

## Interstate Medical Licensure Compact won't help

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Two companion bills (House Bill 41 and Senate Bill 2412) likely to pass each chamber this week would have Mississippi join the Interstate Medical Licensure Compact. The compact is being promoted by its supporters as a way to increase license portability and, therefore, the practice of interstate telemedicine.

With a relatively large medically underserved population, Mississippi is a state that could benefit tremendously from access to interstate telemedicine. After years of failed efforts to direct care to underserved areas, telemedicine offers exactly what Mississippi needs. The Interstate Medical Licensure Compact does not.

Proponents have misrepresented what the compact will achieve. Its only function will be to process applications of physicians licensed in compact states who seek licenses to practice in other compact states. However, private companies already specialize in assisting physicians who want to be licensed in multiple states. Adding the Compact Commission creates another layer of bureaucracy and costs.

The compact does not remove what has been seen as the most significant barrier to interstate practice, the requirement that physicians be licensed in every state in which they practice. Mississippi could eliminate this barrier to interstate practice by allowing physicians who are licensed in other states to offer telemedicine services in Mississippi.

Practicing under multiple state licenses is complicated and expensive. There are state-specific medical practice rules. In addition, rules for informed consent, legal requirements for a finding of malpractice, and requirements for continuing medical education differ across states. And there are license renewal requirements and fees.

If Mississippi legislators sincerely want to expand access to physician services via telemedicine, they can't continue to pretend that physicians licensed to practice medicine in other states are somehow inferior. The solution to improved access to care is to allow physicians to practice in Mississippi based on their home license and subject to the rules and regulations of their home state. This would be consistent with the 2011 Center for Medicare and Medicaid Services

decision to allow hospitals interacting with physicians located elsewhere via telemedicine to rely on the credentialing and privileging of the hospital at which the telemedicine doctor is located.

As in other states, Mississippi residents may travel to another state to receive primary or specialty care from a physician licensed in that state. However patients who do not have the funds to travel or whose medical conditions prohibit it are precluded from seeking care from an out-of-state physician unless the physician is licensed to practice medicine in their state.

The compact may seem like a positive step to those who don't have the time to look at it very closely. Surely, respected representatives of physician groups and the Federation of State Medical Boards will encourage Mississippi legislators to adopt the model legislation and join the compact. These groups are overselling the contribution the compact can make to improving access to telemedicine because they do not want federal licensing. (At the same time, the Mississippi State Board of Medical Licensure is seeking to squash private telemedicine providers, thus diminishing health care access even further.)

The compact is being promoted, disingenuously, as addressing license portability and access to interstate telemedicine. The compact Web page touts the compact as "An expedited licensure process ... that improves license portability and increases patient access to care." However, as noted above, it does nothing to address the major barrier to interstate telemedicine, the requirement that physicians be licensed in every state in which they practice medicine.

Mississippi legislators who are concerned about improving health care options for state residents should eschew the costly and ineffective compact and, instead, take action to allow Mississippi residents to receive care from physicians licensed in other states. If Mississippi were to redefine the location of the practice of medicine to be that of the physician, it would be the first state to do so. This would immediately improve access to care to medically underserved populations in the state.

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