



Facilitating the Practice of Medicine Across State Lines

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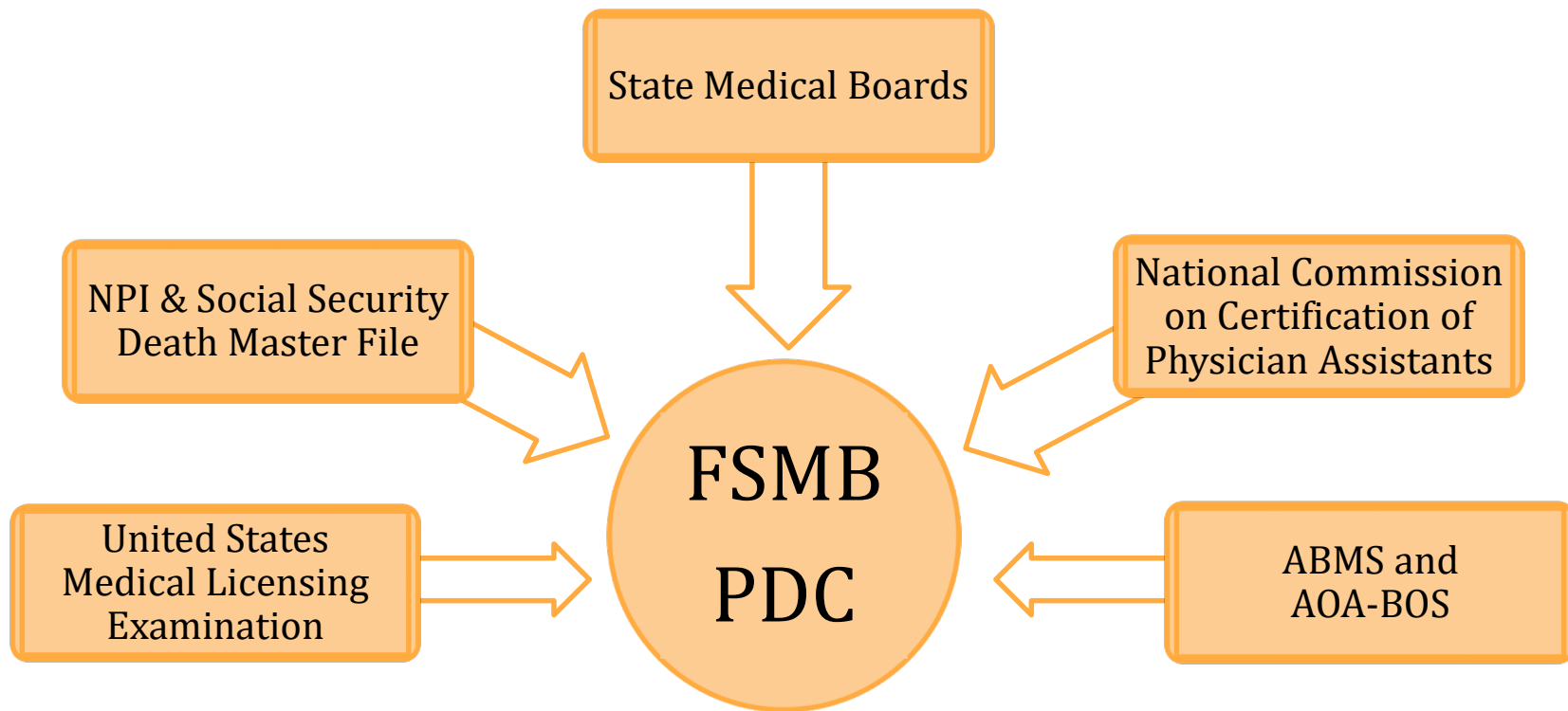
Federation of State Medical Boards (FSMB)



**FEDERATION OF
STATE MEDICAL BOARDS**

- ✓ Founded in 1912, we are the national, non-profit organization that represents all 70 of the state medical and osteopathic boards across the United States
- ✓ State medical boards protect the public through the licensing, disciplining and regulation of 1 million+ physicians, PAs, and other health care professionals
- ✓ FSMB supports state medical boards through education, assessment, research and advocacy and promotes regulatory best practices across states

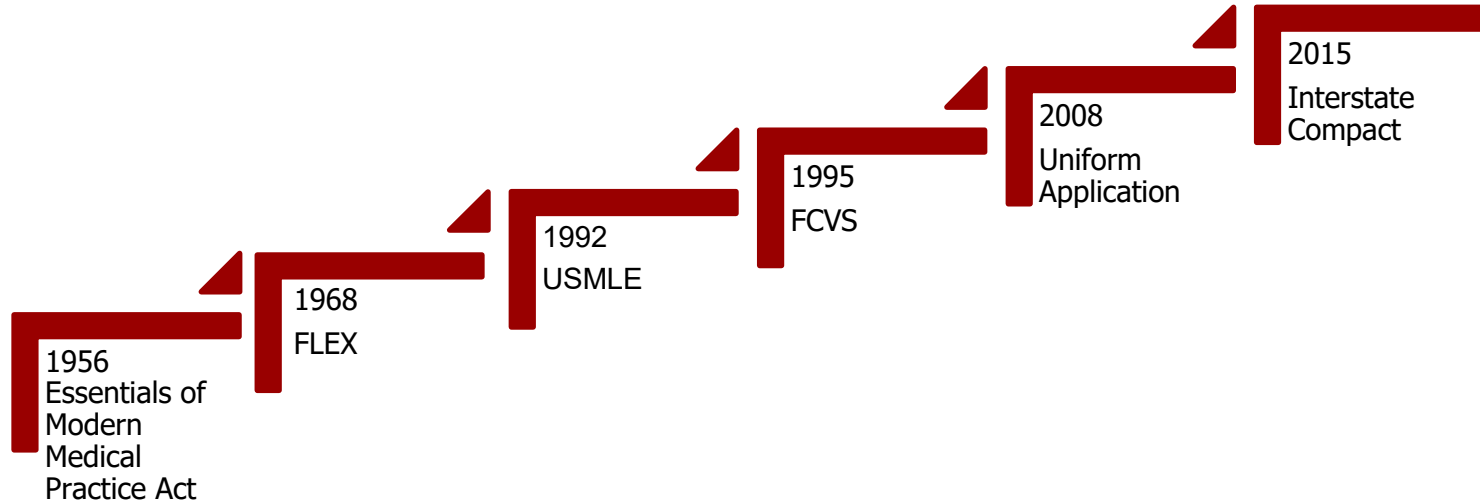
FSMB Information Sources



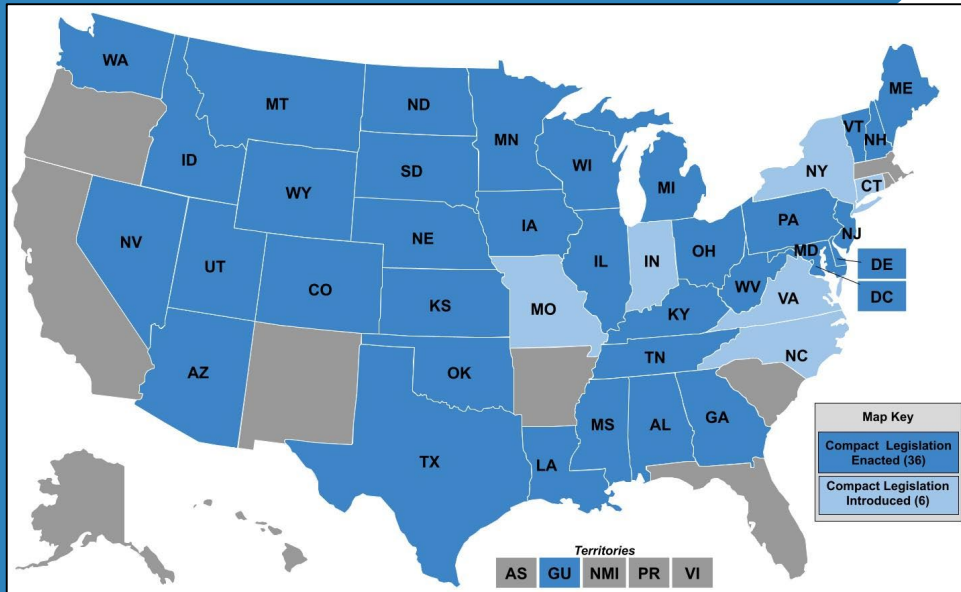


License Portability

FSMB support for license portability



Interstate Medical Licensure Compact



- ✓ A 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
- ✓ 34 states, the District of Columbia, and Guam have enacted the model legislation
- ✓ Legislation introduced in 2022 in Connecticut, Indiana, Missouri, New York, North Carolina, and Virginia

Interstate Medical Licensure Compact

Physician Eligibility

An estimated 80 percent of licensed physicians in the U.S. are IMLC eligible:

- ✓ Graduate of an accredited medical school
- ✓ Passed USMLE or COMLEX within 3 attempts
- ✓ Completed approved GME
- ✓ Holds ABMS or AOA specialty certification or a time-unlimited specialty certificate
- ✓ Possesses a full and unrestricted license to practice medicine in a IMLC Member state
- ✓ Has no criminal history
- ✓ Has no disciplinary action by a licensing agency
- ✓ Has never had a controlled substance registration suspended or revoked by the DEA
- ✓ Is not under active investigation by a licensing agency or law enforcement authority

Interstate Medical Licensure Compact Commission

- ✓ Administered by the IMLC Commission
- ✓ Comprised of 2 representatives from each member state
- ✓ Representative must be a member of the licensing board or senior board administrator
- ✓ Marshall Smith, IMLCC Executive Director
- ✓ imlcc.org

BY THE NUMBERS

First licensed issued in April 2017

As of February 28, 2022:

- ✓ 20,014 applications processed
- ✓ 30,231 licenses issued

Health Care Interstate Licensure Compacts

Interstate Medical Licensure Compact (IMLC)

- ✓ Effective May 19, 2015
- ✓ 34 states, DC and Guam are Members



Enhanced Nurse Licensure Compact (eNLC)

- ✓ Implemented January 19, 2018
- ✓ 37 states, Guam, and Virgin Islands are Members



APRN Compact

- ✓ Not effective until 10 states enact model legislation
- ✓ 2 states are Members



Interstate Compacts

EMS Compact

- ✓ Effective October 2017
- ✓ 21 states are Members



Occupational Therapy Licensure Compact

- ✓ Not effective until 10 states enact model legislation
- ✓ 9 states are Members



Physical Therapy Licensure Compact

- ✓ Effective April 25, 2017
- ✓ 33 states and DC are Members



Psychology Interjurisdictional Compact (PSYPACT)

- ✓ Effective April 2019
- ✓ 25 states and DC are Members



Other Licensure Approaches to Portability

License Reciprocity

- ✓ Regional and extraterritorial licenses
- ✓ Universal reciprocity for those that meet certain standards and requirements

Special Licenses

- ✓ Twelve (12) state boards issue a special purpose license, telemedicine license or certificate, or license to practice medicine across state lines to allow for the practice of telemedicine.

Telemedicine Registration

- ✓ Six (6) state boards require physicians to register if they wish to practice across state lines

FSMB Workgroup on Telemedicine

The Workgroup's *Draft Report on the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* does the following:

- ✓ Emphasizes that telemedicine is only one component of the practice of medicine;
- ✓ Details instances where certain exceptions may permit the practice of medicine across state lines without the need for licensure in the jurisdictions where the patient is located;
- ✓ Emphasizes that a practitioner who uses telemedicine must meet the same standard of care and professional ethics as a practitioner using a traditional in-person encounter with a patient. The failure to follow the appropriate standard of care or professional ethics while using telemedicine may subject the practitioner to discipline by the medical board;
- ✓ Recognizes that when utilized and deployed effectively as a seamlessly integrated part of healthcare delivery, telemedicine can improve access and reduce inequities in the delivery of healthcare. To be effective, certain barriers must be eliminated or reduced, such as literacy gaps, access to broadband internet, and coverage and payment of telemedicine services.

Thank You!

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