greater utilization of expedited endorsement. The expedited endorsement process accepts a license issued in another state that was verified and sets requirements for endorsing a license granted in another state. A large number of states have adopted some form of expedited endorsement. Generally, physicians must meet the following criteria in order to be eligible:

- Full and unrestricted licensure (in all jurisdictions where a medical license is held);
- Free of disciplinary history, license restrictions, or pending investigations (in all jurisdictions where a medical license is or has been held);
- Graduation from an approved medical school or hold current Educational Commission for Foreign Medical Graduates (ECFMG) certification;
- Passage of a licensing examination acceptable for initial licensure within three attempts per step/level and within a seven year time period;
- Completion of three years of progressive postgraduate training in an accredited program; and/or
- Current certification from a medical specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association (AOA). Lifetime certificate holders who have not passed a written specialty recertification examination must demonstrate successful completion of the Special Purpose Examination (SPEX), Comprehensive Osteopathic Medical Variable Purpose Examination (COMVEX), or applicable recertification examination.

Broad Support, Seminal Initiative

The most notable licensure modernization reform among a number of such efforts is the Interstate Medical Licensure Compact. The Interstate Medical Licensure Compact (Compact) creates a new pathway to expedite the licensing of physicians who are already licensed to practice in one state and seek to practice medicine in one or more other states. The Compact promises to increase access to health care for individuals in underserved or rural areas and allow patients to more easily consult medical experts through the use of

telemedicine technologies. The Compact will make it easier for physicians to obtain licenses to practice in multiple states and will strengthen public protection by facilitating state medical board sharing of investigative and disciplinary information that they cannot share now. Physicians can apply for licenses through the Compact's [website](#).

Among the issues driving the need for a Compact are physician shortages, the expected influx of millions of new patients into the health care system, and the growing need to increase access to health care for individuals in underserved or rural areas through the use of telemedicine. Proponents of telemedicine have often cited the time-consuming state licensure process for multiple-license holders as a key barrier to overcome in order for telemedicine to continue to grow and thrive.

The Compact will make it easier and faster for physicians to obtain a license to practice in multiple states, thus helping extend the impact and availability of their care at a time when demand is expected to grow significantly.

Consistent with longstanding AMA policy supporting modernization of the state licensure system, uniformity in requirements for state licensure, and pluralistic approaches to verification of credentials for licensure, AMA policy supports the Compact. AMA policy also directs the AMA to work with interested medical associations, the Federation of State Medical Boards (FSMB) and other interested stakeholders to ensure expeditious adoption of the Compact and creation of the Interstate Medical Licensure Compact Commission (Commission). In the first 18 months, 22 states have joined the Compact: Alabama, Arizona, Colorado, Idaho, Iowa, Illinois, Kansas, Minnesota, Mississippi, Kansas, Montana, Nebraska, Nevada, New Hampshire, Pennsylvania, South Dakota, Tennessee, Utah, Washington, Wisconsin, West Virginia, and Wyoming.

Patient Care and Consumer Protection

Modernized state-based licensure leverages and enhances an existing infrastructure to advance patient-centered care while providing physicians greater flexibility to practice in multiple states. State-based licensure fundamentally aims to ensure that patients receive safe, effective, and reliable services through establishing a set of qualifications, including continual training and education, and professional standards.

State-based licensure also enables consumers to easily identify qualified and competent providers. While health care providers who are not subject to licensure are culpable under tort law, patients may have issues in reporting misconduct and stopping further harm. State-based licensure empowers patients by providing a place to report harm and a mechanism to remove providers who render unsafe or ineffective health care services.

The Compact enhances this infrastructure by establishing clear rules for investigations, referrals, adjudication, and disciplinary actions. Defined, streamlined, and transparent rules of the road benefit patients and physicians while providing greater transparency and predictability to all stakeholders.

Conclusion

The AMA appreciates the opportunity to provide comments and to continue engagement with the Task Force on this important topic.