

To: House Health and Human Services Committee
Representative Dan Hawkins, Chair

From: Kathleen Selzler Lippert, JD Executive Director
Kansas State Board of Healing Arts

Date: January 25, 2016

Subject: HB 2456 Interstate Medical Licensure
Proponent testimony

The Kansas State Board of Healing Arts (KSBHA) appreciates the opportunity to provide testimony on HB 2456. The KSBHA presently licenses and regulates 13 health care professions. The mission of the KSBHA is to safeguard the public and strengthen the healing arts.

The Interstate Medical Licensure Compact represents a collaborative effort by individual state medical licensing boards looking for a state-based approach to multi-state licensure and an expedited process of medical licensure without federal bureaucracy.

Interstate Medical Licensure allows states to preserve and exercise their authority and regulate the practice of professions in their states. It defines the practice of medicine as occurring where the patient received care and requires the physician to be licensed in the state where the patient receives care.

A central provision of the Interstate Medical Licensure Compact is that participation is voluntary. It creates a new process for qualified physicians interested in practicing in multiple states. Physicians can still get licensed through the existing process if they are not interested in licensure through the Compact. It does not otherwise change a state's existing medical practice act.

Key Eligibility criteria for physicians:

- An estimated 80 percent of physicians nationwide will meet eligibility requirements
- Minimum qualifications:
 - o A full and unrestricted medical license issued by a state board that is a member of the compact;
 - o Successful completion of an accredited graduate medical education program;
 - o Certification by nationally-recognized medical or osteopathic specialty boards;
 - o Never convicted, or subjected to certain alternatives to conviction, by a court for a felony, gross misdemeanor, or crime of moral turpitude;
 - o Never disciplined by a medical board, excluding actions related to non-payment of license fees;
 - o Never had a controlled substance license or permit suspended or revoked
 - o Not under active investigation by a law enforcement or medical licensing agency
- Non-qualifying physicians may still apply for a Kansas license following the existing process

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What the Interstate Medical Licensure can do for Kansas:

- Help community hospitals and clinics recruit physicians and address emergency staffing situations;
- Expand on KSBHA existing and highly-successful ability to license physicians expeditiously
- Encourage the rapidly-expanding practice of telemedicine, especially by out-of-state physicians who must have a Kansas medical license to treat patients via telemedicine in Kansas, and ensure accountability and patient safety;
- Maintain local accountability for physicians who treat patients in Kansas, regardless of whether they see patients in-person or via electronic communications;
- Expand the sharing of licensing and disciplinary information among states to help ensure that physicians treating Kansas patients are well-qualified and have clean records
- Allow KSBHA to continue to receive licensure fees, which are the sole source of the Board's funding for investigations and compliance actions.

What the Compact would not do:

- The Interstate Medical Licensure Compact would NOT supersede the State of Kansas' autonomy and authority to regulate the practice of medicine. Under the Compact, ONLY state medical boards can issue licenses, investigate allegations of misconduct by physicians, discipline physicians, and revoke a physician license. In fact, states' rights are preserved and protected under the Compact.
- The Compact would NOT cause changes to the Kansas Medical Practice Act. The Compact Commission has NO authority to change or enforce any state law or regulation, including the Kansas Medical Practice Act and KSBHA Rules and Regulations. That authority remains firmly in the hands of Kansas' Legislature, Governor, and KSBHA. No changes to the Medical Practice Act, or the Rules and Regulations, will be needed if this Kansas bill becomes law.
- The Compact would NOT come with significant costs for Kansas to join and participate. There are no "up front" costs to entering the Interstate Medical Licensure Compact. Any operating costs – and the funding sources for those costs – must be approved by the Compact Commissioners who are appointed by, and represent the interests of, their respective states. It will be in the best interest of the Compact, and its member states as represented by their commissioners, to find sources such as grants to meet costs before seeking funding from member states. If the commissioners decide that state funding is needed, it will then be up to the Legislature and Governor of each member state to decide whether to appropriate those funds. Without their approval, no state funds can or will be spent on Compact operations.
- The Compact would NOT make it difficult or expensive for the State of Kansas to withdraw, if it chooses to do so in the future. It would be no more difficult or expensive for the State of Kansas to leave the Interstate Medical Licensure Compact than it would be to leave other compacts Kansas has entered in recent years. [See: 2008 Interstate Compact on Educational Opportunity for Military Children K.S.A. 72-60c01 or 2002 Interstate Compact for Adult Offender Supervision K.S.A. 22-4110]
- The Compact would NOT increase the overall cost of obtaining a Kansas physician license. First, for physicians applying for a license through the existing process, no fee increase will occur. Second, for the physicians who want to be licensed in multiple states, using the Compact will provide significant reductions in paperwork and time required to get licensed, resulting in tremendous cost savings.
- The Compact would NOT require physicians to participate in controversial "maintenance of certificate" or "maintenance of licensure" programs to renew a license. Despite claims to the contrary, a physician holding a Kansas license obtained through the Compact would not be required to engage in any programs to maintain specialty board certification or licensure. The only requirements to renew such a license, other than existing requirements for Kansas renewal, would be that the physician continue to have an unrestricted license in a Compact member state, and have clean disciplinary, criminal and controlled substance permit histories.

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TTY (Hearing Impaired) 711 or 1.800.766.3777 voice/TTY • e-mail: healingarts@ksbha.ks.gov