



Support the Interstate Compact for Physician Licensure
SF 253 (Sheran) & HF 321 (Mack)

Passage of the Interstate Compact for Physician Licensure will preserve patient safety by maintaining state-based licensure, and will also facilitate multiple state licensure for qualified physicians.

Compacts are established in the US Constitution as a means for states to address shared interests while allowing states to preserve their authority to license and regulate professional practices such as medicine. First proposed by the Federation of State Medical Boards in 2014, the Interstate Compact for Physician Licensure has broad support from Minnesota's physician community, hospitals, and clinic systems.

Protecting Patient Safety

- The Compact would establish a standard for an expedited license that is higher than that required under the current state licensure process. Doing so will ensure that only those physicians with unblemished records and the latest medical knowledge will be eligible to participate.
- Under the Compact, the practice of medicine occurs where the patient is located, not where the physician is located. This preserves a patient's right to seek redress in the state in which they reside should an adverse outcome occur.

Reducing Burdens, Facilitating Telemedicine

- The licensure process for a physician who practices in many states can be a significant time and administrative burden. The Compact will serve as a 'clearinghouse' for license application reducing the time and burden to seek licensure in other states. With more opportunities to both provide and access care delivered tele-medically across state lines, Minnesota's physicians and patients will both be well served.

Preserving the State's Jurisdiction

- The compact does not in any way change Minnesota's Medical Practice Act.
- Unlike other recently considered compact proposals, the Interstate Compact for Physician Licensure requires a physician to be licensed in the state in which they practice.
- Withdrawal from the Compact is easy. Should legislators wish to withdraw from the Compact in the future they need only repeal the authorizing law.

Establishing the Compact

- The Compact is not established until it is enacted in at least seven states. With 2015 the first year of consideration, Minnesota has the opportunity to participate in the founding of the Compact and the important rulemaking that will take place. After the Compact is established, each member state will select two individuals to represent the state at the Compact's governing body.
- The Compact has been introduced in 10 states, and has the support of 25 state medical and osteopathic boards, including the Minnesota Board of Medical Practice.

Supporters of SF 253/HF 321 Include:

Allina Health
Children's Hospitals and Clinics of Minnesota
Essentia Health
Gillette Children's Specialty Healthcare

Gundersen Health System
Mayo Clinic
Minnesota Hospital Association
Sanford Health

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