



NANCY VANDERMEER

STATE REPRESENTATIVE • 70TH ASSEMBLY DISTRICT

TO: Honorable Members of the Assembly Committee on Health

FROM: State Representative Nancy VanderMeer

DATE: August 18, 2015

SUBJECT: Testimony in Support of AB 253, the Interstate Medical Licensure Compact

Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for holding a hearing on Assembly Bill 253 today. As the author of this legislation, along with Senator Harsdorf, I am pleased to testify before you and to take any questions that committee members may have.

Assembly Bill 253 will enable Wisconsin to enter into an Interstate Medical Licensure Compact, which will provide a new, expedited, licensing option for physicians seeking to practice in multiple states. I am proud to say that this bill has the support of 72 other legislators who have signed on as sponsors, including many of you here today, along with a broad coalition of health care stakeholders.

I would like to start by discussing the need for this legislation. Currently, when a physician in another state wishes to practice in Wisconsin, that physician must apply for and receive a medical license in Wisconsin. The same can be said for a Wisconsin physician seeking to practice in another state.

While the application process, and requirements, are similar among states, it can be time consuming for physicians, taking many months to navigate. Physicians are often times required to submit duplicative, extensive documentation that is unnecessary. Essentially, the patchwork of state-by-state medical licensing rules is presenting a costly and time-consuming barrier to the practice of medicine.

This legislation seeks to address that regulatory burden by allowing for expedited multi-state licensing. Through the Compact, physicians who choose to participate - and this is entirely voluntary - will be able to receive a medical license in Wisconsin and other states who have joined the Compact within a matter of days. This not only reduces a burden on physicians, but also health systems who assist in the credentialing process.

It is important to note that under this new licensing process, our state's current medical standards and oversight over the practice of medicine will remain fully intact, and no changes are being proposed to state's Medical Practice Act. Physicians licensed through the Compact will need to continue to comply with all laws, rules and regulations of the state in which the patient is located.

One of the benefits of this legislation is that it seeks to address a major health care issue facing our communities: access. With the Compact in place, qualified physicians with an existing medical license in a Compact state can begin providing care in Wisconsin communities more quickly.



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Furthermore, this legislation will help promote the use of telemedicine. As you are aware, telemedicine provides many benefits, including greater convenience for families, safer care, better outcomes, and ultimately higher quality care and cost savings.

Earlier this year, I had the opportunity to speak with administrators and physicians at the Mayo Clinic Sparta hospital in my district about the importance of this legislation and the connection it has with telemedicine. Like many small hospitals, Sparta isn't able to always have professionals on hand with the expertise needed to make certain diagnosis. In order to properly care for patients they need to consult with experts who are a long distance away, and sometimes located in another state. Telemedicine is one way in which they are able to expedite those consults, preventing delays in care. The Compact ties into this effort, and similar ones across the state, by streamlining licensing for qualified physicians, which in turn ensures they are able to connect with patients. This will enable providers to expand access and continue to confront the physician shortage in rural areas, helping to keep high-quality health care in local communities.

I would also like to discuss the structure of the Compact. Under this bill, a commission will be established to serve as a clearinghouse for physician licensure and to ensure high standards are maintained. Two representatives from our state will be members of the commission overseeing implementation of the Compact. The Compact legislation is also written to ensure that physician fees, paid by those who voluntarily participate in the Compact, will support operating costs, including those of the Compact Commission, who is charged with administering the Compact.

An important aspect of this legislation worth repeating is that the Compact is entirely optional. Furthermore, physicians that choose not to use the Compact process, or that are ineligible for the Compact process, may continue to seek licensure in Wisconsin and other Compact states under the current licensure process. Nothing will change for physicians who choose not to participate.

In closing, I want to stress the main reasons this legislation is important and worthy of your support. First, it will allow for streamlined licensing, lower compliance costs and reduced barriers. Second, it will increase access to health care, and help to alleviate the physician shortage in our state, especially in rural areas.

In closing, I ask that you join Senator Harsdorf and myself, along with a broad coalition of health care stakeholders, in support of this effort to streamline the medical licensing process and to improve access to high quality care.

Thank you for the opportunity to testify here today, I would be happy to answer any questions you may have at this time.



State Senator Sheila Harsdorf

To: Assembly Committee on Health
From: Senator Sheila Harsdorf
Date: August 18, 2015
RE: Assembly Bill 253 – Ratification of the Interstate Medical Licensure Compact

Chairman Sanfelippo and Committee Members:

Thank you for holding a public hearing on Assembly Bill 253 (AB 253), which would enter Wisconsin into the Interstate Medical Licensure Compact and would thereby allow Wisconsin physicians to participate in a streamlined process to become licensed in multiple states. I appreciate the opportunity to testify in support of AB 253.

Currently, physicians must be licensed in the state where they practice and see patients. As a result, physicians must be licensed in multiple states to practice at all the facilities of a health system that crosses state lines. Since gaining licensure in multiple states can be onerous and time-consuming, the Interstate Medical Licensure Compact seeks to streamline the process and provide a more expedient pathway to gaining licensure in multiple states.

Under the Compact, physicians seeking to practice in multiple states may choose to participate by authorizing the Compact to share information on the physician's qualifications and background to other states. Allowing information that has already been vetted and screened by a physician's home state to be accepted by another state reduces bureaucratic hurdles and shortens the time to licensure. As hospitals and clinics align under a single organization with multiple facilities in different states, it is becoming increasingly more important to have physicians licensed in multiple states.

This is particularly evident in western Wisconsin, where HealthPartners, Allina, Gunderson Lutheran, Mayo Clinic Health System, and other health groups operate in both Minnesota and Wisconsin. Hospital and clinic directors in my district have expressed concerns with the red tape in bringing a physician licensed in another state into Wisconsin to provide care.

Another benefit of the Compact would be the anticipated increase in use of telemedicine technologies and online consultations. These expanded health care options will be a benefit for many residents of underserved and rural areas and represent great promise in the future delivery of medicine. Streamlining the licensure process will enhance opportunities to utilize physicians from beyond our state's borders.

It is important to note that Wisconsin maintains control over its licensing practices and standards and that physicians will still need to fulfill all licensing requirements required by Wisconsin as they are seeking to gain licensure through the Compact. Additionally, regulatory authority over physicians, including disciplinary actions, remains with our state's medical board. Finally, physician participation is entirely voluntary and all costs and fees are covered by the physician.

Joining the Interstate Medical Licensure Compact will enhance Wisconsin's ability to attract high quality physicians and open up greater access to physicians that have specialized expertise. This legislation is supported Medical Society, Hospitals Association, Mayo Clinic, and Gunderson Lutheran. I urge your support of AB 253 and would welcome the opportunity to answer any questions.



Wisconsin Medical Society

Your Doctor. Your Health.

TO: Assembly Committee on Health
Representative Joe Sanfelippo, Chair

FROM: Mark Grapentine, JD
Senior Vice President - Government and Legal Affairs

DATE: August 18, 2015

RE: **Support for** Assembly Bill 253 – Interstate Compact for Medical Licensure

On behalf of more than 12,500 members statewide, the Wisconsin Medical Society thanks the Assembly Committee on Health for this opportunity to share our strong support for Assembly Bill 253, which authorizes Wisconsin to join the Interstate Medical Licensure Compact.

We believe the Compact is an effective tool that will ease often-duplicative administrative obstacles some physicians face when seeking medical licenses in multiple states. The legislation accomplishes this while: 1) maintaining individual state medical board autonomy over the regulation and discipline of its state's physicians, and 2) keeping Wisconsin's existing licensure process for those not wishing to utilize the Compact method. This legislation helps fix a problem, does not erode power from the state's Medical Examining Board and is truly optional for physicians.

Earlier this year the Society was pleased to partner with more than a dozen medical specialty societies, medical schools and medical group management organizers as part of Doctor Day 2015, highlighting the positive impact joining the Compact could bring to Wisconsin's patients and their physicians. The attached memo from that advocacy day continues to effectively summarize the strong benefits of joining the Compact, including:

- **Lessening the wait time for gaining a medical license.** Too often a physician wishing to work in multiple states must wait for each state to verify the same basic information – school attendance, work history, etc. – before obtaining a license and being allowed to provide medical care. The Compact provides a streamlined verification process for highly-qualified physician license applicants, allowing these skilled professionals to enter a state's workforce more quickly.
- **Maintains State Autonomy Over License-Holders.** As medicine evolves, patients are able to access high quality health care via more remote means. While this has led some in the U.S. Congress to propose a national-based license, the Society believes that such a structure would severely undermine the state-based Medical Examining Board structure that has proven successful at protecting the public while fostering statutory and administrative requirements that make sense for Wisconsin. Concern over a federal license structure is undoubtedly one of the reasons why 11 states (including Minnesota, Iowa and Illinois) have already joined the Compact.

- **The Proposal Is Both Cost-Neutral and Optional.** Wisconsin has taken a thoughtful approach in its version of joining the compact. The bill ensures that the costs associated with a Compact-related license application will be borne by Compact applicants. Physicians who do not wish to obtain or renew their license by this new method may choose to get their license via the current system. The bill provides freedom of choice without creating new unwanted mandates.

Thank you again for this opportunity to share our strong support for Assembly Bill 253. We look forward to any further discussions about this thoughtful, forward-looking proposal. As always, please feel free to contact the Society on this and other proposed health care policy.



Interstate Compact for Medical Licensure

WHAT are the issues?

As health care continues to evolve, physicians find it helpful to hold medical licenses in multiple states. This is true especially for physicians who work in multiple offices across state lines. And as medical technology continues to evolve, tools like telemedicine allow physicians to provide effective and efficient patient care to patients who may be in other states—which means that the physician must hold a medical license in that state.

Medical organizations across the nation are working to implement an Interstate Licensing Compact—an optional, alternative pathway for qualified physicians to become licensed in multiple states in an expedited manner. The Federation of State Medical Boards will help states that pass legislation containing the same licensing compact language organize into a commission to process licenses, monitor discipline, etc.

WHY is it important?

The licensure process for a physician who practices in many states can be a significant time and administrative burden. This burden also can make it harder for health care systems to recruit physicians to work for them in border areas; the lag time it can take for the licensure process to be completed in multiple states often causes a physician to choose to work elsewhere rather than wait for licenses to be issued.

Recruiting high-quality physicians to Wisconsin (or keeping physicians in our state) is a constant challenge. A more efficient licensing process can help combat access to care issues.

WHAT can the State Legislature do to help?

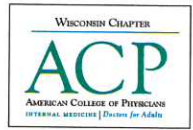
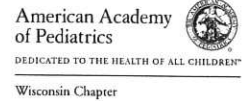
The Compact will not be established until it is enacted in at least seven states. If the State Legislature moves the Compact legislature forward this spring, Wisconsin has an opportunity to be one of those initial states that will help establish important rule-making.

Additional Background Information

HOW it works

Physicians can apply for an "expedited license" in a state other than their own without filling out another formal application or providing another set of documents to the other state's board. If they meet the eligibility requirements specified in the compact, the board in their "principal state" of license can attest to their qualifications, and the second state can license them.

—continued



Wisconsin Chapter
American College of
Emergency Physicians



Wisconsin Academy
of Ophthalmology
The Eye M.D.s



School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON



Wisconsin
CHAPTER



WISCONSIN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR WISCONSIN



Wisconsin Medical Society

How it Works –continued

- A full and unrestricted medical license may be issued by a state board that is a member of the Compact.
- For a physician to be eligible to receive expedited licensing the following must apply:
 - No convictions or subject to certain alternatives to conviction by a court for a felony, gross misdemeanor or crime of moral turpitude.
 - No discipline by a medical board.
 - No disciplinary action related to a controlled substances.
 - Not under active investigation by a law enforcement agency or a medical board.
 - Successful completion of an accredited graduate medical education and certification by nationally recognized medical or osteopathic specialty boards.
- An estimated 80 percent of physicians nationwide will meet eligibility requirements.
- The cost of the Compact will be largely covered by compact licensing fees. These fees are only paid by physicians who voluntarily choose to participate—**the cost will not be spread among physicians who choose not to participate.**
- Authority of medical practice acts, scope of practice and quality of care remain with the state—regardless of participation in the Compact.

Amendment or withdrawal from Compact

- Commission may propose amendments—not effective until enacted into law by unanimous number of states.
- State can withdraw from Compact if state repeals enacting legislation.

WISCONSIN HOSPITAL ASSOCIATION, INC.



August 18, 2015

To: Members of the Assembly Committee on Health

From: Matthew Stanford, General Counsel

Re: WHA Supports Assembly Bill 253 - the Interstate Medical Licensure Compact Bill

The Wisconsin Hospital Association (WHA) is pleased to support the Interstate Medical Licensure Compact Bill – Assembly Bill 253, authored by Rep. VanderMeer and Sen. Harsdorf.

Enactment of this bill will remove redundant red-tape in the medical licensure process and thus increase access to care in Wisconsin communities by creating a VOLUNTARY, alternative, expedited process for a physician to receive a Wisconsin license and begin providing care, under Wisconsin practice laws, to patients in Wisconsin. Physicians that do not utilize the expedited Compact process are not affected by the legislation.

Without the Compact, it can take 3 to 6 months or more to gather and process all of the paperwork for a physician to receive a Wisconsin license. Because the process for applying for a medical license is similar but not uniform across states, this means that physicians applying in Wisconsin often have to provide the same information but in a different format to the Wisconsin Medical Examining Board that they have already provided to other state medical boards. As a practical example for Wisconsin patients and communities, if a community recruits a physician to replace a community's retiring physician, the licensure delay can mean that the community goes without local physician services while the recruited physician spends time applying for and waiting for his/her Wisconsin license to process.

By joining with the 11 states that have already adopted the Compact (including Iowa, Minnesota, and Illinois), Wisconsin can expedite the process to receive a Wisconsin license for physicians that meet the heightened eligibility standards of the Compact legislation. For physicians that utilize the expedited Compact process to receive a Wisconsin license, this will reduce the time and cost for both the physician and the Department of Safety and Professional Services to apply for and process the physician's Wisconsin license. Most importantly, it will enable those physicians to begin serving Wisconsin communities more quickly.

WHA is pleased to join with our health system members here today that have been instrumental in developing the model Compact language, the **over 600 individuals that came to Capitol during WHA's Advocacy Day in April to advocate for the Compact legislation**, the Wisconsin Medical Society, the Wisconsin Medical Examining Board, and multiple other organizations in supporting Wisconsin's adoption of the Interstate Medical Licensure Compact.

We ask to you to vote in support of Assembly Bill 253 – the Interstate Medical Licensure Compact Bill. If you have any questions about details of the bill, please contact Kyle O'Brien (kobrien@wha.org) or Matthew Stanford (mstanford@wha.org) at 608-274-1820.



Office of Government and
Community Relations

TO: The Honorable Members of the Assembly Committee on Health

**FROM: Kenneth Simons, MD, Senior Associate Dean for Graduate Medical Education and Accreditation
Professor of Ophthalmology and Pathology**

DATE: August 18, 2015

RE: Please Support Assembly Bill 253, the Interstate Medical Licensure Compact

Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for holding a public hearing today on Assembly Bill 253, the Interstate Medical Licensure Compact. I would also like to thank Representative Nancy VanderMeer and Senator Sheila Harsdorf for authoring and moving this critical legislation forward.

My name is Dr. Ken Simons, and I am the Senior Associate Dean for Graduate Medical Education and Accreditation and professor of Ophthalmology and Pathology at the Medical College of Wisconsin (MCW). I also serve the Medical College of Wisconsin Affiliated Hospitals, Inc. as Executive Director and Designated Institutional Official. Finally, I am proud to serve the citizens of the State of Wisconsin as a member of and current Chair of the Wisconsin Medical Examining Board (MEB).

As healthcare evolves to provide the best quality care and value at the right time and place, it is critical that our state keep pace with the rest of the nation and stay at the forefront in innovation and efficiency. The Interstate Medical Licensure Compact is critical to keeping Wisconsin on the cutting edge of physician recruitment and access to care, especially in medically underserved areas of the state.

At MCW we employ over 1500 faculty physicians. Our physicians provide adult patient care throughout 5 health systems, 8 hospitals, and 38 clinics throughout Wisconsin, and also provide pediatric specialty care at more than 30 specialty clinics through a joint venture with Children's Hospital of Wisconsin. In total, MCW is the largest physician group practice in Wisconsin and is the 14th largest in the nation. We care for more than 500,000 patients, which represents more than 2.2 million patient visits annually.

MCW recruits new faculty physicians from our over 850 residents and fellows in 88 ACGME accredited training programs, as well as across the nation. As a result, it is critical to have the ability to place the best possible faculty into our many clinical departments.

It is not unusual to take from three to six months for an out of state physician to become licensed in Wisconsin. As we work to alleviate physician shortages, this lead time is simply unnecessary and unacceptable for the many patients across the state. Joining the Compact will provide an expedited licensure process to significantly reduce this lead time and assist in getting the right physicians to the right places at the right times.

Although I am here today supporting the bill on behalf of MCW, and cannot formally support the legislation as Chair of the MEB beyond noting that the Medical Examining Board did endorse the Compact, it has been my experience within that role that the lengthy and involved licensure process is needlessly frustrating for incoming physicians. I can only imagine that thousands of patients across the state share in this very same frustration.

I am very confident that as a member of the Compact, Wisconsin would and will retain its critical oversight over the regulation of physicians in our great state in order to ensure patient safety and care. In fact, the Compact will allow states to conduct joint investigations of physicians when necessary, greatly enhancing our ability to track physicians who may not be acting in a patients' best interest.

I am excited and encouraged about the prospects for Wisconsin joining the Interstate Medical Licensure Compact. Thank you again for your time today and I am happy to answer any questions. Following the hearing, please feel free to also contact Kathryn Kuhn, Vice President of Government & Community Relations, or Nathan Berken, Director of Government Relations at 414.955.8217, or via email at kkuhn@mcw.edu or nberken@mcw.edu.

Wisconsin State Assembly
Committee on Health
Committee Testimony, August 18, 2015
Dr. Donn Dexter, Mayo Clinic Health System

Mister Chair, thank you for the opportunity to be here today. My name is Donn Dexter; I'm a practicing neurologist at Mayo Clinic Health System in Eau Claire and also serve as chief medical officer of the Wisconsin Medical Society. I am here before you today on behalf of Mayo to share support for the passage of AB253, the Interstate Medical Licensure Compact.

While this bill is not just about telemedicine, we believe adoption of this compact will help begin to address a significant policy barrier to the delivery of medical services through telemedicine, also referred to as telehealth.

Each year Mayo physicians see people from all 50 states. We are acutely aware of the barriers existing at both the federal and state levels that inhibit the delivery of medical services through the currently available spectrum of telehealth platforms.

Advances in technology are helping our patients, many in rural parts of our state, who may be faced with long-distance travel and logistical hurdles to connect with specialized health care providers easier and faster. This is especially true in Western and Northern Wisconsin, where the closest sub-specialists may be across the state border.

Mayo initiatives in telestroke diagnosis and Electronic Intensive Care Unit (E-ICU) monitoring have shown great promise to improve patient outcomes and reduce health care costs. These are both services that we currently provide to Mayo Clinic Health System patients across state borders.

- **Telestroke:** Real-time audio/visual consultative service with a neurology stroke expert provides timely assessment to acute stroke patients in their own communities. A recent Mayo study showed that the expansion of telestroke is predicted to improve patient-related outcomes and quality while saving overall costs, including Medicare and Medicaid funds.
- **E-ICU:** 24/7 monitoring of ICU patients from Rochester to Mayo Clinic Health System sites in Wisconsin, Iowa and southern Minnesota. Through constant surveillance, and by providing the care teams with timely patient information, E-ICUs have been associated with a 55 percent reduction in ICU mortality and a 40 percent reduction in clinical complications.

In addition to our connected care initiatives within Mayo's Midwest health system, streamlining licensure would facilitate greater collaboration with the more than 30 healthcare organizations across the U.S. who have joined the Mayo Clinic Care Network. The network recognizes that people prefer to get their health care close to home. The main goal of the network is to help people gain the benefits of Mayo Clinic expertise without having to travel to a Mayo facility. Currently, the patchwork of state-by-state medical licensing rules presents a costly and time-consuming barrier to telehealth care delivery to our patients.

Mayo credentialing staff estimates that it takes over 20 hours of administrative time to complete each physician's initial out-of-state license per state. This does not include the physician's own time or the maintenance and renewal process. While there are efficiencies obtaining subsequent state licenses, the subtle differences between states still make it administratively intensive. In addition, the number of Mayo physicians with multi-state licenses is growing each year. For example, between Wisconsin and Minnesota alone, Mayo has close to 200 Wisconsin-based physicians who also have a Minnesota license and over 500 Minnesota physicians who are also licensed in Wisconsin for more than 700 physicians licensed in both states. This legislation will provide a starting point to help reduce some of the administrative burden.

In closing, Mayo uses connected care (our term for the spectrum of telehealth services) in many aspects of our practice from saving lives with our telestroke program, to enabling video consultations in skilled nursing facilities, to monitoring intensive care patients across state borders, to sharing our knowledge with physicians across the country through eConsults. In all of these situations, we have observed that connected care improves access, service and affordability for our patients. People with mobility concerns, those residing in skilled nursing facilities, and those with chronic diseases derive particular benefit from accessing health care, health guidance and health information where they are, when they need it, rather than having to travel to traditional facilities.

Thank you for the opportunity to speak to you today in support of this legislation.

Donn Dexter, M.D.
Mayo Clinic Health System

For more information, please contact:
Randy Schubring
Mayo Clinic Public Policy Manager
Schubring.randy@mayo.edu
507-293-0966

Nels Rude
Associate, The Kammer Group
nr@thekammergroup.com
608-512-1280

GUNDERSEN HEALTH SYSTEM®

August 18, 2015

The Honorable Joe Sanfelippo, Chairman
Health Committee
Wisconsin State Assembly
Room 306 North, State Capitol
P.O. Box 8953
Madison, WI 53708

RE: Gundersen Support for Assembly Bill 253—Interstate Physician Licensure Compact

Dear Chairman & Members of the Health Committee:

I am writing on behalf of Gundersen Health System to share our support for Assembly Bill 253 relating to the Interstate Physician Licensure Compact.

We are an integrated health system headquartered in La Crosse serving the tri-state region of Wisconsin, Minnesota and Iowa along a largely rural stretch of the upper Mississippi River. We handle over one million patient visits per year at our facilities throughout our predominately service area. Our system includes hospitals, dozens of clinics, air and ground ambulance, a health plan and medical education program.

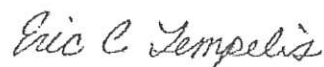
Gundersen believes there are opportunities to streamline licensure of our physician workforce, particularly as a provider serving rural and state border communities. By design, each of our three states administers physician licensure separately, resulting in an independent process that can take 4-12 months to complete before a physician can begin practicing and serving patients. Wisconsin, like other Midwest states, has a much larger proportion of its physicians holding more than one state license compared with the national average. The Federation of State Medical Boards reports that in 2012 there were approximately 23,500 Wisconsin physicians licensed in more than one state. Wisconsin physicians hold licenses in all of the fifty states. It is, therefore, not surprising that Wisconsin has been a leader in working diligently to streamline licensure across state lines.

Gundersen Health System employs approximately 500 physicians throughout the tri-state region. A significant number of Gundersen physicians need to hold multiple state licenses due to our geographic location, patient demand and to ensure access to care. Yet our physician recruits often originate from other parts of the nation and abroad, meaning many candidates need to complete licensure in Minnesota, Wisconsin and Iowa to join our physician workforce. In addition, a cross-section of our service area is classified as underserved by the U.S. Department of Health & Human Services meaning our communities often lack a sufficient number of physicians to meet patient needs. We continue to look at all options for narrowing this gap.

Gundersen believes there is great benefit to adopting a more streamlined interstate physician licensure process, which we are confident Assembly Bill 253 can help establish.

I appreciate your time and consideration. Please do not hesitate to contact me with any questions.

Sincerely,



Eric C. Tempelis
Director of Government Relations

External Affairs Department 1900 South Avenue, Mailstop: H03-006, La Crosse, WI 54601
Email: ExternalAffairs@gundersenhealth.org Phone: 608-775-1400 Fax: 608-775-6225



TO: Chairman Sanfelippo & members of the Assembly Health Committee
FROM: Mark Bostwick, President – Wisconsin Medical Group Management Association
DATE: August 18, 2015
RE: **Please support AB 253 – Interstate Medical Licensure Compact Bill**

On behalf of the Wisconsin Medical Group Management Association, I would like to take this opportunity to encourage your support for Assembly Bill 253 – the Interstate Medical Licensure Compact Bill. This important legislation would create an alternative medical licensing process to strengthen Wisconsin’s physician workforce and improve access to medical care.

The Wisconsin Medical Group Management Association (WMGMA) is comprised of over 200 members who lead and manage nearly 100 unique medical practices across the state. We are the leading voice for medical practice executives in Wisconsin and are committed to helping our members improve the overall health of the communities and patients they serve.

As health care and medical technology continue to evolve, physicians find it increasingly beneficial to hold licenses in multiple states and provide care across state lines. Unfortunately, the medical licensure process is time-consuming and can be an administrative burden. This burden often forces physicians to look elsewhere for work, leading to healthcare workforce shortages and higher medical costs in rural and other medically underserved areas.

The Interstate Medical Licensure Compact provides an optional, alternative pathway for qualified physicians to become licensed in multiple states in an expedited manner. However, Wisconsin can’t participate in or benefit from the Compact unless the Legislature passes legislation (AB 253) to ratify the compact. To date, eleven states, including Minnesota, Iowa and Illinois have joined the Compact.

Participation in the Compact would significantly improve Wisconsin’s ability to attract high-quality physicians and ultimately improve patient access to care – particularly in the state’s boarder areas. The compact would certainly help WMGMA members in their efforts to recruit qualified physicians to Wisconsin.

It’s also important to point out that participation in the Compact is strictly voluntary for physicians, and licensing fees to cover the cost of the Compact would only be paid by physicians who choose to participate. Furthermore, while the Compact creates a new pathway for multi-state licensure, it would not impact Wisconsin’s existing Medical Practice Act or usurp the state’s authority to regulate medicine.

In short, the Interstate Medical Licensure Compact would reduce administrative red tape, strengthen Wisconsin’s physician workforce and improve access to quality patient care – without jeopardizing Wisconsin’s regulatory autonomy or compromising patient safety.

With that in mind, and on behalf of the Wisconsin Medical Group Management Association, I would ask you to join us in supporting Assembly Bill 253. Thank you for your consideration.



ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS, INC.

1601 N. Tucson Blvd., Suite 9
Tucson, Arizona 85716

The Voice for Private Physicians Since 1943

May 29, 2015

Re: Opposition to Interstate Medical Licensure Compact

To: Representative Joe Sanfelippo
P.O. Box 8953
Madison, WI 53708-8953

Dear Representative Sanfelippo:

We ask you to please oppose legislation enacting the Interstate Medical Licensure Compact in Wisconsin.

Here are a few reasons states including Arizona, Missouri, Texas, and Vermont, have thus far rejected participation in this Compact:

- The Interstate Medical Licensure Compact will supersede a state's autonomy and control over the practice of medicine.
- The Interstate Commission will likely implement changes to the state Medical Practice Act.
- There will be a significant cost to each participating state in joining the Interstate Medical Licensure Compact.
- It will be difficult and expensive for a state to extricate itself from the Interstate Medical Licensure Compact.
- The cost of obtaining medical licenses could be dramatically increased, and states must protect their citizens from regulatory excesses.
- Whereas, the Interstate Medical Licensure Compact's definition of a physician is at variance with all other state medical boards.

Here are a few additional reasons the Compact is wrong for Wisconsin's physicians and their patients:

- The proposed Interstate Medical Licensure Compact would abdicate essential state sovereignty over medical issues, by transferring powers to out-of-state private organizations and to other States. Wisconsin should not give up its authority and responsibility to entities that are unaccountable to Wisconsin voters.
- The Interstate Compact improperly delegates authority to private, out-of-state specialty organizations that have no transparency or accountability to Wisconsin voters, by requiring the much-criticized "Maintenance of Certification (MOC)."
- This Interstate Compact was pushed by a private organization in Texas (the Federation of State Medical Boards - FSMB) that has historically been an opponent of private medicine. It has not been properly discussed with physicians in private practice or genuine patient groups. The Texas legislature failed to approve the legislation despite heavy lobbying by special interests.
- The issue of telemedicine is best handled by Wisconsin for Wisconsin residents. This state has premier medical centers to provide all in-state telemedical consultation, obviating any need for out-of-state contacts. The Wisconsin legislature should not be delegating that responsibility to private, out-of-state organizations and to other State licensing bodies.

Thank you for considering our concerns about this legislation.

Sincerely,

Jane Orient, MD, Executive Director, AAPS

Hoisington, Joshua

From: Jeremy Snavely <jeremy@aapsonline.org>
Sent: Thursday, August 13, 2015 3:28 PM
To: Rep.Sanfelippo
Cc: Hoisington, Joshua
Subject: Comments in opposition to AB 253 - Ohio and Missouri Medical Boards Oppose Interstate Compact Participation

Dear Representative Sanfelippo,

Thank you for your service to the citizens of Wisconsin.

We are writing to comment on AB 253, the bill related to the Interstate Medical Licensure Compact. If appropriate, we would ask that the following three items be made available to the Assembly Committee on Health for the hearing on Tuesday August 18.

1) Our letter outlining our opposition to the Compact is attached.

In addition, the medical boards of Missouri and Ohio are strongly opposed to Compact participation.

2) Here is a link to the Ohio board's concerns:

<http://med.ohio.gov/Portals/0/DNN/PDF-FOLDERS/Center-Panel/News-Folder/Interstate-Compact-Licensure-Letter-to-Physicians.pdf>

3) And here is a link to read Missouri's concerns:

<http://aapsonline.org/MissouriBOHACompact.pdf>

Finally, the American Legislative Exchange Council has approved a resolution opposing the Compact which can be seen here:

<http://www.alec.org/model-legislation/resolution-opposing-federation-state-medical-boards-interstate-medical-licensing-compact/>.

With appreciation,

Jeremy Snavely
AAPS Business Manager
[520-270-0761](tel:520-270-0761)



JAMES L. MADARA, MD
EXECUTIVE VICE PRESIDENT, CEO

ama-assn.org
t (312) 464-5000

August 18, 2015

The Honorable Joe Sanfelippo
Chair
Committee on Health
Wisconsin State Assembly
Room 306 North
State Capitol
P.O. Box 8953
Madison, WI 53708

Dear Chair Sanfelippo:

On behalf of the American Medical Association (AMA) and our physician and student members, I am writing in **support of Wisconsin Assembly Bill 253**, which would make Wisconsin the 12th state to join the Interstate Medical Licensure Compact (the Compact). The Compact is a newly proposed licensing option under which qualified physicians seeking to practice in multiple states would be eligible for expedited licensure in all member states.

The AMA supports this legislation because it streamlines the process for physicians to obtain licenses in multiple states. This expedited process will help facilitate license portability and allow physicians to practice medicine—including telemedicine—in a safe and accountable manner while protecting patients and expanding access to care. The Compact is also consistent with longstanding AMA policy in support of the state-based system of medical licensure.

Thank you for the opportunity to provide our input. Please contact Kristin Schleiter, JD, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783 with any questions.

Sincerely,

A handwritten signature in cursive script that reads "James L. Madara".

James L. Madara, MD

cc: Wisconsin Medical Society
Dina Marie Pitta, MPP

MEMO

TO: Rep. Sanfelippo, Rep. Rohrkaste, Rep. Edming, Rep. Skowronski, Rep. Kremer, Rep. Tittl, Rep. Petersen, Rep. Kolste, Rep. Zamarripa, Rep. Riemer and Rep. Subeck
FR: Connie Schulze, System Director – Advocacy and Public Policy for MHC and CSM
DT: August 17, 2015
RE: Assembly Bill 253: Interstate Medical Licensure Compact

Assembly Bill 253 is scheduled for a public hearing in the Assembly Committee on Health on Tuesday, August 18th and as committee members, I respectfully submit the following for your consideration.

Assembly Bill 253 permits Wisconsin to join 11 other states that have already passed model legislation allowing physicians to voluntarily seek expedited licensure in multiple states. Experts at the Federation of State Medical Boards contend states that ratify the Interstate Medical Licensure Compact will improve access to care, especially in rural and underserved areas. At the same time, the compact does not infringe upon individual states' rights as the Medical Practice Act does not change and the physician remains under the jurisdiction of the state medical examining board where the patient is located.

Ministry Health Care and Columbia St. Mary's strongly support ratification of the Interstate Medical Licensure Compact as outlined in AB-253. We are part of a broad cross-section of Wisconsin's healthcare industry that has joined together to seek passage of the legislation. We are pleased by the significant, bipartisan co-sponsorship the bill enjoys and we believe it should transfer to strong support in committee. Please support AB-253.

Thank you for your consideration. I can be reached at 920/245-1034 or connie.schulze@ministryhealth.org if you have questions regarding this document.

ALBERT L. FISHER, M.D.

FAMILY MEDICINE

August 18, 2015

To: Committee on Health

From: Albert L. Fisher, M.D.

Re: AB 253

AB 253 would ratify the Interstate Medical Licensure Compact. While it may sound like a good idea, the Interstate Medical Licensure Compact would not serve doctors or patients well. Wisconsin should not join the Compact.

SELLING CERTIFICATES. The stated purpose of the Interstate Medical Licensure Compact bill is to streamline the process of obtaining a medical license in more than one state. On closer reading, however, only those physicians who are buying the products and participating in the recertification programs of the American Board of Medical Specialties may use the Compact. Wisconsin should not be giving a special deal to this private corporate entity that is trying to sell its products to physicians. If there is to be such a Compact, then any physician should be able to use this method of licensure.

A NEW LAYER OF BUREAUCRACY. The Interstate Medical Licensure Compact bill would establish an out of state bureaucracy called the Interstate Commission. This bureaucracy would be given broad rule making authority that "shall have standing as statutory law." By joining the Compact, Wisconsin would agree to rules that are not spelled out in advance. The Interstate Commission may take "legal action...in the Federal District Court where the Interstate Commission has its principle offices to enforce compliance with the Compact and its promulgated rules and bylaws against a member state in default."

NEW FINANCIAL LIABILITIES FOR THE STATE OF WISCONSIN. The Interstate Commission will set fees to be levied on the states. These fees are not spelled out in advance. Although the bill states that the physicians who use the compact will be responsible for the fees, it is possible that the fees will be so onerous that the physicians will not be able to pay them. Ultimately, the state of Wisconsin may end up paying the bill.

WHAT IS THE NEED FOR SUCH A BILL? Is there a physician in full time clinical practice who has approached the bill's sponsors requesting this bill in order to improve the quality of care that he or she is providing? If Wisconsin wishes to expedite the licensing process for out of state physicians, then it can do so right now. We do not need to cede control over the practice of medicine to an out of state bureaucracy in order to achieve such a goal.

A HIDDEN AGENDA. Powerful special interest groups are behind the push for this legislation. The Federation of State Medical Boards is trying to position itself as the natural entity for centralizing medical licensing. They are attempting to tie medical licensing to never ending testing of physicians. This costly and onerous process has been rejected by state medical boards across the country. However, the Federation of State Medical Boards is not giving up. This bill is truly a Trojan Horse designed to advance their agenda of power and control. While it is voluntary in the initial stages, it is safe to predict that through incrementalism their goals will become mandates over time. Please vote against this unnecessary legislation. Texas, Vermont, Missouri, and Ohio have recently voted NO on this legislation and Wisconsin should vote NO also.

10 EAST IRVING AVENUE
OSHKOSH, WISCONSIN 54901

(920) 236-3290
FAX (920) 236-3243
a.l.fisher@sbcglobal.net

Testimony for Assembly Bill 253
August 18, 2015

Chairman Sanfelippo and Members,

My name is Dr Christopher Magiera, and I am a former member of the Wisconsin Medical Examining Board, and husband of former Wisconsin State Senator (R-29) Pam Galloway, MD.

I am writing today to voice my opposition to Assembly Bill 253. This communication consists of testimony followed by three addenda: Ohio State Medical Board decision to not consider joining the Compact, an Analysis by the Association of American Physicians and Surgeons detailing criticism of the Bill, and, finally, my own line by line analysis and criticism of the Bill. You do not have to pass the bill to find out what is in it. You simply have to read it in order to see its flaws.

On its surface, AB 253 would authorize Wisconsin to join the Interstate Compact formed by the Federation of State Medical Boards. The stated goal is to expedite medical license processing and create some uniform standards

for licensing. That sounds all well and good. However, the Affordable Care Act was also sold to the Congress and the public with a few catchy buzz phrases, and look at what a disaster that has become.

When considering any medical policy items, I always ask the same three questions: First, will this lower the cost of medical care? Second, will it improve the quality of medical care? Lastly, will it improve access to medical care? The answer for AB 253 is a resounding NO on all counts.

This bill will increase the cost of medical care in both direct and indirect ways. It will create an enormous bureaucracy, which will be funded by Wisconsin. Since 2010, you all have been working diligently to trim government spending and lower taxes. This bill would reverse that legislative trend. Also, the bill would increase cost of medical care by imposing unnecessary credentialing criteria on physicians. More specifically, the Compact would redefine a physician as a professional who meets the Maintenance of Certification (MOC) criteria of the American Board of Medical Specialties and its Osteopathic equivalent. There is no such current rule in Wisconsin, and I am not aware of any such Maintenance of Certification rule in any other state. This bill would transform

Maintenance of Certification (MOC) into Maintenance of Licensure (MOL).

The specialty boards derive millions of dollars in testing materials income from physicians, and there is not one bit of evidence that it improves quality or outcomes. It has been estimated that MOC can cost the average physician up to \$23,607 in fees and lost productivity over the credentialing cycle.

(Gregory Twachtman, GI and Hepatology News Digital Network, July 27, 2015). This will not lower the cost of medical care, and it will diminish access to care.

AB 235 will not improve the quality of medical care in Wisconsin. Those in favor of the bill would have you believe that there is a dire crisis in this state, and the only solution is expedited licenses controlled by a national level NGO with scant accountability to Wisconsin. If more physicians are needed in Wisconsin, then the Medical Examining Board should develop such a pathway. Medical licensing is a "state's rights" issue, and should not be compromised. The Federation of State Medical Boards already maintains the FCVS (Federation Credentials Verification Service), which stores and verifies core credentials for physicians. Almost all states recognize this data repository, which would cut down on the processing time by the MEB.

Quality metrics will not increase by redefining who is a physician. See the above MOC and MOL discussion.

There will be no increase in medical care access derived from the passage of AB 253. Supporters will tell you that the future salvation of medical care is telemedicine services. Well, telemedicine is not dependent on Wisconsin joining the Compact. If a person wishes to perform telemedicine in Minnesota or Illinois, then simply apply for a license in those states through traditional means. Let the individual state Boards decide their own rules. There is also a very dark side to telemedicine. Access to care could be compromised by patients being forced to receive telemedicine care from panels of physicians selected by insurers and large health systems. Independent minded physicians would be forced out of business. Restricting choice and access for patients is not appropriate. The Doctor-Patient relationship is sacred, and nothing should be allowed to interfere with it. Also, and most distressing, telemedicine has the potential for providing a means to circumvent Wisconsin laws protecting life. Just this one point alone should be enough defeat AB 253. The Legislature of Wisconsin is a sovereign body, and should not have its constitutional authority superseded by some Non Governmental Organization like the FSMB.

Allow me to state some excerpts from the communication against the Compact by the State Medical Board of Ohio. The Compact will make for a loss of self-determination: The Compact would remove the Ohio Medical Board's authority to regulate licenses. Financial issues: The Compact imposes duties without providing for appropriate funding to the Ohio Board. Legal concerns: The Compact may not be legally permissible, and violates the confidentiality of investigations. Additional bureaucracy and confusion: The Compact will likely add an administrative burden and slow the licensure process. Can you believe it? The expedited license bill will actually INCREASE processing time. I ask you, when in the recorded history of mankind has a governmental or NGO bureaucracy ever made things easier?

There are many other negative points about AB 253, but, in the interest of time, I will refer the Committee to the Addenda.

In conclusion, AB 253 should be defeated. It is merely a back door attempt to create a National Health Service. We do not need any more national scope regulatory agencies. The future of this country now depends upon legislators dismantling ineffective and unaccountable Federal and national

NGO bureaucracies, and returning power to where it belongs: to the sovereign States of the United States of America.

The FSMB and this Compact are no more about improving medical care than was ObamaCare. AB 253 is all about control over physicians and their patients. In fact, the same organizations that support AB 253 also supported Obamacare. This reality should not be overlooked by a Wisconsin Legislature that prides itself on cutting government excesses.

Thank you for your time and consideration of my testimony. I would welcome any follow up questions via email or cell phone.

Sincerely,

A handwritten signature in black ink that reads "Christopher J. Magiera MD". The signature is written in a cursive style with a small flourish at the end.

Christopher J. Magiera, MD

574-377-1408

GiConsultWi@aol.com



**State Medical Board
of Ohio**

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
Phone: (614) 466-3934
Web: www.med.ohio.gov

July 8, 2015

ADDENDUM 1

To Physicians Licensed in the State of Ohio,

You may be aware of the Interstate Licensure Compact for physicians that has been adopted by some states to address multi-state licensure. The State Medical Board of Ohio has decided not to pursue legislation to implement the Interstate Licensure Compact at this time, and would like to provide you with the reasoning behind that decision.

For those of you who are not familiar with the Interstate Licensure Compact, it is a formal agreement between states to address licensure for physicians seeking licensure in multiple states. The Compact Agreement was developed in September 2014 and to date has been adopted by the legislatures of nine states (Alabama, Idaho, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia and Wyoming). According to the Federation of State Medical Boards' website, an additional 10 states have legislation pending to adopt the Interstate Licensure Compact (Iowa, Illinois, Maryland, Michigan, Nebraska, Oklahoma, Rhode Island, Texas, Vermont and Wisconsin). The Compact is governed by the Interstate Compact Commission which was activated when seven states adopted the Compact. It is estimated that the Interstate Compact Commission will become fully operational in the next 12 to 18 months.

In order to be eligible for a license through the Compact process, physicians must meet the following criteria:

- Hold a full, unrestricted license to practice medicine in a Compact state;
- Hold specialty board certification or hold a time unlimited specialty certificate;
- Have no discipline on any state medical license;
- Have no discipline related to controlled substance prescribing;
- Not be under investigation by any licensing or law enforcement agency;
- Passed the USMLE or COMLEX within 3 attempts;
- Successfully completed a graduate medical education program.

The Board has identified several areas of concern with the Interstate Licensure Compact, including loss of self-determination, financial issues, legal issues, and the administrative burden associated with additional bureaucracy and lack of operational clarity.

Loss of Self-Determination: The Compact would remove the Ohio Medical Board's authority to regulate its licensees.

- The Compact Commission will adopt rules that have the force of law in the member states and supersede any conflicting state law. If Ohio becomes a member of the Interstate Compact, the rules would be applicable to Ohio even if Ohio votes in opposition to their adoption at the Compact Commission.
- The rules of the Compact Commission will determine the application process for the interstate expedited license, the application fee, the issuance of the license, the renewal fee and determine what disciplinary or investigatory information is required to be shared with other member boards.

- Ohio would have no ability to deny or restrict a license to a physician who has been determined to be eligible for the Interstate Compact license by another member board, even if that individual would be denied a license under Ohio law.

Financial Issues: The Compact imposes duties without providing for appropriate funding to the Ohio Board

- Licensure and renewal fees are virtually the exclusive source of funding for the Board.
- The Compact requires states to provide services without receiving a fee. For example, if Ohio is designated as the "state of principal license" by the applicant, Ohio must determine whether the applicant is eligible for the interstate expedited license without receiving any fee. If Ohio finds the applicant to be ineligible, it must incur the costs of an administrative hearing under the Ohio Administrative Procedures Act, without any fee.
- The Commission will levy an annual assessment to the member states to cover the operations of the Commission, with the assessment determined by a formula adopted by the Commission. At this time, the amount of this fee is unknown.
- Renewals must be made through the Commission. The Commission will collect the fee for renewal in each state of licensure and then distribute the allotted amount to each state. Currently, the Board receives the majority of its funding from the biennial renewal fees.

Legal Concerns: The Compact may not be legally permissible, and violates the confidentiality of investigations

- Under the Compact, licensure records for physicians granted an interstate license are deemed to be investigatory records, and, therefore, confidential. Under the Ohio Public Record Law, licensure records are public documents and are regularly shared with hospitals, physicians and other members of the public. This discrepancy will create legal challenges under the Ohio Public Record Law.
- There is a strong likelihood that the Compact will create a due process legal challenge to the Ohio disciplinary requirements. If a license is suspended in one state, it is automatically suspended without a hearing in all states. Even if the state that originally imposed the suspension reinstates the license, the other states must hold a hearing before reinstating the license.
- The requirement to share investigatory information with other member states puts Ohio's participation with DEA and law enforcement task forces at risk. Although the information is classified as "confidential" it doesn't preclude another state from providing the information to the physician being investigated. This is in direct conflict with DEA and law enforcement task force requirements.

Additional Bureaucracy and Confusion: The Compact will likely add an administrative burden and slow the licensure processes

- If Ohio adopts the Compact, there will be two different licensure processes: (1) Ohio law and (2) the Compact. Both processes include an "expedited" license but the requirements are different. This will confuse applicants and the staff.
- There will be duplicative reporting of licensure and disciplinary information to the FSMB and to the Commission.
- All complaints against physicians who hold the interstate expedited license must be reported to the Commission. However, many states have a different interpretation of the word "complaint," and there will likely be inconsistencies in the application of this requirement.

- Because renewal of an interstate expedited license must be completed through the Commission, renewal will likely take longer to be reflected in Ohio's database.

Ohio currently has numerous options for physicians considering licensure in this state, including an expedited license available to physicians who have already practiced for five years in another state. The Interstate Licensure Compact would not create any new services or options for physicians in Ohio, and it will likely increase the costs to the physicians and limit the Board's authority to regulate its licensees. For these reasons, the Board is not pursuing legislation to adopt the Compact in Ohio.

We would like to hear from you on this issue. Please send any comments to Joan Wehrle at Joan.Wehrle@med.ohio.gov.

Sincerely,

The State Medical Board of Ohio



Donald R. Kenney, Sr., President

Michael L. Gonidakis, Vice-President
Kim G. Rothermel, M.D., Secretary
Bruce Saferin, D.P.M., Supervising Member
Robert P. Giacalone
Andrew P. Schachat, M.D.
Michael Schottenstein, M.D.
Sushil M. Sethi, M.D.
Amol Soin, M.D., M.B.A.
Anita M. Steinbergh, D.O.

From: AAPS <aaps@aapsonline.org>

To: giconsultwi@aol.com


Subject: Action Needed to STOP Interstate Licensure Compact in Wisconsin

Date: Wed, Aug 12, 2015 2:15 pm

ADDENDUM
2

The Interstate Medical Licensure Compact is WRONG for Wisconsin.

Is this email not displaying correctly?
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Association of American Physicians and Surgeons
A Voice for Private Physicians Since 1943

Help Stop Interstate Compact

August 18 - Hearing on AB 253

AB 253, a bill to impose the Interstate Medical Licensure Compact in Wisconsin is making its way through the Wisconsin Assembly. AAPS has mailed every legislator in the state asking them to oppose the Compact and now we need your help to stop it.

The Assembly Committee on Health will hold a hearing on this bill on Tuesday, August 18 at 9am. Here are two ways you can help:

1) **Please contact committee members** and ask them to oppose AB 253. **Your voice CAN MAKE a difference.**

Assembly Health Committee Members:

Rep. Joe Sanfelippo (608) 266-0620 Rep.Sanfelippo@legis.wisconsin.gov

Rep. Mike Rohrkaste (608) 266-5719 Rep.Rohrkaste@legis.wisconsin.gov

Rep. James Edming (608) 266-7506 Rep.Edming@legis.wisconsin.gov

Rep. Ken Skowronski (608) 266-8590 Rep.Skowronski@legis.wisconsin.gov

Rep. Jesse Kremer (608) 266-9175 Rep.Kremer@legis.wisconsin.gov

Rep. Paul Tittl (608) 266-0315 Rep.Tittl@legis.wisconsin.gov

Rep. Kevin Petersen (608) 266-3794 Rep.Petersen@legis.wisconsin.gov

Rep. Debra Kolste (608) 266-7503 Rep.Kolste@legis.wisconsin.gov

Rep. JoCasta Zamarripa (608) 267-7669 Rep.Zamarripa@legis.wisconsin.gov

Rep. Daniel Riemer (608) 266-1733 Rep.Riemer@legis.wisconsin.gov

Rep. Lisa Subeck (608) 266-7521 Rep.Subeck@legis.wisconsin.gov

If you'd like to email all committee members at once, here is a list of their email addresses

you can copy and paste into your email program:

Rep.Sanfelippo@legis.wisconsin.gov, Rep.Rohrkaste@legis.wisconsin.gov,
Rep.Edming@legis.wisconsin.gov, Rep.Skowronski@legis.wisconsin.gov,
Rep.Kremer@legis.wisconsin.gov, Rep.Tittl@legis.wisconsin.gov,
Rep.Petersen@legis.wisconsin.gov, Rep.Kolste@legis.wisconsin.gov,
Rep.Zamarripa@legis.wisconsin.gov, Rep.Subeck@legis.wisconsin.gov,
Rep.Riemer@legis.wisconsin.gov

2) Attend the Assembly Committee on Health hearing on Tuesday, August 18 at 9am at the Wisconsin Capitol in 328 Northwest. A link to the hearing notice is [here](#) and a link to information about testifying at a Wisconsin legislature public hearing is [here](#). Please let us know if you will be able to make it.

The Interstate Medical Licensure Compact is wrong for Wisconsin.

Here are just a few of the reasons the Compact is harmful to Wisconsin patients, physicians, and taxpayers:

- The Compact will create a new bureaucracy, the Interstate Commission, that is essentially unaccountable to the public and has authority to grant physician licenses in multiple states. This new agency will have authority to write rules that supersede Wisconsin law.
- Patients could be forced by insurers or health systems into seeing out-of-state physicians licensed with little Wisconsin oversight. Independent Wisconsin physicians would be at a competitive disadvantage and more easily excluded from seeing Wisconsin patients by large health systems funneling these patients to out-of-state doctors.
- Wisconsin laws protecting life would be undermined by the compact, creating avenues for out-of-state physicians to circumvent these laws.
- While ostensibly "voluntary," Compact participation could become... "a requirement for credentialing at hospitals, or for placement on insurance panels," warns the General Counsel of Missouri's medical board.
- The compact abdicates state authority over aspects of medical licensure to an "Interstate Commission" which is largely unaccountable to Wisconsin voters and under influence of the FSMB.
- The compact redefines the term physician as a board-certified licensed physician, tying compliance with MOC requirements to licensure through the compact. This effectively transfers power to unaccountable out-of-state organizations, the ABMS

and AOABOSP.

- There is significant financial obligation to the state that is unspecified and extends beyond the time that the state withdraws, should it choose to do so.
- The issue of telemedicine is used as a problem that the compact purports to solve. The compact facilitates the use of out-of-state telemedicine rather than restricts it, and many of the rules governing this compact and its participants are yet to be written. This will not address the concerns of physicians who view telemedicine as a means for insurance companies to bypass the private physician.
- Laws in other states tying licensure to Medicaid participation, use of EMR's, and MOC compliance could threaten Wisconsin physicians' ability to practice in their own state.
- The Federation of State Medical Boards (FSMB), through organizing this licensing compact, would position itself to be the natural entity with a mechanism in place to centralize all medical licensing under federal control. Incrementalism has consistently succeeded in the corporate takeover of medicine. Although the initial participation is voluntary, the incremental addition of more practicing physicians would expand the power and income of the FSMB, a "non-profit" with a track-record of undermining independent physicians.

The FSMB PR machine is out in force trying to defend this bill. [Click here](#) for an article that looks at how the actual wording of the compact compares to FSMB claims and [here for related testimony](#) submitted by AAPS to the Arizona Senate. In addition both [Ohio](#) and [Missouri](#) have recently rejected compact participation and it was also stopped this legislative session in Texas.

Your voice is important. We must protect the integrity of the practice of medicine!

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January 18, 2015

ADDENDUM
3

Senator Leah Vukmir
Wisconsin State Senate

Senator Galloway has asked me to review the draft of the Compact with the FSMB. Thank you very much for this opportunity.

I have read the draft legislation. First I will provide comments section by section. Following that, I will put forth my general feelings about the FSMB, this proposed legislation, and some future considerations.

Page 2; K 3 "successfully completed..." How many years? Each state has different criteria. My recollection was that Wisconsin only required one year of post graduate training. This is a very important section, as will be explained at the conclusion. See also K4, Board Certification. This is extremely pertinent, and exposes the alternative intent of the FSMB.

Page 3; L "crime of moral turpitude". Is this a well accepted legal term? Check with DOJ. Are you denied a license for adultery, or making a cartoon about the Prophet? Who defines "moral"?

Page 5; b, ii I am personally opposed to fingerprinting and background checks. Treating physicians like common criminals is not appropriate. On the Board, we discussed how many extra "bad apples" do you detect with this as opposed to self reporting?
Also, what if an undocumented alien applies? Will they be denied license and deported or the whole thing ignored? You cannot single out physicians, as the health and welfare of all Wisconsin residents is contingent upon enforcing current laws (immigration) uniformly. Why not fingerprint and background check everyone applying for a driver's license. Surely that would do more to protect the citizens of Wisconsin than singling out physicians.

Page 5; sect 7 Why not allow member states to handle renewals themselves? This simply creates another bureaucracy, which will

attempt to control physicians and usurp state sovereignty. Sect 7 lays the foundation for a Federal control of physicians and the establishment of a National Health Service.

Page 6; 9-c,e I would ask for DOJ review. Does this mean Illinois could investigate Wisconsin? Why is one state more important than any other. Again, this brings up state sovereignty.

Page 6; 10. What if a physician simply moves or wants to downsize number of licenses to due change in practice pattern or financial considerations?

Page 9; L. What if George Soros wants to finance the Commission in order to impose his vision of health care? Money talks.

Page 10; 14. I am not a legal scholar, but do not like the idea of hold harmless for a state agency. Reference IRS treatment of Tea Party and other conservative groups.

Page 11; C. Not a legal scholar, but it seems to me that Federal courts stay an order when a conservative rule is being challenged (reference voter ID and other things signed by Gov Walker), but allow continuence of rules when they are liberal in nature.

Page 12; 16,17 I do not like this, as the Commission sets itself up as superior to states when it should be servant of member states.

Page 13; 20-d. Very good: "unanimous consent".

Page 14; 21-b Why 1 year to get out and 7 days to get in?

Page 15; 24-b. Would seek DOJ opinion.

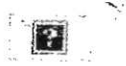
Page 16; 3-5. The Commission would be financed by fees from primary, non-expedited licensees, such as myself and Senator Galloway. Government agency budgets always go up, so I am concerned. This amounts to a "tax".

At this point I would like to provide some general comments. [REDACTED]
[REDACTED] the FSMB [REDACTED]
[REDACTED] their unstated goal is physician control and the creation of a National Health Service. This Commission is literally a Trojan Horse, to begin to wrest control over health care from the states. Remember how Social Security, Medicare, and the income tax all started as small, seemingly good ideas? Page 2, section k4 is the key. There is currently raging in the profession of medicine a battle over the concepts of Maintenance of Certification (MOC) and the extension to Maintenance of Licensure (MOL). This single section section cedes control over physicians to the questionable dictates of the American Board of Medical Specialties and its Osteopathic equivalent. There is no evidence that Board Certification is an indicator of better patient care. Yet, the Societies, which derive millions of dollars in testing fees, continue to push this agenda. I will fight it at every opportunity. It is a complex subject and explanations can be provided at any time.

In conclusion, expedited licenses could be generated by the formation of a shared data repository. I am not sure another government bureaucracy is needed.

Once again, thank you for allowing me the opportunity of an opinion concerning this proposed legislation.

Christopher J Magiera, MD
Warsaw, IN
Cell 574-377-1408



Study questions whether MOC is worth the time

By: GREGORY TWACHTMAN, GI & Hepatology News Digital Network

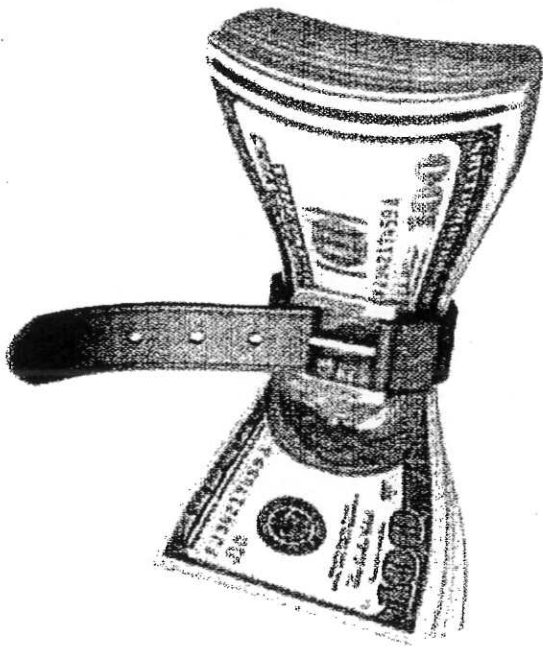
July 27, 2015

[Print This Page](#)

REFERENCE
1

The cost of completing the American Board of Internal Medicine's maintenance of certification program may be higher than previously thought, raising further questions about the value of the program.

New research puts the average physician cost for the 2015 version of the ABIM maintenance of certification (MOC) program at \$23,607 over 10 years, with time costs accounting for 90%, according to an analysis published in the July 27 issue of *Annals of Internal Medicine*.



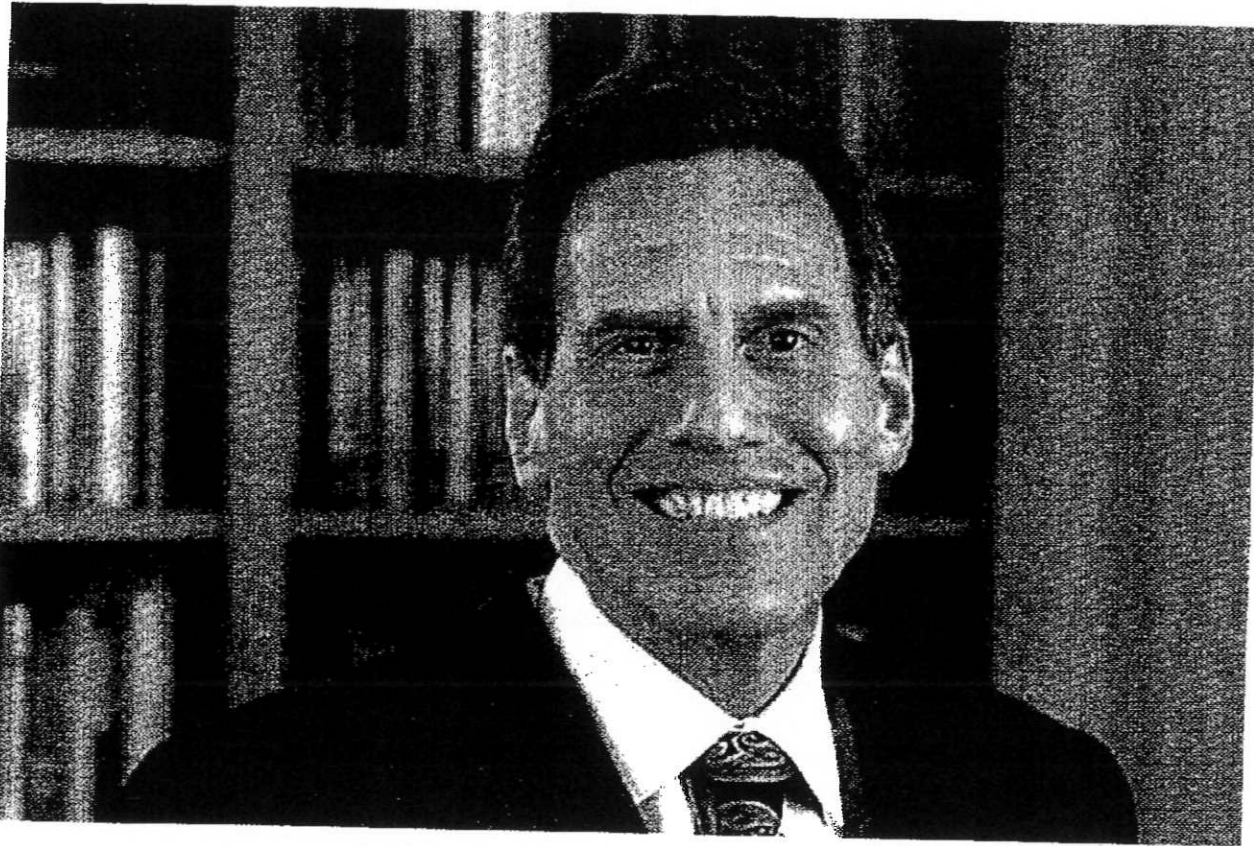
hinkstockphotos.com

The ABIM has previously suggested that participation in MOC will cost \$200 to \$400 per year; this is a substantial understatement precisely because it overlooks timecosts," Dr. Alexander T. Sandhu of Stanford University, and colleagues, wrote. "Efforts to decrease the cost of MOC therefore should focus on reducing demands on physician time."

Researchers determined that cumulatively, the 2015 MOC will cost \$5.7 billion over 10 years, including \$5.1 billion in time costs resulting from 32.7 million physician-hours spent on completion of MOC. Testing costs account for \$561 million over the decade (Ann. Intern. Med. 2015 July 27 [doi: 10.7326/M15-1011]).

Costs vary significantly by subspecialty, according to the researchers, since subspecialists may take additional certification exams and have greater time demands related to MOC. For instance, the researchers estimated the average 10-year costs for general internists to be \$16,725, compared to \$32,763 for general cardiologists and \$19,074 for endocrinologists.

The constraints on time also have the potential to translate into issues for patients, including increased costs and access to care.



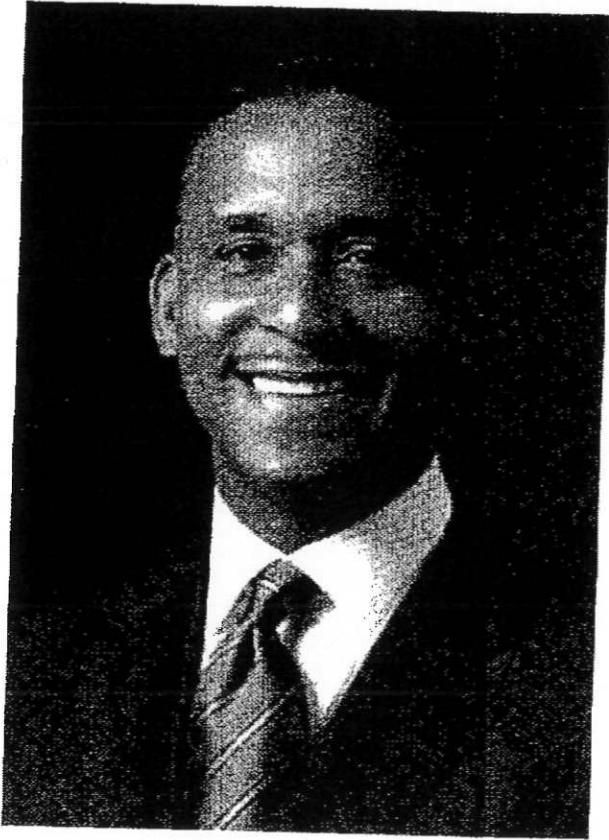
Dr. Richard J. Baron

Whether the costs of MOC ultimately will be borne by physicians or will be passed on to employers, payers or patients is uncertain," the researchers wrote. "Furthermore, unless balanced by improved efficiency downstream, the increased demand on physician time in a period of anticipated workforce shortfalls may have a deleterious effect on access to care, particularly elective care."

But Dr. Richard Baron, ABIM president and CEO, countered that the hours spent on MOC allow physicians to increase their knowledge and that they would likely be doing many of those activities anyway, including attending medical society meetings.

"I think most physicians think [spending time on knowledge growth is a] core part of what they do," Dr. Baron said in an interview. "Whether there was an MOC program or there wasn't an MOC program, I think

most doctors would be spending a lot of time staying current with a rapidly changing profession.”



Vanderbilt University

Dr. Wayne J. Riley

Dr. Wayne J. Riley, president of the American College of Physicians, sees the analysis differently.

This underscores our view that MOC as currently constructed can be inordinately burdensome from a time and money perspective,” he said in an interview. “It does indeed provide one way to quantify how much MOC-associated efforts can end up costing an internist and that a high degree of sensitivity is needed, in our view, and should be given to how to address concerns about the cost, time, and ultimate value of MOC.”

The researchers called for well-designed studies to examine the clinical benefits and economic implications of the 2015 MOC, especially in light of the increased number of Americans covered by insurance through the Affordable Care Act.

The study was funded in part by the University of California, San Francisco, and the Department of Veterans Affairs. The authors reported having no financial disclosures.

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ALBERT L. FISHER, M.D.

FAMILY MEDICINE

To: Representative Joe Sanfelippo

From: Albert Fisher, M.D.

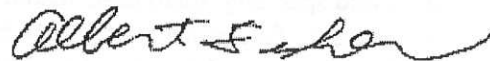
Re: AB 253, Interstate Medical Licensure Compact

Dear Representative Sanfelippo;

Please review this opinion from the State Medical Board of Ohio. They have rejected the Interstate Medical Licensure Compact for multiple reasons including legal issues, financial issues, administrative burden, and loss of self determination.

The Committee on Health needs to be made aware of these concerns. I plan to be at the hearing on August 18, to speak against AB 253. Thank you for your attention to this matter.

Sincerely,



Albert L. Fisher, M.D.



State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
Phone: (614) 466-3934
Web: www.med.ohio.gov

July 8, 2015

To Physicians Licensed in the State of Ohio,

You may be aware of the Interstate Licensure Compact for physicians that has been adopted by some states to address multi-state licensure. The State Medical Board of Ohio has decided not to pursue legislation to implement the Interstate Licensure Compact at this time, and would like to provide you with the reasoning behind that decision.

For those of you who are not familiar with the Interstate Licensure Compact, it is a formal agreement between states to address licensure for physicians seeking licensure in multiple states. The Compact Agreement was developed in September 2014 and to date has been adopted by the legislatures of nine states (Alabama, Idaho, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia and Wyoming). According to the Federation of State Medical Boards' website, an additional 10 states have legislation pending to adopt the Interstate Licensure Compact (Iowa, Illinois, Maryland, Michigan, Nebraska, Oklahoma, Rhode Island, Texas, Vermont and Wisconsin). The Compact is governed by the Interstate Compact Commission which was activated when seven states adopted the Compact. It is estimated that the Interstate Compact Commission will become fully operational in the next 12 to 18 months.

In order to be eligible for a license through the Compact process, physicians must meet the following criteria:

- Hold a full, unrestricted license to practice medicine in a Compact state;
- Hold specialty board certification or hold a time unlimited specialty certificate;
- Have no discipline on any state medical license;
- Have no discipline related to controlled substance prescribing;
- Not be under investigation by any licensing or law enforcement agency;
- Passed the USMLE or COMLEX within 3 attempts;
- Successfully completed a graduate medical education program.

The Board has identified several areas of concern with the Interstate Licensure Compact, including loss of self-determination, financial issues, legal issues, and the administrative burden associated with additional bureaucracy and lack of operational clarity.

Loss of Self-Determination: The Compact would remove the Ohio Medical Board's authority to regulate its licensees.

- The Compact Commission will adopt rules that have the force of law in the member states and supersede any conflicting state law. If Ohio becomes a member of the Interstate Compact, the rules would be applicable to Ohio even if Ohio votes in opposition to their adoption at the Compact Commission.
- The rules of the Compact Commission will determine the application process for the interstate expedited license, the application fee, the issuance of the license, the renewal fee and determine what disciplinary or investigatory information is required to be shared with other member boards.

State Medical Board of Ohio
Interstate Licensure Compact Letter to Physicians
Page 2

- Ohio would have no ability to deny or restrict a license to a physician who has been determined to be eligible for the Interstate Compact license by another member board, even if that individual would be denied a license under Ohio law.

Financial Issues: The Compact imposes duties without providing for appropriate funding to the Ohio Board

- Licensure and renewal fees are virtually the exclusive source of funding for the Board.
- The Compact requires states to provide services without receiving a fee. For example, if Ohio is designated as the "state of principal license" by the applicant, Ohio must determine whether the applicant is eligible for the interstate expedited license without receiving any fee. If Ohio finds the applicant to be ineligible, it must incur the costs of an administrative hearing under the Ohio Administrative Procedures Act, without any fee.
- The Commission will levy an annual assessment to the member states to cover the operations of the Commission, with the assessment determined by a formula adopted by the Commission. At this time, the amount of this fee is unknown.
- Renewals must be made through the Commission. The Commission will collect the fee for renewal in each state of licensure and then distribute the allotted amount to each state. Currently, the Board receives the majority of its funding from the biennial renewal fees.

Legal Concerns: The Compact may not be legally permissible, and violates the confidentiality of investigations

- Under the Compact, licensure records for physicians granted an interstate license are deemed to be investigatory records, and, therefore, confidential. Under the Ohio Public Record Law, licensure records are public documents and are regularly shared with hospitals, physicians and other members of the public. This discrepancy will create legal challenges under the Ohio Public Record Law.
- There is a strong likelihood that the Compact will create a due process legal challenge to the Ohio disciplinary requirements. If a license is suspended in one state, it is automatically suspended without a hearing in all states. Even if the state that originally imposed the suspension reinstates the license, the other states must hold a hearing before reinstating the license.
- The requirement to share investigatory information with other member states puts Ohio's participation with DEA and law enforcement task forces at risk. Although the information is classified as "confidential" it doesn't preclude another state from providing the information to the physician being investigated. This is in direct conflict with DEA and law enforcement task force requirements.

Additional Bureaucracy and Confusion: The Compact will likely add an administrative burden and slow the licensure processes

- If Ohio adopts the Compact, there will be two different licensure processes: (1) Ohio law and (2) the Compact. Both processes include an "expedited" license but the requirements are different. This will confuse applicants and the staff.
- There will be duplicative reporting of licensure and disciplinary information to the FSMB and to the Commission.
- All complaints against physicians who hold the interstate expedited license must be reported to the Commission. However, many states have a different interpretation of the word "complaint," and there will likely be inconsistencies in the application of this requirement.

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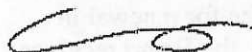
- Because renewal of an interstate expedited license must be completed through the Commission, renewal will likely take longer to be reflected in Ohio's database.

Ohio currently has numerous options for physicians considering licensure in this state, including an expedited license available to physicians who have already practiced for five years in another state. The Interstate Licensure Compact would not create any new services or options for physicians in Ohio, and it will likely increase the costs to the physicians and limit the Board's authority to regulate its licensees. For these reasons, the Board is not pursuing legislation to adopt the Compact in Ohio.

We would like to hear from you on this issue. Please send any comments to Joan Wehrle at Joan.Wehrle@med.ohio.gov.

Sincerely,

The State Medical Board of Ohio



Donald R. Kenney, Sr., President

- Michael L. Gonidakis, Vice-President
- Kim G. Rothermel, M.D., Secretary
- Bruce Saferin, D.P.M., Supervising Member
- Robert P. Giacalone
- Andrew P. Schachat, M.D.
- Michael Schottenstein, M.D.
- Sushil M. Sethi, M.D.
- Amol Soin, M.D., M.B.A.
- Anita M. Steinbergh, D.O.

W PATRICK FLANAGAN, JR., M.D.
1111 DELAFIELD STREET
SUITE 12
WAUKESHA, WI. 53188

August 13, 2015

**RE: INTERSTATE MEDICAL LICENSURE COMPACT
AB 253**

TO: ASSEMBLY COMMITTEE ON HEALTH

It is with some urgency that I write to you today knowing your committee will be meeting to hold hearings on the above legislation this coming Tuesday 8/18/15 at 8 a.m. And I would like to preface my remarks by referring you to a letter you received 5/29/15 from Dr. Jane Orient of the **AMERICAN ASSOCIATION OF PHYSICIANS AND SURGEONS** where seminal points of this bill are emphasized from the perspective of the medical practitioner.

One of the main stories of the *MILWAUKEE JOURNAL-SENTINEL* for today discussed DNR guidelines for the spreading of manure on our state farm fields. Just to let you in on a little professional secret, we doctors have been on the receiving end of a lot of manure legislation these last few decades, mostly manure from Washington; but now the manure grinder is about to be let loose at the state level. And frankly we doctors have just flat run out of shovels!

This legislation you will be taking up, if enacted, will convert the world of patient-doctor care into a runaway Robo-bureaucracy that will completely destroy what little control our state-run medical management apparatus has right now and turn it over to what appears to be a money-grabbing, power-grabbing Frankenstein-like monster which will make a Ponzi scheme look tame by comparison.

This legislation is so all encompassing in its regulatory, red tape mired and tax levying power that the states of Texas (where it started), Arizona, Missouri, Vermont and Ohio have rejected it. What is so dangerous about it is that a state would surrender its authority to regulate the practice of medicine and surgery to an outside force. In the process this alien agency would be irreversibly empowered to levy fees (which would probably fall upon the shoulders of the physicians) to pay for a newly minted bureaucracy which will supersede the our state's former authoritative regulatory powers for management of health care. And by so doing it will be almost impossible to reverse the forward progression of this runaway project.

Furthermore, medical licensure is sure to be affected as well. Indeed, as this practice is already an historically proven fact with Maintenance of Certification, it is absolutely certain that physicians will have to prove their "competence" now at the state level repeatedly at periodic

intervals at great costs of time and money just to retain the "privilege" of practicing their craft. Can any one of you name any profession other than medicine wherein once a graduate student has passed all objective assignments and holds certificated acknowledgement by his masters that a board having oversight powers can call the practitioner back over and over again to cover the same ground? Does this happen in the field of jurisprudence, engineering and even teaching? Only in medicine and surgery does this nonsensical schizophrenia twist and torment its subjects even decades later when simple common sense tells one that if a doctor was in some manner a failure in getting good results then nobody would want to see this physician as his reputation would be notorious. The testing is in the proof of results. Q.E.D.

So I hope you will oppose this legislation and vote no. The State of Wisconsin should not surrender its regulatory authority to a group of bureaucrats who will grow rich and powerful at the expense of destroying what little quality of healthcare we enjoy now in treating our patients, your family members and your constituents who need your support right now.

Thank you for voting no.

Sincerely,

W. PATRICK FLANAGAN, JR., M.D.
Urology Institute of Waukesha, S.C.



State Senator Sheila Harsdorf

To: Assembly Committee on Health
From: Senator Sheila Harsdorf
Date: August 18, 2015
RE: Assembly Bill 253 – Ratification of the Interstate Medical Licensure Compact

Chairman Sanfelippo and Committee Members:

Thank you for holding a public hearing on Assembly Bill 253 (AB 253), which would enter Wisconsin into the Interstate Medical Licensure Compact and would thereby allow Wisconsin physicians to participate in a streamlined process to become licensed in multiple states. I appreciate the opportunity to testify in support of AB 253.

Currently, physicians must be licensed in the state where they practice and see patients. As a result, physicians must be licensed in multiple states to practice at all the facilities of a health system that crosses state lines. Since gaining licensure in multiple states can be onerous and time-consuming, the Interstate Medical Licensure Compact seeks to streamline the process and provide a more expedient pathway to gaining licensure in multiple states.

Under the Compact, physicians seeking to practice in multiple states may choose to participate by authorizing the Compact to share information on the physician's qualifications and background to other states. Allowing information that has already been vetted and screened by a physician's home state to be accepted by another state reduces bureaucratic hurdles and shortens the time to licensure. As hospitals and clinics align under a single organization with multiple facilities in different states, it is becoming increasingly more important to have physicians licensed in multiple states.

This is particularly evident in western Wisconsin, where HealthPartners, Allina, Gunderson Lutheran, Mayo Clinic Health System, and other health groups operate in both Minnesota and Wisconsin. Hospital and clinic directors in my district have expressed concerns with the red tape in bringing a physician licensed in another state into Wisconsin to provide care.

Another benefit of the Compact would be the anticipated increase in use of telemedicine technologies and online consultations. These expanded health care options will be a benefit for many residents of underserved and rural areas and represent great promise in the future delivery of medicine. Streamlining the licensure process will enhance opportunities to utilize physicians from beyond our state's borders.

It is important to note that Wisconsin maintains control over its licensing practices and standards and that physicians will still need to fulfill all licensing requirements required by Wisconsin as they are seeking to gain licensure through the Compact. Additionally, regulatory authority over physicians, including disciplinary actions, remains with our state's medical board. Finally, physician participation is entirely voluntary and all costs and fees are covered by the physician.

Joining the Interstate Medical Licensure Compact will enhance Wisconsin's ability to attract high quality physicians and open up greater access to physicians that have specialized expertise. This legislation is supported Medical Society, Hospitals Association, Mayo Clinic, and Gunderson Lutheran. I urge your support of AB 253 and would welcome the opportunity to answer any questions.