

SUBJECT: Enacting the Interstate Medical Licensure Compact in Texas

COMMITTEE: Public Health — favorable, without amendment

VOTE: 11 ayes — Klick, Guerra, Allison, Campos, Coleman, Collier, Jetton, Oliverson, Price, Smith, Zwiener

0 nays

WITNESSES: For — Rick Masters and Marschall Smith, Interstate Medical Licensure Compact Commission; Robert Ball, Texas Children’s Hospital; Nora Belcher, Texas e-Health Alliance; Dan Finch, Texas Medical Association; Jennifer Allmon, The Texas Catholic Conference of Bishops; (*Registered, but did not testify*: Gregg Knaupe, Ascension Texas; Amber Hausenfluck, CHRISTUS Health; Lindsay Munoz, Greater Houston Partnership; Jessica Schleifer, Teaching Hospitals of Texas; Charles Miller, Texas 2036; Marshall Kenderdine, Texas Academy of Family Physicians; Laurie Vanhooose, Texas Association of Health Plans; Mia McCord, Texas Conservative Coalition; Cameron Duncan, Texas Hospital Association; Trent Krienke, Texas Organization of Rural and Community Hospitals; Bobby Hillert, Texas Orthopaedic Association; Bonnie Bruce, Texas Society of Anesthesiologists)

Against — (*Registered, but did not testify*: Jill Sutton, Texas Osteopathic Medical Association)

On — Welela Tereffe, UT MD Anderson Cancer Center; (*Registered, but did not testify*: Stephen Carlton, Texas Medical Board; John Seago, Texas Right to Life)

BACKGROUND: The Interstate Medical Licensure Compact is an agreement made among participating states to streamline the process of licensing for physicians seeking to practice in multiple states. The compact, which currently consists of 29 states, creates an expedited pathway for certain eligible physicians to voluntarily pursue a medical license. The goal of the compact is to increase access to health care in underserved or rural areas.

The Interstate Medical Licensure Compact Commission administers the compact's rules, policies, and procedures. The commission is composed of two representatives from each participating state and conducts regularly scheduled meetings open to the general public.

DIGEST: HB 1616 would enact the Interstate Medical Licensure Compact in Texas. The bill contains provisions related to expedited licensure for eligible physicians, investigations, disciplinary actions, oversight and enforcement of the compact, and withdrawal from the compact.

Interstate Medical Licensure Compact Commission. The bill would codify the rights, duties, responsibilities, powers, finances, and other obligations of the Interstate Medical Licensure Compact Commission.

Expedited licensure. Under the bill, an expedited license would be a full and unrestricted medical license granted by a compact member state to an eligible physician. An expedited license would authorize a physician to practice medicine in the issuing state consistent with the medical practice act and all applicable laws and regulations of the state.

Eligibility. To receive an expedited license under the terms and provisions of the compact, a physician would have to:

- be a graduate of a medical school accredited by certain agencies;
- have passed each component of the United States Medical Licensing Examination or the Comprehensive Medical Licensing Examination within three attempts, or any of its predecessor examinations accepted by a state medical board;
- have successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
- hold specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

- possess a full and unrestricted license to engage in the practice of medicine issued by a member board;
- never have been convicted or received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
- never have held a license authorizing the practice of medicine subjected to discipline by a licensing agency, excluding any action related to nonpayment of license fees;
- never have had a controlled substance license or permit suspended or revoked by a state or the U.S. Drug Enforcement Administration; and
- not be under active investigation by a licensing agency or law enforcement authority.

A physician who did not meet these requirements could obtain a license to practice medicine in a member state if the individual complied with all laws and requirements relating to the issuance of a license to practice medicine in that state.

Application. A physician seeking licensure through the compact would have to file an application with the member board of the state selected by the physician as the state of principal license. The member board within the state selected would have to evaluate the applicant's eligibility for expedited licensure and issue a letter of qualification to the interstate commission.

Background check. The member board would have to perform a criminal background check on an applicant for expedited licensure that included the results of fingerprint or other biometric data checks compliant with requirements of the Federal Bureau of Investigation, excluding certain federal employees.

Registration. Upon verification, eligible physicians would have to complete the registration process established by the interstate commission to receive a license in the selected member state, including the payment of any applicable fees. Upon receiving verification of eligibility and fees, a

member board would have to issue an expedited license to the physician.

Validity. An expedited license would be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

Termination. An expedited license obtained through the compact would be terminated if a physician failed to maintain a license in the state of principal licensure for a nondisciplinary reason, without redesignation of a new state of principal licensure.

Renewal. A physician seeking to renew an expedited license would have to complete a renewal process with the interstate commission if the physician:

- maintained a full and unrestricted license in a state of principal license;
- had not been convicted or received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;
- had not had a license authorizing the practice of medicine subject to discipline by a licensing agency, excluding any action related to nonpayment of license fees; and
- had not had a controlled substance license or permit suspended or revoked by a state or the U.S. Drug Enforcement Administration.

Physicians holding expedited licenses would have to comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

Fees. A member state that issued an expedited license authorizing the practice of medicine in that state could impose a fee for a license issued or renewed through the compact. The interstate commission would collect any renewal fees and distribute them to the applicable member board. A member board would have to renew the physician's license upon the

receipt of renewal fees.

State of principal license. A physician would have to designate a member state as the state of principal license for the purposes of registration for expedited licensure through the compact if the physician possessed a full and unrestricted license to practice medicine in that state, and the state was:

- the state of primary residence for the physician;
- the state where at least 25 percent of the physician's practice of medicine occurred;
- the location of the physician's employer; or
- if no state qualified under the preceding criteria, the state designated as state of residence for federal income tax purposes.

A physician could redesignate a member state as a state of principal license at any time, as long as the state met these requirements.

Joint investigations. A member board could participate with other member boards in joint investigations of physicians licensed by the member boards. A subpoena issued by a member state would be enforceable in other member states.

Member boards could share any investigative, litigation, or compliance materials in furtherance of an investigation initiated under the compact. Any member state could investigate actual or alleged violations of the statutes authorizing the practice of medicine in any other member state in which a physician held a license to practice medicine.

Disciplinary actions. Any disciplinary action taken by a member board against a physician licensed through the compact would be considered unprofessional conduct which could be subject to discipline by other member boards, in addition to any violation of the medical practice act or regulations in that state.

If a license granted to a physician by the member board in the state of

principal license was revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued to the physician by member boards would automatically be placed on the same status.

If a license granted to a physician by a member board was revoked, surrendered or relinquished in lieu of discipline, or suspended, then any license issued to the physician by any other member board would be suspended automatically and immediately for 90 days. A member board could terminate the automatic suspension of the license it issued before the completion of the 90-day suspension period.

If disciplinary action was taken against a physician by a member board not in the state of principal license, any other member board could consider the action conclusive as to matter of law and fact decided and impose the same or lesser sanction against the physician or pursue separate disciplinary action against the physician.

A member board would have to report to the interstate commission any public action or complaint against a licensed physician who applied for or received an expedited license through the compact. A board also could report any nonpublic complaint, disciplinary, or investigatory information to the interstate commission.

Member boards would have to share complaint or disciplinary information about a physician upon request of another member board, and all information provided to the interstate commission or distributed by member boards would be confidential.

Oversight and enforcement. The executive, legislative, and judicial branches of state government of each member state would enforce the compact and would have to take all actions necessary and appropriate to enforce the provisions of the compact. The compact's provisions would not override existing state authority to regulate the practice of medicine.

All laws in a member state in conflict with the compact would be superseded to the extent of the conflict. All lawful actions of the interstate

commission and all agreements between the commission and member states would be binding upon member states. If a provision of the compact exceeded the constitutional limits imposed on the legislature of any member state, such provision would be ineffective to the extent of conflict with the constitutional provision.

Nothing in the compact could be construed to prohibit the applicability of other interstate compacts to which the states are members.

Withdrawal from the compact. A member state could withdraw from the compact by specifically repealing the enacting statute. Withdrawal from the compact would not take effect until one year after the effective date of the repealing statute and until written notice of the withdrawal had been given to the governor of each other member state.

The withdrawing state immediately would have to notify the chairperson of the interstate commission in writing upon the introduction of legislation repealing the compact in the withdrawing state. The withdrawing state would be responsible for all dues, obligations, and liabilities incurred through the effective date of withdrawal.

Effective date. The compact would become effective and binding on a state upon enactment of the compact into law.

The bill would take effect September 1, 2021.

**SUPPORTERS
SAY:**

HB 1616 would increase access to health care for rural and underserved areas in the state while allowing the Texas Medical Board to retain oversight of the medical profession by entering Texas into the Interstate Medical Licensure Compact. The bill would maintain the state's sovereign oversight of the medical profession in Texas, result in a net fiscal benefit to the state, and allow physicians to choose whether or not to participate in the compact.

The temporary relaxation of certain physician licensing requirements during the COVID-19 pandemic allowed states greater flexibility in

providing and receiving health care, including through telemedicine. By joining the Interstate Medical Licensure Compact, Texas would be able to take advantage of this flexibility and provide increased access to health care to rural and underserved populations throughout the state. Allowing physicians from other states that were members of the compact to receive expedited licenses to practice in Texas would bolster the state's supply of medical providers and provide more choice in health care to Texans.

The bill would not burden physicians with the requirement to hold a specialty certification since this requirement would apply only at the time of application and would not be ongoing. The bill would not remove the Texas Medical Board's oversight of the medical profession and licensing in Texas, nor allow unqualified physicians to practice in the state. Joining the compact would not sacrifice the state's sovereignty, as Texas would be free to leave at any time. Furthermore, physicians would not be forced to participate in the program.

The bill would not create financial obligations for the state, as licensing fees paid by participants would cover the costs of the compact. Additionally, the Legislative Budget Board projected that HB 1616 would bring in around \$480,000 to the state over the 2022-23 biennium.

**CRITICS
SAY:**

HB 1616 could decrease access to care for rural Texans by requiring physicians participating in the compact to possess a specialty certification from the inefficient American Board of Medical Specialties. The bill also could sacrifice Texas sovereignty and physician autonomy by tying the state to an inefficient and unaccountable out-of-state board and create unnecessary financial obligations for the state. Instead of joining the Interstate Medical Licensure Compact, Texas should continue enhancing license portability and enacting license reciprocity agreements.

NOTES:

According to the Legislative Budget Board, the bill would result in a positive impact of about \$480,000 through fiscal 2022-23.