

SENATE BILL REPORT

SB 6228

As of January 20, 2016

Title: An act relating to the interstate medical licensure compact.

Brief Description: Creating the interstate medical licensure compact.

Sponsors: Senators Parlette, Keiser, Hobbs and Conway; by request of Department of Health.

Brief History:

Committee Activity: Health Care: 1/19/16.

SENATE COMMITTEE ON HEALTH CARE

Staff: Evan Klein (786-7483)

Background: Physician Licensure. The Medical Quality Assurance Commission (MQAC) is responsible for the licensure and discipline of physicians. To receive a Washington license to practice medicine, a physician must:

- graduate from a medical school within the United States or Canada;
- pass the United States Medication Licensing Examination (USMCLE);
- complete two years of postgraduate medical training;
- have good moral character; and
- prove they maintain the ability to safely practice medicine.

Any applicant for licensure who meets the qualifications for licensure and has been licensed under the laws of another state, territory or province of Canada, may be granted a license without examination. In certain circumstances, MQAC may also issue limited licenses.

The unlicensed practice of medicine; and the issuance and denial of licenses, and discipline of licensees, are governed by the Uniform Disciplinary Act.

Osteopathic Physician Licensure. The Board of Osteopathic Medicine and Surgery (BOMS) is responsible for the licensure and discipline of physicians. To receive a Washington license to practice osteopathic medicine, an osteopathic physician must:

- graduate from an accredited school of osteopathic medicine;
- complete at least one year in a postgraduate training program;
- prove they maintain the ability to safely practice medicine;

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- pass the Comprehensive Osteopathic Medical Licensing Examination (COMPLEX); and
- prove they have not been guilty of any conduct that would constitute grounds for denial or revocation of a license.

The unlicensed practice of osteopathic medicine; and the issuance and denial of licenses, and discipline of licensees, are governed by the Uniform Disciplinary Act.

Interstate Medical Licensure Compact. The Interstate Medical Licensure Compact (Compact) is a proposal to create a system for expediting the licensure of physicians already licensed by another state. States must enact model legislation in order to adopt the Compact and become a member to the licensure agreement. As of December, 2015, twelve states have enacted the Compact and become party to the agreement.

Summary of Bill: The Compact is adopted by Washington state.

Interstate Medical Licensure Compact Commission. An Interstate Medical Licensure Compact Commission (Interstate Commission) is created to administer the Compact. The Interstate Commission consists of two voting members from each member state, one allopathic physician, and one osteopathic physician.

The Interstate Commission is given general powers and duties, finance powers, authority to elect officers, rule-making functions, enforcement powers, and dispute resolution authorities.

Physician Eligibility. To be eligible to receive an expedited license under the Compact, a physician must:

- possess a full and unrestricted license to practice medicine in a Compact state;
- possess specialty certification or be in possession of a time unlimited specialty certificate;
- have no discipline on any state medical license;
- have no discipline related to controlled substances;
- not be under investigation by any licensing or law enforcement agency;
- have passed the USMLE or COMLEX within 3 attempts; and
- have successfully completed a graduate medical education (GME) program.

Physician Licensure. A physician must designate a state that is party to the Compact as his or her principal state of licensure. A physician seeking licensure through the Compact must file an application for an expedited license with the medical board of the state selected by the physician as the state of principle licensure. The principal state's medical board, in the process of verifying eligibility, shall perform a criminal background check.

The principal state, after determining eligibility, shall report a physician's eligibility status to the Interstate Commission. Physicians may then register for expedited licensure in any member state. After receiving verification of eligibility from the Interstate Commission and any applicable fees, a member state must then issue an expedited license to the physician.

The license remains valid for a period consistent with the licensure period for the member state. If a physician fails to maintain a license in the state of principal licensure, then all of their expedited licenses are terminated.

The Interstate Commission may impose a fee for a license issued or renewed through the Compact.

Licensure Renewal. A physician seeking to renew an expedited license must:

- maintain a full and unrestricted license in the state of principal licensure;
- have not been convicted of any offense by a court of appropriate jurisdiction;
- have not had a license to practice medicine subjected to discipline; and
- have not had a controlled substances license suspended or revoked.

Physicians must comply with the continuing education requirements for renewal of their license in that member state.

Physician Discipline. The Interstate Commission must establish a database of all physicians licensed under the Compact. Member medical boards must report disciplinary and investigatory complaints to the Interstate Commission. Member boards may jointly investigate physician records as part of disciplinary proceedings under the compact.

Disciplinary action taken by any member board against a physician under the Compact may subject the physician to discipline by other member boards in states for which they are licensed. If a license granted to a physician by a member board is revoked or suspended any licenses issued to the physician by any other member boards shall be suspended for 90 days to permit the member board time to investigate. If the member board for the physicians principal state of licensure revokes or suspends the physician's license, then licenses issued to the physician by other member boards shall automatically be placed on the same status.

Effective Date. The Compact takes effect and becomes binding upon legislative enactment of the compact into law by no less than seven states.

Appropriation: None.

Fiscal Note: Requested on January 13, 2016.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: The need for specialty care is well documented and the need to practice across state lines will grow over time. The compact would allow rural hospitals to recruit physicians from other compact states expeditiously. This expedited licensure will be beneficial as hospitals continue to contract for telemedicine and other specialty services. This bill will also assist with Locum Tenens coverage. States took the lead to develop this compact to keep state medical board disciplinary protections intact. States will work together to license and discipline, but they each retain their own disciplinary authority. There has never been any plan to impose assessments on states. This

compact will instead be funded by transaction fees. For physicians who do not want to go through the compact or be licensed in other states, their licensing process will not change. Physicians that participate in the compact will have the strongest possible record of practice. The Federation of State Medical Boards and HRSA are both providing grants to assist with startup costs for the compact. This compact will also assist the operations of the WWAMI medical school program.

OTHER: The Washington Osteopathic Medical Association is concerned with the issue of fees. The bill does not state that fees levied would cover the full costs and operations of the interstate commission. The medical association does not wish for the cost of the compact to be subsidized by physicians not participating in the compact.

Persons Testifying: PRO: Ian Goodhew, UW Medicine; John Gallagher, Sunnyside Community Hospital and Clinics; Thomas Schaaf, MD, MHA, Providence Home Health; Melanie de Leon, Medical Commission; Blake Maresh, Osteo Board; Kathryn Kolan, WSMA.

OTHER: Dave Knutson, WA Osteopathic Medical Association.

Persons Signed In To Testify But Not Testifying: No one.