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Senate Health Policy Committee
Testimony of Meg Edison, MD
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Good afternoon, thank you Senator Shirkey and members of the committee for the opportunity to speak to you regarding the Interstate Medical Licensure Compact. My name is Meg Edison, I am a pediatrician from Grand Rapids and on behalf of the 15,000 physicians of the Michigan State Medical Society I am testifying in opposition to House Bills 4582 and 4583.

As you are aware, this legislation seeks to create a streamlined pathway for 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 of and the status of the Interstate Medical Licensure Compact. Specifically, we are concerned of the following:

HB 4583 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 for licensure 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% of Michigan physicians are not participating in ABMS or AOA certification or have chosen competing certification organizations like the National Board of Physicians and Surgeons (NBPAS). These physicians would be at a competitive disadvantage by HB 4583.

With respect to the issue of portability, this bill currently provides little upside for physicians. According to the Federation of State Medical Boards, the compact has been approved in Alabama, Idaho, Iowa, Illinois, West Virginia, Minnesota, South Dakota, Wyoming, Montana, Utah, and Nevada. In other words, the compact only covers less than 12% of the United States in terms of population.

Michigan already has a pathway for reciprocity for physicians 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 onerous requirements of obtaining a license in Michigan. For physicians with less than 10 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 requirements for initial licensure but does not streamline the various aspects required 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 all still in effect. The compact only provides change for initial licensure.

Licensure has historically been the express purview of the 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. And while many 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 many 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 the bills.