

HB

237

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HOUSE BILL NO. 237

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-NINTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVE SEATON

Introduced: 1/15/16

Referred: Prefiled

A BILL

FOR AN ACT ENTITLED

1 "An Act relating to an interstate compact on medical licensure; amending the duties of
2 the State Medical Board; and relating to the Department of Public Safety's authority to
3 conduct national criminal history record checks of physicians."

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** AS 08.64.101 is amended to read:

6 **Sec. 08.64.101. Duties.** The board shall

7 (1) examine and issue licenses to applicants;

8 (2) develop written guidelines to ensure that licensing requirements are
9 not unreasonably burdensome and the issuance of licenses is not unreasonably
10 withheld or delayed;

11 (3) after a hearing, impose disciplinary sanctions on persons who
12 violate this chapter or the regulations or orders of the board;

13 (4) adopt regulations ensuring that renewal of licenses is contingent
14 upon proof of continued competency on the part of the licensee; [AND]

1 (5) under regulations adopted by the board, contract with private
 2 professional organizations to establish an impaired medical professionals program to
 3 identify, confront, evaluate, and treat persons licensed under this chapter who abuse
 4 alcohol, other drugs, or other substances or are mentally ill or cognitively impaired;
 5 **and**

6 **(6) implement the Interstate Medical Licensure Compact.**

7 * **Sec. 2.** AS 08.64.190 is amended by adding a new subsection to read:

8 (b) A physician shall submit, along with an application for an expedited
 9 license under AS 08.64.550, the applicant's fingerprints and the fees required by the
 10 Department of Public Safety under AS 12.62.160 for criminal justice information and
 11 a national criminal history record check. The board shall forward the fingerprints and
 12 fees to the Department of Public Safety to obtain a report of criminal justice
 13 information under AS 12.62 and a national criminal history record check under
 14 AS 12.62.400.

15 * **Sec. 3.** AS 08.64.250 is amended by adding a new subsection to read:

16 (b) The board shall waive the examination requirement and license by
 17 credentials if the physician meets the requirements for an expedited license under
 18 AS 08.64.520 - 08.64.550.

19 * **Sec. 4.** AS 08.64.315 is amended by adding a new paragraph to read:

20 (9) expedited license issued or renewed the Interstate Medical
 21 Licensure Compact.

22 * **Sec. 5.** AS 08.64.370 is amended to read:

23 **Sec. 08.64.370. Exceptions to application of chapter. AS 08.64.010 -**
 24 **08.64.380 do** [THIS CHAPTER DOES] not apply to

25 (1) officers in the regular medical service of the armed services of the
 26 United States or the United States Public Health Service while in the discharge of their
 27 official duties;

28 (2) a physician or osteopath, who is not a resident of this state, who is
 29 asked by a physician or osteopath licensed in this state to help in the diagnosis or
 30 treatment of a case;

31 (3) the practice of the religious tenets of a church;

1 (4) a physician in the regular medical service of the United States
 2 Public Health Service or the armed services of the United States volunteering services
 3 without pay or other remuneration to a hospital, clinic, medical office, or other
 4 medical facility in the state;

5 (5) a person who is certified as a direct-entry midwife by the
 6 department under AS 08.65 while engaged in the practice of midwifery whether or not
 7 the person accepts compensation for those services.

8 * **Sec. 6.** AS 08.64.380(5) is amended to read:

9 (5) "practice of medicine" or "practice of osteopathy" means, unless
 10 the context otherwise requires, [:]

11 (A) for a fee, donation or other consideration, to diagnose,
 12 treat, operate on, prescribe for, or administer to, any human ailment, blemish,
 13 deformity, disease, disfigurement, disorder, injury, or other mental or physical
 14 condition; or to attempt to perform or represent that a person is authorized to
 15 perform any of the acts set out in this subparagraph;

16 (B) to use or publicly display a title in connection with a
 17 person's name including "doctor of medicine," "physician," "M.D.," or "doctor
 18 of osteopathic medicine" or "D.O." or a specialist designation including
 19 "surgeon," "dermatologist," or a similar title in such a manner as to show that
 20 the person is willing or qualified to diagnose or treat the sick or injured;

21 * **Sec. 7.** AS 08.64 is amended by adding new sections to read:

22 **Article 5. Interstate Medical Licensure Compact.**

23 **Sec. 08.64.500. Compact enacted.** The Interstate Medical Licensure Compact
 24 as contained in AS 08.64.500 - 08.64.740 is enacted into law and entered into on
 25 behalf of the state with all other states and legally joining in it in a form substantially
 26 as follows in AS 08.64.510 - 08.64.740.

27 **Sec. 08.64.510. Purpose.** In order to strengthen access to health care, and in
 28 recognition of the advances in the delivery of health care, the member states of the
 29 Interstate Medical Licensure Compact have allied in common purpose to develop a
 30 comprehensive process that complements the existing licensing and regulatory
 31 authority of state medical boards, provides a streamlined process that allows

1 physicians to become licensed in multiple states, thereby enhancing the portability of a
2 medical license and ensuring the safety of patients. The Compact creates another
3 pathway for licensure and does not otherwise change a state's existing Medical
4 Practice Act. The Compact also adopts the prevailing standard for licensure and
5 affirms that the practice of medicine occurs where the patient is located at the time of
6 the physician-patient encounter, and therefore, requires the physician to be under the
7 jurisdiction of the state medical board where the patient is located. State medical
8 boards that participate in the Compact retain the jurisdiction to impose an adverse
9 action against a license to practice medicine in that state issued to a physician through
10 the procedures in the Compact.

11 **Sec. 08.64.520. Definitions.** In this compact,

12 (1) "bylaws" means those bylaws established by the Interstate
13 Commission pursuant to AS 08.64.610 for its governance, or for directing and
14 controlling its actions and conduct;

15 (2) "commissioner" means the voting representative appointed by each
16 member board pursuant to AS 08.64.610;

17 (3) "conviction" means a finding by a court that an individual is guilty
18 of a criminal offense through adjudication, or entry of a plea of guilt or no contest to
19 the charge by the offender. Evidence of an entry of a conviction of a criminal offense
20 by the court shall be considered final for purposes of disciplinary action by a member
21 board;

22 (4) "expedited license" means a full and unrestricted medical license
23 granted by a member state to an eligible physician through the process set forth in the
24 Compact;

25 (5) "Interstate Commission" means the interstate commission created
26 pursuant to AS 08.64.610;

27 (6) "license" means authorization by a state for a physician to engage
28 in the practice of medicine, which would be unlawful without the authorization;

29 (7) "Medical Practice Act" means laws and regulations governing the
30 practice of allopathic and osteopathic medicine within a member state;

31 (8) "member board" means a state agency in a member state that acts

1 in the sovereign interests of the state by protecting the public through licensure,
2 regulation, and education of physicians as directed by the state government;

3 (9) "member state" means a state that has enacted the Compact;

4 (10) "practice of medicine" means the clinical prevention, diagnosis, or
5 treatment of human disease, injury, or condition requiring a physician to obtain and
6 maintain a license in compliance with the Medical Practice Act of a member state;

7 (11) "physician" means any person who

8 (A) is a graduate of a medical school accredited by the Liaison
9 Committee on Medical Education, the Commission on Osteopathic College
10 Accreditation, or a medical school listed in the International Medical
11 Education Directory or its equivalent;

12 (B) passed each component of the United States Medical
13 Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical
14 Licensing Examination (COMLEX-USA) within three attempts, or any of its
15 predecessor examinations accepted by a state medical board as an equivalent
16 examination for licensure purposes;

17 (C) successfully completed graduate medical education
18 approved by the Accreditation Council for Graduate Medical Education or the
19 American Osteopathic Association;

20 (D) holds specialty certification or a time-unlimited specialty
21 certificate recognized by the American Board of Medical Specialties or the
22 American Osteopathic Association's Bureau of Osteopathic Specialists;

23 (E) possesses a full and unrestricted license to engage in the
24 practice of medicine issued by a member board;

25 (F) has never been convicted, received adjudication, deferred
26 adjudication, community supervision, or deferred disposition for any offense
27 by a court of appropriate jurisdiction;

28 (G) has never held a license authorizing the practice of
29 medicine subjected to discipline by a licensing agency in any state, federal, or
30 foreign jurisdiction, excluding any action related to non-payment of fees
31 related to a license;

1 (H) has never had a controlled substance license or permit
2 suspended or revoked by a state or the United States Drug Enforcement
3 Administration; and

4 (I) is not under active investigation by a licensing agency or
5 law enforcement authority in any state, federal, or foreign jurisdiction;

6 (12) "offense" means a felony, gross misdemeanor, or crime of moral
7 turpitude;

8 (13) "rule" means a written statement by the Interstate Commission
9 promulgated pursuant to AS 08.64.620 that is of general applicability, implements,
10 interprets, or prescribes a policy or provision of the Compact, or an organizational,
11 procedural, or practice requirement of the Interstate Commission, and has the force
12 and effect of law in a member state, and includes the amendment, repeal, or
13 suspension of an existing rule;

14 (14) "state" means any state, commonwealth, district, or territory of the
15 United States;

16 (15) "state of principal license" means a member state where a
17 physician holds a license to practice medicine and which has been designated as such
18 by the physician for purposes of registration and participation in the Compact.

19 **Sec. 08.64.530. Eligibility.** (a) A physician must meet the eligibility
20 requirements as defined in AS 08.64.520(11) to receive an expedited license under the
21 terms and provisions of the Compact.

22 (b) A physician who does not meet the requirements of AS 08.64.520(11) may
23 obtain a license to practice medicine in a member state if the individual complies with
24 all laws and requirements, other than the Compact, relating to the issuance of a license
25 to practice medicine in that state.

26 **Sec. 08.64.540. Designation of state of principal license.** (a) A physician
27 shall designate a member state as the state of principal license for purposes of
28 registration for expedited licensure through the Compact if the physician possesses a
29 full and unrestricted license to practice medicine in that state, and the state is:

30 (1) the state of primary residence for the physician;

31 (2) the state where at least 25% of the practice of medicine occurs;

1 (3) the location of the physician's employer; or

2 (4) if no state qualifies under (1) - (3) of this section, the state
3 designated as state of residence for purpose of federal income tax.

4 (b) A physician may redesignate a member state as state of principal license at
5 any time, as long as the state meets the requirements in (a) of this section.

6 (c) The Interstate Commission is authorized to develop rules to facilitate
7 redesignation of another member state as the state of principal license.

8 **Sec. 08.64.550. Application and issuance of expedited license.** (a) A
9 physician seeking licensure through the Compact shall file an application for an
10 expedited license with the member board of the state selected by the physician as the
11 state of principal license.

12 (b) Upon receipt of an application for an expedited license, the member board
13 within the state selected as the state of principal license shall evaluate whether the
14 physician is eligible for expedited licensure and issue a letter of qualification,
15 verifying or denying the physician's eligibility, to the Interstate Commission, as
16 follows:

17 (1) static qualifications, which include verification of medical
18 education, graduate medical education, results of any medical or licensing
19 examination, and other qualifications as determined by the Interstate Commission
20 through rule, may not be subject to additional primary source verification where
21 already primary source verified by the state of principal license.

22 (2) the member board within the state selected as the state of principal
23 license shall, in the course of verifying eligibility, perform a criminal background
24 check of an applicant, including the use of the results of fingerprint or other biometric
25 data checks compliant with the requirements of the Federal Bureau of Investigation,
26 with the exception of federal employees who have suitability determination in
27 accordance with 5 C.F.R. 731.202;

28 (3) an appeal on the determination of eligibility shall be made to the
29 member state where the application was filed and shall be subject to the law of that
30 state.

31 (c) Upon verification in (b) of this section, physicians eligible for an expedited

1 license shall complete the registration process established by the Interstate
2 Commission to receive a license in a member state selected pursuant to (a) of this
3 section, including the payment of any applicable fees.

4 (d) After receiving verification of eligibility under (b) of this section and any
5 fees under (c) of this section, a member board shall issue an expedited license to the
6 physician. This license shall authorize the physician to practice medicine in the issuing
7 state consistent with the Medical Practice Act and all applicable laws and regulations
8 of the issuing member board and member state.

9 (e) An expedited license shall be valid for a period consistent with the
10 licensure period in the member state and in the same manner as required for other
11 physicians holding a full and unrestricted license within the member state.

12 (f) An expedited license obtained through the Compact shall be terminated if a
13 physician fails to maintain a license in the state of principal licensure for a non-
14 disciplinary reason, without redesignation of a new state of principal licensure.

15 (g) The Interstate Commission is authorized to develop rules regarding the
16 application process, including payment of any applicable fees, and the issuance of an
17 expedited license.

18 **Sec. 08.64.560. Fees for expedited licensure.** (a) A member state issuing an
19 expedited license authorizing the practice of medicine in that state may impose a fee
20 for a license issued or renewed through the Compact.

21 (b) The Interstate Commission is authorized to develop rules regarding fees
22 for expedited licenses.

23 **Sec. 08.64.570. Renewal and continued participation.** (a) A physician
24 seeking to renew an expedited license granted in a member state shall complete a
25 renewal process with the Interstate Commission if the physician:

26 (1) maintains a full and unrestricted license in a state of principal
27 license;

28 (2) has not been convicted, received adjudication, deferred
29 adjudication, community supervision, or deferred disposition for any offense by a
30 court of appropriate jurisdiction;

31 (3) has not had a license authorizing the practice of medicine subject to

1 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding
2 any action related to non-payment of fees related to a license; and

3 (4) has not had a controlled substance license or permit suspended or
4 revoked by a state or the United States Drug Enforcement Administration.

5 (b) Physicians shall comply with all continuing professional development or
6 continuing medical education requirements for renewal of a license issued by a
7 member state.

8 (c) The Interstate Commission shall collect any renewal fees charged for the
9 renewal of a license and distribute the fees to the applicable member board.

10 (d) Upon receipt of any renewal fees collected in (c) of this section, a member
11 board shall renew the physician's license.

12 (e) Physician information collected by the Interstate Commission during the
13 renewal process will be distributed to all member boards.

14 (f) The Interstate Commission is authorized to develop rules to address
15 renewal of licenses obtained through the Compact.

16 **Sec. 08.64.580. Coordinated information system.** (a) The Interstate
17 Commission shall establish a database of all physicians licensed, or who have applied
18 for licensure, under AS 08.64.550.

19 (b) Notwithstanding any other provision of law, member boards shall report to
20 the Interstate Commission any public action or complaints against a licensed physician
21 who has applied or received an expedited license through the Compact.

22 (c) Member boards shall report disciplinary or investigatory information
23 determined as necessary and proper by rule of the Interstate Commission.

24 (d) Member boards may report any non-public complaint, disciplinary, or
25 investigatory information not required by subsection (c) to the Interstate Commission.

26 (e) Member boards shall share complaint or disciplinary information about a
27 physician upon request of another member board.

28 (f) All information provided to the Interstate Commission or distributed by
29 member boards shall be confidential, filed under seal, and used only for investigatory
30 or disciplinary matters.

31 (g) The Interstate Commission is authorized to develop rules for mandated or

1 discretionary sharing of information by member boards.

2 **Sec. 08.64.590. Joint investigations.** (a) Licensure and disciplinary records of
3 physicians are deemed investigative.

4 (b) In addition to the authority granted to a member board by its respective
5 Medical Practice Act or other applicable state law, a member board may participate
6 with other member boards in joint investigations of physicians licensed by the member
7 boards.

8 (c) A subpoena issued by a member state shall be enforceable in other member
9 states.

10 (d) Member boards may share any investigative, litigation, or compliance
11 materials in furtherance of any joint or individual investigation initiated under the
12 Compact.

13 (e) Any member state may investigate actual or alleged violations of the
14 statutes authorizing the practice of medicine in any other member state in which a
15 physician holds a license to practice medicine.

16 **Sec. 08.64.600. Disciplinary actions.** (a) Any disciplinary action taken by any
17 member board against a physician licensed through the Compact shall be deemed
18 unprofessional conduct which may be subject to discipline by other member boards, in
19 addition to any violation of the Medical Practice Act or regulations in that state.

20 (b) If a license granted to a physician by the member board in the state of
21 principal license is revoked, surrendered or relinquished in lieu of discipline, or
22 suspended, then all licenses issued to the physician by member boards shall
23 automatically be placed, without further action necessary by any member board, on
24 the same status. If the member board in the state of principal license subsequently
25 reinstates the physician's license, a license issued to the physician by any other
26 member board shall remain encumbered until that respective member board takes
27 action to reinstate the license in a manner consistent with the Medical Practice Act of
28 that state.

29 (c) If disciplinary action is taken against a physician by a member board not in
30 the state of principal license, any other member board may deem the action conclusive
31 as to matter of law and fact decided, and impose the same or lesser sanction(s) against

1 the physician so long as such sanctions are consistent with the Medical Practice Act of
 2 that state or pursue separate disciplinary action against the physician under its
 3 respective Medical Practice Act, regardless of the action taken in other member states.

4 (d) If a license granted to a physician by a member board is revoked,
 5 surrendered or relinquished in lieu of discipline, or suspended, then any license(s)
 6 issued to the physician by any other member board(s) shall be suspended,
 7 automatically and immediately without further action necessary by the other member
 8 board(s), for ninety (90) days upon entry of the order by the disciplining board, to
 9 permit the member board(s) to investigate the basis for the action under the Medical
 10 Practice Act of that state. A member board may terminate the automatic suspension of
 11 the license it issued prior to the completion of the ninety (90) day suspension period in
 12 a manner consistent with the Medical Practice Act of that state.

13 **Sec. 08.64.610. Interstate Medical Licensure Compact Commission.** (a)
 14 The member states hereby create the "Interstate Medical Licensure Compact
 15 Commission.

16 (b) The purpose of the Interstate Commission is the administration of the
 17 Interstate Medical Licensure Compact, which is a discretionary state function.

18 (c) The Interstate Commission shall be a body corporate and joint agency of
 19 the member states and shall have all the responsibilities, powers, and duties set forth in
 20 the Compact, and such additional powers as may be conferred upon it by a subsequent
 21 concurrent action of the respective legislatures of the member states in accordance
 22 with the terms of the Compact.

23 (d) The Interstate Commission shall consist of two voting representatives
 24 appointed by each member state who shall serve as Commissioners. In states where
 25 allopathic and osteopathic physicians are regulated by separate member boards, or if
 26 the licensing and disciplinary authority is split between multiple member boards
 27 within a member state, the member state shall appoint one representative from each
 28 member board. A Commissioner shall be

29 (1) an allopathic or osteopathic physician appointed to a member
 30 board;

31 (2) an executive director, executive secretary, or similar executive of a

1 member board; or

2 (3) a member of the public appointed to a member board.

3 (e) The Interstate Commission shall meet at least once each calendar year. A
4 portion of this meeting shall be a business meeting to address such matters as may
5 properly come before the Commission, including the election of officers. The
6 chairperson may call additional meetings and shall call for a meeting upon the request
7 of a majority of the member states.

8 (f) The bylaws may provide for meetings of the Interstate Commission to be
9 conducted by telecommunication or electronic communication.

10 (g) Each Commissioner participating at a meeting of the Interstate
11 Commission is entitled to one vote. A majority of Commissioners shall constitute a
12 quorum for the transaction of business, unless a larger quorum is required by the
13 bylaws of the Interstate Commission. A Commissioner shall not delegate a vote to
14 another Commissioner. In the absence of its Commissioner, a member state may
15 delegate voting authority for a specified meeting to another person from that state who
16 shall meet the requirements of (d) of this section.

17 (h) The Interstate Commission shall provide public notice of all meetings and
18 all meetings shall be open to the public. The Interstate Commission may close a
19 meeting, in full or in portion, where it determines by a two-thirds vote of the
20 Commissioners present that an open meeting would be likely to

21 (1) relate solely to the internal personnel practices and procedures of
22 the Interstate Commission;

23 (2) discuss matters specifically exempted from disclosure by federal
24 statute;

25 (3) discuss trade secrets, commercial, or financial information that is
26 privileged or confidential;

27 (4) involve accusing a person of a crime, or formally censuring a
28 person;

29 (5) discuss information of a personal nature where disclosure would
30 constitute a clearly unwarranted invasion of personal privacy;

31 (6) discuss investigative records compiled for law enforcement

1 purposes; or

2 (7) specifically relate to the participation in a civil action or other legal
3 proceeding.

4 (i) The Interstate Commission shall keep minutes which shall fully describe all
5 matters discussed in a meeting and shall provide a full and accurate summary of
6 actions taken, including record of any roll call votes.

7 (j) The Interstate Commission shall make its information and official records,
8 to the extent not otherwise designated in the Compact or by its rules, available to the
9 public for inspection.

10 (k) The Interstate Commission shall establish an executive committee, which
11 shall include officers, members, and others as determined by the bylaws. The
12 executive committee shall have the power to act on behalf of the Interstate
13 Commission, with the exception of rulemaking, during periods when the Interstate
14 Commission is not in session. When acting on behalf of the Interstate Commission,
15 the executive committee shall oversee the administration of the Compact including
16 enforcement and compliance with the provisions of the Compact, its bylaws and rules,
17 and other such duties as necessary.

18 (l) The Interstate Commission may establish other committees for governance
19 and administration of the Compact.

20 **Sec. 08.64.620. Powers and duties of the Interstate Commission.** The
21 Interstate Commission shall have the duty and power to

22 (1) oversee and maintain the administration of the Compact;

23 (2) promulgate rules which shall be binding to the extent and in the
24 manner provided for in the Compact;

25 (3) issue, upon the request of a member state or member board,
26 advisory opinions concerning the meaning or interpretation of the Compact, its
27 bylaws, rules, and actions;

28 (4) enforce compliance with Compact provisions, the rules
29 promulgated by the Interstate Commission, and the bylaws, using all necessary and
30 proper means, including but not limited to the use of judicial process;

31 (5) establish and appoint committees including, but not limited to, an

1 executive committee as required by AS 08.64.610, which shall have the power to act
2 on behalf of the Interstate Commission in carrying out its powers and duties;

3 (6) pay, or provide for the payment of the expenses related to the
4 establishment, organization, and ongoing activities of the Interstate Commission;

5 (7) establish and maintain one or more offices;

6 (8) borrow, accept, hire, or contract for services of personnel;

7 (9) purchase and maintain insurance and bonds;

8 (10) employ an executive director who shall have such powers to
9 employ, select or appoint employees, agents, or consultants, and to determine their
10 qualifications, define their duties, and fix their compensation;

11 (11) establish personnel policies and programs relating to conflicts of
12 interest, rates of compensation, and qualifications of personnel;

13 (12) accept donations and grants of money, equipment, supplies,
14 materials and services, and to receive, utilize, and dispose of it in a manner consistent
15 with the conflict of interest policies established by the Interstate Commission;

16 (13) lease, purchase, accept contributions or donations of, or otherwise
17 to own, hold, improve or use, any property, real, personal, or mixed;

18 (14) sell, convey, mortgage, pledge, lease, exchange, abandon, or
19 otherwise dispose of any property, real, personal, or mixed;

20 (15) establish a budget and make expenditures;

21 (16) adopt a seal and bylaws governing the management and operation
22 of the Interstate Commission;

23 (17) report annually to the legislatures and governors of the member
24 states concerning the activities of the Interstate Commission during the preceding
25 year. Such reports shall also include reports of financial audits and any
26 recommendations that may have been adopted by the Interstate Commission;

27 (18) coordinate education, training, and public awareness regarding the
28 Compact, its implementation, and its operation;

29 (19) maintain records in accordance with the bylaws;

30 (20) seek and obtain trademarks, copyrights, and patents; and

31 (21) perform such functions as may be necessary or appropriate to

1 achieve the purposes of the Compact.

2 **Sec. 08.64.630. Finance powers.** (a) The Interstate Commission may levy on
3 and collect an annual assessment from each member state to cover the cost of the
4 operations and activities of the Interstate Commission and its staff. The total
5 assessment must be sufficient to cover the annual budget approved each year for
6 which revenue is not provided by other sources. The aggregate annual assessment
7 amount shall be allocated upon a formula to be determined by the Interstate
8 Commission, which shall promulgate a rule binding upon all member states.

9 (b) The Interstate Commission shall not incur obligations of any kind prior to
10 securing the funds adequate to meet the same.

11 (c) The Interstate Commission shall not pledge the credit of any of the
12 member states, except by, and with the authority of, the member state.

13 (d) The Interstate Commission shall be subject to a yearly financial audit
14 conducted by a certified or licensed public accountant and the report of the audit shall
15 be included in the annual report of the Interstate Commission.

16 **Sec. 08.64.640. Organization and operation of the Interstate Commission.**

17 (a) The Interstate Commission shall, by a majority of Commissioners present and
18 voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry
19 out the purposes of the Compact within twelve (12) months of the first Interstate
20 Commission meeting.

21 (b) The Interstate Commission shall elect or appoint annually from among its
22 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall
23 have such authority and duties as may be specified in the bylaws. The chairperson, or
24 in the chairperson's absence or disability, the vice-chairperson, shall preside at all
25 meetings of the Interstate Commission.

26 (c) Officers selected in (b) of this section shall serve without remuneration
27 from the Interstate Commission.

28 (d) The officers and employees of the Interstate Commission shall be immune
29 from suit and liability, either personally or in their official capacity, for a claim for
30 damage to or loss of property or personal injury or other civil liability caused or
31 arising out of, or relating to, an actual or alleged act, error, or omission that occurred,

1 or that such person had a reasonable basis for believing occurred, within the scope of
2 Interstate Commission employment, duties, or responsibilities; provided that such
3 person shall not be protected from suit or liability for damage, loss, injury, or liability
4 caused by the intentional or willful and wanton misconduct of such person. The
5 immunity provided by this section shall be subject to the following:

6 (1) the liability of the executive director and employees of the
7 Interstate Commission or representatives of the Interstate Commission, acting within
8 the scope of such person's employment or duties for acts, errors, or omissions
9 occurring within such person's state, may not exceed the limits of liability set forth
10 under the constitution and laws of that state for state officials, employees, and agents;
11 the Interstate Commission is considered to be an instrumentality of the states for the
12 purposes of any such action; nothing in this paragraph shall be construed to protect
13 such person from suit or liability for damage, loss, injury, or liability caused by the
14 intentional or willful and wanton misconduct of such person;

15 (2) the Interstate Commission shall defend the executive director, its
16 employees, and subject to the approval of the attorney general or other appropriate
17 legal counsel of the member state represented by an Interstate Commission
18 representative, shall defend such Interstate Commission representative in any civil
19 action seeking to impose liability arising out of an actual or alleged act, error or
20 omission that occurred within the scope of Interstate Commission employment, duties
21 or responsibilities, or that the defendant had a reasonable basis for believing occurred
22 within the scope of Interstate Commission employment, duties, or responsibilities,
23 provided that the actual or alleged act, error, or omission did not result from
24 intentional or willful and wanton misconduct on the part of such person; and

25 (3) to the extent not covered by the state involved, member state, or the
26 Interstate Commission, the representatives or employees of the Interstate Commission
27 shall be held harmless in the amount of a settlement or judgment, including attorney's
28 fees and costs, obtained against such persons arising out of an actual or alleged act,
29 error, or omission that occurred within the scope of Interstate Commission
30 employment, duties, or responsibilities, or that such persons had a reasonable basis for
31 believing occurred within the scope of Interstate Commission employment, duties, or

1 responsibilities, provided that the actual or alleged act, error, or omission did not result
2 from intentional or willful and wanton misconduct on the part of such persons.

3 **Sec. 08.64.650. Rulemaking functions of the Interstate Commission.** (a)

4 The Interstate Commission shall promulgate reasonable rules in order to effectively
5 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing,
6 in the event the Interstate Commission exercises its rulemaking authority in a manner
7 that is beyond the scope of the purposes of the Compact, or the powers granted
8 hereunder, then such an action by the Interstate Commission shall be invalid and have
9 no force or effect.

10 (b) Rules deemed appropriate for the operations of the Interstate Commission
11 shall be made pursuant to a rulemaking process that substantially conforms to the
12 "Model State Administrative Procedure Act" of 2010, and subsequent amendments
13 thereto.

14 (c) Not later than thirty (30) days after a rule is promulgated, any person may
15 file a petition for judicial review of the rule in the United States District Court for the
16 District of Columbia or the federal district where the Interstate Commission has its
17 principal offices, provided that the filing of such a petition shall not stay or otherwise
18 prevent the rule from becoming effective unless the court finds that the petitioner has a
19 substantial likelihood of success. The court shall give deference to the actions of the
20 Interstate Commission consistent with applicable law and shall not find the rule to be
21 unlawful if the rule represents a reasonable exercise of the authority granted to the
22 Interstate Commission.

23 **Sec. 08.64.660. Oversight of Interstate Compact.** (a) The executive,

24 legislative, and judicial branches of state government in each member state shall
25 enforce the Compact and shall take all actions necessary and appropriate to effectuate
26 the Compact's purposes and intent. The provisions of the Compact and the rules
27 promulgated hereunder shall have standing as law but shall not override existing state
28 authority to regulate the practice of medicine.

29 (b) All courts shall take judicial notice of the Compact and the rules in any
30 judicial or administrative proceeding in a member state pertaining to the subject matter
31 of the Compact which may affect the powers, responsibilities or actions of the

1 Interstate Commission.

2 (c) The Interstate Commission shall be entitled to receive all service of
3 process in any such proceeding, and shall have standing to intervene in the proceeding
4 for all purposes. Failure to provide service of process to the Interstate Commission
5 shall render a judgment or order void as to the Interstate Commission, the Compact, or
6 promulgated rules.

7 **Sec. 08.64.670. Enforcement of Interstate Compact.** (a) The Interstate
8 Commission, in the reasonable exercise of its discretion, shall enforce the provisions
9 and rules of the Compact.

10 (b) The Interstate Commission may, by majority vote of the Commissioners,
11 initiate legal action in the United States District Court for the District of Columbia, or,
12 at the discretion of the Interstate Commission, in the federal district where the
13 Interstate Commission has its principal offices, to enforce compliance with the
14 provisions of the Compact, and its promulgated rules and bylaws, against a member
15 state in default. The relief sought may include both injunctive relief and damages. In
16 the event judicial enforcement is necessary, the prevailing party shall be awarded all
17 costs of such litigation including reasonable attorney's fees.

18 (c) The remedies herein shall not be the exclusive remedies of the Interstate
19 Commission. The Interstate Commission may avail itself of any other remedies
20 available under state law or the regulation of a profession.

21 **Sec. 08.64.680. Default procedures.** (a) The grounds for default include, but
22 are not limited to, failure of a member state to perform such obligations or
23 responsibilities imposed upon it by the Compact, or the rules and bylaws of the
24 Interstate Commission promulgated under the Compact.

25 (b) If the Interstate Commission determines that a member state has defaulted
26 in the performance of its obligations or responsibilities under the Compact, or the
27 bylaws or promulgated rules, the Interstate Commission shall

28 (1) provide written notice to the defaulting state and other member
29 states, of the nature of the default, the means of curing the default, and any action
30 taken by the Interstate Commission; the Interstate Commission shall specify the
31 conditions by which the defaulting state must cure its default; and

1 (2) provide remedial training and specific technical assistance
2 regarding the default.

3 (c) If the defaulting state fails to cure the default, the defaulting state shall be
4 terminated from the Compact upon an affirmative vote of a majority of the
5 Commissioners and all rights, privileges, and benefits conferred by the Compact shall
6 terminate on the effective date of termination. A cure of the default does not relieve
7 the offending state of obligations or liabilities incurred during the period of the
8 default.

9 (d) Termination of membership in the Compact shall be imposed only after all
10 other means of securing compliance have been exhausted. Notice of intent to terminate
11 shall be given by the Interstate Commission to the governor, the majority and minority
12 leaders of the defaulting state's legislature, and each of the member states.

13 (e) The Interstate Commission shall establish rules and procedures to address
14 licenses and physicians that are materially impacted by the termination of a member
15 state, or the withdrawal of a member state.

16 (f) The member state which has been terminated is responsible for all dues,
17 obligations, and liabilities incurred through the effective date of termination including
18 obligations, the performance of which extends beyond the effective date of
19 termination.

20 (g) The Interstate Commission shall not bear any costs relating to any state
21 that has been found to be in default or which has been terminated from the Compact,
22 unless otherwise mutually agreed upon in writing between the Interstate Commission
23 and the defaulting state.

24 (h) The defaulting state may appeal the action of the Interstate Commission by
25 petitioning the United States District Court for the District of Columbia or the federal
26 district where the Interstate Commission has its principal offices. The prevailing party
27 shall be awarded all costs of such litigation including reasonable attorney's fees.

28 **Sec. 08.64.690. Dispute resolution.** (a) The Interstate Commission shall
29 attempt, upon the request of a member state, to resolve disputes which are subject to
30 the Compact and which may arise among member states or member boards.

31 (b) The Interstate Commission shall promulgate rules providing for both

1 mediation and binding dispute resolution as appropriate.

2 **Sec. 08.64.700. Member states, effective date and amendment.** (a) Any state
3 is eligible to become a member state of the Compact.

4 (b) The Compact shall become effective and binding upon legislative
5 enactment of the Compact into law by no less than seven (7) states. Thereafter, it shall
6 become effective and binding on a state upon enactment of the Compact into law by
7 that state.

8 (c) The governors of non-member states, or their designees, shall be invited to
9 participate in the activities of the Interstate Commission on a non-voting basis prior to
10 adoption of the Compact by all states.

11 (d) The Interstate Commission may propose amendments to the Compact for
12 enactment by the member states. No amendment shall become effective and binding
13 upon the Interstate Commission and the member states unless and until it is enacted
14 into law by unanimous consent of the member states.

15 **Sec. 08.64.710. Withdrawal.** (a) Once effective, the Compact shall continue in
16 force and remain binding upon each and every member state; provided that a member
17 state may withdraw from the Compact by specifically repealing the statute which
18 enacted the Compact into law.

19 (b) Withdrawal from the Compact shall be by the enactment of a statute
20 repealing the same, but shall not take effect until one (1) year after the effective date
21 of such statute and until written notice of the withdrawal has been given by the
22 withdrawing state to the governor of each other member state.

23 (c) The withdrawing state shall immediately notify the chairperson of the
24 Interstate Commission in writing upon the introduction of legislation repealing the
25 Compact in the withdrawing state.

26 (d) The Interstate Commission shall notify the other member states of the
27 withdrawing state's intent to withdraw within sixty (60) days of its receipt of notice
28 provided under (c) of this section.

29 (e) The withdrawing state is responsible for all dues, obligations and liabilities
30 incurred through the effective date of withdrawal, including obligations, the
31 performance of which extend beyond the effective date of withdrawal.

1 (f) Reinstatement following withdrawal of a member state shall occur upon
2 the withdrawing state reenacting the Compact or upon such later date as determined by
3 the Interstate Commission.

4 (g) The Interstate Commission is authorized to develop rules to address the
5 impact of the withdrawal of a member state on licenses granted in other member states
6 to physicians who designated the withdrawing member state as the state of principal
7 license.

8 **Sec. 08.64.720. Dissolution.** (a) The Compact shall dissolve effective upon the
9 date of the withdrawal or default of the member state which reduces the membership
10 in the Compact to one (1) member state.

11 (b) Upon the dissolution of the Compact, the Compact becomes null and void
12 and shall be of no further force or effect, and the business and affairs of the Interstate
13 Commission shall be concluded and surplus funds shall be distributed in accordance
14 with the bylaws.

15 **Sec. 08.64.730. Severability and construction.** (a) The provisions of the
16 Compact shall be severable, and if any phrase, clause, sentence, or provision is
17 deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

18 (b) The provisions of the Compact shall be liberally construed to effectuate its
19 purposes.

20 (c) Nothing in the Compact shall be construed to prohibit the applicability of
21 other interstate compacts to which the states are members.

22 **Sec. 08.64.740. Binding effect of compact and other laws.** (a) Nothing herein
23 prevents the enforcement of any other law of a member state that is not inconsistent
24 with the Compact.

25 (b) All laws in a member state in conflict with the Compact are superseded to
26 the extent of the conflict.

27 (c) All lawful actions of the Interstate Commission, including all rules and
28 bylaws promulgated by the Commission, are binding upon the member states.

29 (d) All agreements between the Interstate Commission and the member states
30 are binding in accordance with their terms.

31 (e) In the event any provision of the Compact exceeds the constitutional limits

1 imposed on the legislature of any member state, such provision shall be ineffective to
2 the extent of the conflict with the constitutional provision in question in that member
3 state.

4 **Sec. 08.64.750. Compact administrator.** Under the compact established in
5 AS 08.64.500 - AS 08.64.740, the chair of the board may designate a person to serve
6 as the compact administrator. The compact administrator shall cooperate with all
7 departments, agencies, and officers of and in the government of this state and its
8 subdivisions in facilitating the proper administration of the compact.

9 * **Sec. 8.** AS 12.62.400(a) is amended by adding a new paragraph to read:

10 (18) expedited licensure as a physician through the Interstate Medical
11 Licensure Compact under AS 08.64.550.

Alaska State Legislature

State Capitol Room 102
Juneau, Alaska 99801-1182
(907) 465-2689
Fax: (907) 465-3472
1-800-665-2689



270 W. Pioneer Ave. Suite B
Homer, Alaska 99603
(907) 235-2921
(907) 283-9170
Fax: (907) 235-4008

REPRESENTATIVE PAUL SEATON

Rep.Paul.Seaton@akleg.gov

HB 237 Sectional Analysis Version: 29-LS1100\A

*Please note that a sectional analysis of a bill or resolution should not be considered an authoritative interpretation of the measure itself.
The legislation is the best statement of its contents.*

Section 1- Amends AS 08.64.101, duties of the state medical board, to include implementation of the Interstate Medical Licensure Compact.

Section 2- Adds to AS 08.64.190 to require physician applying for an expedited license under this compact to submit the fingerprints and fees necessary for a criminal background check. Statute does not currently require physicians licensed in Alaska to have a background check.

Section 3- Requires the medical board to waive licensure requirements if a physician is eligible for expedited licensure under the Interstate Medical Compact.

Section 4- Authorizes the Department of Commerce, Community, and Economic Development to set fees for the issuance or renewal of expedited licenses.

Section 5- Clarifies in AS 08.64.370 the exceptions to licensure requirements under chapter 08.64.

Section 6- Amends the definition of the "practice of medicine" or "practice of osteopathy" to allow for the definition under the Interstate Medical Licensure Compact.

Section 7 Article 5 Interstate Medical Licensure Compact

Section 08.64.500- Enacts and enters Alaska into the Interstate Medical Licensure Compact as created in the following sections.

Section 08.64.510- States that the purpose of the compact is to provide a streamlined licensure process that enhances portability while complementing existing state license authority. Maintains the jurisdiction of individual state medical boards.

Section 08.64.520- Defines terms to be used throughout the compact, including definitions of "expedited license" and "physician" for the purpose of qualification for an interstate expedited license.

The following sections describe application, issuance, and renewal of expedited licenses under the compact.

Section 08.64.530- Declares that a physician must meet the eligibility requirements defined in 08.64.520(11) to receive an expedited license. Allows that a physician that does not meet these requirements may obtain an individual state license if all state laws and requirements are met.

Section 08.64.540- Directs a physician to designate a compact member state as the state of principal licensure to register for an expedited license and defines what qualifies as a principal state of licensure.

Section 08.64.550- Outlines how a physician shall apply for an expedited compact licensure through an application with medical board of the physician's state of principal license. The board shall evaluate the physician's eligibility under the compact, including through primary source verification and criminal background checks. If determined eligible, the physician shall then register with the Interstate Commission, select states of licensure, and pay any necessary fees to each selected member state before receiving licenses in those states. A physician must follow all applicable laws and regulations of the issuing state.

Section 08.64.560- Allows compact member states to impose a fee for expedited licensure and authorizes the Interstate Commission to develop rules regarding these fees.

Section 08.64.570- Describes how a qualified physician may seek renewal of an expedited license through the Interstate Commission. States that the physician shall comply with any continuing education requirements of any member state where they seek a renewed license, and that members states may charge renewal fees through the Interstate Commission.

The following sections describe the interaction of member states involving physician information and in the case of disciplinary action

Section 08.64.580- Establishes a database of all physicians licensed through the Interstate Commission and describes what information compact member states must report.

Section 08.64.590- Outlines how compact member boards may participate in joint investigations.

Section 08.64.600- States that any disciplinary action taken by one member board may be acted upon or imposed by other member states, that if a license is revoked by the state of principal license all other member state licenses are automatically revoked, and that if the license is revoked by a state that is not the principal state of license all other licenses are automatically suspended for 90 days for investigation by each member board.

The following sections outline the creation, powers, operations and rules of the Interstate Medical Licensure Commission

Section 08.64.610- Creates the Interstate Medical Licensure Compact Commission to administer the Interstate Medical Licensure Compact and describes the voting members and meeting procedures of the commission. Each member state shall have two voting representatives.

Section 08.64.620- Describes the powers and duties of the Interstate Commission.

Section 08.64.630- Authorizes the Interstate Commission to levy an assessment against member states to cover its costs and requires certain financial restrictions of the commission.

Section 08.64.640- Sets out the organization and operation of the Interstate Commission including the adoption of bylaws, the election of officers, and the immunity and liability of commission directors and employees.

Section 08.64.650- States that the Interstate Commission shall promulgate reasonable rules for the administration of the compact and describes a petition against a commission rule.

Section 08.64.660- Declares that all branches of a state government shall enforce the Compact and maintains that the Compact shall not override existing state authority to regulate medicine.

Section 08.64.670- Provides guidelines for how the Interstate Commission may take legal action to enforce the provisions and the rules of the Compact.

Section 08.64.670- Outlines procedures of the Interstate Commission should a member state default in its obligations under the Compact.

Section 08.64.690- Allows the Interstate Commission to promulgate rules for dispute mediation and resolution at the request of a member state or states.

The following sections relate to the effective date, withdrawal proceedings, and other construction questions relating to the Compact.

Section 08.64.700- Declares that the Compact shall be effective and binding on member states once enacted by no less than seven states, that nonmember states shall be invited to participate as a non-voting member, and that a proposed amendment to the Compact shall not become binding unless enacted by unanimous consent of the members states.

Section 08.64.710- Provides that a member state may withdraw from the Compact one year after the effective date of a statute repealing the Compact in that state.

Section 08.64.720- States that the Compact and the Interstate Commission shall dissolve if the Compact membership is reduced to one member state.

Section 08.64.730- Allows that the provisions of the Compact are severable, should any one provision be deemed unenforceable.

Section 08.64.740- Details the interaction between the Compact and other laws of member states, including that laws in conflict with the Compact are supersede to the extent of the conflict and that Compact provisions that are in conflict with a state constitution shall be ineffective to the extent of the conflict.

Section 08.64.750- Allows the state medical board to designate a compact administer to facilitate that administration of the Compact across state departments and agencies.

Section 8- Amends existing Alaska statute AS 12.62.400 to allow the Department of Public Safety to submit fingerprints to the Federal Bureau of Investigation to obtain a national criminal background check for physicians applying for expedited licensure.

Alaska State Legislature

State Capitol Room 102
Juneau, Alaska 99801-1182
(907) 465-2689
Fax: (907) 465-3472
1-800-665-2689



270 W. Pioneer Ave. Suite B
Homer, Alaska 99603
(907) 235-2921
(907) 283-9170
Fax: (907) 235-4008

REPRESENTATIVE PAUL SEATON
Rep.Paul.Seaton@akleg.gov

Sponsor Statement

HB 237

House Bill 237 will make Alaska a party to the Interstate Medical Licensure Compact. Alaska will greatly reduce the current delay in licensure and ensure greater access to medical providers across the state by joining with other compact states to create an expedited license for qualified physicians.

Under this compact, physicians verify their eligibility for an expedited license through their state of primary licensure. If they meet the compact requirements, including a fingerprint background check and verification of all primary documents and education, their primary state will notify the Interstate Commission that they are eligible. To practice medicine in another compact state the physician will register through the interstate commission, who will verify to the selected states that the physician is eligible for licensure. They must pay all applicable licensure fees to any state in which they wish to be licensed. Compact states must issue licenses to any physician eligible through the interstate commission. However, individual states retain the flexibility to issue a temporary license while they require the physician to get any additional continuing education certifications or other documents normally required by the state's medical board which were not already required by the compact. Any physician receiving an expedited license to practice in the state will be governed by the state's medical practice laws just like a physician who is only licensed in Alaska.

Using a central depository like the Interstate Commission will eliminate the need for duplicate verification of documents, reduce delays in the licensure process, and increase Alaskan's access to healthcare while maintaining individual state licensure fees and medical practice laws. Twelve states have joined the compact, and eleven have introduced legislation.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 237
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB237-DCCED-CBPL-01-22-16
Title: INTERSTATE MEDICAL LICENSURE COMPACT
Sponsor: SEATON
Requester: (H) HEALTH & SOCIAL SERVICES

Department: Department of Commerce, Community and
Economic Development
Appropriation: Corporations, Business and Professional
Licensing
Allocation: Corporations, Business and Professional
Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

| | FY2017 Appropriation Requested | Included in Governor's FY2017 Request | Out-Year Cost Estimates | | | | |
|-------------------------------|--------------------------------------|--|-------------------------|---------|---------|---------|---------|
| | | | FY 2017 | FY 2018 | FY 2019 | FY 2020 | FY 2021 |
| OPERATING EXPENDITURES | *** | 0.0 | *** | *** | *** | *** | *** |
| Personal Services | | | *** | *** | *** | *** | *** |
| Travel | | | | | | | |
| Services | | | | | | | |
| Commodities | | | | | | | |
| Capital Outlay | | | | | | | |
| Grants & Benefits | | | | | | | |
| Miscellaneous | | | | | | | |
| Total Operating | *** | 0.0 | *** | *** | *** | *** | *** |

Fund Source (Operating Only)

| | | | | | | | |
|--------------|-----|-----|-----|-----|-----|-----|-----|
| None | | | | | | | |
| Total | *** | 0.0 | *** | *** | *** | *** | *** |

Positions

| | | | | | | | |
|-----------|--|--|--|--|--|--|--|
| Full-time | | | | | | | |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

| | | | | | | | |
|---------------------------|-----|--|-----|-----|-----|-----|-----|
| Change in Revenues | *** | | *** | *** | *** | *** | *** |
|---------------------------|-----|--|-----|-----|-----|-----|-----|

Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**
If yes, by what date are the regulations to be adopted, amended or repealed? **07/01/17**

Why this fiscal note differs from previous version:

Not applicable, initial version.

| | | | |
|--------------|---|--------|---------------------|
| Prepared By: | Janey Hovenden | Phone: | (907)465-2536 |
| Division: | Corporations, Business and Professional Licensing | Date: | 01/22/2016 06:50 PM |
| Approved By: | Catherine Reardon, Director | Date: | 01/22/16 |
| Agency: | Division of Administrative Services, DCCED | | |

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

BILL NO. HB 237

Analysis

HB237 authorizes the State Medical Board to implement the Interstate Medical Licensure Compact (Compact), to collect fees and fingerprint background checks required to issue an expedited license under the provisions of the Compact, and to participate in the Interstate Commission for administration of the Compact.

The Interstate Commission provides oversight and administration of the Compact, creates and enforces rules governing the processes outlined in the Compact, and promotes interstate cooperation, ensuring that the Compact facilitates safe and expedient access to care and physician licensure. Each state participating in the Compact will have two representatives to the Commission.

This legislation authorizes the Department of Public Safety to obtain a national criminal history record check for physicians applying for an expedited license under the Compact.

In addition, it implements the entire membership language required for the State Medical Board to participate as a member of the Compact. This establishes the purpose of the Compact, definitions, eligibility requirements, the role and responsibility of the Interstate Commission to administer the compact.

The Compact expedites the licensing of physicians seeking to practice medicine in multiple states. The Compact provides a process for physicians to obtain licenses to practice in multiple states, as long as those states are members of the Compact.

The state of principal licensure verifies the physician's eligibility and provides credential information to the Interstate Commission. The Interstate Commission then collects applicable fees and transmits the physician's information and licensure fees to the additional states. Upon receipt in the additional states, the physician is granted a license.

Adequate data is not available to determine the fiscal impact of this legislation at this time. Further analysis is needed to determine impact on investigation costs, and licensing examination and compact costs. It is anticipated that additional staff will be needed to implement this legislation.

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Licensing fees for each occupation are set per AS 08.01.065 so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.

Fiscal Note

State of Alaska
2016 Legislative Session

Bill Version: HB 237
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB237-DPS-DSS-01-23-16
Title: INTERSTATE MEDICAL LICENSURE COMPACT
Sponsor: SEATON
Requester: (H) HSS

Department: Department of Public Safety
Appropriation: Statewide Support
Allocation: Statewide Information Technology Services
OMB Component Number: 3050

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

| | FY2017 | Included in | Out-Year Cost Estimates | | | | |
|-------------------------------|-------------------------|---------------------------|-------------------------|----------------|----------------|----------------|----------------|
| | Appropriation Requested | Governor's FY2017 Request | FY 2018 | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
| OPERATING EXPENDITURES | FY 2017 | FY 2017 | FY 2018 | FY 2019 | FY 2020 | FY 2021 | FY 2022 |
| Personal Services | | | | | | | |
| Travel | | | | | | | |
| Services | | | | | | | |
| Commodities | | | | | | | |
| Capital Outlay | | | | | | | |
| Grants & Benefits | | | | | | | |
| Miscellaneous | | | | | | | |
| Total Operating | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Fund Source (Operating Only)

| | | | | | | | |
|--------------|------------|------------|------------|------------|------------|------------|------------|
| None | | | | | | | |
| Total | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |

Positions

| | | | | | | | |
|-----------|--|--|--|--|--|--|--|
| Full-time | | | | | | | |
| Part-time | | | | | | | |
| Temporary | | | | | | | |

| | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|
| Change in Revenues | | | | | | | |
|---------------------------|--|--|--|--|--|--|--|

Estimated SUPPLEMENTAL (FY2016) cost: 0.0 *(separate supplemental appropriation required)*
(discuss reasons and fund source(s) in analysis section)

Estimated CAPITAL (FY2017) cost: 0.0 *(separate capital appropriation required)*
(discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **No**
If yes, by what date are the regulations to be adopted, amended or repealed?

Why this fiscal note differs from previous version:

Not applicable, initial version.

| | | | |
|--------------|-----------------------------------|--------|---------------------|
| Prepared By: | Kathryn Monfreda, Acting Director | Phone: | (907)269-5581 |
| Division: | Division of Statewide Services | Date: | 01/23/2016 12:00 AM |
| Approved By: | Gary Folger, Commissioner | Date: | 01/23/16 |
| Agency: | Public Safety | | |

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2016 LEGISLATIVE SESSION

BILL NO. HB 237

Analysis

This legislation would require physicians, as a condition of licensure in this state, to submit their fingerprints to the Board of Medicine for the purposes of a national criminal history record check conducted by the Department of Public Safety, Division of Statewide Services.

Passage of this bill would not have a fiscal impact on the Division of Statewide Services.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

DIVISION OF CORPORATIONS, BUSINESS AND
PROFESSIONAL LICENSING

P.O. Box 110806
Juneau, Alaska 99811-0806
Main: 907.465.2550
Fax: 907.465.2974

January 13, 2015

The Honorable Paul Seaton
Alaska House of Representatives
270 W. Pioneer Avenue, Suite B
Homer, AK 99603

Representative Seaton,

Thank you for the letter to the Alaska State Medical Board and Alaskan Healthcare Providers concerning your examination of the Interstate Medical Licensure Compact created by the Federation of State Medical Boards to streamline licensure in Alaska.

The Board has expressed interest in participating in the Interstate Medical Licensure Compact and has seen the model language for the compact which is what is being enacted in the other compact states. There are 12 states now participating with another 12 that have introduced legislation.

Things to keep in mind as participation in the compact are considered:

- It is our belief that the Alaska language must be the same as other states and Alaska will not be able to have different provisions and still participate;
- The Compact Commission has set standards to equal the most stringent even though they may exceed some requirements in some states. That would not preclude applicants from applying in our state if they are unable to meet the higher compact standards, but do meet the "normal" Alaska standards.
- In Alaska, as in all other states, the practice of medicine does occur where the patient is located. This is not inconsistent with telemedicine authority.

Please look forward to a response from Dr. Miller, Chair of the Alaska State Medical Board in the near future and thank you for your interest and examination of the Interstate Medical Licensure Compact as a possible fit for Alaska.

Sincerely,

A handwritten signature in black ink, appearing to read "Janey Hovenden".

Janey Hovenden, Director

cc: Alaska State Medical Board
Alaska State Medical Association
Alaska Academy of Family Physicians
Alaska Academy of Physicians Assistants

FAQ

Frequently Asked Questions about the Interstate Medical Licensure Compact

What is the Interstate Medical Licensure Compact?

The Interstate Medical Licensure Compact would create a new pathway to expedite the licensing of physicians seeking to practice medicine in multiple states. The proposal could increase access to health care for individuals in underserved or rural areas and allow patients to more easily consult medical experts through the use of telemedicine technologies. The Compact would make it easier for physicians to obtain licenses to practice in multiple states and would strengthen public protection because it would help states share investigative and disciplinary information that they cannot share now.

What is driving the need for an Interstate Compact?

Among the issues driving the need for a Compact are physician shortages, the expected influx of millions of new patients into the health care system as a result of the Affordable Care Act, and the growing need to increase access to health care for individuals in underserved or rural areas through the use of telemedicine. Proponents of telemedicine have often cited the time-consuming state-by-state licensure process for multiple-license holders as a key barrier to overcome in order for telemedicine to continue to grow and thrive. The Compact would make it easier and faster for physicians to obtain a license to practice in multiple states, thus helping extend the impact and availability of their care at a time when demand is expected to grow significantly.

Who is eligible to seek licensure through the Compact process?

Initial surveys estimate that nearly 80% of the physician population licensed in the United States would be eligible for expedited licensure.

To be eligible for expedited licensure, physicians must:

- Possess a full and unrestricted license to practice medicine in a Compact state

- Possess specialty certification or be in possession of a time unlimited specialty certificate
- Have no discipline on any state medical license
- Have no discipline related to controlled substances
- Not be under investigation by any licensing or law enforcement agency
- Have passed the USMLE or COMLEX within 3 attempts
- Have successfully completed a graduate medical education (GME) program
- 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.

How would the Compact be administered?

An Interstate Commission would provide oversight and administration of the proposed Compact, create and enforce rules governing the processes outlined in the Compact, and promote interstate cooperation, ultimately ensuring that the Compact continues to facilitate safe and expedient access to care and physician licensure. Each state participating in the Compact would have two representatives to the Commission.

Would physicians eligible for the Compact receive a single license to practice in multiple states?

No. Each license to practice medicine would be issued by a state medical board and physicians would need to be licensed in the state where the patient is located. A license obtained through the expedited procedure would provide the same licensing currently provided for physicians by state medical boards: the only difference is that the process of obtaining a license would be significantly streamlined.

How many states are required to join the Compact for it to begin operating?

A minimum of seven states must enact the Interstate Medical Licensure Compact for it to be launched.

How would a physician apply for expedited licensure through the Compact?

An eligible physician would designate a member state as the state of principal licensure and select the other member states in which a medical license is desired. The state of principal licensure would verify the physician's eligibility and provide credential information to the Interstate Commission. The Interstate Commission would then collect applicable fees and transmit the physician's information and licensure fees to the additional states. Upon receipt in the additional states, the physician would be granted a license.

What state can serve as the state of principal licensure?

The physician must possess a full and unrestricted license to practice medicine in the state of principal licensure, and the state must be (1) the state of primary residence for the physician, or (2) the state where at least 25% of the practice of medicine occurs, or (3) the location of the physician's employer, or (4) if no state qualifies, the state designated as state of residence for purpose of federal income tax.

How long would it take for physicians to be licensed in other states?

The Compact would substantially reduce the time it takes to receive multiple licenses. As soon as eligibility is verified and fees are transferred, additionally selected states would issue a full and unrestricted license to the physician.

How much would additional licenses cost?

State licensure fees will continue to vary from state to state, but it is anticipated that state medical boards may choose to charge a reduced fee for a license obtained through the Compact.

Does the Interstate Compact change a state's Medical Practice Act?

The Interstate Compact creates another pathway for licensure, but does not otherwise change a state's existing Medical Practice Act. A physician applying for expedited licensure through the Compact would be granted the same full and unrestricted license to practice medicine as he/she would receive if applying through the current state licensure processes.

What would happen to a license if a physician is disciplined in a Compact state?

Any disciplinary action on a license issued by a member state may be subject to discipline by other member states. Other member states that have issued a license to the physician may impose the same or lesser sanctions on that license or pursue separate disciplinary action based on the respective Medical Practice Act.

How would a state become a member of the Interstate Medical Licensure Compact?

Interstate compacts are formal agreements between states that have the characteristics of both statutory law and contractual agreement. In order for a state to join the Interstate Medical Licensure Compact, state legislatures must enact the Compact into state law.

Would the Interstate Medical Licensure Compact usurp state authority to regulate medicine?

Facilitating expedited medical licensure through the Interstate Medical Licensure Compact ensures that states would retain their Constitutionally-mandated role in regulating the practice of medicine and protecting patient welfare. The Compact represents the efforts of the states to develop a dynamic, self-regulatory system of expedited licensure over which the member states can maintain control through a coordinated legislative and administrative process.

How would the Commission be funded? How much would it cost?

Under the terms of the proposed Compact, the Commission may assess processing fees for expedited licensure, ultimately off-setting any burden on the member states. Additionally, the Compact Commission is enabled to seek grants and secure outside funding, through private grants, or federal appropriations in support of license portability.

Where can I learn more about the Interstate Compact?

Please call (202) 463-4000 or visit www.licenseportability.org.

LEGISLATIVE RESEARCH SERVICES

29th Alaska Legislature
LRS Report 16.061
October 16, 2015



(907) 465-3991 phone
(907) 465-3908 fax
research@akleg.gov

State Medical Licensing Timeframes

Tim Spengler, Legislative Analyst

You asked for information about Alaska medical licensing timeframes. Specifically, you wished to know the average wait time for Alaska medical license applicants and how this compares to other states. Additionally, you wished to know if an online application would expedite the process.

Briefly, over the last year the average processing time for a medical license in Alaska has been between 16 and 18 weeks, according to the director of the Alaska Division of Corporations, Business and Professional Licensing, within the Department of Commerce, Community, and Economic Development. Prior to last year, the typical average timeframe in Alaska was 12 to 14 weeks; the increase was the result of an unexpected influx of applications last year. According to our review, the application process in most states takes around 12 weeks but can fluctuate significantly. Factors that can lengthen the process for physicians attempting to become licensed in any state include applying during the busy season for medical boards (typically from March through September); a professional history that is lengthy or difficult to verify; and an applicant with a history of malpractice claims, professional disciplinary action, convictions, etc.

Some states offer both paper and online applications for medical applications while others offer only one or the other. Alaska offers an online process for those *renewing* licenses, but not for new applications. Efforts are in the works to increase the online options in the state. In general, the process of obtaining a medical license is a rigorous and challenging process in any state. According to our review, however, while each state has its own licensing requirements, none of them appear to be markedly more cumbersome or onerous than the others.¹ The application to practice medicine in Alaska includes standard threshold qualifications for licensure including graduation from an accredited medical school; successful completion of postgraduate training in accredited programs in recognized hospitals; two years of postgraduate training; and no suspensions or revocations of a medical license in another jurisdiction. The 28-page application can be viewed at <https://www.commerce.alaska.gov/web/portals/5/pub/med4105.pdf>.²

Below we list the questions (bulleted) that we put to the Alaska Division of Corporations, Business and Professional Licensing, along with the responses we received (indented) from division director, Janey Hovenden.³ In a few instances we include additional information that may be of interest to you.

- The Alaska medical license application packet indicates that the average processing time for a medical license is eight to twelve weeks. Is this estimate still accurate?⁴

¹ We did find one site (comphealth.com) that lists the following ten states as the most difficult in which to be licensed as a physician: Arkansas, California, Florida, Louisiana, Massachusetts, Mississippi, New Jersey, Pennsylvania, South Dakota, and Texas. The entity did not explain its methodology in listing these states (www.comphealth.com/resources/wp-content/uploads/2014/02/LOC336_GuideMedLic_rw_v3.pdf). Another medically-oriented website, WolfPacc, lists California and Texas as the toughest states in which to get licensed as a physician (<http://wolfpacc.com/news/california-texas-toughest-states-medical-licensing>); this distinction is based upon a number of factors including strict rules on time lapses between completing certain trainings and filing for licensure. Nowhere in our review was Alaska's medical licensing requirements noted as being especially difficult (or easy).

² More licensing information can be accessed at the Alaska State Medical Board website at <https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard.aspx>.

³ Ms. Hovenden can be reached at (907) 465-2538.

⁴ It appears that obtaining a medical license in Alaska is more time-consuming than obtaining many other professional licenses in the state. Given the demands and consequential nature of the profession, this is perhaps not unexpected. Since each profession has unique licensing requirements, comparisons are not likely to be helpful.

The average processing time from start to finish is approximately 12-14 weeks. In the past year, that timeframe has increased to 16-18 weeks due to an unexpected influx of applications, particularly from telemedicine companies. The timeframe for license review and processing is mostly dependent on the amount of time it takes other agencies—such as hospitals and other licensing jurisdictions—to provide required documents to our office. Typically, the actual hands-on time for our staff to process payment, review files, correspond with the applicant, and issue a temporary physician license is less than two weeks.

- When applications take longer than twelve weeks what is the typical reason? Incomplete applications? Contacting other organizations? Staff shortage?⁵

Complete applications never take this long. A delay of this magnitude is always due to missing elements of an application. However, staff shortages and increased volume have exacerbated the delay. The division does not have adequate staffing levels to provide updates to the current volume of applicants more than once a month. While this update is a courtesy, the number of requirements for medical licensure that must be submitted from outside sources—such as hospitals and other licensing jurisdictions—necessitates alerting applicants to missing documents so they may follow up with these other agencies.

- It is my understanding that Alaska has a paper application system only. Has the state considered moving to an online process (or an online option) and would you anticipate such a change would speed up processing time?

The division has offered online renewal to certain programs (including medical) for years and is expanding online renewal to all programs this fall. The division is exploring options to allow certain license types to submit part of their application online.

- Has Alaska considered implementing the Federation of State Medical Boards' (FSMB) Uniform Application (UA)? Is the UA something that you believe would improve the medical licensing process and, if so, what are the roadblocks to implementing this application?

The board is in the process of implementing the FSMB uniform application process; we expect it to be in place by the end of the year.

The Uniform Application for Physician State Licensure (UA) is an integral part of the FSMB's License Portability Project. It was developed by a workgroup of medical board representatives to standardize, simplify, and streamline the licensure application process. A physician using the UA can send the same core licensure application to more than one state medical board instead of entering the same data in multiple applications. Licensure and examination information already residing in the FSMB system will pre-fill those pages of the UA. Core application information includes a chronology of activities from medical school graduation to the present and all malpractice claims.⁶

⁵ The State Medical Board Frequently asked questions page also includes the following, "Application processing time depends to a large extent on the response time from other organizations. Time required also depends upon our workload and the volume of applications being processed. Because the length of processing time for your application may vary considerably, we urge you to be patient until our processing is complete and the permit is issued. If there are any "Yes" responses or if adverse information is received, it will typically take longer to gather and evaluate additional data. If the application is referred to the Investigations Unit for investigation of a particular issue, processing time is extended by the time required to complete an investigation. Since investigations must be prioritized, it may take longer to complete the file." (<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/StateMedicalBoard/FrequentlyAskedQuestions.aspx>)

⁶ Information from the FSMB's overview of the UA <http://www.fsmb.org/licensure/uniform-application/overview>.

- I understand Alaska accepts the FSMB's Federation Credentials Verification System (FCVS). Do many Alaska applicants utilize the FCVS and does this expedite the licensing process? If so, does it speed up the process significantly or slightly?

We do not have statistics regarding the number of applicants who utilize the FCVS. Staff offered an anecdotal estimate of approximately 30 percent. If the applicant already has an FCVS profile in place then it may speed up the process significantly. If they are establishing their initial FCVS profile then it may speed the process only slightly.

The FCVS was established in September 1996, to provide a centralized, uniform process for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials.⁷ This service is designed to lighten the workload of credentialing staff and reduce duplication of efforts by gathering, verifying and permanently storing the physician's and/or physician assistant's credentials in a central repository. The FCVS obtains primary-source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant's request, to any state medical and osteopathic board that has established an agreement with FCVS, or a hospital, health care or other entity.

- What can the legislature do (statutorily or otherwise) to help the division streamline the medical licensing process?

The board is considering participation in the Interstate Licensing Compact, which would significantly speed the licensing process for applicants that are licensed in other compact states and have completely clean records. Participation in the compact would require statutory authority. The division is undergoing a review of general processes and encouraging boards to review their statutes and regulations for outdated, outmoded, and redundant requirements. It may be useful for this type of review to be integrated into the sunset audit process.⁸

The Interstate Medical Licensure Compact establishes a voluntary pathway that will significantly streamline the licensing process for physicians seeking to practice medicine in Compact states, while maintaining the state regulatory oversight and protections necessary for patient safety. The final model Interstate Medical Licensure Compact legislation was released in September 2014. Since then, 19 state legislatures have introduced the Compact legislation and around ten have enacted it, while nearly 30 state medical and osteopathic boards have publicly expressed support for the Compact. The Compact has been endorsed by a broad coalition of health care stakeholders, including the American Medical Association (AMA). More information about the Interstate Medical Licensure Compact is available at <http://licenseportability.org/>.

We hope this is helpful. If you have questions or need additional information, please let us know.

⁷ We gathered this information on the FCVS from the Federation of State Medical Boards at <http://www.fsmb.org/licensure/fcvs/overview>.

⁸ Ms. Hovenden also relates that the division is fully receipt-supported and receives no general funds. It continues to need the expenditure authority to hire the human resources and implement the technology required to keep up with the service levels expected by customers. These expenses would be fully recovered through license fees.

Interstate Medical Licensure Compact (index.html)

FAQ (faq.html)

Model Language (assets/pdf/Interstate-Medical-Licensure-Compact-(FINAL).pdf)

Endorsements (endorsements.html)

News (news.html)

Initiative to Streamline Medical Licensure

An expedited licensure process for eligible physicians that improves license portability and increases patient access to care.

The Compact represents a national solution built upon, and reinforcing, a system of state-based regulation proven to protect patients and ensure the safe delivery of health care.

Latest News

Wisconsin Becomes 12th State to Enact Interstate Medical Licensure Compact

Wisconsin became the 12th state to enact the Interstate Medical Licensure Compact after Governor Scott Walker signed the legislation into law today. Wisconsin joins a growing coalition of states across the nation committed to expanding access to quality health care, especially to those in rural and underserved areas of the country...Learn more

(https://www.fsmb.org/Media/Default/PDF/Publications/wisconsin_nr_compact121415.pdf)

Notice of Public Meeting: Interstate Medical Licensure Compact

The IMLC Commission will meet in Salt Lake

American College of Physicians Supports Interstate Compact

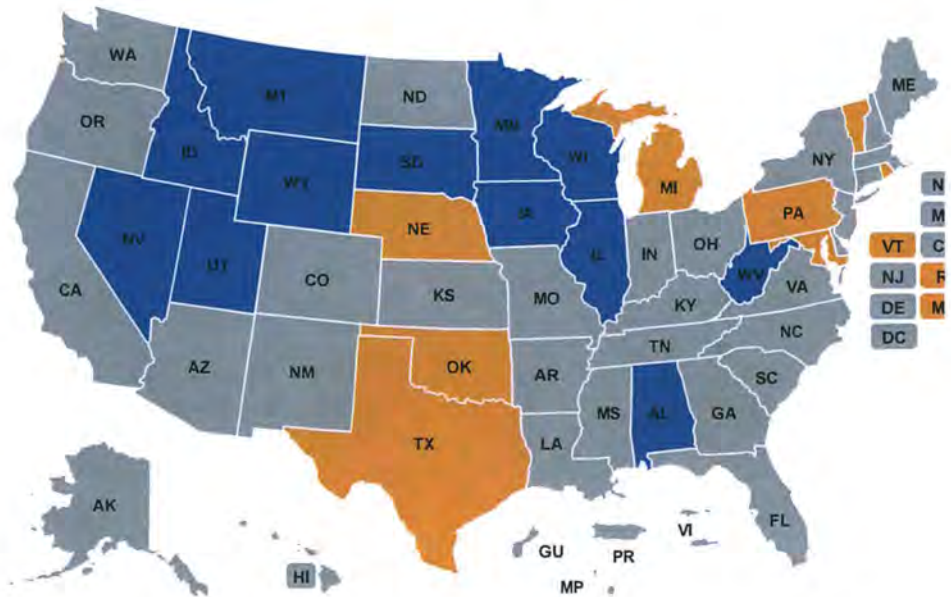
In a position paper published in the *Annals of Internal Medicine*, the American College of Physicians stated its support for the Interstate Medical Licensure Compact and its efforts to ease administrative burdens that may hinder physicians from obtaining multiple medical licenses...Learn more (<http://annals.org/article.aspx?articleid=2434625>)

Video Overview



Legislative Status

Interactive Map



MYTH: The definition of a physician in the Compact is at variance with the definition of a physician by all other state medical boards.

MYTH: Physicians participating in the Compact would be required to participate in Maintenance of Certification (MOC), or that MOC is an eligibility requirement for the Compact.

MYTH: The Compact would "supersede a state's authority and control over the practice of medicine."

MYTH: It would be expensive for a state to extricate itself from the Interstate Medical Licensure Compact.

MYTH: The Compact represents a regulatory excess, and costs and burdens on the state will be increased.

MYTH: The Compact will allow out-of-state physicians to circumvent the laws of the state.

FACT: A state's existing Medical Practice Act and related regulatory laws apply once a physician obtains state licensure through the Compact. Therefore, a physician licensed by a state via the Compact pathway **MUST** abide by all of the laws, rules, and regulations of that state where the patient is located and the practice of medicine occurs.

*HB 237 Background- Interstate Medical Licensure Compact- FAQs & State legislative map
By the Federation of State Medical Boards*

Dear Senator Hoffman,

My name is Aaron Kusano and I am a lifelong Alaskan, product of the Alaska WWAMI medical school program and soon (I hope) to be new addition to the Alaska physician community. I write to you regarding the Alaska medical licensing procedure in order to highlight several areas in dire need of change so that eager physicians, like me, can be licensed in a safe and efficient manner and start to care individuals across our state. Our current system is actually a deterrent to many new graduates. In the face of a practicing physician shortage, we are creating hurdles that will keep physicians from coming to Alaska.

I began my application process for an Alaska medical license in the first week of March 2015, nearly six months ago. Built in inefficiencies and redundancies have created lengthy delays and to this day I still await licensing and cannot care for patients. Having been through the licensing process in California and Washington and researched each of the 50 US Medical Boards websites, I hope to provide some insight and practical suggestions for improvement.

1. Alaska requires a Post Graduate Verification Form to be filled out by hospital programs to verify completion of internship and residency. In addition to this, there is a redundant request that a notarized copy of certificate/diploma is required.

a. I have had several delays as an embossed original copy was not acceptable. Graduate medical education hospitals are not like universities where they have staff, resources or experience to have all documents notarized and thus embossed hospital seal is a standard. This was not acceptable to the Board.

b. Additional delays have been experienced by other individuals because of this certificate/diploma requirement. A physician, who already had approved verification paperwork, met further delays because of the need to translate his "foreign language diploma"... the diploma is from Harvard and in Latin.

c. In lieu of a notarized copy of the certificate/diploma, a letter is requested to the Board stating dates of enrollment, indication of good standing and if any disciplinary action was taken. This is exactly the same information contained on the Post Graduate Verification form.

SOLUTION 1: Only one other state (Indiana) has this same redundant requirement for notarized copy of diploma as all others rely on a simple post graduate verification form which is completed by program officials and suffices to prove completion of post graduate training. The redundant requirement of needing notarized copies of postgraduate certificates/diplomas should be removed.

2. The Alaska medical licensing process does not respond to any inquiries regarding status of an individual's application and provides no means of an online status check. In addition to this, updates as to missing documents or further information needed are given only on a once per month basis. Individual inquiries by email or phone for status update are not answered.

a. This builds in excessive delays as an applicant cannot know in a timely manner if a document was received or if they need to provide additional documentation. If a document is missing, it means one more month to hear if it has been received. If that document needs further information, there is yet another month built in delay. This quickly compounds creating excessive delays.

SOLUTION 2: Thirty-seven state medical boards offer means by which applicants can check on the status of their application, most of them through an online status check. This minimizes the delays, reduces the work-time spent by the medical board staff answering phone calls/responding to emails and allows the applicant to be proactive in making sure all documentation has been received other than waiting one month in between updates. Alaska should use an online status check at a minimum, and as you will see below, should consider moving towards an online application system now that there is a centralized application option.

3. Items 1 and 2 above may be addressed by adjusting documentation requirements and moving towards an online application which is currently being used by 26 US Medical Boards.
 - a. Online applications allow for reduction in paper clutter and inherent delays in snail mail.
 - b. These can integrate application status updates as mentioned in item 2
 - c. Alaska already uses the Federation Credentials Verification Service (FCVS), a means by which the Federation of State Medical Boards (FSMB) serves as a central repository of credential verification. The FSMB also offers a centralized Uniform Application (<http://www.fsmb.org/licensure/uniform-application/>) which is a centralized application service for medical licensing, currently in use by 19 states.

I am honored by the opportunity to return and practice in Alaska and when presented with the opportunity last spring, withdrew from a clinical fellowship at Stanford in order to return to my home which has given me so much. I know that recent graduates like me, facing uncertain start dates and with other predictable options in the lower 48, may not have the same resolve and patience. With our practicing physician shortage, ultimately our patients are affected most.

I hope that this has been informational and urge you to speak with your colleagues about our medical licensing process and ways that we can improve. I am always available to answer any further questions, brainstorm or on my own time conduct any fact finding projects that may be helpful.

Thank you for your time.

Sincerely,

Aaron

Aaron S. Kusano, MD, SM

Alaska WWAMI E'04

On Mar 13, 2016, at 5:34 PM, Hovenden, Janey L (CED) <janey.hovenden@alaska.gov> wrote:

Hello Taneeka,

Here are the answers as given by Debora Stovern, MED Executive Administrator.

For questions #1 – that section is a requirement of the compact. The compact is a pathway for highly trained physicians with no derogatory background to obtain an expedited license. As noted in the facts quoted below, a specialty certification is one of the requirements for a physician to participate in the compact; physicians that do not hold a specialty certification may still apply for licensure through the current state processes. Some general practitioners may hold specialty certifications (family medicine, internal medicine, preventive medicine, etc.) Those that don't would need to apply through the current process. We do not have the option to change the Compact requirements; we can only decide to participate under the existing requirements, or not.

For question #2 – the LCME is the accrediting body sponsored by AAMC and AMA. The Alaska statutes specify the individual accrediting groups AAMC and AMA. So the requirements are basically the same.

Please let me know if you need anything further,

Janey Hovenden

Director

Alaska Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, AK 99811-0806

<http://commerce.alaska.gov/dnn/cbpl/Home.aspx>

9th Floor | 330 Willoughby Avenue, Juneau, AK 99801

☎: 907.465.2538(w) | 📠: 907.465.2974

✉: Janey.hovenden@alaska.gov

Any guidance provided by this electronic communication is not a binding legal opinion, ruling, or interpretation that may be relied upon, but merely guidance concerning existing statutes and regulations. There may be other unique or undisclosed facts, circumstances, and information that may have changed any guidance provided in this communication.

From: Taneeka Hansen

Sent: Friday, February 05, 2016 11:38 AM

To: 'Fowler, Micaela R (CED)' <micaela.fowler@alaska.gov>; Hovenden, Janey L (CED) <janey.hovenden@alaska.gov>

Subject: Questions from HB 237 hearing last Thursday

Good morning,

There were a few questions that came up last Thursday during the hearing on HB 237 which I did not have an answer to but that I am hoping the Medical Board might.

1. Representative Vazquez asked about specialty certificates (page 5 line 20 of the bill), if that would limit general practitioners from participating in the compact and why we would want to do that.

Below is what the FSMB had to say about the qualifications. If the Alaska Medical board had more to say about this [If most practitioners in the state would qualify, or if there are more accurate certificates that should be required] I would greatly appreciate it.

FACT: In order for the Compact to be acceptable in ALL states, the definition of a physician was drafted by state medical boards in a manner that meets the highest standards already

required for expedited licensure or licensure by endorsement (many states already have standards in place for expedited licensure or licensure by endorsement that require specialty-board certification.)

FACT: Physicians who do not meet the requirements, including those not specialty certified, are still eligible to apply for state medical licensure in a member state through the current process. Initial estimates show that up to 80% of licensed physicians in the U.S. are currently eligible to participate in the Compact, if they choose to do so.

2. Representative Vazquez asked about the eligibility requirement to graduate from an accredited medical school (page 5 page 9). I noted that the AK medical board has a similar requirement but with different accrediting groups. I note that the bill allows the listed accrediting agencies *or equivalent*. If the board or staff could comment on whether the current AK medical Board requirements would fall under this 'or equivalent' option or if they think this eligibility requirement would be at cross purposes with the current AK requirement, I would appreciate that.

Thank you. Please let me know if you need additional information on these requests.

Taneeka Hansen
Legislative Aide
Representative Paul Seaton
Committee Aide, Health and Social Services
(907) 465-3923



AMERICAN OSTEOPATHIC ASSOCIATION
TREATING OUR FAMILY AND YOURS



March 15, 2016

The Honorable Paul Seaton
Chairman
House Health and Social Services Committee
State Capitol Room 102
Juneau, AK 99801

Dear Chairman Seaton:

The American Osteopathic Association (AOA) and the Alaska Osteopathic Medical Association (AKOMA) are writing in support of HB 237. This bill enacts the Interstate Medical Licensure Compact. The AOA and AKOMA believe that this bill would ease administrative burdens for physicians interested in holding a license to practice medicine in multiple states, while allowing states to maintain control over medical licensure, discipline and patient protection.

The AOA represents more than 123,000 osteopathic physicians (DOs) and osteopathic medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs, is the accrediting agency for osteopathic medical schools, and has federal authority to accredit hospitals and other health care facilities. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. AKOMA is a professional organization that represents over 200 DOs providing patient care in Alaska.

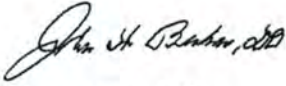
The AOA supports the intent of the Interstate Medical Licensure Compact, as it will allow states to continue to govern activities within their borders, while encouraging states to work together to ease the burdens of holding a license in multiple states. Physician interest in holding licenses in multiple states has grown with the increasing use of telemedicine nationally. This use of technology is one way to improve patient access to care, and potentially address physician workforce shortage issues.

We support HB 237 and appreciate your leadership on this important piece of legislation.

Should you need any additional information, please feel free to contact Nick Schilligo, MS, Associate Vice President, State Government Affairs at nschilligo@osteopathic.org or (800) 621-1773, ext. 8185.

The Honorable Paul Seaton
March 15, 2016
Page 2

Sincerely,



John Becher, DO
President, AOA



Nancy Kragt, DO
President, AKOMA

CC: Boyd R. Buser, DO, AOA President-elect
Joseph Giaimo, DO, Chair, AOA Department of Governmental Affairs
Michael Murphy, DO, Chair, AOA Bureau of State Government Affairs
Adrienne White-Faines, MPA, AOA Chief Executive Officer
Ray Quintero, Senior Vice President, AOA Public Policy
Nicholas Schilligo, MS, Associate Vice President, AOA State Government Affairs
Krystal White, MBA, Affiliate Executive, AKOMA

From: Alliance for Natural Health USA [<mailto:office@anh-usa.org>]
Sent: Thursday, February 11, 2016 7:54 PM
To: Rep. Paul Seaton <Rep.Paul.Seaton@akleg.gov>
Subject: Please Vote NO on HB237/HB238

Feb 11, 2016

State Representative Paul Seaton
State Capitol, Room 102
120 Fourth Street
Juneau, AK 99801-1182

Dear State Representative Seaton,

Last year, the Federation of State Medical Boards (FSMB) released model legislation for the creation of an interstate medical licensing compact. It would allow physicians to apply for an expedited license in one state without going through a formal application procedure.
HB237/HB238 is a dangerous proposal, and as your constituent, I'm asking you to reject it.

The FSMB -- a private trade association that sets standards which are often followed by state medical boards -- has no public funding, transparency, or accountability, yet it wields a tremendous amount of power over the practice of medicine in all fifty states. This group's proposed legislation would cede state licensing power to an unaccountable Interstate Commission controlled behind the scenes by FSMB.

The legislation would have states give away their autonomy and authority to grant licenses to physicians. If an applicant is deemed "compact eligible" by any other compact state, all member states must grant licensure based on that eligibility. There is no discretion to look at moral character, malpractice history, training irregularities, or other requirements. There is also no opportunity for a state to disagree with another state's interpretation of the compact requirements or their determination that a particular applicant meets those requirements.

In other words, contrary to FSMB's claim elsewhere, the interstate compact clearly takes power away from the states and gives it to FSMB.

Moreover, it would effectively force many physicians to participate in a burdensome and costly recertification process. It would require physicians seeking a license through the compact to participate in a credentialing process overseen by one of twenty-four approved medical specialty boards of the American Board of Medical Specialties (ABMS).

While ABMS argues that its recertification process maintains high standards, many physicians see this as little more than a money-making endeavor for ABMS -- in fact, the chair of ABMS makes \$1,000 a day. Worse, these certifications are often used as a requirement for hospital employment.

Please reject HB237/HB238 and all similar legislation proposed by the Federation of State Medical Boards!

Sincerely,

Ms. Maureen Powers
PO Box 2826
Homer, AK 99603-2826
(907) 235-1464
circlesofrainbows@yahoo.com