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MICHIGAN STATE MEDICAL SOCIETY

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Good afternoon. Thank you, Chairman Shirkey and members of the Committee, for the opportunity to speak regarding the Interstate Medical Licensure Compact. My name is Phil Wise, I am a urologist from Grand Rapids, a member of the Michigan State Medical Society Board of Directors and here to speak on behalf of the 15,000 members of MSMS in opposition to House Bills 4066 and 4067.

As you are aware, this legislation attempts to create a streamlined pathway for medical licensure with the aim of providing physicians with a license that is no longer constrained by state borders. In theory, most physicians would support the idea of making it easier to obtain a license in a different state. However, we have specific concerns regarding the requirements and status of the Interstate Licensure Compact.

Specifically, we are concerned with the following:

HB 4066 redefines "physician" to be one who "holds specialty certification or a time-unlimited certificate recognized by the American Board of Medical Specialties (ABMS) or the American Osteopathic Association's Bureau of Osteopathic Specialists." This is not an existing requirement in Michigan, or any state, and incorporates in statute the very contentious issue of specialty board certification and maintenance of certification. This is an extremely costly endeavor for physicians with current estimates at $25,000 per decade, without any demonstrated benefit to patient care. In addition, an estimated 20 percent of Michigan physicians are not participating in ABMS or AOA certification or have chosen competing organizations like the National Board of Physicians and Surgeons (NBPAS). These physicians would be at competitive disadvantage under HB 4066.

The FBI has raised concerns about the legality of FMSB Interstate Medical Licensure Compact states performing criminal background checks using information only legally accessible to the FBI. Because of this, only 11 states have passed the additional legislation required to access this information. Five states have halted any participation in the compact and another five states are not participating as states of primary licensure.

Michigan already has a pathway for reciprocity from other states to apply for a license. If a physician has been in practice for ten years in another state, he or she is allowed to forgo the requirements of obtaining a license in Michigan. For physicians with less than ten years of experience, they may also forgo the Michigan licensing exam if the requirements in their home state are "substantially equivalent" (R.338.2318 3(a)) to those required in Michigan.

This legislation only streamlines the process for initial licensure but does not streamline the various aspects to maintain licensure in other states. For example, the compact does not address the patchwork of rules pertaining to continuing medical education for each individual state. Differing requirements with respect to content, duration, and renewal dates are still in effect. The compact only provides change for initial licensure.

Licensure has historically been the express purview of individual states. If there are aspects of our licensing laws that need to be streamlined or updated to make it easier to attract and retain physicians in Michigan, we should do those things. But that means changing our laws and not ceding this responsibility to an Interstate Commission.

While some of the attributes of the Interstate Medical Licensure Compact may be desirable, the potential downsides simply outweigh the benefits at this time. If more states join, if the commission addresses more of the aforementioned concerns, and if maintenance of certification ceases to be imposed on physicians, then the Interstate Medical Licensure Compact may be worth revisiting. However, these risks should be weighed against the very minimal upside the compact provides at this moment in time.

For these reasons, I speak in opposition to these bills.

Thank you, Mr. Chairman and members of the Committee.