

INTERSTATE MEDICAL LICENSURE COMPACT

Advocacy Action Guide for AAP Chapters

Overview

- The Federation of State Medical Boards (FSMB), representing the 70 state and territorial medical and osteopathic boards in the US, has developed [model language](#) to help states enact legislation enabling participation in the Interstate Medical Licensure Compact. The Compact would speed the process of issuing licenses for physicians who wish to practice in multiple states.
- [State legislatures are now considering participation](#) in the Compact by introducing legislation to establish interstate medical licensure.
- The American Academy of Pediatrics (AAP) supports the FSMB Interstate Medical Licensure Compact and encourages AAP state chapters to advocate for adoption by state legislatures.

Why does this matter to the AAP and AAP chapters?

- The FSMB Interstate Medical Licensure Compact will allow qualified pediatricians, pediatric medical subspecialists, and pediatric surgical specialists to practice medicine across state lines in a safe and accountable manner while protecting patients and expanding access to care.
- In its most direct application, the Compact will break down barriers to the practice of telemedicine to extend the reach of and the access to pediatric physicians as they strive to offer care for all children.
- Telemedicine is most commonly used to deliver subspecialty consultation to children and families residing in rural communities to expand the depth and breadth of the competency of the [patient- and family-centered medical home](#).

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- Other examples of how the Interstate Medical Licensure Compact holds the promise of positively affecting pediatrics include:
 - ✓ Extending the expert reach of pediatric subspecialists whose numbers may be small or not widely distributed (eg, child abuse and neglect, hospice and palliative medicine, child and adolescent psychiatry, etc.)
 - ✓ Facilitating access to pediatric care in communities located on state borders.
 - ✓ Increasing interstate collaboration among primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists to care for children with special health care needs.
 - ✓ Streamlining the ability of pediatric physicians to assist with emergency and disaster response by addressing licensing concerns.
 - ✓ Enabling pediatric physicians who work in sports medicine and who serve as team physicians to travel with athletes and provide care in other states.
 - ✓ Bolstering the clinical leadership of pediatric physicians in school health and child care health services.
 - ✓ Enhancing care coordination for relocating patients and families to ensure care continues during transition to a new medical home.
 - ✓ Improving communication and collaboration among pediatric physicians and other professionals.

What is an interstate compact?

- Interstate compacts are contracts between 2 or more states creating an agreement on a particular policy issue, adopting a standard, or cooperating on matters of mutual concern.
- Compacts are a way to address national issues while retaining state sovereignty and regulatory authority.
- There are currently more than 200 interstate compacts in existence; 22 are national in scope.
- On average, a state belongs to more than 25 interstate compacts.

What is the Interstate Medical Licensure Compact?

- A statutory and contractual agreement between 2 or more states to create a streamlined interstate medical licensure process, facilitate multistate practice, enhance telemedicine practice, and expand access to healthcare to underserved populations while maintaining critical state oversight, accountability, and patient protections.
- Participation in the Interstate Compact for medical licensure is voluntary for states and physicians. States not wishing to participate will not pass enabling legislation. In states that decide to join the Compact, only those physicians who wish to practice in multiple states and who want to avoid the process of applying for those licenses individually, need interface with the system (eg, seek an expedited license.) The status quo remains for those not seeking additional licenses in other states.

- The Compact does not create a single national license. Oversight and regulatory authority remains with the Compact-member state medical boards.
- The Compact creates another pathway for licensure, but otherwise does not change a state's medical practice act.
- As a provision of Compact membership, states would endorse the prevailing standard for licensure (ie, under the regulatory control of each state) and affirm that the practice of medicine would occur where the patient is located at the time of the physician-patient encounter, thereby requiring physicians to be under the jurisdiction of the state medical board where the patient is located.
- Similarly, physicians practicing under the Compact must comply with the statutes, rules, and regulations of each compact state where s/he chooses to practice. Licensure fees, CME, renewal processes, and other state requirements will apply.
- State boards participating in the Compact are required to share professional complaint and investigative information with one another.

What is an expedited license?

- Rather than requiring physicians seeking licenses in other states to go to each state and apply individually, the Compact streamlines the process, utilizing a physician's existing license and records. When eligibility is verified and fees are paid, states selected by the physician will issue a full and unrestricted license to her/him.

Who will be eligible to seek expedited licenses?

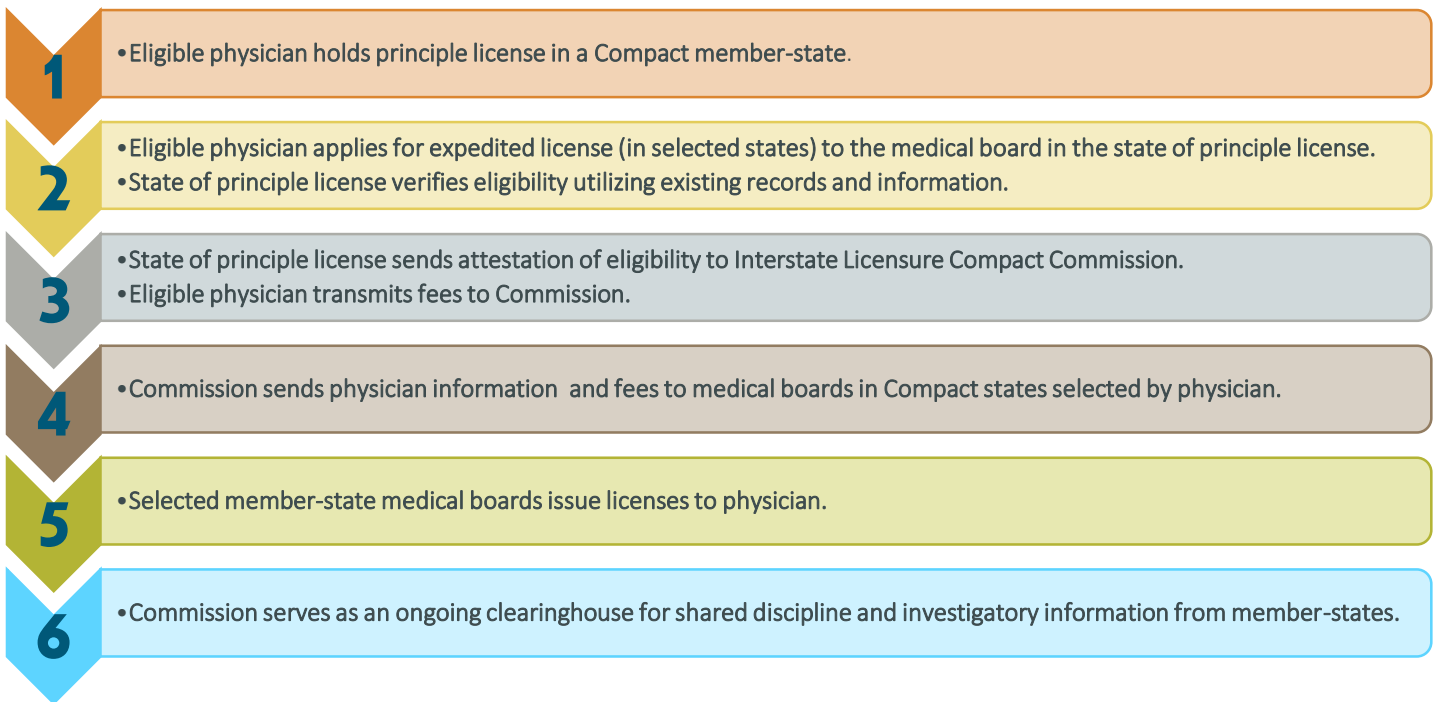
- Physician, as defined by the Compact, means any person who:
 - ✓ Is a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;
 - ✓ Passed each component of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within 3 attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
 - ✓ Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA);

- ✓ Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists (AOABOS);
 - ✓ Possesses a full and unrestricted license to engage in the practice of medicine issued by a state member board;
 - ✓ Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
 - ✓ Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license;
 - ✓ Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and
 - ✓ Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
- This definition of a physician relates only to the eligibility to receive a license through the process outlined in the Compact. The Compact definition does not change the existing definition of a physician in a state's existing medical practice act, nor does it change the basic requirements for state medical licensure of a physician seeking only 1 state license or who chooses to become licensed in additional states through existing processes.
 - The Compact definition of a physician was drafted by state and territorial medical boards in a manner that meets the highest standards already required for expedited licensure or licensure by endorsement (many states already have standards in place for expedited licensure or licensure by endorsement that require specialty-board certification.)
 - Physicians who do not meet the requirements, including those not specialty certified, are still eligible to apply for state medical licensure in a member state through the current process.
 - Initial FSMB estimates show that up to 80% of licensed physicians in the US are currently eligible to participate in the Compact, if they choose to do so.

How does the Interstate Medical Licensure Compact process work?

- Physicians, state medical boards, and stakeholders like AAP chapters and state medical associations, will work with state legislators to enact the FSMB [model language](#), thereby establishing their states as Compact members.

- An Interstate Medical Licensure Commission, comprised of medical licensing board members from participating states, will be established to coordinate and administer the Compact.
- A physician interested in obtaining an expedited license via the Compact begins the process in the state where her/his principle, full and unrestricted license is held. The state or territory must also be a member of the Compact.
- A state of principle license is:
 - ✓ State of physician’s primary residence; *or*
 - ✓ State where 25% of medical practice occurs; *or*
 - ✓ Location of physician’s employer; *or*
 - ✓ State designated for federal income tax purposes.



What fees will physicians have to pay to obtain expedited licenses in other states?

- State licensure fees will continue to vary from state to state, but it is anticipated that state medical boards may choose to charge a reduced fee for a license obtained through the Compact.

What can AAP chapters do?

- Connect with [state medical boards](#), state medical associations, and medical specialty groups supporting the Compact and let them know you're on board.
- Contact state legislators sponsoring [bills](#) to ensure your state's participation in the Compact and lend your support. Let them know why this is important to children's health and the practice of pediatrics.
- If your state doesn't have pending legislation, work with other stakeholders to encourage lawmakers to introduce it.

What else should we keep in mind?

- The Compact only addresses interstate licensure. Hospital- and practice-based credentialing and privileging policies may not address the delivery of care via telemedicine. Additional hospital and practice based engagement on this issue is advised.
- States are not uniform in their payment policies for delivery of care using telemedicine technologies or in their recognition of the Centers for Medicare and Medicaid Services and The Joint Commission rules on privileging by proxy for physicians utilizing telemedicine.
- Physicians should review their professional liability insurance policies to determine if their coverage includes treatment of patients through use of telemedicine. Commonly, policies cover in-person care, but they should also cover care delivered to patients in off-site facilities and other states if interstate licensure is being sought.

Additional Resources

- [Federation of State Medical Boards](#)
- [AAP Section on Telehealth Care](#)
- [American Telemedicine Association](#)
- [The Center for Connected Health Policy | The National Telehealth Policy Resource Center](#)—State laws and reimbursement policies
- [AAP Division of State Government Affairs](#)