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Federation of State Medical Boards Responds to False and Misleading Attacks on Interstate Medical Licensure Compact

(Washington, D.C., January 30, 2015) – The Federation of State Medical Boards (FSMB) is releasing today a fact sheet refuting false and misleading public statements and distortions made by individuals and organizations opposing the Interstate Medical Licensure Compact, which was recently developed by representatives of several state medical boards in an effort to streamline licensing for physicians who want to practice in multiple states.

The campaign against the Interstate Compact includes falsehoods that are easily debunked by simply reading the model legislation that is the basis for the Compact and is now being considered in several states.

The FSMB fact sheet, “Six Myths about the Interstate Medical Licensure Compact,” outlined below, refutes the misleading claims. The fact sheet is also available at the Interstate Medical Licensure Compact website at www.licenseportability.org.

The Interstate Medical Licensure Compact would create a dynamic licensing system that will modernize and streamline the medical licensure process, facilitate multistate practice, enhance telemedicine practice and expand access to healthcare to underserved areas—while maintaining critical state oversight, accountability and patient protections.

Perhaps the most egregious of the falsehoods being circulated by opponents of the Compact is the notion that the Compact would somehow force all practicing physicians to participate in additional levels of specialty certification maintenance beyond basic licensing and standard continuing medical education (CME). This is simply not true.

Participation in the proposed Compact is totally optional, and is intended only for those physicians who wish to practice in multiple states and who want to avoid the process of applying for multiple state licenses one at a time.

The Compact in no way changes the requirements for licensure for physicians seeking one license within a state or for those who choose to become licensed in multiple states through existing processes. The status quo remains, for any physician who wants to continue to use current licensing processes.

The Interstate Compact has been endorsed by physician organizations, including the American Medical Association (AMA), and by 25 of the nation's state medical and osteopathic boards in just the few short months since it was introduced. The Compact has been introduced in 10 state legislatures (Iowa, Minnesota, Nebraska, Oklahoma, South Dakota, Texas, Utah, Vermont, West Virginia and Wyoming).

Six Myths about the Interstate Medical Licensure Compact

MYTH: It is claimed that the definition of a physician in the Compact is at variance with the definition of a physician by all other state medical boards.

FACT: 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. 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.

FACT: In order for the Compact to be acceptable in ALL states, the definition of a physician was drafted by state medical boards in a manner that meets the highest standards already required for expedited licensure or licensure by endorsement (many states already have standards in place for expedited licensure or licensure by endorsement that require specialty-board certification.)

FACT: Physicians who do not meet the requirements, including those not specialty certified, are still eligible to apply for state medical licensure in a member state through the current process. Initial estimates show that up to 80% of licensed physicians in the U.S. are currently eligible to participate in the Compact, if they choose to do so.

MYTH: It is claimed that physicians participating in the Compact would be required to participate in Maintenance of Certification (MOC), or that MOC is an eligibility requirement for the Compact.

FACT: The Compact makes absolutely no reference to Maintenance of Certification (MOC) or its osteopathic counterpart, Osteopathic Continuous Certification (OCC). The Compact does not require a physician to participate in MOC, nor does it require or even make mention of the need to participate in MOC as a licensure renewal requirement in any state. Once a physician is issued a license via the Compact from a state, he or she must adhere (as now) to the renewal and continuing medical education requirements of that state. No state requires MOC as a condition for licensure renewal, and therefore, this will not be required for physicians participating in the Compact.

MYTH: It is claimed that the Compact would "supersede a state's authority and control over the practice of medicine."

FACT: The Compact reflects the effort of the state medical boards to develop a dynamic, self-regulatory system of expedited state medical licensure over which the participating states maintain control through a coordinated legislative and administrative process. Coordination through a compact is not the same as commandeering state authority. It is the ultimate expression of state authority.

FACT: Some of the groups that are distorting the facts about the Compact are contradicting their own policies and goals: The American Legislative Exchange Council (ALEC), for example, which is now criticizing the Compact, has supported interstate compacts as solutions to other multi-state-based legislative challenges in the past.

MYTH: It is claimed that the Compact would change a state's Medical Practice Act.

FACT: The Compact clearly states that it would not change a state's Medical Practice Act. From the Compact's preamble: "The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act."

FACT: The Compact also adopts the prevailing standard for state medical licensure found in the Medical Practice Acts of each state, affirming that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter.

MYTH: It is claimed that it would be expensive for a state to extricate itself from the Interstate Medical Licensure Compact.

FACT: 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.

MYTH: It is claimed that the Compact represents a regulatory excess, and costs and burdens on the state will be increased.

FACT: The process of licensure proposed in the Compact would reduce costs, streamlining the process for licensees. Rather than having to obtain individual documents for multiple states, which is both expensive and time consuming, member states can rely on verified, shared information to speed the licensee through the licensing process. Licensees would have to pay the fees set by their state in order to obtain and maintain a license via the Compact, just as with licenses currently obtained via current methods. The Compact is not an example of regulatory excess but an example of regulatory common sense.

For more information about the Compact, please visit www.licenseportability.org.

About the Federation of State Medical Boards: The Federation of State Medical Boards (FSMB) is a national non-profit organization representing all medical boards within the United States and its territories that license and discipline allopathic and osteopathic physicians and, in some jurisdictions, other health care professionals. FSMB leads by promoting excellence in medical practice, licensure and regulation as the national resource and voice on behalf of state medical boards in their protection of the public. To learn more about FSMB visit: <http://www.fsmb.org/>. You can also follow FSMB on Twitter (@theFSMB and @FSMBPolicy) and Facebook by liking the Federation of State Medical Boards page.