



# NANCY VANDERMEER

STATE REPRESENTATIVE • 70<sup>TH</sup> ASSEMBLY DISTRICT

TO: Honorable Members of the Assembly Committee on Health

FROM: State Representative Nancy VanderMeer

DATE: July 10, 2019

SUBJECT: Testimony in Support of Assembly Bill 70 and Senate Bill 74 - The Medical Licensure Compact Re-Authorization Act

Thank you Chairman Sanfelippo and members of the Assembly Committee on Health for holding a hearing on AB 70 today. As you're probably familiar with, the Interstate Medical Licensure Compact was signed into law in 2015. At the time, it provided a new, expedited, licensing option for physicians seeking to practice in multiple states. The original legislation was supported by a broad coalition of healthcare stakeholders, included 72 co-sponsors from both houses of the legislature, and passed both houses with overwhelming bi-partisan support.

When the legislation was initially passed, it included a sunset after five years to trigger a legislative review of Wisconsin's participation in the Compact. The insertion of the sunset provision was primarily requested by the former chair of the Senate Committee on Health and Human Services. The goal of the sunset was not to terminate Wisconsin's participation in the interstate agreement, but rather to review the benefits and re-evaluate the need to continue Wisconsin's participation in this interstate agreement.

As I'm sure you'll hear in testimony from those here today, Wisconsin's participation in the Compact has helped reduce the regulatory burden and expedited licensure processes for physicians wanting to serve patients in Wisconsin. For example, In April 2017, Wisconsin's Department of Safety and Professional Services (DPS) became the first licensing agency in the nation to process a Compact license. Since then, nearly 400 physicians residing in other states have used the Compact process to become licensed and serve patients in Wisconsin. Additionally, the Compact has become an even more attractive licensure process for physicians living in Wisconsin. Utilization of the Compact process for physicians residing in Wisconsin has doubled in the most recent licensing year.

I think it's important to note that under this compact licensing process, our state's medical standards and oversight over the practice of medicine remain fully intact, and no changes have been made to the state's Medical Practice Act as a result of this legislation. Physicians licensed through the Compact still need to continue to comply with all laws, rules and regulations of the state in which the patient is located. Furthermore, physicians that have chosen not to use the Compact process, or that are ineligible for the Compact process, have been and will continue to be able to seek licensure in Wisconsin and other Compact states under the standard licensure process. Nothing has changed for physicians who have chosen not to participate.



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One of the benefits of this legislation is that it addresses access, a major health care issue facing our communities. With the Compact in place, qualified physicians with an existing medical license in a Compact state can begin providing care in Wisconsin communities more quickly. When the original Compact legislation was moving forward in the process, I had the opportunity to speak with administrators and physicians at the Mayo Clinic Sparta hospital in my district about the importance of this legislation and the connection it has with telemedicine. Like many small hospitals, Mayo Clinic in Sparta isn't able to always have professionals on hand with the expertise needed to make certain diagnoses. In order to properly care for patients, they need to consult with experts who are a long distance away and sometimes located in another state. Telemedicine is one way in which they are able to expedite those consults, preventing delays in care. The Compact ties into this effort, and similar ones across the state, by streamlining licensing for qualified physicians, which in turn ensures they are able to connect with patients. This enables providers to expand access and continue to confront the physician shortage in rural areas, helping to keep high-quality health care in local communities.

Although I didn't believe it was necessary at the time, and, I would add, some members of the senate committee didn't either, I understand why, in an abundance of caution, there was a desire to place a sunset provision on the Compact. Prior to entering into the Compact, there were some concerns having to do with potentially compromising the integrity of both the quality of care our that our healthcare providers deliver and also potentially compromising the integrity of checks, balances, and oversight that we have in place in our state related to licensing, regulation, etc.

I think that evidence of these concerns not coming to fruition can be seen by the fact that a wide array of healthcare stakeholders, including The Wisconsin Medical Examining Board organizations such as the Wisconsin Hospital Association, Wisconsin Medical Society and Wisconsin Medical Group Management Association support reauthorizing the Compact. Also, at its January 16, 2019 meeting, the Wisconsin Medical Examining Board unanimously voted to "denote its strong support for permanent statutory authorization of the Interstate Medical Licensure Compact."

Thank you again for the opportunity to testify here today. I ask that you join Senator Testin, Senator Schachtner, Representative Kolste, and myself in supporting this legislation. I would be happy to answer any questions you may have at this time.



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# PATRICK TESTIN

## STATE SENATOR

**DATE:** July 10, 2019

**RE:** **Testimony on 2019 Assembly Bill 70**

**TO:** The Assembly Committee on Health

**FROM:** Senator Patrick Testin

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Thank you members of the Assembly Committee on Health for accepting my testimony on Assembly Bill 70.

In 2015, the legislature passed, and the Governor signed into law, Wisconsin Act 116 making Wisconsin one of the first 12 states to join the Interstate Medical Licensure Compact. This licensure compact is a voluntary process for expediting physician licensure across state lines. To date, there are now 25 states participating in this nationwide Compact.

When 2015 Wisconsin Act 116 was signed into law, it included a sunset after five years to allow the legislature to review the benefits and reevaluate the need to continue Wisconsin's participation in the Compact. With the original sunset expiring and the compact having been very effective, this legislation re-authorizes Wisconsin's participation in the Interstate Medical Licensure Compact.

Wisconsin's participation in the Compact has helped reduce regulatory burden and expedite licensure processes for physicians wanting to serve patients in Wisconsin. Since April 2017, nearly 400 physicians residing in other states have used the Compact process to become licensed and serve patients in Wisconsin. Additionally, utilization of the Compact process for physicians residing in Wisconsin has doubled in the most recent licensing year. Wisconsin health care organizations have also utilized the Compact to reduce staff time spent on credentialing physicians and used the work done by other states, rather than duplicate government processes.

After reviewing the benefits provided to physicians and patients over the last few years, we strongly believe that patients across Wisconsin have benefitted from the physicians who have been licensed through this Compact process.

Thank you again for listening to my testimony and I hope that you will join me in supporting this bill.



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**TO: Members of the Assembly Committee on Health**

**FROM: Kyle O'Brien, Senior Vice President Government Relations  
Ann Zenk, Vice president Workforce and Clinical Practice**

**DATE: July 10, 2019**

**RE: WHA's Support of AB 70 – Interstate Medical Licensure Compact Reauthorization**

On behalf of our 140 hospital members, the Wisconsin Hospital Association (WHA) is pleased to support Assembly Bill 70, the Interstate Medical Licensure Compact (IMLC) Reauthorization Act. WHA was a strong advocate of the original Compact enabling legislation, which passed the legislature with broad, bipartisan support in 2015. In fact, all the members of this Committee, who were in office at the time, supported the original Compact legislation. WHA appreciated your support then and asks for your support on Assembly Bill 70.

WHA engages with the state legislature, state agencies, our members and their educational partners to increase workforce capacity and address regulatory/licensure issues impacting our health care workforce. For example, WHA has been a lead advocacy partner with the state to create a matching-grant Graduate Medical Education program to create new capacity, especially in rural communities, for physician training. This program has had a tremendous impact on the supply of physicians for hospitals and health systems in Wisconsin, especially in high-demand fields like family medicine and psychiatry.

WHA and our members are acutely aware of the challenges in assuring continued access to Wisconsin's high-quality health care; recruiting and retaining physicians is one of the greatest challenges we face.

Four hundred Wisconsin physicians a year retire. With an educational and training runway to practice of 12-plus years for physicians and a rapidly aging workforce and population, Wisconsin must successfully attract and retain physicians to the health care workforce to ensure access to care. The IMLC provides a valuable advantage to retaining and recruiting physicians for Wisconsin's health care workforce.

Hospitals, health systems and physicians who serve patients in Wisconsin see the value of the IMLC and are increasing their utilization of this expedited licensure process. Utilization of the expedited compact process has more than doubled since Wisconsin became the first state in the nation to utilize the compact in April 2017.

Wisconsin's Medical Examining Board (MEB), the state regulatory body overseeing the licensure and practice of physicians unanimously passed a motion at the MEB's January 16, 2019 board meeting to *"denote its strong support for permanent statutory authorization of the Interstate Medical Licensure Compact"*.

Wisconsin's experience as the first state to issue compact licenses, and the growing number of hospitals and physicians who utilize the expedited process, supports the need to continue Wisconsin's participation in this multi-state physician licensure compact.

WHA requests your support of Assembly Bill 70 to ensure Wisconsin physicians, hospitals and patients can continue to benefit from the streamlined licensure process offered through the Compact.



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TO: Members of the Assembly Committee on Health

FROM: Kate M. Kaegi, Senior Leader – Physician, Provider and Leadership Talent, SSM Health  
Dean Medical Group

DATE: July 10, 2019

RE: Support of AB 70 – Interstate Medical Licensure Compact (IMLC) Reauthorization

Chairman Sanfelippo, Vice-Chair Kurtz and members of the Assembly Committee on Health, thank you for the opportunity to provide testimony in support Assembly Bill 70, the Interstate Medical Licensure Compact (IMLC) Reauthorization Act.

My name is Kate Kaegi and I'm the Senior Leader – Physician, Provider and Leadership Talent, SSM Health Dean Medical Group. SSM Health Dean Medical Group is one of the largest integrated health care delivery systems in the country. Established in 1904 and based in Madison, Wisc., SSM Health Dean Medical Group's network consists of more than 60 clinics in south-central Wisconsin and approximately 500 physicians provide primary, specialty and tertiary care in our clinics. The system serves more than 400,000 Dean Health Plan members.

With such a large number of physicians our medical group has experienced the benefits of the IMLC in multiple ways. Not only does the IMLC help when we are able to recruit physicians to our group, the expedited process has also been key to filling temporary gaps in our physician workforce using locum tenens providers.

Timely licensure, such as that enabled by the IMLC, is essential. So many subsequent processes, like obtaining a DEA number or hospital privileges, rely on licensure. If licensure is delayed, the problem snowballs, and soon we are facing a delayed start date for physicians who are urgently needed to sustain access to high quality primary and specialty care throughout southern Wisconsin.

Having the compact assist in expediting the licensing process allows SSM Dean Medical Group to provide more services in a timely manner.

On behalf of SSM Health Dean Medical Group we ask for your support of Assembly Bill 70 to ensure Wisconsin physicians, hospitals and patients can continue to benefit from the streamlined licensure process offered through the Compact.

Through our exceptional health care services, we reveal the healing presence of God.



TO: Members of the Assembly Committee on Health

FROM: Christopher Schmitz, VP Human Resources, Stoughton Hospital Association

DATE: July 10, 2019

RE: Support of AB 70 – Interstate Medical Licensure Compact (IMLC) Reauthorization

Chairman Sanfelippo, Vice-Chair Kurtz and members of the Assembly Committee on Health, thank you for the opportunity to provide testimony in support Assembly Bill 70, the Interstate Medical Licensure Compact (IMLC) Reauthorization Act.

My name is Chris Schmitz and I'm the Vice President of Human Resources for the Stoughton Hospital. For more than 115 years, our neighbors in the Stoughton area have trusted our experienced physicians, nurses, therapists, technicians and staff to provide personalized, forward-thinking, expert healthcare. As employees of Stoughton Hospital we play a critical role in fueling our local economy and take great pride in sustaining our historic business district. We are dedicated to ensuring high quality, local health care services, and consistent staffing of our physicians are an important part of keeping that promise to our community.

Stoughton Hospital credentials over 100 physicians to provide care to our community. In recent years, as our baby boom generation ages, we've seen increased demand for services, and also an increased number of physician retirements. Since January 2018 we have credentialed 38 new physicians. We, like hospitals and health systems across the nation, are finding it more and more difficult to replace these physicians, and the reauthorizing IMLC is one way that legislators can support health care organizations in expediting licensure and onboarding for physicians seeking to provide care in Wisconsin.

If Stoughton Hospital is going to keep our promise of "Trusted Care, Close to Home" we must be able to rely on the state's licensure processes to help, not hinder, recruitment and onboarding. We must not create barriers for physicians we have fought so hard to recruit; the loss of a single physician can mean the loss of access to services in our hospital for our Stoughton community members.

Hospitals, health systems and physicians who serve patients in Wisconsin see the value of the IMLC and are increasing their utilization of this expedited licensure process. Utilization of the expedited compact process has more than doubled since Wisconsin became the first state in the nation to utilize the compact in April 2017.

On behalf of Stoughton Hospital we ask for your support of Assembly Bill 70 to ensure Wisconsin physicians, hospitals and patients can continue to benefit from the streamlined licensure process offered through the Compact.

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*Affiliated with SSM Health Care of Wisconsin*

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**Assembly Health Committee  
Testimony in Support of Assembly Bill 70  
July 10, 2019**

**Kelli Cameron, Director of Physician/Provider Recruitment & Retention  
Mercyhealth – Janesville, WI**

Chairman Sanfelippo and Members of the Committee,

Thank you for the opportunity to testify today in favor of Assembly Bill 70, the Interstate Medical Licensure Compact Reauthorization Act.

My name is Kelli Cameron and I have served for four years in physician recruitment at Mercyhealth, most recently as the Director of our program. Mercyhealth is a regional health system headquartered in Wisconsin, with a general medical/surgical hospital and trauma center in Janesville and a rural critical access hospital in Walworth. Mercyhealth is a vertically integrated health care delivery system that employs 8,000 people in our service territories, including over 800 employed physicians.

As a physician and provider recruiter, my responsibility is to ensure Mercyhealth has the physicians and other providers we need to maintain and improve access to high quality health care in our communities. Physician recruiting sees no state borders, it is a globally competitive area of the health care workforce. Recruiting requires strategic initiatives to bring the best and brightest providers to our organization.

But we can only do so much to successfully recruit and relocate someone into one of our services territories. Once Mercyhealth has successfully recruited a physician for our patients, we then begin the process of licensing and relocating that physician to our state and community. Physician licensing, in some situations, can become a longer-than-necessary hurdle for a physician to see patients within our health system. These barriers can be a result of an influx in licensing applications at the state, delays on the part of the license applicants or delays by third-parties responding to requests verifying physician information. While it is not intended by anyone, these licensing barriers can last for months and potentially result in either delayed patient care or the physician choosing to work somewhere else outside of Wisconsin.

Mercyhealth has utilized the Interstate Medical Licensure Compact to ensure that the patients in our region can obtain the best possible healthcare needed, when they need it, and at a location that is convenient to them. We dual-license our current physicians to ensure that gaps in coverage are not an issue, and we also utilize the Compact when recruiting physicians from other states.



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Wisconsin's participation in the Interstate Medical Licensure Compact has given our physicians an opportunity to receive an expedited Wisconsin license when they hold a valid Compact license in another state, ultimately benefiting patient access to care. In addition, the Compact ensures that physicians extending telemedicine services, or other in-person specialty services, can cross Compact state lines without undergoing a duplicative, single-state licensing process.

We want to thank Senator Testin, Senator Schachtner, Representative VanderMeer and Representative Kolste for introducing this legislation. We also want to thank the bipartisan group of sixty-four lawmakers who co-sponsored this legislation. We believe the Compact has been a valuable benefit to our patients, our physicians and the communities we serve and should stay in force in Wisconsin.

On behalf of Mercyhealth, we would ask for your support of this important legislation.





**Wisconsin State Assembly  
Committee on Health  
Committee Testimony, July 10, 2019  
Donn Dexter, M.D., Mayo Clinic Health System**

Mister Chair, thank you for the opportunity to submit testimony, and I would also like to thank Representative VanderMeer for authoring both the initial legislation to enact this important partnership and for this legislation to continue it. My name is Donn Dexter; I'm a practicing neurologist at Mayo Clinic Health System in Eau Claire and also serve as vice-chief medical officer of our northwest Wisconsin region. I write today on behalf of Mayo to share support for the passage of AB70/SB74, the Medical Licensure Compact Re-Authorization Act.

Mayo Clinic Health System (MCHS) is a family of clinics, hospitals and health care facilities serving communities in western Wisconsin. Patients receive quality health care at their local clinic or hospital and, when needed, are referred for highly specialized care at Mayo Clinic in Rochester, Minnesota. We are proud to employ more than 8,400 Wisconsinites, all of whom are committed to providing patients with the best, most accessible and localized health care.

As the committee considers the re-authorization of the Medical Licensure Compact, I would like to share how Mayo recognizes the value of the Compact and ask for your support of the re-authorization. The first is related to the practice of telemedicine. While this bill is not directly about telemedicine, the Compact addresses a significant policy barrier to the delivery of medical services through telemedicine, also referred to as telehealth.

Each year Mayo physicians see people from all 50 states. We are acutely aware of the barriers existing at both the federal and state levels that inhibit the delivery of medical services through the currently available spectrum of telehealth platforms.

Advances in technology are helping our patients, many in rural parts of our state, who may be faced with long-distance travel and logistical hurdles to connect with specialized health care providers more quickly and conveniently. This is especially true in western and northern Wisconsin, where the closest sub-specialists may be across the state border.

Mayo initiatives in telestroke diagnosis, Electronic Intensive Care Unit (e-ICU) monitoring, telepsychiatry and teleneonatology have shown great promise to improve patient outcomes and reduce health care costs. These are all specialty care services currently provided to Mayo Clinic Health System patients in communities which may otherwise not have access to these specialties and in some cases are provided by specialists across state borders.

In addition to our connected care initiatives within Mayo's Midwest health system, streamlining licensure would facilitate greater collaboration with the more than 30 health care organizations across the U.S. who have joined the Mayo Clinic Care Network. The network recognizes that people prefer to get their health care close to home. And so the main goal of the network is to help people gain the benefits of Mayo Clinic expertise without having to travel to a Mayo facility.

This leads me to the second point of value of the Compact, and that is in reducing the administrative burden associated with licensing processes. The current patchwork of state-by-state medical licensing rules presents a costly and time-consuming barrier to care delivery for our patients. Solutions that reduce the administrative or regulatory burden on providers, such as the Compact, without compromising patient safety, allows resources currently needed to meet the administrative requirements to be re-appropriated to patient care, education or research.

Mayo credentialing staff attests it can take a significant amount of time to complete each physician's initial out-of-state license per state. This does not include the physician's own time or the maintenance and renewal process. Additionally, the process may be unknowingly extended further if state credentialing agencies are experiencing any sort of delay in processing. While there are efficiencies obtaining subsequent state licenses, the subtle differences between

states still make it administratively intensive. In addition, the number of Mayo physicians with multi-state licenses continues to grow. For example, between Wisconsin and Minnesota alone, Mayo has more than 160 Wisconsin-based physicians who also have a Minnesota license and over 600 Minnesota physicians who are also licensed in Wisconsin, meaning almost 800 physicians are licensed in both states. This legislation, once fully enacted in Minnesota and re-authorized in Wisconsin, is expected to provide significant administrative burden relief for our Midwest providers.

In closing, Mayo uses connected care (our term for the spectrum of telemedicine services) in many aspects of our practice from saving lives with our telestroke program, to enabling video consultations in skilled nursing facilities, to monitoring labor and delivery patients across state borders, to sharing our knowledge with physicians across the country through eConsults. In all of these situations, we have observed that connected care improves access, service and affordability for our patients. This legislation helps improve licensing processes for specialists to provide this care.

Thank you for the opportunity to provide this commentary in support of this legislation.

Donn Dexter, M.D.  
Mayo Clinic Health System

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