

2019 SENATE HUMAN SERVICES COMMITTEE

SB 2173

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2173
1/22/2019
Job # 31208

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the interstate medical licensure compact.

Minutes:

Written testimony #1 Andrew Askew Written testimony # 2 John L. MacMartin
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Vice Chairman O. Larsen: Opens the hearing for SB 2173

Madam Chair Lee: Introduces SB 2173 and gives a brief description (:27-51)

(01:15-1:54) **Andrew Askew**, on behalf of Essentia Health. Testifying in favor for SB 2173. Please see **Attachment #1** for testimony.

(02:28-06:33) **John L. MacMartin**, President of the Minot Area Chamber of Commerce. Testifying in favor of SB 2173. Please see **Attachment #2** for testimony.

Madam Chair Lee: Model legislation for ABA's has been introduced in a bill so that we might be in parallel with other states who are adopting this newly provided model legislation which I think will also enhance our ability to have some additional workforce and reciprocity in tele-health. That is encouraging too.

Mr. John L. MacMartin: I think the base military sees this as an opportunity for tele-health in conjunction with the local provider.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2173
1/22/2019
Job # 31216

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

Relating to the interstate medical licensure compact

Minutes:

Written attachment #1 Courtney Koebele p.1-3 Written attachment #2 Tim Blasl

Madam Chair Lee: Opens the continuation hearing on SB 2173.

(00:00-05:28) **Courtney Koebele**, representing the North Dakota Medical Association. Testifying in favor of SB 2173. Please see Attachment #1 for testimony.

(05:35-8:29) **Tim Blasl**, President of the North Dakota Hospital Association. Testifying in favor of SB 2173. Please see Attachment #2 for testimony.

Senator Anderson: You and Courtney are confusing me a little bit. She just told us that making a plain application fee to apply to the compact for multiple licensures. Then when you get to the state you have to pay the license fee in each one of those states. Your testimony gives the impression that is not true. I think I used to be confused about the nurses too until they told me that they have to pay the license fee in the different states even though it might be easier to move there. Then just check the box and say I want a license there. But still when you're in ND physician and goes to Minnesota they still have to pay the Minnesota fee, am I not correct?

Mr. Time Blasl: I am sort of defer to Courtney on this question.

(09:30) **Ms. Courtney Koebele:** It is my understanding that yes they pay their license fee in each state. I was listening but kind of not listening as close as I should've maybe to Tim's testimony. Do you want to point out where it was confusing to you?

Senator Anderson: I think on the bottom of the second paragraph, where physicians care for patients located in a particular state without having to obtain additional licenses. And they do obtain additional licenses, they have to pay for it.

Ms. Courtney Koebele: I think maybe there is a misunderstanding when they were writing up their testimony. They do receive licenses in each state and Bonnie Storbaken from the medical board is here to, but they do pay the license fee and have that license in each state.

Senator Hogan: How is the compact funded, is it just on fees or who pays for the running of the compact?

Ms. Courtney Koebele: They pay a \$700.00-dollar fee to initially apply. This is on top of all the other fees from each of the states. They did receive a grant to start up, but they are operating fully on fees now and they are moving forward. It's their intention to operate solely on those fees.

Senator Anderson: I just didn't want Tim's membership to think that they weren't going to have to pay that \$700 and their license fee as well.

Ms. Courtney Koebele: That is a good point. What this mainly saves is the time spent by the people processing it.

(11:50-12:43) **Ms. Bonnie Storbaken:** Board of Medicine, I just want to stand in support of the compact licensing bill. I would stand for any questions.

Senator K. Roers: I just want to make a point of clarification from something Senator Anderson said. It appears to me that this is actually different from the nursing license compact because I do not receive an additional license in SD. My compact license allows me to practice in South Dakota. I don't actually have to get a South Dakota license. I don't actually have to get a SD license. So this one does function differently.

Madam Chair Lee: DO PASS, moved by Senator Roers; seconded by Senator Larsen.

6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES DO PASS

Senator Roers will carry SB 2173 to the floor.

REPORT OF STANDING COMMITTEE

SB 2173: Human Services Committee (Sen. J. Lee, Chairman) recommends **DO PASS** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2173 was placed on the Eleventh order on the calendar.

2019 HOUSE HUMAN SERVICES

SB 2173

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2173
3/12/2019
33565

- Subcommittee
 Conference Committee

Committee Clerk: Nicole Klaman by Caitlin Fleck

Explanation or reason for introduction of bill/resolution:

Relating to the interstate medical licensure compact.

Minutes:

A,B,C,D

Chairman Weisz: Opened the hearing on **SB 2173**.

Senator J. Lee: You may recall that we did talk about this medical compact and there were a couple of provisions that the medical board didn't feel comfortable with. Since then, the issues have been resolved and the board of medicine is in support of this bill. I think that this bill will allow us to have some reciprocity, and it will allow for easier treatment within the states. This is the first version as it comes to you, and if you see anything different I encourage you to visit with the folks around here.

Rep Rohr: What was the genesis of this bill?

Senator J. Lee: I don't recall which individual, but somebody in the profession involved with licensure asked me to try again.

4.23 Courtney Koebele, ND Medical Association: (see attachment A)

Rep Rohr: Would this decrease the number of locums and cost eventually?

Ms. Koebele: I don't know if it would reduce the number of locums, but I think that the locums companies are interested in this concept.

8.42 Marschall Smith, Executive Director for the Interstate Medical Licensure Compact Commission: (see attachment B)

Chairman Weisz: So if you receive a license as part of this compact and then you move to ND, would anything change?

Mr. Smith: The license that is received through the compact is a real license.

Chairman Weisz: So I wouldn't have to change my license depending on where I move?

Mr. Smith: The physician would have to obtain a state of principle license and then when they move they would have to change that.

Rep Rohr: What would happen if a physician were to require discipline?

Mr. Smith: There is a process to deliver disciplinary information. It is highly confidential. If a physician were to have an investigation done on them, then all the states that the physician has a license in would be notified. If disciplinary action has been taken in the states of principle license, then the action would be the same throughout the other states. If not, then each individual state can decide what to do for the physician.

Rep Westlind: Would having to retest, and then failing be inhibited by this process?

Mr. Smith: Members of the compact have agreed that a physician must meet the 9 standards on page 6 of attachment B. They would no longer meet the eligibility criteria in that situation, and then they cannot renew it.

Rep Westlind: The physician I am talking about had a 20 year medical record, but when he came to ND he had to retest, and then he failed. Would this eliminate that process?

Mr. Smith: Yes, but the medical board would have authority over the practice of medicine.

Rep Porter: On page 18 of the bill, line 24, specifically going down to line 27 and 28, how does that work?

Mr. Smith: This is the provision that does say that if your laws conflict with the compact, you must be issued the license because you are a member of the compact. The compact does not have language about the practice of medicine, we have language about the licensure of the physician. If there is a conflict between the compact process and the state licensure process, the compact would override.

Rep Porter: If I'm a physician and the board of medical examiners, I would have to be certified in internal medicine to practice in ND, and then I go to MN to get a license because they don't have the same requirements as ND does. Can I then come back and practice in ND?

Mr. Smith: Yes. If a physician meets the eligibility requirements and has paid the fees, then the compact has to issue the license.

Rep Porter: Wouldn't in those situations then, wouldn't it allow physicians to not get residence in ND, stay in a state that doesn't require ongoing board certification, work in ND, but if they lived here they wouldn't be able to work here.

Mr. Smith: I'm struggling with that.

Rep Porter: Do all states in this compact require that a physician maintain their board certification?

Mr. Smith: No, every state has its own criteria.

Rep Porter: When I come to ND with a compact license, do I also need to check in with the board of medical examiners and get another license to practice in ND?

Mr. Smith: No, a full license is issued.

Rep Porter: If I am living in SD and I have a compact license and I want to come to ND and work. Do I need to notify anyone that I am coming in ND to work?

Mr. Smith: That is how our compact process is different. **(see attachment B pages 14-17)**

Rep Porter: So then that person has an unrestricted license to practice in ND. At the time they received the license, they were certified in internal medicine. They then decide to not be certified anymore, do they lose their ND license?

Mr. Smith: If a physician were to fail to maintain the board certification, then they would be treated as any other physician in the state that has failed their board certification.

Chairman Weisz: Based on those questions, I could receive my license in ND, and the day after I get it I could be in noncompliance with the state of ND. Correct?

Mr. Smith: Yes.

Chairman Weisz: So I could have my license, but I wouldn't be able to practice in ND until I am current with my board certification?

Mr. Smith: Yes, it really is no different than receiving a license in the regular way.

Rep Porter: I am still leery about lines 27 and 28 on page 18, it's not some laws, it's all laws that are in conflict with the compact, and the compact could change based on the board doing the compact.

Mr. Smith: Each member board has to 2 members in the compact and then they decide on the rules. Each state is not giving up its rights as a governing body.

Rep Skroch: Is the membership fee a onetime fee?

Mr. Smith: Yes. There are fees that are charged to the physician that he pays to be a part of the compact. \$400 of that goes to the compact and the rest goes to different requirements that the physician has within the applications.

Rep Skroch: (see attachment B page 9) As this expands, what happens to those dollars?

Mr. Smith: These are the fees that are earned by our member boards.

Rep Tveit: Who is responsible in totality for disciplinary actions?

Mr. Smith: Each member board is responsible for the regulation of the license they issued, and the disciplinary action that they decide to take. The compact acts as a way to give information throughout those states.

Rep Devlin: The withdrawal process unfairly treats states that meet every other year. There will be a minimum of 1 year for our state to withdraw them the compact.

Mr. Smith: At this point, withdrawal does require the action of the legislature, and the statute requires that. The states are trying to get in, not get out though.

47.19 Melissa Hower, General Counsel for the ND Hospital Association: Here to introduce one of the members.

Reed Reyman, President of CHI St. Alexius Health-Dickinson: (see attachment C)

Rep Porter: In the fifth paragraph and your example of the 2 physicians that were denied licensure. Would they have been licensed or not because they didn't meet the requirement?

Mr. Reyman: One of them would have and one of them wouldn't have. We got so far into the process and wasted the resources on that one that couldn't.

Rep Porter: Explain the one that couldn't get the license?

Mr. Reyman: One of them had failed the licensing test 4 times, but the other would have made it through. They would have had to go to a certain medical school, and that would have been the deciding factor for that other one.

Rep Schneider: This committee has concerns about compacts, what are some of the consequences if we do not pass this?

Mr. Reyman: The amount of time that it takes. This would expedite the process. I have seen it in recruitment and tenants.

57.16 John McMartin, President of the Minot area Chamber of Commerce: I'm here in support of SB2173. It is of importance to the military in ND. Specifically if you are talking to folks of the military, they recruit the member and they retain the family. If the family has a hard time receiving resources or services, then there is a chance of not reenlisting. The military dependents are covered by Tricare and that application of telehealth is not extended to the dependents. There are certain medical fields where the wait time is 8-9 weeks to just get the preliminary visit. Last year, about 532 people were scheduled to move to the Minot Air Force base were not allowed to move here. Of that 140 of those families were not allowed to move because of the inability of getting direct medical services for their dependents. That impacts the soldiers in their ability to provide personnel to support specific mission sets that are only available in ND or other certain areas. This bill would help the dependents and the military in getting the health care that they need.

1.03.30 Gabriela Balf-Soran, ND Psychiatric Society: We are in support of SB2173. In terms of physician point, people do not make decisions practically. We need to pay

attention to the business side of that as well. We physicians have a hard life, and if this bill would allow obtaining a license easier, then we may be more apt to come to ND. Residencies are in high demand. It is hard to get into a residency, and people will try to get anywhere. UND is a fair school, and we don't just take someone that is from ND. We are trying to make it easier for the individuals to come back. As the president of the psychiatric society, being in this compact would allow us to more easily collaborate information among the states. I also think that it would be more inviting for people to come and practice in the state.

Rep Rohr: Could you talk about the telehealth issue?

Mr. Smith: Telemedicine physicians use the compact because of the requirement that you must be licensed where the patient is located. This is an expedited way where they can obtain that license in ND and the practice. There are no differences in the specificities.

Rep Rohr: There aren't any barriers for telemedicine and being in the compact?

Mr. Smith: Correct.

Chairman Weisz: On page 12 of the bill, who pays the levy?

Mr. Smith: That is a provision that is authorized and the commissioners would have to approve that request. They would then levy that to each state. So far the commissioners have decided that they will not be levying to each state. All of our member boards live in a similar environment to the ND medical board. They understand that the commissioners should be in each state. They know that they can't walk in and ask for the money to be in the compact. There would be a majority vote to assess how they would do those fees.

Chairman Weisz: To be clear, the fees would be assessed to each member board or would it require the state to authorize dollars for the assessment?

Mr. Smith: It would depend on how the fiscal process works in your state.

Rep Porter: Going back to the overriding factors inside of the rules of the state, then wouldn't this override?

Mr. Smith: You cannot change the provision of the compact statute.

Rep Porter: If we change that the assessment is the responsibility of the board of medical examiners, this would get this compact rejected?

Mr. Smith: Yes, or all of the other member boards would have to pass that as well.

Rep Porter: Part of your response brings up part of the problem. We can't as an assembly obligate another legislative assembly. We can't future obligate the ND legislative assembly into future situations. This would then say that the state is responsible, and you are asking the legislative assembly put a future responsibility to this compact that could be in conflict of

our constitution. It also comes back that do we make the change that we are obligated to make and then send back an amended compact to you for rejection?

Mr. Smith: I don't know the legal aspects of that. It is constitutional to enact this compact. While I believe the compact is an good idea, but it is your decision and commitment to join the compact. Alterations to the compact statute wouldn't allow you to join the compact.

Chairman Weisz: How would that language put us in noncompliance if we say that the board would collect those fees? Why would changing our bill and compact affect any other state's compacts?

Mr. Smith: The requirement is that the compact be passed as written. It is sounding like you want to change language for clarification, and that is permitted. It is no permitted to change the substance of the compact.

Rep Skroch: Part of the funding conversation that we had earlier it was stated that the grants were coming to an end, and that you didn't anticipate that there wouldn't be any levying for at least a year, but that it is a goal for this organization to be a self-sustaining organization. I would be concerned that if there is a levy, who do we levy against in our state?

Mr. Smith: We do the budgets for one year. In anticipation of the grant ending, the commissioner made a reserve of some funds, and we will have those for the coming year. If we didn't bring any more money, the commission has sufficient funds to run for 3-5 years.

Rep Tveit: Looking on page 4 of attachment B, there has been some exception to the state of MN on the state of principle license?

Mr. Smith: MN doesn't have the authority to pull a criminal background check, and because of that they cannot be a state of principle license.

Rep Tveit: If we wanted to block out that line of payment, we could be a licensing state only?

Mr. Smith: No you would need to pass the compact as is.

Meeting closed.

Attachment D was emailed to Seth O'Neil, Legislative Intern by Andrew Askew for Essentia Health.

2019 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2173
3/18/2019
33897

- Subcommittee
 Conference Committee

Committee Clerk: Nicole Klaman by Donna Whetham

Explanation or reason for introduction of bill/resolution:

Relating to the interstate medical licensure compact.

Minutes:

Chairman Weisz: Opened the hearing on SB 2173. I owe the board an apology since they had to be somewhere else and stating their support for the bill. I had received an email and did not see it but Bonnie Storbakken from North Dakota Board of Medicine is here now if you want to ask her any questions.

Rep. Porter: On Page 12 of the bill. We had a discussion about this and I think we had a partial resolution. Is it your thought, inside of this, that wherever it says each member state that it's really the board of medical examiners that is responsible for paying these items or is this a general fund obligation of the state of North Dakota?

Bonnie Storbakken: That was not a discussion our board had. I wouldn't imagine our board would have any issues with it coming back to the board for those fees and fines. It would be members of our board that would be serving on the commission that would be assessing those fees and fines.

Rep. Skroch: My question if someone wants to leave the compact, are you aware of any situations that have happened and how difficult is it then for them to get out of that agreement?

Bonnie Storbakken: I have not heard of anyone wanting to leave. The compact is fairly new. It did come to this body last session but it was defeated. Last session our board was not supportive of the compact simply because it was so new. It wasn't really up and running and issuing licenses at the time. Since then, we feel our questions and concerns were answered but I haven't heard of anyone leaving the compact.

Chairman Weisz: Can you clarify, if that physician meets the requirements they will be issued a license by you. The question is what control does the board have over that licensure in the future? If you gave the license today you could suspend the license tomorrow if they are not meeting the requirements. There were some questions on what role the board

played. Does the board still have the same authority and control even though that issuing the license is part of the compact if they meet the specific criteria?

Bonnie Storbakken: Correct, once that license would be issued, they would still follow all the requirements of the Medical Practices Act. If they violate, we can still take action and discipline.

Rep. Rohr: Is this time sensitive information then, is there a deadline on this?

Bonnie Storbakken: Yes, this is how we would structure it moving forward. We haven't done it that way as we are not operating currently under the compact. If there is a question on a license renewal that there is a violation of sort and we needed information on that. That license could be held for a certain period of time while we are waiting for that information. We don't have to automatically renew that while we provide them notice of what is needed.

Rep. Bill Tveit: Hypothetically, Courtney visited with me earlier and indicated this would be good for North Dakota. On the other side of that issue by compacting licensing them would there be any fear of out migration? (0:8:35)

Bonnie Storbakken: I think there was initial concern of that. But in the information I get from the compact commission there are already folks calling the compact commission and inquiring if North Dakota is part of the deal yet because they would like to add them to our list of licenses. I am not so concerned about out migration when you look at our number of licensees are just under 4000 and much of them are out of state.

Chairman Weisz: What is the ratio of how many are out of state?

Bonnie Storbakken: It's a little over half, I believe.

Rep. Skroch: My question is about the revenues that are available to the compact and the ability to assess fees to members. In discussion we talked about a Federal grant ending in 2020 and there would be carry over for a time. Mr. Smith who spoke in support of this was saying they felt they would be okay for at least a year? How stable will this remain or are the doctors going to have to pay substantial fees to remain part of that compact?

Bonnie Storbakken: That has not been a major discussion with our board. One of the things in the way it is structured is any applicant must qualify, no record blemishes. They are paying the compact fee and all fees per state of licensure. Those fees that the licensees are paying directly to the compact whether it be on an initial application or a renewal is what the compact then utilizes to run itself. I had not heard prior to now that they are thinking they are good for a year and then I hope there is no concern. The way the compact commission is member states have appointees on this commission. If there were fees that were paid by the state, then that would come out in a decision by the commission. They would have to agree that everyone would be accessed a certain amount. I know it was a major concern when the compacts first came out the states were worried about losing their fees to run their own board. The way it was structured was to supposed to maintain both the compact as well as the states maintaining their own board. (012:26)

Chairman Weisz: When they stated 1 year on the grant. That was money put away specifically because of excess revenue. When you look at their financial statement they are generating more money than required to operate for a year under the current process. Granted there could be issues that come up. There are a couple ways of dealing with this. The issue of the assessment of the fees. We did get a response back that said we can put it within this compact and it wouldn't be an issue, or we could put it in the Medical Practice Act and not deal with it in this section.

Rep. Porter: It's going to be in Section 2 of this bill.

Chairman Weisz: I believe it'll be cleaner to put it in the Medical Practice Act as far as not confusing the compact.

Rep. Porter: I make a motion to amend SB 2173 and add section 2 that states "the board of medicine in section 43-17 is responsible for any assessments inside article 8 subsection 1".

Rep. D. Anderson: Seconded.

Chairman Weisz: Basically we are saying article 8 subsection 1 does rest on the board of Medicine. The state won't be liable. We will make sure the language will be right. Any discussion. Seeing none.

Voice vote taken: Motion carried to amend SB 2173.

Chairman Weisz: Any further amendments or discussion? Seeing none what is the committee's wishes?

Rep. Tveit: I move a Do Pass as amended on SB 2173.

Rep. Schneider: Seconded.

Chairman Weisz: Any further discussion? Seeing none.

Roll call vote: Yes: 13 No: 1 Absent: 0. Motion carries on a Do Pass as amended on SB 2173.

Rep. Porter: Will carry the bill.

Hearing closed.

March 18, 2019

CA
3/18/19
1 of 1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2173

Page 1, line 1, after "enact" insert "a new section to chapter 43-17 and"

Page 1, line 2, after "compact" insert "and the payment of fees under the compact"

Page 1, after line 3, insert:

"SECTION 1. A new section to chapter 43-17 of the North Dakota Century Code is created and enacted as follows:

Fees levied under subsection 1 of article XIII of the interstate medical licensure compact by the interstate medical licensure compact commission to the state of North Dakota must be paid by the board through the board's funding mechanism, and the board may not request funds deposited in the general fund for the fee."

Renumber accordingly

**2019 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB 2173**

House Human Services Committee

Subcommittee

Amendment LC# or Description: Add section 2 that states "the board of medicine in section 43-17 is responsible for any assessments inside article 8 subsection 1"

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Porter Seconded By Rep. D. Anderson

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman			Gretchen Dobervich		
Karen M. Rohr – Vice Chairman			Mary Schneider		
Dick Anderson					
Chuck Damschen					
Bill Devlin					
Clayton Fegley					
Dwight Kiefert					
Todd Porter					
Matthew Ruby					
Bill Tveit					
Greg Westlind					
Kathy Skroch					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote. Motion carried.

**2019 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB 2173**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Tveit Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Robin Weisz - Chairman	X		Gretchen Dobervich	X	
Karen M. Rohr – Vice Chairman	X		Mary Schneider	X	
Dick Anderson	X				
Chuck Damschen	X				
Bill Devlin		X			
Clayton Fegley	X				
Dwight Kiefert	X				
Todd Porter	X				
Matthew Ruby	X				
Bill Tveit	X				
Greg Westlind	X				
Kathy Skroch	X				

Total (Yes) 13 No 1

Absent 0

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2173: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2173 was placed on the Sixth order on the calendar.

Page 1, line 1, after "enact" insert "a new section to chapter 43-17 and"

Page 1, line 2, after "compact" insert "and the payment of fees under the compact"

Page 1, after line 3, insert:

"SECTION 1. A new section to chapter 43-17 of the North Dakota Century Code is created and enacted as follows:

Fees levied under subsection 1 of article XIII of the interstate medical licensure compact by the interstate medical licensure compact commission to the state of North Dakota must be paid by the board through the board's funding mechanism, and the board may not request funds deposited in the general fund for the fee."

Renumber accordingly

2019 TESTIMONY

SB 2173



Essentia Health

Here with you

SB 2173
1/22/19
#L B.1

Senate Human Services Committee

SB 2173

January 22, 2019

Madam Chair Lee and Committee Members, my name is Andrew Askew and I am here on behalf of Essentia Health.

Essentia Health supports the adoption of the Interstate Medical Licensure Compact (“IMLC”). As you have heard today, by adopting the IMLC, North Dakota can provide its health care systems with an expedited licensure process that allows physicians to render care across state lines while ensuring patient safety and preserving the state’s jurisdiction of the practice of medicine. Therefore, Essentia Health joins the North Dakota Medical Association and North Dakota Hospital Association and request a “Do Pass” recommendation for SB 2173.

34 --- At this time, patients requiring BHOP evaluation or treatment in
35 network facilities experience wait times between 6-8 weeks for initial
36 appointments and evaluation.

37

38 --- Credentialing a provider with another state license can take up to
39 three months.

40 --- Training and supervision takes up to an additional three months, and
41 unfortunately, many providers are not willing to endure this time
42 consuming, expensive process

43

44 - Interstate Medical Licensure Compact Solution:

45

46 -- An interstate medical licensure compact would provide an additional,
47 expedited pathway for licensed practitioners to improve access to care
48 in underserved and rural areas of ND.

49

50 -- Licensed practitioners from other compact states are eligible for
51 licensure in any other compact state

52

53 --- This streamline credentialing process would increase
54 access for medical care for military spouses and dependents.

55

56 --- Practitioners are responsible for obeying all statutory
57 laws and administrative rules of the state

58

59 -- The Compact Licensure is not a federal government program, is not
60 housed in a federal agency, and is not a product of Congress or any
61 executive branch agencies or administrations. It is an agreement among
62 sovereign states with the Commission as an independent organization.

63

64 -- In order for North Dakota to join:

65

66 --- The state Legislature must pass a bill authorizing the state to join the
67 compact. The Governor must then sign it into law.

68

69 --- The language of the compact must be identical in each state.

70

71 -- North Dakota currently participates in the Compact Licensure
72 for Nursing and Physical Therapy

73

74 -- As of May 2018, 22 states have already started participating in
75 Compact Licensure for physicians. 11 additional states are poised to
76 join, of which North Dakota is not one of them.

77

78 -- Due to the variations of qualifications for licensure as a counselor,
79 there has not been an interstate compact licensure agreement; however,
80 four states are looking towards this advancement.

81

82 -- An Interstate Medical Licensure Compact would serve as an excellent
83 resource for medical professionals as well as establishments throughout
84 North Dakota for providing additional access to care for all residents.

85

86 - Medical Providers & Telemedicine at Minot

87

88 -- This is an excellent resource for medical professionals and
89 establishments throughout North Dakota for additional access to care.

90

91 -- Interstate Medical Licensure Compact Solution is key in the
92 effective execution of a robust telemedicine program.

93

94 -- Providing a telemedicine option at Minot would drastically increase
95 access in several areas:

96

97 --- Applied Behavior Analysis treatment

98

99 --- Behavioral Health Optimization Program

100

101 --- Dermatology

102

SB ~~20~~ 2173

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-- Veterans Affairs uses technology to service patients already through VA network, but this is available only to veterans and the active duty member.



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1 pg. 1

Senate Human Services Committee

SB 2173

January 22, 2019

Chair Lee and Committee Members, I am Courtney Koebele and represent the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports this legislation that does not change our state's medical practice act, yet provides for an additional, and expedited pathway, for medical licensure for physicians interested in practicing in multiple states.

As you can see by the map, the IMLC has been adopted in 24 states – and one territory. It is pending in six states. A commission of representatives from states participating in the Compact has been formed and meets on a regular basis. The full compact commission meets three times a year, and the executive committee meets monthly. As of December 31, 2018, the compact has issued 4,211 licenses to 2,399 licensees.

What is the purpose? The Compact substantially reduces the time it takes to receive multiple licenses and renew multiple licenses. As soon as eligibility is verified and fees are transferred, additionally selected states will issue a full and unrestricted license to the physician. An added bonus is that the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

What does ND need to do? States participating in the Compact formally agree to adopt common rules and procedures that will streamline medical licensure, thus substantially reducing the time it takes for physicians to obtain multiple state licenses. A Compact Commission provides oversight and the administration of the Compact, creating and enforcing rules governing its processes. The Interstate Medical Licensure Compact will not supersede a state's autonomy and control over the practice of medicine, nor will it change a state's Medical Practice Act. Participating states retain the authority to investigate complaints and discipline physicians practicing in their state. The practice of medicine will continue to occur in the state where the patient is located.

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How does it work? An eligible physician designates a member state as the State of Principal Licensure and select the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician will be granted a separate, full and unrestricted license to practice in each of those states.

Who is eligible?

- A full and unrestricted medical license issued by a state board that is a member of the compact
- Successful completion of an accredited graduate medical education program
- Board certification
- Never convicted, or subject to certain alternatives to conviction, by a court for a felony, gross misdemeanor, or crime of moral turpitude
- Never disciplined by a medical board, excluding actions related to nonpayment of license fees
- Never had a controlled substance license or permit suspended or revoked
- Not under active investigation by a law enforcement or medical licensing agency

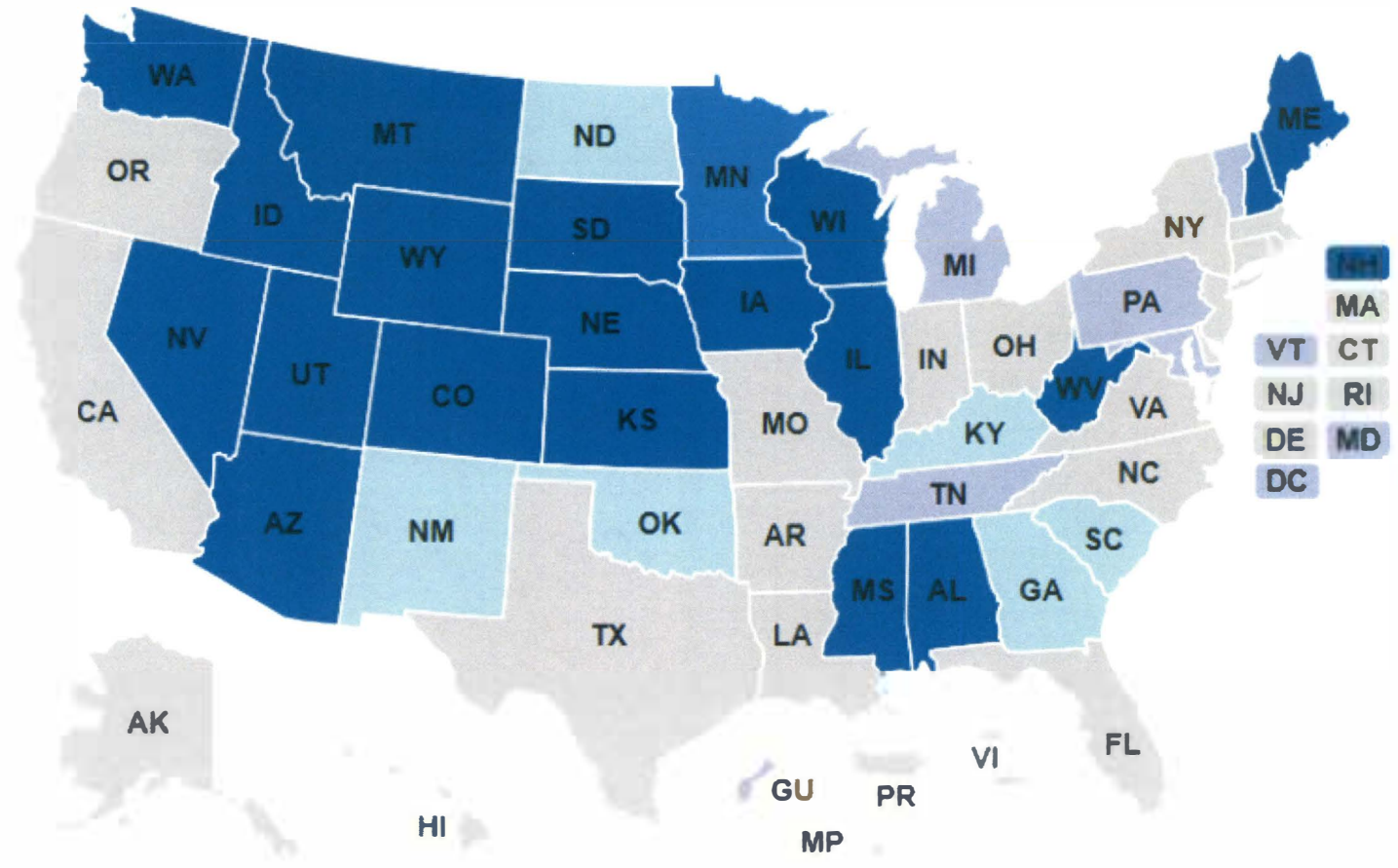
An estimated 80 percent of physicians nationwide will meet eligibility requirements and the Compact does not change medical license requirements for the existing traditional application process.

In summary NDMA supports the Compact because:

- The Interstate Medical Licensure Compact represents an effort by which participating states will develop a dynamic, self-regulatory system of expedited licensure in which member states can maintain control through a coordinated legislative and administrative process.
- The Compact adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter.
- State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in their respective state.
- The state of North Dakota is already facing a critical shortage of physicians. The Compact will help hospitals and clinics recruit physicians.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

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#1 Pg. 3



- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses*
- = IMLC Member State non-SPL issuing licenses*
- = IMLC Passed; Implementation In Process or Delayed*



SB 2173
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#2 Pg. 1

Vision

The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission

The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

Testimony: 2019 SB 2173
Senate Human Services Committee
Senator Judy Lee, Chairman
January 22, 2019

Good morning Chairman Lee and members of the Senate Human Services Committee. I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). I am here to testify regarding 2019 Senate Bill 2173 and ask that you give this bill a **Do Pass** recommendation.

With the expanded mobility of the workforce, including physicians, and the use of advanced communication technologies, our nation's health care delivery system requires greater coordination and cooperation among states in the area of physician licensure. The current system of duplicative licensing for physicians practicing in multiple states is cumbersome and redundant. With passage of this bill, North Dakota would join the Interstate Medical Licensure Compact (the Compact) which would permit physicians to care for patients located in the participating states, without having to obtain additional licenses.

The Compact offers a voluntary expedited pathway to licensure for qualified physicians who wish to practice in multiple states. The Compact is an agreement between 24 states and one territory and the 31 Medical and Osteopathic Boards in those states and territory. The application process is expedited by using physicians' existing information previously submitted in the state of principal license. Once qualified, the physician may select any number of Compact states for which they desire to practice.

The benefits of the Compact include:

- Creating a model that allows physicians to practice freely among member states while still allowing states to retain autonomy and authority to enforce the state medical practice act;
- Improving access to physicians during a disaster or other times of great need for physician services;
- Granting the necessary legal authority to facilitate interstate information sharing and investigations in the event of adverse actions to ensure public protection; and
- Eliminating redundant, duplicative regulatory processes and unnecessary fees.

The benefit of joining such a Compact is substantial in a rural state such as North Dakota with multiple border communities. Recruitment of qualified healthcare professionals takes place in an increasingly national market and has been made more difficult in our state because of high workforce demands and a growing population. In addition, the continued development of telemedicine services makes such legislation important as providers work to meet increased demand for services and provide better access to services closer to home. While making it easier for physicians to obtain licenses to practice in multiple states, the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

We support this bill and ask that you give it a **Do Pass** recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association



SB2173
3/12/19
A

House Human Services Committee

SB 2173

March 12, 2019

Chairman Weisz and Committee Members, I am Courtney Koebele and represent the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

NDMA supports this legislation that does not change our state's medical practice act, yet provides for an additional, and expedited pathway, for medical licensure for physicians interested in practicing in multiple states.

As you can see by the map, the Interstate Medical Licensure Compact (IMLC) has been adopted in 26 states – and one territory. It is pending in six states. A commission of representatives from states participating in the Compact has been formed and meets on a regular basis. The full compact commission meets three times a year, and the executive committee meets monthly. As of December 31, 2018, the compact has issued 4,211 licenses to 2,399 licensees.

What is the purpose? The Compact substantially reduces the time it takes to receive multiple licenses and renew multiple licenses. As soon as eligibility is verified and fees are transferred, additionally selected states will issue a full and unrestricted license to the physician. An added bonus is that the Compact strengthens public protection by enhancing the ability of states to share investigative and disciplinary information.

What does ND need to do? States participating in the Compact formally agree to adopt common rules and procedures that will streamline medical licensure, thus substantially reducing the time it takes for physicians to obtain multiple state licenses. A Compact Commission provides oversight and the administration of the Compact, creating and enforcing rules governing its processes. The Interstate Medical Licensure Compact will not supersede a state's autonomy and control over the practice of medicine, nor will it change a state's Medical Practice Act. Participating states retain the authority to investigate complaints and discipline physicians practicing in their state. The practice of medicine will continue to occur in the state where the patient is located.

How does it work? An eligible physician designates a member state as the State of Principal Licensure and select the other member states in which a medical license is desired. Upon receipt of this verification in the additional Compact states, the physician will be granted a separate, full and unrestricted license to practice in each of those states.

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Who is eligible?

- A full and unrestricted medical license issued by a state board that is a member of the compact
- Successful completion of an accredited graduate medical education program
- Board certification
- Never convicted, or subject to certain alternatives to conviction, by a court for a felony, gross misdemeanor, or crime of moral turpitude
- Never disciplined by a medical board, excluding actions related to nonpayment of license fees
- Never had a controlled substance license or permit suspended or revoked
- Not under active investigation by a law enforcement or medical licensing agency

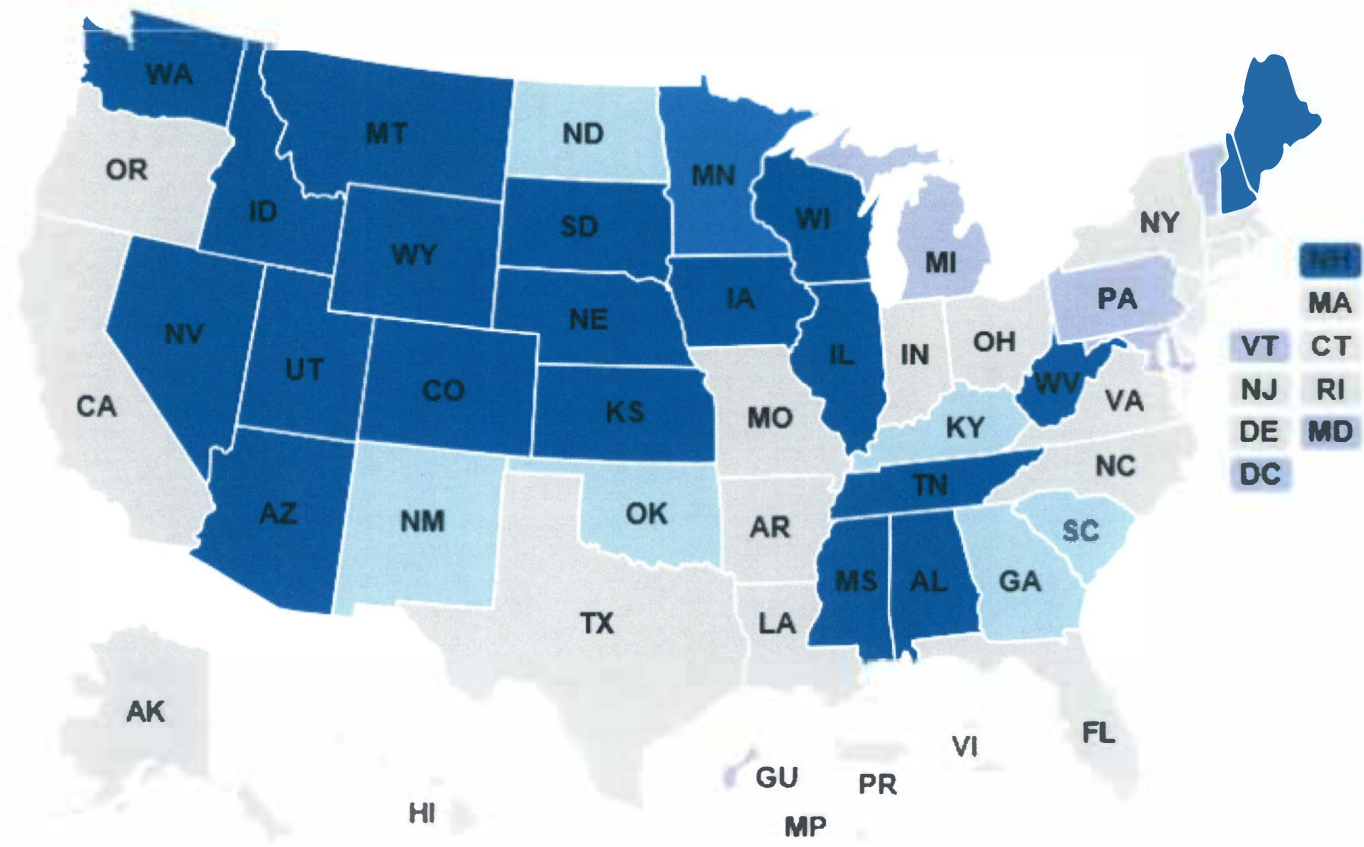
An estimated 80 percent of physicians nationwide will meet eligibility requirements and the Compact does not change medical license requirements for the existing traditional application process.

In summary NDMA supports the Compact because:

- The Interstate Medical Licensure Compact represents an effort by which participating states will develop a dynamic, self-regulatory system of expedited licensure in which member states can maintain control through a coordinated legislative and administrative process.
- The Compact adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter.
- State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in their respective state.
- The state of North Dakota is already facing a critical shortage of physicians. The Compact will help hospitals and clinics recruit physicians.

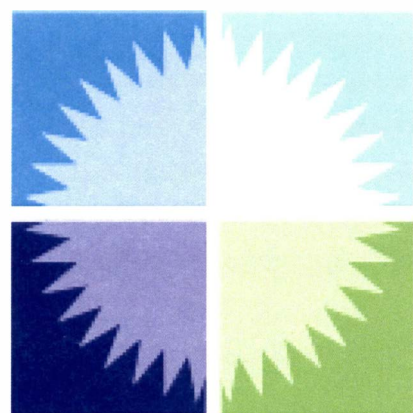
Thank you for the opportunity to testify today. I would be happy to answer any questions. I would like to introduce Marschall Smith, who is the executive director of the IMLC.

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- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses*
- = IMLC Member State non-SPL issuing licenses*
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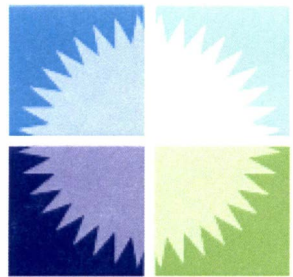


Interstate Medical Licensure Compact

The Expedited Pathway to Medical Licensure

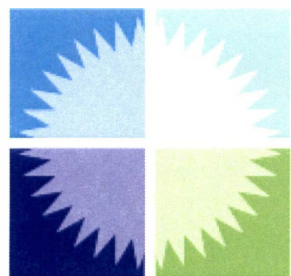
Marschall S. Smith

Executive Director, Interstate Medical Licensure Compact Commission



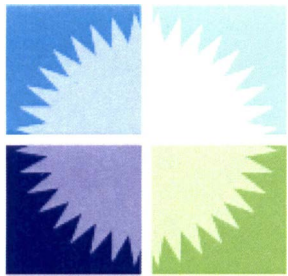
Interstate Medical Licensure Compact

- The IMLCC process is available to physicians
 - Doctors of Osteopathy (DO)
 - Doctors of Medicine (MD)



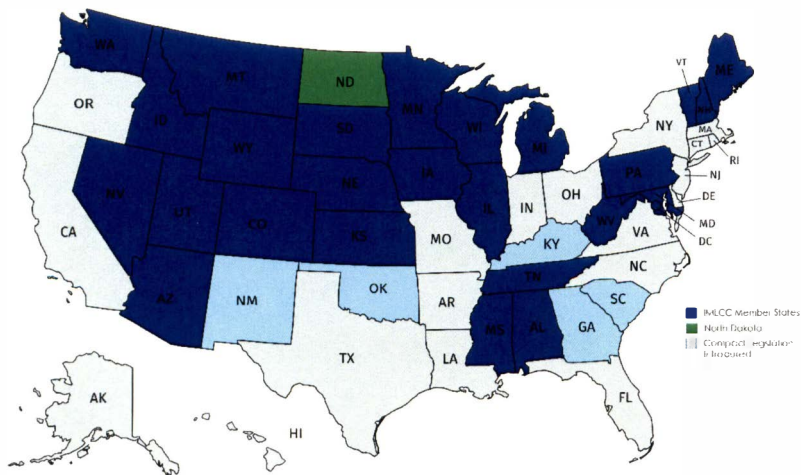
Interstate Medical Licensure Compact

- The IMLCC provides an expedited process for physicians to obtain a full, unrestricted license from a member state.
- The license is issued by the member state's board and is subject to that state's practice of medicine requirements
- The license's expiration date is established by the member state's board
- The license is renewed through the IMLCC process



Interstate Medical Licensure Compact

Member States



Status

- Active – SPL and issuing licenses
 - AL, AZ, CO, ID, IL, IA, KS, ME, MS, MT, NE, NV, NH, SD, TN, UT, WA, WV, WI, WY
- Active – Issuing licenses only
 - MN
- On boarding
 - Guam, PA, DC
- Delayed implementation
 - VT (1/1/2020), MI (7/1/2019), MD (7/1/2019)



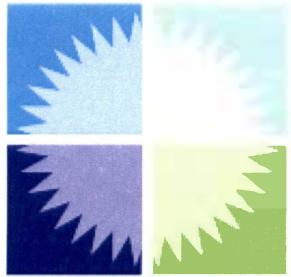
Compact Administration

- It is a statutorily established governmental instrumentality, as recognized by IRS code § 115.
- The IMLCC is “created” by each member board state when legislation is passed and signed by the governor. This action makes the IMLCC a discretionary state function – i.e. a part of that state’s government.
- Once the legislation is passed, each member state selects 2 commissioners as part of the IMLCC’s governance structure.
- The IMLCC has rulemaking authority established in the initial legislation, which is binding on the member states.
- An Executive Committee is comprised of an elected Chair, Vice Chair and Treasurer, with the Executive Director acting as Secretary, and the chairs of the IMLCC standing committees:
 - Audit
 - Budget
 - Bylaws and Rules
 - Communications
 - Personnel
 - Technology



Compact License Eligibility – Step #1 State of Principal License selection requirements

- HOLD a full, unrestricted medical license in a Compact Member state (AL, AZ, CO, IA, ID, IL, KS, ME, MS, MT, NE, NH, NV, SD, TN, UT, WA, WI, WV, WY)
- MEET at least one of the four following requirements:
 - Your principal residence is in the SPL
 - At least 25% of your practice of medicine occurs in the SPL
 - Your employer is located in the SPL
 - You use the SPL as your state of residence for U.S. federal income tax purposes



Interstate Medical Licensure Compact

Compact License Eligibility – Step #2 The 9 Common Standards

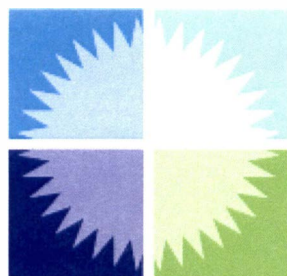
1. Medical School Accreditation: LCME, COCA, IMED
2. No more than 3 attempts at USMLE or COMLEX-USA steps
3. Graduate Medical Education accreditation by ACGME or AOA
4. ABMS or AOA-BOS including time-unlimited certificates
5. No prior convictions or criminal activity
6. No history of licensure actions
7. Clean DEA history
8. No active investigations
9. **Must pass FBI Criminal Background Check**



Cost

- The IMLCC administration and process are paid by the physician - \$700.00 at the time of application
 - \$300.00 of the fee is paid to the State of Principal License
 - \$400.00 of the fee is paid to the IMLCC
- The cost of an North Dakota physician license is paid by the physician to obtain a license through the IMLCC process.
- For renewals – the physician :
 - Pays the renewal fee charged by North Dakota
 - \$25.00 fee to the IMLCC

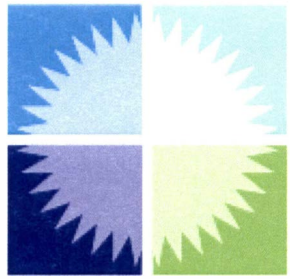
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Interstate Medical Licensure Compact

Cost

FY 2017	FY 2017 BUDGET	FY 2017 - ACTUAL - IMLCC	FY 2017 - ACTUAL - HRSA	FY 2017 - ACTUAL - FSMB Foundation	FY2017 - Member board pass through
Total Revenue	\$ 275,000.00	\$ 52,900.00	\$ 250,000.00	\$ 25,000.00	\$ 89,875.00
Total Expenses	\$	\$ 4,679.12	\$ 245,420.00	\$ 4,451.32	\$ 11,025.00
TOTAL REVENUE LESS OPERATING EXPENSES	\$ 275,000.00	\$ 48,220.88	\$ 4,580.00	\$ 20,548.68	\$ 78,850.00
FY2018 UNAUDITED	FY 2018 BUDGET	FY 2018 - ACTUAL - IMLCC	FY 2018 - ACTUAL - HRSA	FY 2018 - ACTUAL - FSMB Foundation	FY2018 - Member board pass through
Total Revenue	\$ 270,500.00	\$ 509,245.88	\$ 254,580.00	\$ 20,548.68	\$ 1,288,462.70
Total Expenses	\$	\$ 149,689.14	\$ 191,576.41	\$ 14,792.50	\$ 941,552.00
TOTAL REVENUE LESS OPERATING EXPENSES	\$ 270,500.00	\$ 342,683.54	\$ 63,003.59	\$ 5,756.18	\$ 346,910.70
FY2019 UNAUDITED to 2/28/2019	FY 2019 BUDGET	FY 2019 - ACTUAL - IMLCC	FY 2019 - ACTUAL - HRSA	FY 2019 - ACTUAL - FSMB Foundation	FY2019 - Member board pass through
Total Revenue	\$ 760,277.43	\$ 652,844.82	\$ 313,003.59	\$ 5,756.18	\$ 2,093,115.70
Total Expenses	\$ 491,900.00	\$ 174,570.12	\$ 210,675.00	\$	\$ 1,420,503.50
TOTAL REVENUE LESS OPERATING EXPENSES	\$ 268,377.43	\$ 478,274.70	\$ 102,328.59	\$ 5,756.18	\$ 672,612.20



Interstate Medical Licensure Compact

Data/Tracking

- The IMLCC application process uses DocuSign to provide the Letter of Qualification and the Core Data elements. A separate process and system. The North Dakota system and data would remain the same.
- The IMLCC is developing a Data Management System (DMS) that all member boards will be able to access.
- State specific requirements (those beyond the 9 Common Elements) are enforced by the state member board after the license has been issued as part of the requirements to practice medicine in North Dakota.



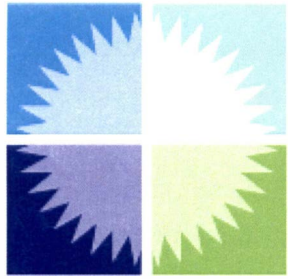
Scope of Practice

- The IMLCC process has authority over the licensing process.

INTERSTATE MEDICAL LICENSURE COMPACT

SECTION 1. PURPOSE

In order to strengthen access to health care, and in recognition of the advances in the delivery of health care, the member states of the Interstate Medical Licensure Compact have allied in common purpose to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, provides a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients. The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act. The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located. State medical boards that participate in the Compact retain the jurisdiction to impose an adverse action against a license to practice medicine in that state issued to a physician through the procedures in the Compact.

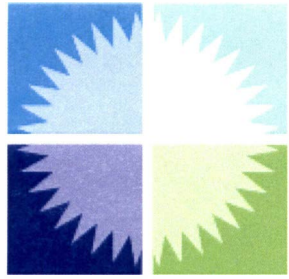


Interstate Medical Licensure Compact

Disciplinary Action

- Actions taken by the State of Principal License (SPL) are automatically placed in the same status without further action by that member board.
- Actions taken by other member boards, that action can be deemed conclusive as to the matter of law and fact and proceed in accordance with its own decisions.
- Actions taken by non-member boards prevent the physician from renewing licenses obtained through the IMLCC process.
- Joint investigations can be conducted. A lead member board is designated and other member boards are allowed to participate.
- All investigative, litigation, or compliance materials are to be shared between the member boards and are considered confidential, filed under seal and to be used only for investigatory or disciplinary matters.

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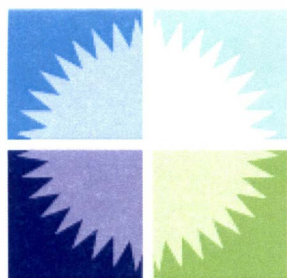


Interstate Medical Licensure Compact

Additional Information

IMLCC

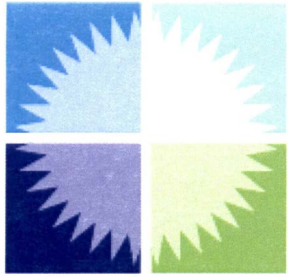
Month	Apps Processed	Licenses Issued	Renewals	Cumulative Apps	Cumulative Licenses	Cumulative Renewals	Fiscal Year Apps	Fiscal Year Licenses	Fiscal Year Renewals
Apr-17	40	3	0				40	3	0
May-17	44	34	0	84	37	0	84	37	0
Jun-17	41	44	10	125	81	10	125	81	10
Jul-17	32	59	0	157	140	10	32	59	0
Aug-17	49	78	0	206	218	10	81	137	0
Sep-17	91	146	10	297	364	20	172	283	10
Oct-17	74	139	3	371	503	23	246	422	13
Nov-17	80	110	23	451	613	46	326	532	36
Dec-17	83	132	0	534	745	46	409	664	36
Jan-18	99	133	15	633	878	61	508	797	51
Feb-18	121	140	1	754	1018	62	629	937	52
Mar-18	152	283	3	906	1301	65	781	1220	55
Apr-18	146	259	22	1052	1560	87	927	1479	77
May-18	163	398	95	1215	1958	182	1090	1877	172
Jun-18	169	343	99	1384	2301	281	1259	2220	271
Jul-18	145	349	67	1529	2650	348	145	349	67
Aug-18	176	446	75	1705	3096	423	321	795	142
Sep-18	162	330	74	1867	3426	497	483	1125	216
Oct-18	174	364	110	2041	3790	607	657	1489	326
Nov-18	203	423	96	2244	4213	703	860	1912	422
Dec-18	155	298	169	2399	4511	872	1015	2210	591
Jan-19	204	362	147	2603	4873	1019	1219	2572	738
Feb-19	266	295	110	2869	5168	1129	1485	2867	848
	2869	5168	1129						



Interstate Medical Licensure Compact

1. Initial Licensure – online process via www.imlcc.org

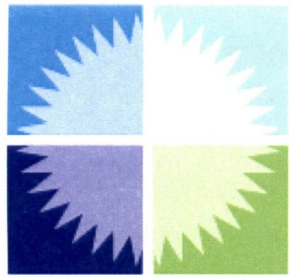
- The physician pre-qualifies using the “Do I Qualify” tab. The physician can review the online application in a PDF format prior to starting the application process.
- The physician initiates the application by selecting the “Apply Now” tab. The physician completes outline data on the webpage and clicks the “Apply Now” button.
- The physician makes their payment using an embedded webpage.
- After the \$700 application fee is processed and accepted, the application is made available for the physician to complete in DocuSign.
- The physician completes the ILMCC online application, which has 3 parts:
 - Qualifications Application,
 - Affidavit and Consent form, and
 - Core Data Sheet.
- The physician can complete the application in one setting or can save and return to the application using the link provided via email from DocuSign. Inactivity will cause the account to close and require the physician to return to their account, then work from the point of last saved information.
- When the physician has completed the application and hits “Submit”. The date/time of the submission is recorded in the physician’s application.
- The State of Principal License (SPL) selected by the physician receives notice via email that an application has been submitted and action is required. This notice is simultaneous with the physician’s hitting the “Submit” button.
- The SPL reviews the IMLCC application data and verifies the accuracy of the information. An FBI criminal background check is also performed. In April 2018, a sample of 654 application revealed that the SPL process takes an average of 34 days with 33% of the determinations made in 15 days or less. Corrections to the information provided by the physician in the application are noted on a “Correction Sheet” and included in the SPL’s submission of their determination via DocuSign.



Interstate Medical Licensure Compact

1. Initial Licensure - CONTINUED – online process via www.imlcc.org

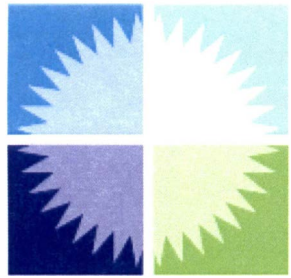
- A physician who does not qualify to use the IMLCC expedited process, as determined by the SPL, is notified of this decision and provided the contact information of the SPL should the physician wish to appeal that decision. The IMLCC is notified of the decision via DocuSign. There are 3 reasons reported to the IMLCC:
 - Did Not Qualify
 - Non-responsive
 - Eligibility Could Not Be Determined
- A physician who does qualify is issued a “Letter of Qualification” or LOQ. The LOQ is valid for 365 days from the date it is issued. The physician is notified via email that an LOQ has been issued. The physician is provided a link that allows them to access their account to select the member boards from whom they wish to obtain a license.
- After the selection is complete, the physician pays the licensing fee for each of the selected states via an embedded webpage.
- Upon the successful payment of the fees, the member boards selected are notified that a Letter of Qualification and Completed Application are available for review and processing.
- The selected member board issues a full, unrestricted license to the physician and updates the license information into DocuSign. The April 2018 sample of 654 applications found that all requested licenses are issued in an average of 15 days, with 46% of the requested licenses being issued in 7 days or less.
- The physician is notified via email that the licenses have been issued.
- Once all the requested licenses have been issued, the application is classified as “Complete”.



Interstate Medical Licensure Compact

2. Additional selections – online process via www.imlcc.org

- A physician with a valid LOQ can request licenses from additional member board states. The physician hits the “Apply Now” tab, scrolls to the bottom of the webpage and selects the “Additional Selections” button.
- The physician completes the additional selections application and pays a \$100 application fee using an embedded payment webpage.
- Once the payment is made, the IMLCC is notified that a request for additional licenses has been made. The request is reviewed to determine if the LOQ on file is valid.
- If the LOQ is no longer valid (more than 365 has elapsed), the physician is notified and instructed to apply for a new LOQ. The online reapplication process is currently being developed.
- If the LOQ is valid, the application is processed, and the physician notified via email that they may proceed to their application to select the member board states from whom they wish to obtain a license.
- The physician selects the member board states and pays the applicable licensing fee for each selected state.
- Upon the successful payment of the fees, the member boards selected are notified that a Letter of Qualification and Completed Application are available for review and processing.
- The selected member board issues a full, unrestricted license to the physician and updates the license information into DocuSign.
- The physician is notified via email that the licenses have been issued.
- There are no restrictions on the number of times a physician can make additional selections.

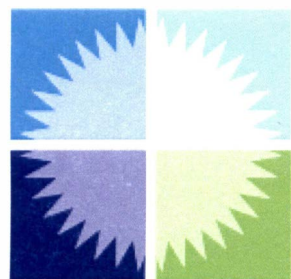


Interstate Medical Licensure Compact

3. Renewal – online process via www.imlcc.org

- The member board provides notice to the physician via email, not less than 90 days prior to the expiration date. The email contains, at a minimum, the expiration date, a link to the IMLCC webpage, and the renewal fee amount due.
- The physician initiates the renewal by selecting the “Renewal” tab. Completes the initial information, including the fee amount provided in the email plus the \$25.00 IMLCC renewal application fee, then hits the “Submit Payment” button.
- The physician pays the renewal fee using an embedded payment webpage.
- Once the renewal fee is accepted, the physician completes the renewal application and attestation form in DocuSign, and hits “Submit”. Both documents are available for review via PDF prior to starting the renewal process.
- The renewal member board state receives notice via email that a renewal application has been submitted and action is required. This notice is simultaneous with the physician’s hitting the “Submit” button.
- The member board completes the renewal process and renews the license, updating the DocuSign of the new license information.
- The physician is notified via email that the license has been renewed.

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Interstate Medical Licensure Compact

Questions?

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House Human Services Committee
SB 2173
March 11, 2019

SB2173
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Chairman Weisz and Committee Members, I am Reed Reyman, the President of CHI St Alexius Health- Dickinson, in Dickinson ND. I fully support this legislation that does not change our state's medical practice act, yet provides for an additional, and expedited pathway, for medical licensure for physicians interested in practicing in multiple states.

As the President of a very busy Hospital, it is imperative that we have Physicians available when needed. Hospitals, as all of you know, are the single most regulated industry in the United States. Daily we deal with regulations in every aspect of care. We understand the need for regulation because we are dealing with People's lives, so first and foremost, in no way, are we looking to find a watered down solution, we just need to find a method that effectively and safely expedites the process.

The IMLC has demonstrated over a significant period of time, that they have developed a process that enhances the licensure process and provides an efficient and common sense solution to State Medical Licensure.

Over the past two years, just in Dickinson alone, we have licensed __ Physicians. The average time it takes within the Hospital to complete the privileging paperwork is about 20 hours per Physician. Most of the time the paperwork is being completed simultaneously to the Medical Licensure. On several occasions, the Hospital has completed our paperwork only to wait several weeks for the State to complete its process, which most of the time results in Licensure, but in some cases the Physician is denied.

In Dickinson we have had two Physicians denied licensure, both, however, were granted Licenses in MN and TX respectively, and are both having very successful careers. By not having the compact in place we wasted resources, time and lost qualified Physicians to neighboring states. Physicians who preferred to live and practice in North Dakota.

More commonly, however, we have Physicians who suddenly are unable to practice and we need to License and Privilege Locum Tenens (Traveling Physicians) to fill urgent needs. If the IMLC was in place we would be able to expedite the process and work quickly to fill these emergent needs. Many Physicians are willing to help, but don't have the time or desire to go through another licensing process.

Finally and most importantly, with 80% of Physicians nationwide meeting eligibility requirements for Licensure through the compact, recruitment and retention are significantly enhanced. Physicians appreciate and are aware, of which states that are

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Physician friendly. Physician friendly is defined by Physicians as: "States, Hospitals and Organizations that work to eliminate Physician time that is spent away, from caring for Patients." Physicians want to take care Patients, not complete more and more paperwork. Please assist ND Physicians and Hospitals and vote yes on SB 2173.

Thank you for the opportunity to Testify today. I would be happy to answer any questions.

Reed Reyman



Essentia Health

Here with you

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House Human Services Committee

SB 2173

March 12, 2019

Chairman Weisz and Committee Members, my name is Andrew Askew and I am here on behalf of Essentia Health.

Essentia Health supports the adoption of the Interstate Medical Licensure Compact (“IMLC”). As you have heard today, by adopting the IMLC, North Dakota can provide its health care systems with an expedited licensure process that allows physicians to render care across state lines while ensuring patient safety and preserving the state’s jurisdiction of the practice of medicine. Therefore, Essentia Health joins the North Dakota Medical Association and North Dakota Hospital Association and request a “Do Pass” recommendation for SB 2173.