Welcome to Today’s Webinar on Improving License Portability through Interstate Licensure Compacts: An Interstate Approach to Improving Access to Care and Addressing Workforce Gaps

Presented by ASTHO as part of a HRSA funded project under grant number UD3OA22890 National Organizations for State and Local Officials.

Participant call-in number: 888-632-5004; Required conference ID: 013715
Objectives

• Share information on interstate licensure compacts as a method for increasing access to care and addressing workforce shortages.
• Describe two examples of compacts that states can consider.
• Share resources on telehealth and workforce development programs from HRSA and other partners.
Speakers

• William England, PhD, JD, Director, Office for the Advancement of Telehealth, Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA).
• Anthony Oliver, MPH, EMT-B, Public Health Analyst, Office for the Advancement of Telehealth, FORHP, HRSA.
• Shiri Hickman, JD, Director, State Policy & Legal Services, Federation of State Medical Boards.
• Janet Orwig, MBA, Executive Director, PSYPACT, Associate Executive Officer for Member Services, Association of State and Provincial Psychology Boards.
Office for the Advancement of Telehealth
Support of License Portability

William L. England, Ph.D., J.D.
Director
Federal Office of Rural Health Policy
Health Resources and Services Administration

August 23, 2017
Mission: Promote the use of telehealth technologies for health care delivery, education, and health information services

Definition: Telehealth is defined as the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration. Technologies include video conferencing, the internet, store-and-forward imaging, streaming media, and terrestrial and wireless communications.

Activities: Administer nine grant programs, coordinate and collaborate on telehealth activities, monitor telehealth policy
OAT Grant Programs (FY2017) - $18.1 M

<table>
<thead>
<tr>
<th>Program</th>
<th>Grants</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Telehealth Network Grant Program</td>
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<tr>
<td>Evidence-Based Telehealth Network Grant Program</td>
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<td>Rural Child Poverty Network Grant Program</td>
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<tr>
<td>Substance Abuse Treatment Network Grant Program*</td>
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<tr>
<td>Rural Veterans Health Access Program**</td>
<td>3</td>
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<td>Licensure Portability Grant Program</td>
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<td>Telehealth-Focused Rural Health Research Center</td>
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<tr>
<td>Telehealth Center of Excellence*</td>
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*Currently being competed
** Not funded through OAT budget
Licensure Portability Grant Program

• Provide support for state professional licensing boards to carry out programs under which licensing boards of various states cooperate to develop and implement state policies that will reduce statutory and regulatory barriers to providing health care through telehealth technology

• 2 grantees

• Project Period 7/1/16 – 6/30/19

• Up to $250,000 per year ($0.5M total)
Multi-State Licensure

States


Nurse Licensure Compact
Medical Licensure Compact
Includes pending states
Questions/Contacts

William England, wengland@hrsa.gov 301-945-3987
Director, Office for the Advancement of Telehealth

Anthony Oliver, aoliver@hrsa.gov 301-443-2919
Licensure Portability Program, Rural Flex VA Program, FedTel
The Interstate Medical Licensure Compact

Shiri Hickman
Federation of State Medical Boards
August 23, 2017
FSMB Offices in Euless, TX and Washington, DC

- FSMB established in 1912
- Represents 70 state medical and osteopathic boards
- Non-profit 501c6 organization with approximately 185+ staff
FSMB Vision and Mission 2015-2020

Vision
The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.

Mission
The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research, and advocacy while providing services and initiatives that promote patient safety, quality health care, and regulatory best practices.
State Medical and Osteopathic Boards

• Protect the public through the regulation of medical practice
  – Statutory Authority – Medical Practice Act –
    • M.D., D.O., P.A., and other health care professionals
  – Licensure
    • Assure competence and set qualifications
    • Evaluate education, training, examinations
  – Discipline
    • Set standards for competence and professional conduct
    • Receive and investigate complaints
    • Complaint disposition and/or adjudication
      – Range of disciplinary actions
**Current Legislative & Regulatory Environment**

**Combating Aggressive Push for a ‘National’ License**
- Legislation in Congress calling for “nationalized” licensure system
- Proposals tie licensure to federal health programs (i.e. Medicare)
- Powerful interest groups behind effort to expand state licensure exceptions and develop “Driver’s License” model for medicine

**Need for a Nationwide Solution, Implemented by the States, without Federalizing Licensure**
- State solution would preserve proven regulatory approach
- State solution does not require overhaul or new federal program
- Licensing is constitutionally a state power
The Need for License Portability

• Health care rapidly changing
  – Growth of telemedicine and new technologies
  – The Affordable Care Act and need for greater access to care
  – Workforce disparities
  – Integration of health care delivery systems
  – Increase in multi-state practice
    • 916,264 licensed physicians in the U.S. (2014)
    • 16% of physicians are licensed in 2 states
    • 6% of physicians are licensed in 3 or more

• Goal: Facilitate multi-state practice without compromising patient safety or quality
Interstate Compact House of Delegates Directive in 2013

- FSMB House of Delegates unanimously adopted Resolution 13-5: Development of an Interstate Compact to Expedite Medical Licensure and Facilitate Multi-State Practice (HOD 2013)

- Directed FSMB to study the feasibility of an Interstate Compact model to facilitate license portability
What is an Interstate Compact?

• A contract between compact states

• Constitutionally authorized

• Retains state sovereignty on issues traditionally reserved to state jurisdictions

• Commission established to coordinate cooperation
FSMB House of Delegates Voted Unanimously in 2013 to Study Interstate Compact Model
Interstate Medical Licensure Compact

• A new, voluntary expedited pathway to facilitate multistate practice, increasing access to health care for patients in underserved and rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies

www.imlcc.org
Interstate Compact Key Principles

- Participation voluntary for physicians

- Creates another pathway for licensure, but does not otherwise change a state’s existing *Medical Practice Act*

- Regulatory authority remains with the participating state medical boards

- Practice of medicine occurs where the patient is located
Interstate Compact Key Principles

• Compliance with the statutes, rules and regulations of state where the patient is located

• Improved sharing of complaint and investigative information between medical boards

• The license to practice medicine may be revoked by member state once issued

• Ability of boards to assess fees will not be compromised
What The Compact DOESN’T Do

• Doesn’t change a state’s *Medical Practice Act*

• Doesn’t require Maintenance of Certification (MOC)

• Doesn’t supersede state regulatory control or authority over practice of medicine

• Doesn’t create a national licensure system

• Doesn’t change a state’s definition of “physician”

• Doesn’t allow physicians to circumvent state specific rules, regulations, and requirements for renewal
Compact Eligibility Requirements

• Estimated 80% of physicians could be eligible
• Must meet the following requirements:
  – Successfully passed USMLE or COMLEX-USA
  – Successful completion of a GME program
  – Specialty certification or a time-unlimited certificate
  – No discipline on any state medical license
  – No discipline related to controlled substances
  – Not under investigation by any agency
State of Principal License

• **Entry point for eligible physicians**
  – State must be a Compact State
  – Physician must obtain (or hold) a full and unrestricted license

• **What state can serve as State of Principal License?**
  – State of physician’s primary residence
  – State where 25% of medical practice occurs
  – Location of physician’s employer
  – State designated for federal income taxes
Interstate Compact Pathway

Step 1
Physician requests attestation from State of Principal License

Step 2
State of Principal License confirms eligibility; sends attestation to Commission
Physician transmits fees to Commission

Step 3
Attestation and fees distributed to selected states

Step 4
Selected states issue license to physician
Compact Administration

• Interstate Medical Licensure Compact Commission
  – Each state appoints two representatives to serve
  – Establish coordinated information system
  – Empowered to determine when a state has breached its obligations under Compact
  – Can raise own funds to remain budget neutral
    • Authorized to solicit and receive grants
    • Assess user fees
Interstate Medical Licensure Compact Commission

- Each Compact Member state has 2 Commissioners
- Full Commission began meeting in October 2015
- Elected officers, appointed committees
- APRIL 2017 – First License Issued via Compact Process
- Work to date supported by federal grant awarded to FSMB
- FSMB Foundation grant program for state medical boards to implement the compact
Advocacy Considerations

- 22 Member States
- 8 States Issuing LOQs and Licenses
- 9 Additional States Issue Licenses
- 4 Bills Currently Pending
Thank you

Shiri Hickman, JD
Director, State Policy and Legal Services
Federation of State Medical Boards
1300 Connecticut Ave. NW, Suite 500
Washington, DC 20036
P: 202.463.4000
Email: shickman@fsmb.org
PSYPACT: THE PSYCHOLOGY INTERJURISDICTIONAL COMPACT
History of ASPPB

- Association of State and Provincial Psychology Boards
- State/provincial/territorial psychology regulatory boards/colleges in the United States and Canada
- 64 member jurisdictions
- Services to licensing boards, applicants for licensure/registration, licensed psychologists
- The international source of information and resources for the regulation and licensure/registration of psychologists
In 2011, HRSA released a grant application for the Licensure Portability Grant Program (LPGP) funded by the Office for the Advancement of Telehealth (OAT).

ASPPB submitted an initial grant application and was awarded the grant in June 2012. The LPGP was reissued in February 2015. ASPPB submitted a grant application and was awarded the grant in July 2015. The LPGP was reissued again in November 2015. ASPPB submitted a grant application and was awarded the grant in May 2016.

Through the support of this grant, the Psychology Interjurisdictional Compact (PSYPACT) can provide psychology licensing boards with the technical and legal support necessary to implement a regulatory system that promotes telehealth, licensure portability, and mutual recognition across states while maintaining strong public protection.
Psychology
Interjurisdictional
Compact (PSYPACT)
How we got here

- Telepsychology Task Force
- Guidelines for the Practice of Telepsychology
- ASPPB Telepsychology Task Force Principles/Standards
Why a Compact?

- In February 2015, the Board of Directors of ASPBB introduced the Psychology Interjurisdictional Compact (PSYPACT) to address concerns by member jurisdictions about the increasing availability of unregulated services provided via telecommunication technologies.
- Goal is to protect public through the regulation of interjurisdictional practice through verification of education, training and experience to ensure accountability for professional practice.
Designed to regulate:

- The day-to-day practice of **telepsychology across state boundaries** and/or
- The **temporary in-person, face-to-face** practice of psychology for up to 30 days annually
Interjurisdictional Telepsychology
How Practice Works

Psychologist in Home Compact State

- Compact State #1
- Compact State #2
- Compact State #3
- Compact State #4
- Compact State #5
- Compact State #6
E.Passport

- Creates a “legal” relationship between:
  - Psychologist
  - Home licensing board where psychologist is located and practicing from
  - Receiving licensing board where patient is located and where services are being provided into

- **ASPPB to review, vet credentials and issue E.Passport Certificate based on established criteria**
Temporary In-Person, Face-to-Face Practice
Interjurisdictional Practice Certificate (IPC)

- A certificate that grants temporary authority for in-person, face-to-face practice
- Based on:
  - notification to the licensing board of intention to practice temporarily,
  - and verification of one’s qualifications for such practice.
- ASPPB to review, vet credentials and issue IPC based on established criteria
Commission

- Created when seven (7) states enact PSYPACT Legislation
- Each state will have one (1) representative
- Will be responsible for managing PSYPACT through the creation of Bylaws and Rules and Regulations
- Costs for participation between $3,000 and $6,000 a year
Benefits and Challenges of PSYPACT
Benefits of PSYPACT

- Increases client/patient access to care
- Facilitates continuity of care when client/patient relocates, etc.
- Certifies that psychologists have met acceptable standards of practice
- Promotes cooperation across PSYPACT states in the area of licensure and regulation
- Offers a higher degree of consumer protection across state lines
Challenges of PSYPACT

- Most ASPPB member boards are unable to introduce legislation directly
- Getting all stakeholders “on the same page”
- Competing legislative priorities
- Timing of legislative sessions
- Developing grassroots advocacy support
Current Status of PSYPACT
Current Status of PSYPACT

Map Key
- PSYPACT State
- States Pending PSYPACT Implementation
- States with Pending PSYPACT Legislation
- Endorsed by Psychology Licensing Board

Arizona – AZ HB 2502 (Enacted on 6/17/2016)
Illinois - IL HB 2688 and IL SB 1301 (Click here for more information)
Nevada - NV AB 429 (Enacted on 5/26/2017)
Utah - UT SB 106 (Enacted on 3/17/2017)
What is Down the Road?
• November 7th- 8th, 2017 in Washington, D.C.
• Legislative briefing hosted in conjunction with the Council of State Governments’ (CSG) National Center for Interstate Compacts
• 17 Target states invited
• Board Representatives, State Psychological Association Representatives, Legislators, and other Key Stakeholders
Interact with the Pact
Visit our Website
www.psypact.org
Connect with PSYPACT

Follow us on Twitter @PSYPACT

Sign up for the PSYPACT listserv by emailing info@psypact.org
Thank you!

For further information please contact:

- Janet Orwig (jorwig@asppb.org)
- Lisa Russo (lrusso@asppb.org)
- Alex Siegel (asiegel@asppb.org)
Q&A

If you have a question, you may type it into the chat box now or press the phone commands to have the operator unmute your line.
Resources

- PSY PAC T: http://www.asppb.net/page/PSY PAC T
Thank you for joining us!

Please complete our webinar evaluation survey:  
http://astho.az1.qualtrics.com/jfe/form/SV_6DzFbBUcZLuCwct

Visit ASTHO’s website for additional resources:  
http://www.astho.org/Programs/Health-Systems-Transformation/

ASTHO contacts:  
Megan Miller mmiller@astho.org
Emily Moore emoore@astho.org