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## Health Care Flash

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The information in this article is based on a summary of legal principles. It is not to be construed as legal advice. Individuals should consult with legal counsel before taking any action based on these principles to ensure their applicability in a given situation.

# Wisconsin becomes the 12th state to enact the Interstate Medical Licensure Compact

On Monday, Dec. 14, 2015, Governor Walker signed Assembly Bill 253, related to the ratification of the Interstate Medical Licensure Compact, into law. Wisconsin is the 12th state to enact the Compact. The Compact provides an expedited licensure process for physicians who seek to practice medicine in multiple states. Through a streamlined process of multi-state licensure, it is anticipated that the Compact will increase access to health care, bring new medical talent to rural and underserved areas, and facilitate new modes of health care delivery, such as telemedicine.

#### **Highlights of the Interstate Medical Licensure Compact**

The new law allows the Wisconsin Medical Examining Board to grant an expedited license to an out-of-state member state applicant seeking licensure through the Compact and allows physicians licensed in Wisconsin to apply for expedited licensure through the Compact in other member states. The Compact does not otherwise change Wisconsin's Medical Practice Act or Wisconsin's current physician licensure requirements.

Other highlights of the Interstate Medical Licensure Compact include the following:

- Expedited license is equivalent of full and unrestricted license. An expedited license is the equivalent of a full and unrestricted medical license granted through the member state's current licensure processes.<sup>2</sup>
- Requirements for expedited license. A physician applying for an expedited medical license through the Compact must: (1) possess a full and unrestricted license to practice medicine in a Compact state; (2) possess specialty certification or be in possession of a time unlimited specialty certificate; (3) have no discipline on any state medical license; (4) have no discipline related to controlled substances; (5) not be under investigation by any licensing or law enforcement agency; (6) have passed the USMLE or COMLEX within three attempts; and (6) have successfully completed a graduate medical education program.<sup>3</sup> The physician applicant must also designate a Compact member state as the state of principal licensure if the physician possesses a full and unrestricted licensure to practice medicine in that state and that state is either: (1) the state of primary residence for the physician; (2) the state where at least 25 percent of the physician's practice of medicine occurs; (3) the state of the physician's employer; or (4) the state designated as the physician's state of residence for the purpose of federal income tax.<sup>4</sup> Physicians who are ineligible for the expedited licensure process facilitated by the Compact would still be able to seek additional licenses in those states where they desire to practice using traditional licensure processes.<sup>5</sup>
- Interstate Medical Licensure Compact Commission. The Interstate Medical Licensure Compact Commission, the entity that will administer and oversee the Compact, will establish a coordinated information system, including a database of all physicians licensed or who have applied for licensure through the Compact. In addition, the Commission also has the duty and power to promulgate rules and enforce compliance with compact provisions.

Health Care Flash January 2016

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- Practice of medicine occurs in patient location. The practice of medicine occurs where the patient is located at the time of the physician-patient interaction. Therefore, a physician must be under the jurisdiction of the state medical board where the patient is located.
- Physician with expedited license must comply with relevant state law. A physician practicing medicine under an expedited license is bound to comply with the statutes, rules and regulations of each member state wherein he or she chooses to practice. 10
- State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine. Any disciplinary action or revocation of licensure taken by any member state board against a physician licensed through the Compact is considered unprofessional conduct and may also be subject to discipline by other member state boards.<sup>11</sup>

# The Interstate Medical Licensure Compact model legislation

The Federation of State Medical Boards drafted model legislation for the Compact in September 2014.<sup>12</sup> To date, 20 state legislatures have introduced the Compact legislation and 30 state medical and osteopathic boards have publicly expressed support for it, including the American Medical Association and the American Osteopathic Association.<sup>13</sup>

#### Conclusion

The Compact is expected to expand access to health care, especially to patients in underserved areas of the country, thus facilitating new modes of health care delivery. Wisconsin is the 12th state to join the Compact with other member states.

- Midwestern member states include: Illinois, Iowa, Minnesota and West Virginia.
- Southern and Western member states include: Alabama, Idaho, Montana, Nevada, South Dakota, Utah and Wyoming.<sup>14</sup>

In addition, Maryland, Michigan, Nebraska, Oklahoma, Pennsylvania, Rhode Island, Texas and Vermont have introduced legislation that is currently pending.<sup>15</sup>

The Compact is one of many initiatives Wisconsin is currently undertaking to increase health care accessibility throughout the state and to explore different modes of health care delivery. On Oct. 8, 2015, the Wisconsin Medical Examining Board approved an order to review the draft preliminary rule relating to telemedicine. The public hearing is scheduled for Jan. 20, 2016. Both the Compact and the proposed rule regarding telemedicine signal greater flexibility in health care delivery and could ease some of the current burdens experienced by multi-state health care systems.

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<sup>&</sup>lt;sup>1</sup>2015 Wisconsin Act 116 (to be codified at Wis. Stat. § 448.980).

<sup>&</sup>lt;sup>2</sup>Wis. Stat. § 448.980(2)(d).

<sup>&</sup>lt;sup>3</sup>Wis. Stat. § 448.980(2)(k).

<sup>&</sup>lt;sup>4</sup>Wis. Stat. § 448.980(4).

<sup>&</sup>lt;sup>5</sup>Wis. Stat. § 448.980(3)(b).

<sup>&</sup>lt;sup>6</sup>Wis. Stat. § 448.980(8)(a).

<sup>&</sup>lt;sup>7</sup>Wis. Stat. § 448.980(12). <sup>8</sup>Wis. Stat. § 448.980(1).

<sup>&</sup>lt;sup>9</sup> *Id*.

<sup>&</sup>lt;sup>10</sup>Wis. Stat. § 448.980(5)(d).

<sup>&</sup>lt;sup>11</sup>Wis. Stat. § 448.980(1).

<sup>&</sup>lt;sup>12</sup>See Interstate Medical Licensure Compact Model Legislation, available at http://www.licenseportability.org/assets/pdf/Interstate-Medical-Licensure-Compact-(FINAL).pdf.
<sup>13</sup>See http://www.licenseportability.org.

<sup>&</sup>lt;sup>14</sup> Id.

<sup>&</sup>lt;sup>15</sup> *Id*.