



P.O. Box 11188
Columbia, SC 29211
1-800-327-1021
803-772-6783 Fax
www.scmedical.org

Todd E. Schlesinger, MD
President
Michael T. Finch, Jr., MD
President-Elect
Robert R. Morgan, Jr., MD, MBA
Secretary
Christopher A. Yeakel, MD
Treasurer
John C. Ropp III, MD
Chairman of the Board
Marjorie L. Heggie
Chief Executive Officer

September 13, 2019

The Honorable Daniel B. Verdin, III, Chairman
Gressette Office Building, Suite 412
Columbia, South Carolina 29202-0142

Re: Interstate Medical Licensure Compact

Dear Chairman Verdin:

The South Carolina Medical Association (SCMA) appreciates the opportunity to provide feedback on the proposed Interstate Medical Licensure Compact (“Compact”) legislation. Although touted as a way to provide for expedited, reciprocal medical licenses participating Compact states, in reality the Compact process costs more, removes governmental oversight, allows a non-regulated group to supersede South Carolina law, disfavors South Carolina physicians, and, most importantly, compromises patient safety.

Higher Costs: The Compact was created by a nonprofit organization known as the Federation of State Medical Boards (FMSB), which is not bound by any governmental authority. The FMSB created its own process and standards so that one application could be used in multiple states. The physician pays the FMSB \$700 to utilize this process, and in addition pays the requisite state licensing fee. The FMSB \$700 and renewal fee must be paid every year that a Compact member wants to renew a Compact license. Thus, in South Carolina an out of state physician may obtain a South Carolina permanent license at \$580 and renew biennially for \$155, or through the Compact pay \$1280 for a license and \$855 to renew.

Removal of Government Oversight: The Compact legislation references a “Contract,” and notes that by adopting the Compact, South Carolina is subject to the Contract. The FMSB has autonomous authority to change the Contract with no approval from any state legislature. It is the Contract, not the legislation, that controls the licensing fees, allows the FMSB to assess states for additional costs it incurs, and dictates the Compact licensing requirements. Thus, the status quo can easily change without any regulatory approval. Note the Contract has been amended 4 times since its adoption on June 24, 2016. In contrast, changes to the Nursing Licensure Compact *must be approved* by the General Assembly, or South Carolina operates under the prior Compact version until such changes are approved.

Supersedes State Law: The Compact legislation provides that “all laws in a member state in conflict with the Compact *are superseded* to the extent of the conflict.” Several conflicts exist already, and the Compact would triumph over current South Carolina law. First, the Compact has no residency requirement, while South Carolina requires a one-year residency to obtain a license. Second, the Compact requires that a participant have a board-certified specialty. South Carolina requires no board-certified specialty for a medical license and prohibits any entity from requiring a Maintenance of Certification to show a voluntary board-certified specialty has been maintained (§40-47-38). Third, the Compact requires that South Carolina share certain confidential physician information with other member states in the Compact, despite current law restricting dissemination of such information. Fourth, the Compact provides that out-of-state subpoenas from Compact medical boards are enforceable in South Carolina. Fifth, to withdraw from the Compact, the South Carolina legislature cannot simply vote to amend or overturn legislation. The Compact provides that after withdrawing legislatively, a State must wait one full year before the state can choose to leave the Compact.

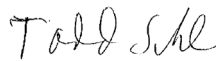
Added Process and Duties: The South Carolina Board of Medical Examiners (BME) approves requests from out-of-state licensees regularly. It is only when the standards are not met that the application is forwarded to the executive member of the BME, and the BME member approves the application or requests the applicant appear before the BME. The BME, which is comprised of physicians who *volunteer* their time to serve, has 20 scheduled meeting days in the year 2019 alone. Physicians who must appear at a BME meeting before receiving a South Carolina license have adequate opportunities to be heard. Despite this process, two of the same BME volunteers will have to now take additional days off from their practice to serve on the Compact Commission as well. Notably, the Compact Commission only scheduled 4 meetings in 2019 for handling such problems.

Disfavors South Carolina Physicians: Further, the Compact is not favorable to South Carolina physicians. Licensees without a board-certified specialty cannot utilize the FMSB process, and South Carolina does not require a physician to be board-certified. Ascertaining how many physicians this affects is impossible as the BME does not track information not required for licensing. While South Carolina physicians can designate a chosen specialty, this is indicative of their preferential practice choice and not of board-certification.

Compromises Patient Safety: The Compact mandates that the BME accept, without verification, licensing information provided from a member state. This has already created a problem when the District of Columbia failed to background check physicians. These physicians were granted licenses in Compact states because the member states had no authority to check the background of the applicant. A Compact state assumes the liability for issuing a license even if disciplinary, malpractice or criminal history is not reported. With the Compact, the General Assembly could not legislatively address licensing protocol to ensure such a problem would not arise.

Hospitals and larger health care entities argue that the Compact process is a way to support telemedicine and provide more services across the State. The SCMA is not arguing about telemedicine. The BME already has a process for licensing out-of-state physicians that seek to practice in South Carolina, and the process ensures regulatory oversight. Creating a licensing mill through an unaffiliated group will not increase the value of physician services or patient safety; it creates the opportunity to lower the bar as licensing standards may be changed with no state authority. Ceding such authority to a non-governmental body with no oversight is a dangerous slope for South Carolinians.

Sincerely,



Todd Schlesinger
President of the South Carolina Medical Association

Enclosure

CC: Senator Davis, Chairman of Subcommittee
Senator Alexander
Senator Campbell
Senator Hutto
Senator Nicholson
Senator Scott
Senator Senn