

RHONDA FREEMAN

From: Ryan, Thomas - DSPS <Thomas.Ryan@wisconsin.gov>
Sent: Friday, September 09, 2016 11:35 AM
To: Bowden, Mark [IBM]
Cc: Simons, Kenneth; robert.zondag@americandeposits.com
Subject: FW: Med Compact

Mark, I am sending these **suggestions and questions regarding the Compact from Credentialing staff here, anticipating that they may be more timely now. If these are more appropriately directed to someone else, please let me know.**

The suggestion is to make it similar to how NURSYS works for the nursing compact. And here's why:

- 1. There is a "speed memo" function that allow states to communicate directly through the database.**
- 2. Verifications are completed through the database.**
- 3. Database info transfer into ICE is done in the morning routine so that changes made by us in ICE or changes made by NURSYS via other states are updated simultaneously.**
 - a. This will be VERY important given that the compact wants to take care of renewal**
 - b. Also VERY important if the compact license status will be tied to another states (Principal) license.**
- 4. Reporting functions**
 - a. NURSYS reports duplicate licenses (license holder holds a license in 2 compact states, which is not allowed per the nursing compact). Since the Med compact will require the maintenance of a principal state license in order to keep a compact license, it would be helpful to have a similar report to show action taken on principal licensure.**

These are the questions that were forwarded to me:

- 1. Will the compact license be a different license method, seems it will need to be based upon compact requirements vs. WI requirements?**
- 2. What about licensees who were issued licenses under old requirements that are not equivalent to the compact requirements?**
 - a. Can they obtain a compact license?**
 - i. Example is fingerprinting – if a WI license was obtained without fingerprinting can they meet requirements "a la carte" to obtain a compact license?**
 - ii. Would this be done through the compact, or the principal state of licensure?**
- 3. Will all the info provided to the principal state be available in the database for other states viewing (i.e. USMLE dates, post grad, med-ed, convictions etc.).**
- 4. Letters of qualification?**
 - a. How do we determine if they qualify for compact licensure? Once a compact license application has been completed and reviewed by Board staff? Will there be a compact checklist that we will be using to make "pre-determinations."**
 - b. Who do we send said letter to? The compact? The requesting state?**
 - i. Can't this be tied to the database? Complete the standard compact requirements and submit info to FSMB to be stored in the database? Then verification can be requested by all subsequent states?**
 - c. Similar to UA – submit all "compact license requirements" (via a compact application) to FSMB and FSMB determines if they meet the initial requirements for licensure instead of relying on individual states to do so.**
 - d. Then that data can be transferred to the compact states similar to how the UA data is transferred now – into a compact license app (for WI, through OLAS).**

We may also be receiving comments and/or questions from others in state that I will forward for review and possible consideration.

Thank you.

Tom

RHONDA FREEMAN

From: Brett Arron, MD <brett.arron@gmail.com>
Sent: Friday, September 23, 2016 4:10 PM
To: Bowden, Mark [IBM]
Subject: Comments. On Compact proposed policy

September 19, 2016

Comments on Interstate Medical Licensure Commission Proposed Administrative Rule Chapter 5, "Expedited Licensure."

To: Commissioner Mark Bowden, Interstate Medical Licensure Compact Commission, Bylaws and Rules Committee Chair and Committee Members

Dear Commissioner Bowden,

Thank you for the opportunity to provide comments on the Proposed Administrative Rule on Expedited Licensure.

We would like to raise a number of concerns about the proposed rule for the committee to address. The rule. Leaves out residents and recent graduates. There should be a carve out exemption for them for a limited time, lets say six years after residency. There should be no linkage between licensure and board certification!

1) The model proposed for expedited licensure is unnecessarily complex and bureaucratic. Consider that the nursing licensure compact allows for licensing of nurses in all member states with ONLY one license while the Interstate Medical Licensure Compact requires a physician to license in each and every state at substantial cost. The Interstate Medical Licensure Compact along with the proposed rule does not meaningfully reduce the costs for multi-state physician licensure.

In addition, nurses are now increasingly practicing medicine and the structure and rules of the Interstate Medical Licensure Compact creates selective disadvantages to physicians in competition with NPs.

Congress has also introduced legislation, H.R.3081 - TELE-MED Act of 2015, to allow Medicare patients to receive care from a Medicare-enrolled physician licensed in any state. Similar reciprocity is granted to U.S. military and VA physicians, thus demonstrating the cost-effectiveness and safety of allowing cross-state medical practice, without the need for the complexities added by the Commission under development. Legislation granting reciprocity to physicians serving athletic organizations has been passed or is under consideration in numerous states and the U.S. Senate just this month introduced HR 921, the Sports Medicine Licensure Clarity Act of 2016, to institute such reciprocity on a federal level.

2) The requirement in section 5.4(1)d of the rule, mandating certification exclusively by ABMS- or AOA-approved boards, should be removed and the related provision in the Compact should also be stricken as:

- a) No single medical board in the United States requires such certification as a licensing requirement.
- b) This creates a discriminatory process for physicians with time-limited certification.

b) The American Board of Medical Specialties (ABMS) & AOA (American Osteopathic Association) have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification. By the ABIM's own admission "they got it wrong" and have repeatedly changed their recertification requirements. The Commission must ask if they will ever "get it right"?

3) "Primary Source Verification" is defined in item "dd" of the proposed rule's definitions and the definition includes reference to the FSMB's FCVS. However the term "Primary Source Verification" is not otherwise mentioned in in the proposed rule text. Our concern is that the definition signals the possibility that the additional purchase FSMB-controlled services, like the FCVS, might be required for Compact participation. A need to register with the FSMB's FCVS would represent an additional overcharge as the rule already proposes a current "letter of qualification" from the medical board in the state of primary licensure. This letter should satisfy any and all need for primary verification of any and all documents. Presumably all have been already primary verified by the home state licensing board. This possibility suggests the inefficiency and blatant and primary attempt of FSMB to increase revenues unnecessarily to their organization.

4). Section 5.6(1)b of the proposed rule states that a "letter of qualification is valid for 365 days from its date of issuance to request expedited licensure in a member state. There shall be no waiver of this time limit."

It is unclear what demands are to be set to allow issuance of such "letter of qualification" after the first 365 days have passed. If a physician seeks Compact licensure in an additional state after the expiration of the letter presumably the physician will be required to apply again with his principal state of license to obtain another letter of qualification. Would this mean that the physician's ABMS- or AOA-approved certification would have to be current when seeking a new letter? Despite the provision in 5.4(1)d that current certification is only required on the initial determination of eligibility, the 365-day rule creates ambiguity that begs clarification.

And most if not all states have licensing requirements lasting periods of 2 years-much longer than 365 days. How does this 365-day rule impact physicians with existing multi-state licenses at the time of their initial Compact eligibility? If such physicians plan to seek future "expedited" licensure via the Compact in these states, and the relevant renewal dates are more than 365 days in the future, will they again need to obtain a letter of qualification?

I have additional concerns, beyond the scope of this particular proposed rule, that raise questions about the solvency of the Compact. We will name just two of many: 1) the FBI questioning the authority of the investigatory powers delegated to the non-government regulatory entity, the Interstate Medical Licensure Commission. 2) concerns about the appearance of pay-for-play created by FSMB-lobbying of Congress and federal agencies and subsequent federal taxpayer-funded grants received by FSMB for Compact operational funding.

In conclusion, as the Compact preserves the existing requirement to purchase multiple licenses in every state of practice, with the addition of additional service fees, and the enormous costs associated with the board certification mandate, not to mention the possibility of requiring the purchase of other services like FCVS, the entire Compact as structured is not a meaningful solution to the problem it seeks to solve.

Without a significant reworking of the Compact concept, perhaps using the more efficient nursing compact as a guide, physicians may very well find it more cost effective, and even faster, to bypass the Compact and continue to license directly with each state of practice.

Thank you for taking my comments into consideration. We look forward to the Committee's response to my concerns.

I am representing my own perspective and concerns separate and distinct from official policy and positions of the American Society of Anesthesiologists and the RI Society of Anesthesiologists.

Sincerely,

Brett Arron, MD

Sent from my iPad

Brett Arron, MD
Department of Anesthesia
Lifespan Miriam, RI & Newport Hospitals
Providence, Rhode Island

Clinical Assistant Professor
Department of Surgery (Anesthesiology)
Alpert School of Medicine
Brown University

Executive. Committee
RI Society of Anesthesiologists

Director
American Society of Anesthesiologists (ASA)

Vice-Chairman
ASA New England Caucus

Committee on Patient Safety and Education
American Society of Anesthesiologists

brett.aron@gmail.com

401-338-1961

RHONDA FREEMAN

From: Drprevent <drprevent@aol.com>
Sent: Monday, September 19, 2016 6:50 AM
To: Bowden, Mark [IBM]
Subject: Compact Bad Idea

The Interstate Medical Licensure Compact, [is not going to solve](#) the problem it claims to fix. It simply creates a new bureaucratic entity with little meaningful accountability.

1. They should work to remove the Certification requirement entirely.
2. Until they can remove the requirement they should a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

No single medical board in the United States requires such certification as a licensing requirement and the current wording creates a discriminatory process for physicians with time-limited certification. Not to mention, the existing nursing compact and model APRN compact require only one state license for practice in other compact states while the FSMB physician compact requires licenses in each individual state, along with payment of each individual license fee, thus limiting physician competitiveness with NPs who often make just as much for care.

Licensure should not be tied to the whims of organizations controlled by the American Board of Medical Specialties (ABMS). Such entities have been subjected to significant criticism regarding anti-competitive practices, *financial impropriety*, and misrepresentations about quality improvement due to certification and maintenance of certification.

By the ABIM's own admission "they got it wrong" {these would be Money Nazi's} and have repeatedly changed their recertification requirements. The Commission must ask if they will ever "get it right"?

The certification requirement is by no means the only problem with the Compact but is one of the main issues in this particular rule under consideration.

For more info about what's wrong with the Compact see: <https://goo.gl/3Fc2vb>

In case you don't know THE HISTORY, in brief, at the turn of the century.....

JD Rockefeller took note of George Merck's successful (and legal) hustling of cocaine and heroin products through his pharmacies.

This birthed him the notion of petroleum based pharmaceuticals. But first, to organize a disorganized industry.

1) Sponsor the Flexner Report = reduce the number of US medical schools by 1/2 - weed out them that won't go along with the game plan below -->

2) Control the medical education - teach 'em right from the first, indoctrinate 'em - get the universities hooked on the grant money tit for research and get insiders on the university boards.

3) Control the doctors after they're educated. First, establish the Federation of Medical Boards, call the tune for the states to dance to, yank a doctor's license if he steps anywhere near close to out of line, set the tone for generations of "Nazi Doctor Bullies".

4) Control the "Voice of Medicine" - take over an ill membered doctor organization, put the right people in it, hype it, turn it in to a multi-million dollar operation - the AMA!

C'mon, Man!

**Sincerely,
Charles C. Adams, MD
9-19-16**

RHONDA FREEMAN

From: CLIVE SINOFF <sinoffbisprof@yahoo.com>
Sent: Sunday, September 18, 2016 9:29 PM
To: Bowden, Mark [IBM]
Subject: Compact licensing

Dear Sir,

I am an internist recognized by the Royal College of Physicians and Surgeons of Canada. Because I did not complete a US residency I was not eligible to become Board Certified in the United States, although for many years I practiced as a specialist and Internist in the US. As the new rules would exclude me and others like me, it is appropriate to remove the certification requirement from the proposed Compact regulations.

Clive Sinoff
22200 Halburton Rd Beachwood, OH, 44122 USA

RHONDA FREEMAN

From: Gerry Stanley <drstanley@sculptomaha.com>
Sent: Monday, September 19, 2016 10:22 AM
To: Bowden, Mark [IBM]
Subject: Compact

Dear Mr. Bowen:

I am writing to share my disdain for the proposed Compact as it currently stands. Physicians have spent countless hours in training and certification to afford them the ability to practice medicine. As part of our ongoing training we continue to obtain continuing education credits, advance our education through academic and collegial pursuits, and collaborate with other physicians to better serve our patients and our communities.

While I am proud of my board certification, the current recertification process and MOC process is outdated and serves only as a punitive method for practicing physicians. The evolution of medical knowledge and the fund of its body of work is expanding at an epic rate, and the current mechanism fail to capture the volume of work and progress that is occurring. The Compact does not take into account any formal data or scientific proof that recertification exams have a link to excellent (or for that matter, even standard) medical care. Requiring something that lacks sufficient evidence seems preposterous.

There are a variety of certification processes that maintain current and up to date standards for competency and the ABMS is an antiquated group lacking in any evidence to require their recertification. Please consider removing this requirement as you move forward with your discussions.

Regards.

Gerry

Gerard J. Stanley, Jr., M.D.
Medical Director/Cosmetic Surgeon

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RHONDA FREEMAN

From: Daniel Bennett <dr.d.b.bennett@gmail.com>
Sent: Monday, September 19, 2016 3:11 PM
To: Bowden, Mark [IBM]
Subject: Dear sir:

I am in agreement with the Association of American Physicians and Surgeons regarding board certification. If a physician chooses to become board certified, that is his or her right, but board certification should never under any circumstances be a requirement for licensure, reimbursement, employment, or privileges to practice medicine in any clinic or hospital (including the Veterans Administration).

Board certification may have started with good intentions but it has become a for-profit scheme run by mostly non-medically trained people at the ABMS. Board certification does not guarantee that a physician or surgeon is as fit, or more fit, to practice medicine than any other physician. Most malpractice suits are filed against board certified physicians and I have seen many diagnoses missed and many patients not optimally treated by board certified physicians.

Sincerely,
Daniel B. Bennett, M.D.
Jonesboro, Arkansas

RHONDA FREEMAN

From: Scott Cunningham, MD <cunninghamoffice@comcast.net>
Sent: Tuesday, September 20, 2016 10:21 PM
To: Bowden, Mark [IBM]
Subject: FSMB proposed rule

Hello Mark-

Wanted to give you feedback on the proposed rule. As a practicing physician who has opted out of American Board of Internal Medicine (ABIM) certification in favor of certification by an alternative Board, the National Board of Physicians and Surgeons, largely due to the onerous and irrelevant busy-work imposed by the Maintenance Of Certification process required by the ABIM, I feel it is arbitrary and excessively burdensome to require applicants to the FSMB certification process to be certified by a particular Board. In the same vein, even the remote idea of requiring ANY Board certification for professional licensing smacks of an unprecedented and unwarranted power grab on the part of parties involved. The FSMB must not be allowed to rewrite regulations and policies that have been in place for a very long time, to the detriment of the conscientious members of my precious profession.

Scott Cunningham, MD
3540 S. Poplar Street
Suite 305
Denver CO 80237
303-770-0524 (office)
303-770-0648 (fax)
866-839-6198 (toll free)

RHONDA FREEMAN

From: Marquand, Ian <IMarquand@mt.gov>
Sent: Monday, September 19, 2016 11:37 AM
To: Bowden, Mark [IBM]
Subject: FW: another question for you..

Mark,

I'm forwarding this to you because, in essence, it's a written comment on the proposed rules. I'll leave it to you to respond to Kofi. If you do, please copy me on it as I'll be doing a webinar for her organization on the 27th.

-ian

From: Kofi Jones [<mailto:Kofi.Jones@AmericanWell.com>]
Sent: Thursday, September 15, 2016 12:39 PM
To: Marquand, Ian <IMarquand@mt.gov>
Subject: another question for you..

When the draft version struck the language defining "state of principal licensure" as:

SECTION 4. DESIGNATION OF STATE OF PRINCIPAL LICENSE 16

(a) A physician shall designate a member state as the state of principal license for 17 purposes of registration for expedited licensure through the Compact if the physician possesses a 18 full and unrestricted license to practice medicine in that state, and the state is: 19

- (1) the state of primary residence for the physician, or 20
- (2) the state where at least 25% of the practice of medicine occurs, or 21
- (3) the location of the physician's employer, or 22
- (4) if no state qualifies under subsection (1), subsection (2), or subsection (3), the

And moved to:

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

That meant that a physician could have a license in a participating state OR get a license in a participating state and designate it as their SPL, correct? No requirements for residence or practice or employment?

Kofi

Kofi Jones
Vice President of Government Affairs
American Well
617-204-3506 (direct)
857-210-7757 (cell)
Kofi.jones@americanwell.com

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RHONDA FREEMAN

From: Danny Wilkerson <wilkerson8255@gmail.com>
Sent: Friday, September 23, 2016 9:46 AM
To: Bowden, Mark [IBM]

To the commission;

1. They should work to remove the Certification requirement entirely.
2. Until they can remove the requirement they should a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

Sent from my iPhone

RHONDA FREEMAN

From: Claude Brunson M.D. <cbrunson@umc.edu>
Sent: Wednesday, August 31, 2016 3:06 PM
To: Bowden, Mark [IBM]
Subject: IMLCC Investigations

Commissioner Bowden,

Hope all is well with you. I am one of the new Commissioners from MS. Was reviewing the information for the Teleconference on the 24th and had a couple questions I wanted to ask you but didn't think the conference call was the time to get this specific. Can you expound on the following for my clarity?:

Active investigation:

- What is the intent for notification, is it as soon as initiated, adjudicated?
- How does it impact renewal when under investigation?
- How do we keep the Compact from jumping ahead of the states in the investigation process or what happens when an investigation is occurring in the non-primary licensure state?

Thanks for you and your Committee's hard and great work on this.

Claude

Claude D. Brunson, MD, MS, CPE
Professor of Anesthesiology
Senior Advisor to the Vice Chancellor for External Affairs
Director, Office of Government Affairs
Office of the Vice Chancellor
University of Mississippi Medical Center
2500 North State Street
Jackson, MS 39216-4505
601-984-1012 (O)
cbrunson@umc.edu

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RHONDA FREEMAN

From: Karyn L Tapley, MD <tapleymd@gmail.com>
Sent: Wednesday, September 21, 2016 10:13 AM
To: Bowden, Mark [IBM]
Subject: Instate Medical Licensure Compact

Commissioner Mark Bowden:

I am a board-eligible Obstetrician/Gynecologist who has been practicing locum tenens (temp fill in) in rural areas for the past 6 years of my career. In many areas, like the one I'm in now, in northern Indiana, I may be the ONLY Ob/Gyn in the entire county. Sometimes, I'm the only Ob/Gyn in *several* counties. I am licensed in 5 states, have no malpractice claims, and love what I do. I am ***not*** board certified, and I am no longer interested in seeking board certification, as it has obviously lost its true value and has become nothing more than another hoop to jump and a money grab. Due to this and the current onerous process & expense of board certification, maintenance of certification, ongoing threat of overwhelming obstetric litigation, and the discriminatory process of excluding non-board certified, residency-trained, physicians, I will be stopping the valuable service I have provided to rural and low-income women for the past 6 years, at the end of this month. I am dropping Obstetrics, and will move into a less hectic lifestyle and pace.....mostly because I have experienced nothing but expense and hassle when dealing with government entities, licensure, insurance, and board certification. Frankly, in as many words, it's just not worth it, and not what I signed up for. The state and federal government has made it easier and easier for non-physicians to enter our scope of practice, but have only **increased** our burdens.

By requiring Board certification, by virtue of initial, on-going certification, or maintenance of certification, the commission is effectively discriminating against, and promoting the loss of potentially tens of thousands of working, qualified, safe physicians. Multiple choice exams do not make "good doctors", any more than "common core" makes for good engineers. While the Compact would be helpful in allowing physicians such as myself to provide valuable services to communities in need, any wording of mandatory Board Certification should **ABSOLUTELY BE REMOVED**. Doctors are smart folks. And we can be smart doing a hundred other jobs. Please don't run the rest of us out of the field simply so cronyism can continue at our elite levels.

Respectfully,
Karyn Tapley, MD

Karyn L Tapley, MD - Owner/CEO
Sound Women's Health & Aesthetics
11 Bellwether Way, Suite 210

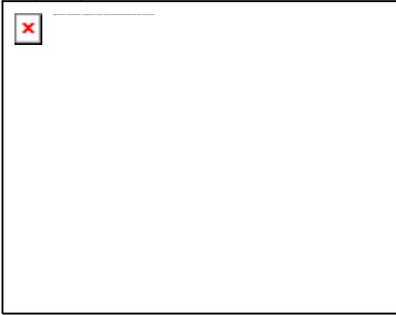
Bellingham, WA 98225

www.SoundWomensHealth.com

302-373-1323 cell

844-542-5960 fax

tapleymd@soundwomenshealth.com



RHONDA FREEMAN

From: jersnav@gmail.com on behalf of AAPS <aaps@aapsonline.org>
Sent: Tuesday, September 20, 2016 9:30 PM
To: Bowden, Mark [IBM]
Subject: AAPS Comments on Expedited Licensure Eligibility
Attachments: AAPS-Comments-Expedited-Licensure-Eligibility.pdf

Dear Commissioner Bowden,

Thank you for soliciting feedback on the proposed rule under consideration by the Interstate Medical Licensure Commission.

Attached are comments submitted on behalf of the Association of American Physicians and Surgeons for consideration by the committee.

Sincerely,

Jeremy Snavelly
AAPS Business Manager
520-270-0761

RHONDA FREEMAN

From: paddy jim baggot <pjbaggot@hotmail.com>
Sent: Monday, September 19, 2016 7:48 PM
To: Bowden, Mark [IBM]
Subject: insterstate compact

mark.bowden@iowa.gov

Mr. Bowden,

I am a physician trained in OB/GYN and practicing in the state of CA.

I am writing to comment on the proposed rule on certification requirement for the Interstate Medical Licensure Compact.

I agree with the AAPS position on this rule:

<https://docs.google.com/document/d/1hWXP5WvIN83...>

The rule is unnecessarily complex and bureaucratic and ties physician licensure to the certification requirements of a single organization, the ABMS which has been widely recognized for anti-competitive and financially improper activities which do not achieve the certification quality improvements that they have claimed.

Board certification is not required for medical licensure in any state.

Signed,

Patrick James Baggot MD

RHONDA FREEMAN

From: Holly Fritch MD <hfamagi@sbcglobal.net>
Sent: Tuesday, September 20, 2016 7:55 PM
To: Bowden, Mark [IBM]
Subject: Interstate Compact and MOC

Dear Commissioner Bowden,

I would ask that the MOC requirement be removed for the following reasons.

1. There is no oversight of MOC issuing institutions. Where are the checks and balances? Why is there no judicial review?
2. MOC generates a financial conflict of interest between professional societies and their ABMS boards.
3. MOC wastes health care resources, time, and money of hard working physicians.
4. There is no evidence based data to commend MOC.
5. The premise that MOC would increase safely is but a ruse for financial gain, control, and ownership (since control is the economic definition of ownership) of healthcare physician practices.

Thank you letting me communicate my concerns.

I would also ask that until the MOC plank is removed, that other boards such as ABPS and NBPAS be included. Furthermore, it seems that "currently holds, or has previously obtained specialty certification" was removed and should be reinstated.

Sincerely,

Holly Fritch, M.D.

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Sent from my iPad

RHONDA FREEMAN

From: Dr. Richard Kube <rkube@prairiespine.com>
Sent: Monday, September 19, 2016 8:24 AM
To: Bowden, Mark [IBM]
Subject: Interstate compact rule

Dear Commissioner Bowden,

I am writing to encourage eliminating the very specific board certification requirements (ABMS and AOA) now part of the proposed language for Compact Licensure. First, there should be no monopoly on board certification validity as the ABMS and AOA try to assert and maintain for themselves. Patient care and patient access should not be politicized or controlled by the few. Second, there are a large number of rural regions (especially the central U.S.) that are served by foreign medical graduates who have no board certification, or have other board certifications outside the ABMS and AOA. As a physician and medical practice CEO, I can provide firsthand experience related to the challenge it is to place specialty care in rural regions of the Midwest. Given that difficulty, I believe that adopting such restrictive language in the Interstate Compact Rule can have an adverse negative impact upon the access patients have to medical services, especially specialty care, in those regions.

Respectfully,



Richard A. Kube II, MD, FACSS, FAAOS
CEO, Founder, Prairie Spine & Pain Institute
Treasurer, American Board of Spine Surgery
Clinical Assistant Professor, UICOMP
Dept. of Surgery, Section of Orthopaedics

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RHONDA FREEMAN

From: David J. Siegler, M.D. <dsiegler@kidnoggin.com>
Sent: Monday, September 12, 2016 9:24 AM
To: Bowden, Mark [IBM]
Subject: Interstate Licensure Compact Comments

Dear Mr Bowden:

I am a licensed physician for over 20 years. I am commenting on the need to eliminate certification requirement for the licensure compact for several reasons (referring to the passage " Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.")

1. Presently, medical licensure is a state by state authority and no states require certification: The compact, therefore is adding a requirement which is inappropriate and only more costly for physicians and financially beneficial to chosen private certifying board corporations.
2. The act of requiring certification precludes 20% of physicians who are noncertified but able licensed physicians to care for patients only exacerbating the already known physician shortage (you will be worsening the physician access problem for Americans).
3. Neither time unlimited certification for physicians or the ongoing ABMS proprietary program MOC (in the past 20 years during its existence) have shown medical evidence of improved patient outcomes therefore such a requirement for licensure compact is political and not policy-based and only serves to enhance the revenue for ABMS and AOA. Please note that as of 2013/2014, ABMS and its 24 sub- boards have accumulated tax-exempt net-worth portfolios (primarily in securities) of over \$500 million. Why would the compact add to this largess?
4. Why would the compact require certification of physicians when nurse practitioners, who are practicing medicine without a medical license, are in direct competition with primary care physicians?

The bottom line is that if the compact is to work as desired (to enhance physician access to patients) then the inappropriate requirement for certification should be completely eliminated making it consistent with all state licensure. ANY requirement for certification be it one time or continued certification would be clear-cut political-financial boon for private corporations and anti-physician and anti-American citizen.

I look forward to seeing a new compact language devoid of any certification requirement.

Sincerely,
David J Siegler M.D.
Board Certain Pediatric Neurologist

RHONDA FREEMAN

From: Janis Chester MD <jchestermd@idonttext.com>
Sent: Monday, September 19, 2016 9:55 PM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact - comments in opposition

Dear Commissioner Bowden,

I am writing to make suggestions on a simpler and more ethical approach to an interstate medical license compact. The current proposal leans in favor of benefitting the American Board of Medical Specialties and related organizations, ultimately forcing physicians to comply with expensive, demoralizing and clinically irrelevant testing and certification.

I suggest removing any requirement for board certification. Until that can be accomplished, it would be preferable to a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

Respectfully,

Janis G. Chester, M.D.

RHONDA FREEMAN

From: Brad Banko <brad.banko@gmail.com>
Sent: Monday, September 19, 2016 5:01 AM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact Comment, Remove the Certification Requirement

Mr. Bowden,

I am a primary care physician trained in family medicine and practicing in Ohio.

I am writing to comment on the proposed rule on certification requirement for the Interstate Medical Licensure Compact.

I agree with the [AAPS position on this rule](#). It is unnecessarily complex and bureaucratic and ties physician licensure to the certification requirements of a single organization, the ABMS which has been widely recognized for anti-competitive and financially improper activities which do not achieve the certification quality improvements that they have claimed.

--

Brad Banko
, MD, MS

RHONDA FREEMAN

From: Laura Fisher <lbfisher@comcast.net>
Sent: Tuesday, September 20, 2016 3:48 PM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact proposal

Dear Mr. Bowden,

I am vehemently opposed to the Interstate Medical Licensure Compact proposal because it is unnecessarily unfair and unworkable.

Neither physicians nor other professionals, having been licensed by their respective states, should have the onerous burden of taking examinations for medical Board Certification in order to practice medicine across state lines. Board Certification may or may not be truly meaningful or important, and it certainly is not related to whether a physician in good legal and professional standing should be permitted to practice medicine across state lines. I am a psychiatrist in rural Northern Utah about forty miles from the Idaho border and fairly close to Wyoming. Psychiatrists are scarce in these parts, relative to the demand. By being able to practice in other states, I could actually fulfill a public health need and save suffering patients the ordeal of traveling possible a hundred miles in order to get treated.

I support EVERY WORD of the protest you received from the Association of American Physicians and Surgeons. The specialty boards are not generally focused on the best interests of physicians and patients. Board Certification does not help sick people get well. This proposal is discriminatory against physicians, as other professionals are not subjected to such unreasonable requirements in order to practice widely in response to public demand and need.

Thank you very much.

Sincere,

Laura Fisher, M. D.
1590 Canyon Road
Providence, UT 84332\435 7534016

RHONDA FREEMAN

From: KSCDchristman@aol.com
Sent: Saturday, September 17, 2016 9:08 PM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact Public Hearings

Dear Mr. Bowden:

I would like to speak strongly against the IMLC. It is not necessary, will drive up considerably the cost of licensure, and will create a nightmare regarding jurisdictional issues. State medical boards will lose control and integrity, and this is precisely why many influential states, especially Missouri, Ohio, Texas, and others, have decided to NOT entertain joining the Compact.

The idea of expedited medical licensures is simply not realistic as you are claiming. Rather, Ohio's state medical board believes that obtaining licenses will take longer! Individual states can already expedite licenses if they should choose to do so. Costs will certainly escalate.

The Federation of State Medical Boards has arbitrarily decided that medical care exists at the site of the patient, rather than the physician! Not only does this definition not make any sense at all, but the FSMB has no right to define any such thing. This is strictly a matter of the individual state medical boards. As a private organization, the FSMB has no right to enforce definitions, and it also has no right to institute a Compact that many states will not join. Furthermore, I would be surprised if more than just a handful of physicians ever use the Compact. They will be much better served applying directly to and through the individual state medical boards.

If the FSMB is so concerned about the practice of medicine, it should first see that nurses (nurse practitioners) be under the jurisdiction of state medical boards. While many nurse practitioners are practicing way beyond the scope of what they are trained to do, this Compact will not affect them at all.

I strongly urge you to abandon the Interstate Compact as being unworkable, expensive, unnecessary, and a threat to the autonomy of individual state medical boards. The public does not need this and does not want it.

Thank you for your consideration. I would further like to advise you that I would like to speak at the Teleconference on September 23, 2016

Kenneth D. Christman, M.D.

RHONDA FREEMAN

From: Walter Wood <whwoodii@gmail.com>
Sent: Sunday, September 18, 2016 5:50 PM
To: Mark Bowden
Subject: interstate medical licensure compact rules - - OPPOSE any board certification requirement

Dear Commissioner Bowden:

Please make sure specialty board certification has absolutely nothing to do with interstate medical licensure.

There is no state that requires specialty board certification for a medical license and interstate licensure should not either.

The American Board of Medical Specialties is a corrupt organization that has been extorting physicians for profit, all under a false guise of "quality" - - do not let them make board certification into a licensure requirement!

Walter Wood, MD, FAAD

RHONDA FREEMAN

From: Manisha Wadhwa <manishaw@yahoo.com>
Sent: Sunday, September 25, 2016 6:44 PM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Commissioner Bowden,

I am writing to make suggestions on a simpler and more ethical approach to an interstate medical license compact. The current proposal leans in favor of benefitting the American Board of Medical Specialties and related organizations, ultimately forcing physicians to comply with expensive, demoralizing and clinically irrelevant testing and certification.

I suggest removing any requirement for board certification. Until that can be accomplished, it would be preferable to a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

Respectfully,

Manisha Wadhwa,MD

RHONDA FREEMAN

From: Martha M Grout, MD, MD(H) <mgrout@arizonaadvancedmedicine.com>
Sent: Monday, September 19, 2016 8:39 AM
To: Bowden, Mark [IBM]
Subject: Comment on Interstate Medical Licensure Compact - negative
Attachments: image001.png

Since board certification is required at the time of initial determination of eligibility, physicians not participating in onerous recertification schemes when applying for a compact license may find their ability to obtain a license via the compact in jeopardy.

I am against adding an additional layer of bureaucratic involvement into what is already a difficult and time-consuming process. Licensure should not be tied to the whims of organizations controlled by the American Board of Medical Specialties (ABMS). In other fields not related to medicine, this might be called an anti-competitive practice. I would hate to see it become the law of the land.

Martha Grout



Martha M Grout, MD, MD(H)
Medical Director
Arizona Center for Advanced Medicine
10200 N 92nd St, Suite 120
Scottsdale, AZ 85258
Tel 480-240-2600
Fax 480-240-2601

www.ArizonaAdvancedMedicine.com

www.AlphabetofGoodHealth.com

Health is an indication of agreement between your body, mind, and spirit.

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RHONDA FREEMAN

From: MEDRAP <medrap@roadrunner.com>
Sent: Monday, September 19, 2016 8:10 AM
To: Bowden, Mark [IBM]
Subject: licensure compact

This entity is unnecessary, especially any reference to certification re-certification or maintenance of certification. Every state in the union requires CME for re-licensure. There is no proof that any more requirement for demonstration of knowledge – now easily obtainable from several sources such as Up To Date on the internet- improves care by increasing quality, decreasing cost or improving access. (It does clearly make do-gooders and money grabbing regulators feel better.) If it is believed that national licensure is beneficial, then let the Congress of the USA – which has no qualms about sticking its nose into health care – pass legislation establishing national physician licensure. The only criterion for this entity should be possession of a valid license in any state. Physicians have stated emphatically and very clearly that we will not pay for nonsense such as maintenance of certification.

I vote NO on the interstate licensure compact

Robert A Peraino, MD
PO Box 844
Franconia, NH03580

phone & Fax: 603-823-8531

The message was checked by Virus Eraser Antivirus 2.0.997.0, bases 2.0.0.3060 - No viruses detected

RHONDA FREEMAN

From: T Cadorette <tmcmdpa@gmail.com>
Sent: Wednesday, August 31, 2016 6:03 AM
To: Bowden, Mark [IBM]
Subject: Written Comments IMLC: Rulemaking-Expedited Licensure

Mr. Bowden,

With regards to Section 5.5 "Expedited licensure process", particularly the following:

5.5 (1) (c). Submit to the state of principal licensure a completed fingerprint packet or other biometric data check sample approved by the state of principal licensure.

Many states already require fingerprinting and/or other biometric data in order to obtain a medical license. I am concerned about the extra time and costs to licensed physicians, the state medical boards as well as the law enforcement agencies that must verify these physicians' biometrics again.

Rather than requiring such costly redundancy, I would recommend that an applicant's previously authenticated identification be verified via notarized letter, by the president of the medical board in the state of an applicant's principal licensure.

If all state medical boards require fingerprinting and/or other biometric data for initial licensure, then nothing further need be done. I would verify this with all state Boards of Medicine, and if there are some boards that DO NOT have this as a requirement for initial licensure, I would then add that these particular applicants for an expedited license must go through the fingerprinting, etc verification. Alternatively, the IMLC could require participating states to have this verification process as a standard to their state's initial process if they want to participate in the IMLC.

Thank you.

Teresa M. Cadorette, MD
New Hampshire

RHONDA FREEMAN

From: Walter Wood <whwoodii@gmail.com>
Sent: Tuesday, September 20, 2016 3:39 PM
To: Mark Bowden; dermchat
Subject: OPPOSE board certification requirements in interstate medical licensure rules - -

Dear Commissioner Bowden and members of the Interstate Medical Licensure Commission:

I have just learned that there is a proposal to adopt "expedited licensure regulations" that according to paragraph 5.4.(1)d. - - require specialty board certification. While I personally do hold a lifetime board certification from an ABMS member board, and this proposal is not likely to affect me personally, I am deeply concerned for my younger colleagues who have time limited certificates.

No state requires or should ever require a specialty board certification for a medical license. Please do not permit the corrupt and racketeering American Board of Medical Specialties (ABMS) - - or the osteopathic equivalent - - to impose specialty board certification as a requirement for interstate or any other medical licensure.

Also, the Commission needs to know that there are other certification and re certification boards, for instance the National Board of Physicians and Surgeons (NB PAS), which meet the needs of many doctors who are fed up with the self serving and corrupt profiteering by ABMS member boards. The ABMS has required their member boards, at the expense of their diplomats, to conform to ridiculous requirements to repeatedly take "re-certification" exams and participate in "MOC" programs - - with no evidence that either do anything to improve the quality of doctors, but with lots of evidence that they enrich the ABMS board members and increase their undeserved power.

I am also concerned that the proposed regulations appear to require physicians to continue to pay each separate state in which they wish to be licensed a separate state license fee, in addition to an interstate Federation of State Medical Boards fee. The point of an interstate medical license should be to lower costs by having a single low fee that provides a license for all states. I am sick of being milked like a cash cow by every state in which I keep a license.

Walter Wood, MD, FAAD
1709 Berkeley Way
Berkeley, CA 94703

RHONDA FREEMAN

From: wmrodney@aol.com
Sent: Monday, September 19, 2016 7:38 PM
To: Bowden, Mark [IBM]
Subject: opposed

Comments on Interstate Medical Licensure Commission Proposed Administrative Rule Chapter 5, "Expedited Licensure."

To: Commissioner Mark Bowden, Interstate Medical Licensure Compact Commission, Bylaws and Rules Committee Chair and Committee Members

Dear Commissioner Bowden,

The Interstate Medical Licensure Compact requires a physician to license in each and every state at substantial cost. The Interstate Medical Licensure Compact along with the proposed rule does not meaningfully reduce the costs for multi-state physician licensure.

2) The requirement in section 5.4(1)d of the rule, mandating certification exclusively by ABMS- or AOA- approved boards, should be removed and the related provision in the Compact should also be stricken as:

a) The American Board of Medical Specialties (ABMS) & AOA (American Osteopathic Association) have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification. By the ABIM's own admission "they got it wrong" and have repeatedly changed their recertification requirements. The Commission must ask if they will ever "get it right"?

b) Other certification boards exist in the USA and multiple exist internationally. It is notable that the Compact and Commission fail to allow physicians certified by these entities access to Compact licensure, especially given the fact that there is no indication the certificates matter at all in any way to quality or improvements in care. We believe that the omission of these alternatives, in light of the close ties of the FSMB and ABMS, calls for an investigation into the occurrence of any inappropriate and potentially illegal collusion of the various entities involved in writing the Compact and its rules and those benefiting financially from the implementation of the Compact.

Wm. MacMillan Rodney MD
Professor Family Medicine and Obstetrics
Chair, Medicos para la Familia
Memphis, Maracaibo, Mississippi

RHONDA FREEMAN

From: Wilma R. Balon <wbalon@dcca.hawaii.gov>
Sent: Thursday, September 15, 2016 6:53 PM
To: Bowden, Mark [IBM]
Subject: Proposed adoption of administrative rule Chapter 5, Expedited Licensure.
Attachments: Hawaii Medical Board's written Comments.pdf

Dear Mr. Bowden:

Attached, please find the Hawaii Medical Board's written comments on the proposed adoption of administrative rule Chapter 5, Expedited Licensure.

Should you have any questions, please let us know.

Sincerely,

Wilma Balon, Secretary
Hawaii Medical Board
Department of Commerce & Consumer Affairs
Professional & Vocational Licensing Division
P.O. Box 3469 Honolulu, HI 96801
Phone: (808) 586-2699
Facsimile: (808) 586-2689
Email: medical@dcca.hawaii.gov
Website: <http://cca.hawaii.gov/pvl/boards/medical/>

RHONDA FREEMAN

From: Linda Seaman <ladydoc58@gmail.com>
Sent: Sunday, September 18, 2016 4:40 PM
To: Bowden, Mark [IBM]
Cc: Seaman Linda
Subject: Re Compact

Mark,

I am a physician who held THREE board specialty certifications for over 20 years. I am now in my early 60's and have given up that onerous recertification process imposed on physicians over the last decade or more.

I would like to say that MANY of my colleagues do not wish to be kept from moving and working in other locations because we have chosen to no longer participate.

Please be pro active about including a grandfather clause for ANY currently practicing physician who has held board certifications since 1986 when all this over regulation of hard working physicians began.

Respectfully,

Linda Wrede-Seaman, MD, FAAFP, FACEP, FAAHPM
Washington State

From AAPS

"Because of vocal opposition of physicians like YOU, the Commission in control of the Compact appears to be making a minor concession on the issue of MOC in an upcoming rule. The [proposed rule](#) currently under consideration requires that a physician seeking Compact Licensure :

Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.

Because of the above wording, the Commission will now claim they aren't requiring MOC for Compact participation. However as board certification is required at the time of initial determination of eligibility, physicians not participating in onerous recertification schemes when applying for a compact license may find their ability to obtain a license via the compact in jeopardy.

The Commission is accepting comments on their proposed rule until 5pm Eastern on September 23."

RHONDA FREEMAN

From: brokenspokes2002@aol.com
Sent: Tuesday, August 30, 2016 6:57 PM
To: Bowden, Mark [IBM]
Subject: Re: PUBLIC HEARING (via teleconf) ON EXPEDITED LICENSURE RULE

i'll be in Denmark but may be able to call in given the time difference

-----Original Message-----

From: Bowden, Mark [IBM] [IBM] <Mark.Bowden@iowa.gov>
To: Edward O. Cousineau (eocnsbme@medboard.nv.gov) <eocnsbme@medboard.nv.gov>; Martinez, Ruth (HLB) (HLB) <Ruth.Martinez@state.mn.us>; brokenspokes2002 <brokenspokes2002@aol.com>; Hansen, Margaret <Margaret.Hansen@state.sd.us>; mary.carpenter <mary.carpenter@state.sd.us>
Sent: Tue, Aug 30, 2016 12:21 pm
Subject: PUBLIC HEARING (via teleconf) ON EXPEDITED LICENSURE RULE

**I wanted to get this on your calendar. (This notice will be posted on licenseportability.org & distributed).
Friday, September 23, 2016, is also the deadline for written comments concerning this rulemaking.**

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RHONDA FREEMAN

From: Jeremy Snavelly <jersnav@gmail.com>
Sent: Friday, September 16, 2016 10:42 AM
To: Bowden, Mark [IBM]
Subject: Re: Second notice: Request to speak on Sept. 23 IMLC conference call hearing re proposed rules

Got it. Thank you sir!

Jeremy

On Fri, Sep 16, 2016 at 6:23 AM, Bowden, Mark [IBM] <Mark.Bowden@iowa.gov> wrote:
AFFIRM. There is a time limit of 5 minutes for individual comments. thank you. Mark Bowden

From: Jeremy Snavelly [jersnav@gmail.com]
Sent: Thursday, September 15, 2016 2:07 PM
To: Bowden, Mark [IBM]
Cc: Paul Kempen
Subject: Second notice: Request to speak on Sept. 23 IMLC conference call hearing re proposed rules

Good Afternoon Commissioner Bowden!

I'm writing regarding the below request to comment at the September 23 tele-conference hearing on the Proposed Administrative Rule on Expedited Licensure.

We would appreciate a confirmation of your receipt of this request for Dr. Paul Kempen to present comments on behalf of AAPS at this hearing.

Thank you!

Jeremy Snavelly
AAPS Business Manager
[520-270-0761](tel:520-270-0761)<tel:520-270-0761>
jeremy@aapsonline.org<mailto:jeremy@aapsonline.org>

On Mon, Sep 12, 2016 at 9:53 PM, Jeremy Snavelly
<jeremy@aapsonline.org<mailto:jeremy@aapsonline.org>> wrote:
Dear Mr. Bowden,

Good Evening!

I'm writing on behalf of the Association of American Physicians and Surgeons to request that our director, Paul Kempen, MD, PhD, be granted time to comment at the 1pm Eastern, September 23, 2016 tele-conference hearing of the Interstate Medical Licensure Compact Commission Bylaws and Rules Committee.

The instructions in the "notice of public hearings on rule proposed for adoption" note that those wishing to

comment on the call should contact you by September 21.

We would greatly appreciate confirmation of this request. I've copied Dr. Kempen to this message. Please include both of us in any reply.

Thank you for the opportunity to comment on the proposed rules.

Sincerely,

Jeremy Snavelly
AAPS Business Manager
[520-270-0761](tel:520-270-0761)<tel:520-270-0761>
jeremy@aapsonline.org<mailto:jeremy@aapsonline.org>

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RHONDA FREEMAN

From: David Newby <dnewby@kidneydocs.net>
Sent: Sunday, September 18, 2016 6:41 PM
To: Bowden, Mark [IBM]
Subject: re: The Interstate Medical Licensure Compact

Dear Sir:

I am reading with great interest the proposal for the interstate medical licensure compact. I have the follow comments.

As a specialty physician who has certified and recertified for both internal medicine and nephrology, and who disagrees with the ABIM's current MOC requirements, I would like to see the Commission remove the certification requirement entirely. If this is not removed, then the Commission should allow alternate certification and recertification boards like NBAPS or ABPS to be used to meet the requirements. I would also to see language that allows past certifications to meet the requirement-For example " currently holds or has previously held or obtained a specialty certification."

The current language discriminates against those that have a time limited certificate while allows physicians who were grandfathered in to life-long certification an open door. This also goes against the current standard that allows APRN's to have only one state license to practice in other compact states while the FSMB physician compact requires licenses in each individual state along with the payment of each individual license fees and professional state taxes. This limits physician competitiveness with NPs who can make just as much for a lower level of education and a more limited scope of practice.

My thanks.

F. David Newby M.D., Ph.D.
Nephrology and Hypertension Specialists, P.C.
1506 Broadrick Dr.
Dalton, Georgia 30720

706.278.3430 Office
706.370.4859 Fax

RHONDA FREEMAN

From: Stanford, Matthew <mstanford@wha.org>
Sent: Monday, September 19, 2016 8:14 AM
To: Bowden, Mark [IBM]
Cc: Simons, Kenneth; 'robert.zondag@americandeposits.com'
Subject: RE: Wisconsin Hospital Association Comments on IMLC Commission Rule 5
Attachments: WHA Comment Letter Re IMLC Commission administrative rule Chapter 5__.pdf

Resubmitting with Dr. Kenneth Simons' correct last name cc'd. I inexplicably included Dr. Simons' correct email but included a Dr. Kenneth Robbins that I work with in Wisconsin in the letter.

Matthew

From: Stanford, Matthew
Sent: Monday, September 19, 2016 7:50 AM
To: 'mark.bowden@iowa.gov' <mark.bowden@iowa.gov>
Cc: Simons, Kenneth <ksimons@mcw.edu>; 'robert.zondag@americandeposits.com' <robert.zondag@americandeposits.com>
Subject: Wisconsin Hospital Association Comments on IMLC Commission Rule 5

Commissioner Bowden,

Thank you for the opportunity to provide comments on IMLC Commission Rule 5 concerning Expedited Licensure under the Interstate Medical Licensure Compact. The comments of the Wisconsin Hospital Association are attached. If you have any questions, please feel free to contact me.

Sincerely,
Matthew

Matthew Stanford
General Counsel
Wisconsin Hospital Association, Inc.
608-274-1820
mstanford@wha.org

RHONDA FREEMAN

From: Kofi Jones <Kofi.Jones@AmericanWell.com>
Sent: Friday, September 23, 2016 3:29 PM
To: Bowden, Mark [IBM]
Subject: Comments on Expedited License Rule
Attachments: Compact Rule Comment Letter 9-23-2016.pdf

Mr. Bowden,

Please find attached American Well's comments on administrative rule Chapter 5, "Expedited Licensure."
Thank you, in advance, for the Commission's consideration, and please let me know if you have any questions.

Best,
Kofi

Kofi Jones
Vice President of Government Affairs
American Well
617-204-3506 (direct)
857-210-7757 (cell)
Kofi.jones@americanwell.com

Telehealth. Where The Patients Are.

Watch the AW9 video: <https://www.youtube.com/watch?v=M1Op9i5jBVQ>

RHONDA FREEMAN

From: Jeremy Snavelly <jeremy@aapsonline.org>
Sent: Monday, September 12, 2016 11:53 PM
To: Bowden, Mark [IBM]
Cc: Paul Kempen
Subject: Request to speak on Sept. 23 IMLC conference call hearing re proposed rules

Dear Mr. Bowden,

Good Evening!

I'm writing on behalf of the Association of American Physicians and Surgeons to request that our director, Paul Kempen, MD, PhD, be granted time to comment at the 1pm Eastern, September 23, 2016 tele-conference hearing of the Interstate Medical Licensure Compact Commission Bylaws and Rules Committee.

The instructions in the "notice of public hearings on rule proposed for adoption" note that those wishing to comment on the call should contact you by September 21.

We would greatly appreciate confirmation of this request. I've copied Dr. Kempen to this message. Please include both of us in any reply.

Thank you for the opportunity to comment on the proposed rules.

Sincerely,

Jeremy Snavelly
AAPS Business Manager
520-270-0761
jeremy@aapsonline.org

RHONDA FREEMAN

From: Jeremy Snavelly <jersnav@gmail.com>
Sent: Thursday, September 15, 2016 2:07 PM
To: Bowden, Mark [IBM]
Cc: Paul Kempen
Subject: Second notice: Request to speak on Sept. 23 IMLC conference call hearing re proposed rules

Good Afternoon Commissioner Bowden!

I'm writing regarding the below request to comment at the September 23 tele-conference hearing on the Proposed Administrative Rule on Expedited Licensure.

We would appreciate a confirmation of your receipt of this request for Dr. Paul Kempen to present comments on behalf of AAPS at this hearing.

Thank you!

Jeremy Snavelly
AAPS Business Manager
[520-270-0761](tel:520-270-0761)
jeremy@aapsonline.org

On Mon, Sep 12, 2016 at 9:53 PM, Jeremy Snavelly <jeremy@aapsonline.org> wrote:
Dear Mr. Bowden,

Good Evening!

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The instructions in the "notice of public hearings on rule proposed for adoption" note that those wishing to comment on the call should contact you by September 21.

We would greatly appreciate confirmation of this request. I've copied Dr. Kempen to this message. Please include both of us in any reply.

Thank you for the opportunity to comment on the proposed rules.

Sincerely,

Jeremy Snavelly
AAPS Business Manager
[520-270-0761](tel:520-270-0761)
jeremy@aapsonline.org

RHONDA FREEMAN

From: shemer.r@comcast.net
Sent: Monday, September 19, 2016 5:01 AM
To: Bowden, Mark [IBM]
Subject: State Compact

Dear Sir:

I, along with my colleagues, urge you not to support the current requirements of board certification for those physicians who choose not to participate in the very time consuming and expensive MOC program that the ABIM and others are forcing upon us. This is an unfair burden, and does not lead to a higher quality of care. I appreciate your concern in this matter.

Thank you,

Randy R. Shemer

RHONDA FREEMAN

From: P ROTHROCK <rothrockmd@yahoo.com>
Sent: Monday, September 19, 2016 8:20 PM
To: Bowden, Mark [IBM]; P. ROTHROCK
Subject: State Medical Compact License
Attachments: AAPS - regarding State Compact license 9-19-16.pdf

Dear Mr. Bowden,

I would like to cast my vote in regard to the current Maintenance of Certification requirement by ABMS and the proposed interstate medical licensure compact. I am very much opposed to legislation further strengthening the monopoly held over physicians by the ABMS. I will not recant the details which have much more eloquently been stated by the AAPS - American Association of Physicians & Surgeons however, I have attached a copy of their letter for your review should you be missing it. If you were not aware, the AMA only has about a 11% membership rate in the United States. There is a very good reason for this and it is because they do not represent the physicians of this country and are nothing more than a self serving group and are in no way support the interests of private practice physicians. I am one of the few solo family practice docs left in Memphis Tennessee. It won't be long until I walk away myself and it has nothing to do with money. Believe me, I would have a much better retirement outlook if I had started slinging boxes at FedEx in high school and done their 401K. I drive a 16 year old jeep with holes in the roof and no air conditioner and that is fine. However, what is NOT FINE is the constant increase in total bullshit that I have to deal with. Keep it up and see how satisfied your treasured constituents remain. And believe me, they will know exactly who dropped the ball and that would be you. Thank you kindly for your time and I truly pray that congress can open their eyes past the lobbyist packing their lobby and see what is really going wrong with this country. Hopefully, Mr. Trump will provide a breath of fresh air.

Sincerely,

perry rothrock md

PERRY C. ROTHROCK, III, M.D.
8309 CORDOVA ROAD
CORDOVA, TN 38016
PH: 901-757-9984
FX: 901-757-0536

RHONDA FREEMAN

From: sue hilda <sue976700@gmail.com>
Sent: Sunday, September 18, 2016 5:28 PM
To: Bowden, Mark [IBM]
Subject: stop certification requirements w/ the physician compact, stop trampling us!!!

regarding the Interstate Medical Compact:

1. work to remove the Certification requirement entirely.
2. Until you can remove the requirement they should a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

No single medical board in the United States requires such certification as a licensing requirement and the current wording creates a discriminatory process for physicians with time-limited certification. Not to mention, the existing nursing compact and model APRN compact require only one state license for practice in other compact states while the FSMB physician compact requires licenses in each individual state, along with payment of each individual license fee, thus limiting physician competitiveness with NPs who often make just as much for care.

Licensure should not be tied to the whims of organizations controlled by the American Board of Medical Specialties (ABMS). Such entities have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification. By the ABIM's own admission "they got it wrong" and have repeatedly changed their recertification requirements. ABMS is being sued for restriction of trade in federal court in Chicago by the American Association of Physicians and Surgeons.

The Commission must ask if they will ever "get it right"?

The certification requirement is by no means the only problem with the Compact but is one of the main issues in this particular rule under consideration.

Respectfully,
Sue Hilda, MD

RHONDA FREEMAN

From: Marquand, Ian <IMarquand@mt.gov>
Sent: Friday, September 23, 2016 1:54 PM
To: Bowden, Mark [IBM]
Subject: Transcript of the hearing

Mark,

Once the court reporter sends me the electronic transcript of today's hearing, I'll send it to you. I've not asked for a paper transcript to reduce cost.

-ian

RHONDA FREEMAN

From: Stanford, Matthew <mstanford@wha.org>
Sent: Monday, September 19, 2016 7:50 AM
To: Bowden, Mark [IBM]
Cc: Simons, Kenneth; 'robert.zondag@americandeposits.com'
Subject: Wisconsin Hospital Association Comments on IMLC Commission Rule 5
Attachments: WHA Comment Letter Re IMLC Commission administrative rule Chapter 5_.pdf

Commissioner Bowden,

Thank you for the opportunity to provide comments on IMLC Commission Rule 5 concerning Expedited Licensure under the Interstate Medical Licensure Compact. The comments of the Wisconsin Hospital Association are attached. If you have any questions, please feel free to contact me.

Sincerely,
Matthew

Matthew Stanford
General Counsel
Wisconsin Hospital Association, Inc.
608-274-1820
mstanford@wha.org

RHONDA FREEMAN

From: Default <paulz@neurologyconsults.com>
Sent: Monday, September 19, 2016 2:48 PM
To: Bowden, Mark [IBM]
Subject: Comments on Expedited Licensure

To: Commissioner Mark Bowden, Interstate Medical Licensure Compact Commission, Bylaws and Rules Committee Chair and Committee Members

Dear Commissioner Bowden,

Thank you for the opportunity to provide comments on the Proposed Administrative Rule on Expedited Licensure.

We would like to raise a number of concerns about the proposed rule for the committee to address.

1) The model proposed for expedited licensure is unnecessarily complex and bureaucratic. Consider that the nursing licensure compact allows for licensing of nurses in all member states with ONLY one license while the Interstate Medical Licensure Compact requires a physician to license in each and every state at substantial cost. The Interstate Medical Licensure Compact along with the proposed rule does not meaningfully reduce the costs for multi-state physician licensure.

In addition, nurses are now increasingly practicing medicine and the structure and rules of the Interstate Medical Licensure Compact creates selective disadvantages to physicians in competition with NPs.

Congress has also introduced legislation, H.R.3081 - TELE-MED Act of 2015, to allow Medicare patients to receive care from a Medicare-enrolled physician licensed in any state. Similar reciprocity is granted to U.S. military and VA physicians, thus demonstrating the cost-effectiveness and safety of allowing cross-state medical practice, without the need for the complexities added by the Commission under development. Legislation granting reciprocity to physicians serving athletic organizations has been passed or is under consideration in numerous states and the U.S. Senate just this month introduced HR 921, the Sports Medicine Licensure Clarity Act of 2016, to institute such reciprocity on a federal level.

2) The requirement in section 5.4(1)d of the rule, mandating certification exclusively by ABMS- or AOA-approved boards, should be removed and the related provision in the Compact should also be stricken as:

a) No single medical board in the United States requires such certification as a licensing requirement.

b) This creates a discriminatory process for physicians with time-limited certification.

b) The American Board of Medical Specialties (ABMS) & AOA (American Osteopathic Association) have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification. By the ABIM's own admission "they got it wrong" and have repeatedly changed their recertification requirements. The Commission must ask if they will ever "get it right"?

c) Two other certification boards, NBPAS and ABPSUS, exist in the USA and multiple exist internationally. It is notable that the Compact and Commission fail to allow physicians certified by these entities access to Compact licensure, especially given the fact that there is no indication the certificates matter at all in any way to quality or improvements in care. We believe that the omission of these alternatives, in light of the close ties of the FSMB and ABMS, calls for an investigation into the occurrence of any inappropriate and potentially illegal collusion of the various entities involved in writing the Compact and its rules and those benefiting financially from the implementation of the Compact.

3) "Primary Source Verification" is defined in item "dd" of the proposed rule's definitions and the definition includes reference to the FSMB's FCVS. However the term "Primary Source Verification" is not otherwise mentioned in the proposed rule text. Our concern is that the definition signals the possibility that the additional purchase FSMB-controlled services, like the FCVS, might be required for Compact participation. A need to register with the FSMB's FCVS would represent an additional overcharge as the rule already proposes a current "letter of qualification" from the medical board in the state of primary licensure. This letter should satisfy any and all need for primary verification of any and all documents. Presumably all have been already primary verified by the home state licensing board. This possibility suggests the inefficiency and blatant and primary attempt of FSMB to increase revenues unnecessarily to their organization.

4). Section 5.6(1)b of the proposed rule states that a "letter of qualification is valid for 365 days from its date of issuance to request expedited licensure in a member state. There shall be no waiver of this time limit."

It is unclear what demands are to be set to allow issuance of such "letter of qualification" after the first 365 days have passed. If a physician seeks Compact licensure in an additional state after the expiration of the letter presumably the physician will be required to apply again with his principal state of license to obtain another letter of qualification. Would this mean that the physician's ABMS- or AOA-approved certification would have to be current when seeking a new letter? Despite the provision in 5.4(1)d that current certification is only required on the initial determination of eligibility, the 365-day rule creates ambiguity that begs clarification.

And most if not all states have licensing requirements lasting periods of 2 years-much longer than 365 days. How does this 365-day rule impact physicians with existing multi-state licenses at the time of their initial Compact eligibility? If such physicians plan to seek future "expedited" licensure via the Compact in these states, and the relevant renewal dates are more than 365 days in the future, will they again need to obtain a letter of qualification?

We have additional concerns, beyond the scope of this particular proposed rule, that raise questions about the solvency of the Compact.

We will name just two of many: 1) the FBI questioning the authority of the investigatory powers delegated to the non-government regulatory entity, the Interstate Medical Licensure Commission. 2) concerns about the appearance of pay-for-play created by FSMB-lobbying of Congress and federal agencies and subsequent federal taxpayer-funded grants received by FSMB for Compact operational funding.

In conclusion, as the Compact preserves the existing requirement to purchase multiple licenses in every state of practice, with the addition of additional service fees, and the enormous costs associated with the board certification mandate, not to mention the possibility of requiring the purchase of other services like FCVS, the entire Compact as structured is not a meaningful solution to the problem it seeks to solve.

Without a significant reworking of the Compact concept, perhaps using the more efficient nursing compact as a guide, physicians may very well find it more cost effective, and even faster, to bypass the Compact and continue to license directly with each state of practice.

Thank you for taking our comments into consideration. We look forward to the Committee's response to our concerns.

Sincerely,

--

Paul Zyglewski

Office Administrator

Neurology Consults, P.C.

300 Stonecrest Blvd, Suite 260

Smyrna, TN 37167

Tel. (615) 223-5564

Fax. (615) 223-5860

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RHONDA FREEMAN

From: sdmaysmd@gmail.com
Sent: Monday, September 19, 2016 10:58 AM
To: Bowden, Mark [IBM]; 15152425908@efaxsend.com
Cc: IMarquand@mt.gov; sdmaysmd
Subject: Comments on IMLC Commission Chapter 5, "Expedited Licensure" Proposed Wording

Date: September 19, 2016

To: Commissioner Mark Bowden, IMLC

Via: Email mark.bowden@iowa.gov and fax (515) 242-5908

Re: IMLC Chapter 5, "Expedited Licensure" Proposed Wording

Dear Sir:

I am contacting the IMLC Commission to voice my objection to the current proposed wording for expedited licensure requirements.

I respectfully request that the Commission consider the following: (1) re-wording the proposal to allow other alternative certification and recertification boards such as the National Board of Physicians and Surgeons (NBPAS) to meet the requirement(s); and/or (2) reinstate the previously considered language allowing past certification to meet the requirement(s).

Given the ongoing controversy regarding MOC/recertification through the private entity American Board of Medical Specialties (ABMS) and the potential antitrust issues that are evolving, it is my opinion that additional considerations must be given. Your prompt attention and wholehearted deliberation of my request is greatly appreciated.

Regards,

Spyrie D Mays, MD, FACS

3401 North Boulevard, Ste 340

Baton Rouge, LA 70806

Ph: 225-381-2740

Cc: Ian Marquand, Chairman

Files

Sent from [Mail](#) for Windows 10

RHONDA FREEMAN

From: physician1@comcast.net
Sent: Monday, September 19, 2016 5:04 PM
To: Bowden, Mark [IBM]
Subject: Comments on interstate licensure compact

Dear Commissioner Bowden

Thank you for the opportunity to submit comments on the interstate licensure compact for medical professionals. I have researched and been involved nationally with this issue for the past few years that it has been conceived and debated. It is my considered opinion that the compact does not add value, decrease costs, decreased administration or aid physicians in their licensure in the way that it was intended and sold. Too much power is concentrated at the top with no accountability. Further, it usurps states rights to license. Furthermore it usurps physicians freedom if they have an issue in one state and want to move to another state and would be retarded in this effort. My comments and concerns are similar to those of my colleagues below at AAPS. Please consider them again and your deliberation.

Best wishes for good health,
Craig M. Wax, DO
Family Physician
National Physicians Council on Healthcare Policy member
Host of Your Health Matters
Rowan Radio 89.7 WGLS FM
http://wgl.s.rowan.edu/?feed=YOUR_HEALTH_MATTERS
Twitter @drCraigwax

RHONDA FREEMAN

From: lisa frappier <lfrappie@gmail.com>
Sent: Sunday, September 25, 2016 12:31 PM
To: Bowden, Mark [IBM]
Subject: Comments on Interstate Medical Licensure Commission Proposed Administrative Rule Chapter 5, "Expedited Licensure."

Dear Commissioner Bowden

:

I am writing with concerns about the requirement in section 5.4(1)d of the rule, mandating certification exclusively by ABMS- or AOA-approved boards

. I request this be

removed and the related provision in the Compact should also be stricken as:

a) No single medical board in the United States requires such certification as a licensing requirement.

b)

It

creates a discriminatory process for physicians with time-limited certification.

c

) The American Board of Medical Specialties (ABMS) & AOA (American Osteopathic Association) have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification.

d

) Two other certification boards, NBPAS and ABPSUS, exist in the USA and multiple exist internationally. It is notable that the Compact and Commission fail to allow physicians certified by these entities access to Compact licensure, especially given the fact that there is no indication the certificates matter at all in any way to quality or improvements in care.

Is

the omission of these alternatives, in light of the close ties of the FSMB and ABMS, the result of

inappropriate and potentially illegal collusion of the various entities involved in writing the Compact and its rules and those benefiting financially from the implementation of the Compact

?

There may be different levels of concern by physicians currently, because at present physicians are effected to different degrees as many have been grandfathered-in and not required to participate in the maintenance of certification process which continues to roll out and affect more and more physicians. It did not personally effect me until 2014. Now that my certificate is time limited, not participating in this supposed voluntary process of maintaining certification prohibits me from maintaining hospital privileges. Now I see it would prohibit me from getting an expedited license through the Interstate Medical Licensure Commission. Please consider the practical and legal applications of the language of these requirements.

Lisa Frappier DO

RHONDA FREEMAN

From: Sylvia Horsley <sylviahorsley@gmail.com>
Sent: Sunday, September 18, 2016 8:43 PM
To: Bowden, Mark [IBM]
Subject: Comments re Compact licensure

Dear Commissioner Bowden,

To my knowledge there is no licensing board of medicine in the USA that requires MOC for licensure.

I admonish you to work and remove this certification requirement in its entirety. Until you remove this requirement you should be willing to allow other alternative certifications and recertification boards as well as reinstate previous language allowing past certification to meet the requirement: "Currently holds, or previously obtained specialty certification" should suffice for licensure.

Licensure was never intended to be controlled by the American Board of Medical Specialties. Why are you making it thus so now? It is such a convoluted and anti competitive organization which has never been an accurate judge of quality and never can be.

Thank you for your consideration in this matter. I look forward to hearing the outcome.

Sincerely,

Sylvia Horsley MD FACOG
Diplomate of the American Board of Obesity Medicine

RHONDA FREEMAN

From: Janis Chester MD <jchestermd@idonttext.com>
Sent: Monday, September 19, 2016 9:55 PM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact - comments in opposition

Dear Commissioner Bowden,

I am writing to make suggestions on a simpler and more ethical approach to an interstate medical license compact. The current proposal leans in favor of benefitting the American Board of Medical Specialties and related organizations, ultimately forcing physicians to comply with expensive, demoralizing and clinically irrelevant testing and certification.

I suggest removing any requirement for board certification. Until that can be accomplished, it would be preferable to a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

Respectfully,

Janis G. Chester, M.D.

RHONDA FREEMAN

From: Bob Knox <bknox285@hotmail.com>
Sent: Monday, September 19, 2016 8:17 AM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact

Dear Commisioner Bowden,

Re: Interstate Medical Licensure Compact

Please tell the Commission that:

1. They should work to remove the Certification requirement entirely.
2. Until they can remove the requirement they should a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

No single medical board in the United States requires such certification as a licensing requirement and the current wording creates a discriminatory process for physicians with time-limited certification. Not to mention, the existing nursing compact and model APRN compact require only one state license for practice in other compact states while the FSMB physician compact requires licenses in each individual state, along with payment of each individual license fee, thus limiting physician competitiveness with NPs who often make just as much for care.

Licensure should not be tied to the whims of organizations controlled by the American Board of Medical Specialties (ABMS). Such entities have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification. By the ABIM's own admission "they got it wrong" and have repeatedly changed their recertification requirements.

Sincerely,

Robert Knox, MD
1534 11th St.
Portsmouth, OH 45662
740-355-1161
bknox285@hotmail.com

Bob Knox, MD
1534 11th St

Portsmouth, OH 45662
740-355-1161

RHONDA FREEMAN

From: Jean Holland <jmhol926@gmail.com>
Sent: Sunday, September 18, 2016 5:34 PM
To: Bowden, Mark [IBM]
Subject: Interstate Medical Licensure Compact

Dear Commissioner Bowden,

While I understand the intent of the Interstate Medical Compact, I ask that you ensure it does not open the door to federal jurisdiction over medical licensure.

I am a direct pay physician. I do not participate with any insurance plans, including Medicare or Medicaid, and as a result can provide affordable care to those citizens with high deductible, high co-pay insurance. My price is about 1/3 of the cost in a participating office. True, I don't make as much money as I would in a traditional practice. But the pleasure of caring for my patients without bureaucratic interference is worth the cost, and I have -- after just 18 months -- thousands of patients grateful to have an alternative to the confusing mess that health care has become.

Free market alternatives work in every other industry. Provided competence is ensured through licensure, competition amongst various economic models for providing medical care might solve the issues that the ACA tried, and failed, to fix. If federal oversight, outside of the Medicare/Medicaid/VA systems, is permitted, these alternatives likely will evaporate. The feds will surely tie licensure to participation with government insurance and all the associated regulations.

Thank you for considering this tiny -- but important -- aspect of licensure as you craft this bill.

With thanks,

Jean M. Holland, MD
Ann Arbor, MI

RHONDA FREEMAN

From: Michael Dunn, MD <flyingdoc1@yahoo.com>
Sent: Sunday, September 18, 2016 6:32 PM
To: Bowden, Mark [IBM]
Subject: Interstate Compact Rule

Dear Mr Bowden:

There are some issues that I would like you to consider in drafting the final rules of the compact:

1. You should work to remove the Certification requirement entirely.
2. Until you can remove the requirement you should a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

No single medical board in the United States requires such certification as a licensing requirement and the current wording creates a discriminatory process for physicians with time-limited certification. Not to mention, the existing nursing compact and model APRN compact require only one state license for practice in other compact states while the FSMB physician compact requires licenses in each individual state, along with payment of each individual license fee, thus limiting physician competitiveness with NPs who often make just as much for care.

Licensure should not be tied to the whims of organizations controlled by the American Board of Medical Specialties (ABMS). Such entities have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification. By the ABIM's own admission "they got it wrong" and have repeatedly changed their recertification requirements. The Commission must ask if they will ever "get it right"?

The certification requirement is by no means the only problem with the Compact but is one of the main issues in this particular rule under consideration.

***Sincerely,
Michael Dunn, MD
Cell 480-650-8133***

9/19/2016

Compact Bad Idea

From: Drprevent <drprevent@aol.com>
To: mark.bowden <mark.bowden@iowa.gov>
Subject: Compact Bad Idea
Date: Mon, Sep 19, 2016 7:49 am

The Interstate Medical Licensure Compact, is not going to solve the problem it claims to fix. It simply creates a new bureaucratic entity with little meaningful accountability.

1. They should work to remove the Certification requirement entirely.
2. Until they can remove the requirement they should a) allow other alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and b) reinstate previously considered language allowing past certification to meet the requirement: "Currently holds, or has previously obtained specialty certification."

No single medical board in the United States requires such certification as a licensing requirement and the current wording creates a discriminatory process for physicians with time-limited certification. Not to mention, the existing nursing compact and model APRN compact require only one state license for practice in other compact states while the FSMB physician compact requires licenses in each individual state, along with payment of each individual license fee, thus limiting physician competitiveness with NPs who often make just as much for care.

Licensure should not be tied to the whims of organizations controlled by the American Board of Medical Specialties (ABMS). Such entities have been subjected to significant criticism regarding anti-competitive practices, financial impropriety, and misrepresentations about quality improvement due to certification and maintenance of certification.

By the ABIM's own admission "they got it wrong" {these would be Money Nazi's} and have repeatedly changed their recertification requirements. The Commission must ask if they will ever "get it right"?

The certification requirement is by no means the only problem with the Compact but is one of the main issues in this particular rule under consideration.

For more info about what's wrong with the Compact see: <https://goo.gl/3Fc2vb>

In case you don't know THE HISTORY, in brief, at the turn of the century.....

JD Rockefeller took note of George Merck's successful (and legal) hustling of cocaine and heroin products through his pharmacies.

This birthed him the notion of petroleum based pharmaceuticals. But first, to organize a disorganized industry.

1) Sponsor the Flexner Report = reduce the number of US medical schools by 1/2 - weed out them that won't go along with the game plan below -->

2) Control the medical education - teach 'em right from the first, indoctrinate 'em - get the universities hooked on the grant money tit for research and get insiders on the university boards.

9/19/2016

Compact Bad Idea

3) Control the doctors after they're educated. First, establish the Federation of Medical Boards, call the tune for the states to dance to, yank a doctor's license if he steps anywhere near close to out of line, set the tone for generations of "Nazi Doctor Bullies".

4) Control the "Voice of Medicine" - take over an ill membered doctor organization, put the right people in it, hype it, turn it in to a multi-million dollar operation - the AMA!

C'mon, Man!

**Sincerely,
Charles C. Adams, MD
9-19-16**

Here are some comments and concerns expressed by South Dakota. The compact specifically states that the application shall go to the state of principle licensure. The proposed rules indicate that the application initially goes to a private entity which then alters the application prior to it being submitted to the state of principle licensure. The states of principle licensure are required to resolve disputes with applicants through their respective administrative processes. Having a private outside entity alter the applications may interfere with the requirements of the states' administrative processes. Further, applications are confidential pursuant to South Dakota State law and the language in the compact. Sending the application and information to a private entity without appropriate safeguards would potentially be a violation of the compact language and South Dakota law.

The process set forth in the compact was intended to be a straightforward, simple, and inexpensive reciprocity arrangement. The proposed rules are carving out a complicated process to permit private entities to be part of the processing and handling of the data, and drastically increasing the cost of administration and the proposed letter of qualification.

The rules should contain specific safeguards to prevent any of the information in the applications from being available to anyone except the member states. This is a requirement of the compact and should be stated in the rules.

FAX COVER SHEET

TO
COMPANY
FAXNUMBER 15152425908
FROM Spyrie Mays, MD FACS Urology
DATE 2016-09-19 15:58:04 GMT
RE Comments on IMLC Commission Chapter 5, "Expedited
Licensure" Proposed Wording

COVER MESSAGE

Date: September 19, 2016
To: Commissioner Mark Bowden, IMLC
Via: Email mark.bowden@iowa.gov and fax (515) 242-5908
Re: IMLC Chapter 5, "Expedited Licensure" Proposed Wording

Dear Sir:

I am contacting the IMLC Commission to voice my objection to the current proposed wording for expedited licensure requirements.

I respectfully request that the Commission consider the following: (1) re-wording the proposal to allow other alternative certification and recertification boards such as the National Board of Physicians and Surgeons (NBPAS) to meet the requirement(s); and/or (2) reinstate the previously considered language allowing past certification to meet the requirement(s).

Given the ongoing controversy regarding MOC/recertification through the private entity American Board of Medical Specialties (ABMS) and the potential antitrust issues that are evolving, it is my opinion that additional considerations must be given. Your prompt attention and wholehearted deliberation of my request is greatly appreciated.

Regards,

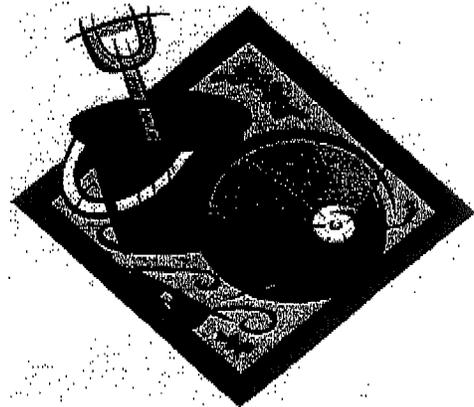
Spyrie D Mays, MD, FACS
3401 North Boulevard, Ste 340
Baton Rouge, LA 70806
Ph: 225-381-2740

Cc: Ian Marquand, Chairman
Files

Sent from Mail for Windows 10

PERSONAL DOCS

BLAKESLEE & EICHELBERGER, LLC
479 JUMPERS HOLE RD, STE. 304A
SEVERNA PARK, MD 21146
PHONE 410-544-0053
FAX 410-544-7830



TO: Commissioner Mark Bowden DATE 9/19/16
FROM: Dr. Marsha Blakeslee # OF PAGES: 2
FAX NUMBER: 515 242-5908 PHONE: _____
(Including cover letter)

SUBJECT: _____

COMMENTS: _____

Comments on Interstate Medical Licensure Compact

If there are any questions pertaining to the information you have received, please call the above number or refax to the attention of the sender.

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Personal Docs
Personalized Medicine

Maryrose Eichelberger, M.D.
Marsha Y. Blakeslee, D.O.

September 19, 2016

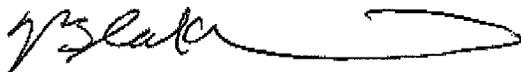
Dear Mr. Bowden,

I am forwarding comments on the Interstate Medical Licensure Compact. I am a licensed and board certified internist, in the state of Maryland, and I believe this creates a new bureaucratic entity that will cause harm to physicians in the future. Though the Commission is considering changing the wording regarding MOC requirements, this will still put onerous recertification requirements on physicians seeking to obtain a license via the compact.

I would strongly advise that you remove the certification requirement ENTIRELY. Until you can remove the requirement, you should allow alternative certification and recertification boards like ABPS and NBPAS to meet the requirement and you should reinstate previously considered language allowing past certification to meet the requirement ("Currently hold, or has previously obtained specialty certification")

I am grateful for your time and consideration and would strongly urge you to make the above mentioned changes to the Compact.

Sincerely,



Marsha Y. Blakeslee D.O.

479 Jumpers Hole Road, Suite 304A Severna Park, Maryland 21146
Phone: 410.544.0053 Fax: 410.544.7830

BOARD OF MEDICAL EXAMINERS

TO: IMLCC Bylaws and Rules Committee
FROM: Ian Marquand, Exec. Officer, Montana BOME
DATE: September 22, 2016
RE: Comments on proposed IMLCC rules (Chapter 5)

I make the following comments following consultation with the Montana Department of Labor and Industry's Licensing Bureau and Compliance Unit, as well as a conversation with the National Crime Prevention and Privacy Compact Council's Planning and Outreach Committee on Sept. 14, 2016.

COMMENT 1.

In several places in the proposed rules, the term "state of principal licensure" is used. The Compact uses the term "state of principal license." The rules should conform to the language of the Compact.

COMMENT 2.

In proposed rule 5.4 (Eligibility for expedited licensure), Section (1)(f) requires that the applicant has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.

Proposed rule 5.2 (Definitions) includes a definition for "offense" that includes the terms "felony," "gross misdemeanor" and "crime of moral turpitude," all of which are defined elsewhere in proposed rule 5.2.

Despite those definitions, the words "any offense" has raised concerns about what constitutes a disqualifying offense and about who determines that threshold. Since the Compact defines "offense" statutorily, I suggest the following amended language to proposed rule 5.4(1) to clarify the requirement regarding criminal convictions:

(f) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense felony, gross misdemeanor or crime of moral turpitude, as those offenses are defined in IMLCC Rule 5.2, by a court of appropriate jurisdiction.

COMMENT 3.

In proposed rule 5.4 (Eligibility for expedited licensure), Section (1)(i) requires that the applicant cannot be under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction. This repeats the requirements of the statutory language of Compact Section 2, Sub-section (11)(i).

In my consultations and conversations, I have been advised that it will be difficult, if not impossible, for a licensing board in a state of principal license to acquire information about ongoing investigations, whether from other licensing boards or from law enforcement. In my own state, investigations of complaints made to the Board of Medical Examiners are confidential until they result in a finding of reasonable cause. In addition, information about ongoing investigations by law enforcement is confidential under statute.

In contrast, a Notice of Proposed Board (or agency) Action is considered a public document in my state, even though it does not constitute a final disciplinary order by a Board. Meanwhile, in the criminal justice system, arrest records and criminal charges filed with a court are matters of public record.

I suggest the following amended language to proposed rule 5.4(1):

- i. ~~Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.~~ Is not the subject of a notice of proposed action by a licensing agency.
- j. Is not under arrest by a criminal justice agency or subject to pre-trial supervision by a court or criminal justice agency.
- k. Is not the subject of an un-adjudicated criminal charge, complaint or indictment filed in a court of appropriate jurisdiction alleging a felony, gross misdemeanor or crime of moral turpitude as those offenses are defined in IMLCC Rule 5.2.

COMMENT 4.

In proposed rule 5.5 (Expedited licensure process), Section (1)(a) states that an applicant shall designate a state of principal license. Section 4 of the Compact places conditions on that designation, namely:

- 1) The physician must possess a full and unrestricted license in that state.
- 2) The state is either the physician's primary residence, location of practice, location of an employer, or the state of residence for purposes of federal income tax.

I suggest the following amended language to proposed rule 5.5(1):

- a. Designate a state of principal license. The physician must meet the requirements of Section 4 of the Compact in order to designate a state of principal license.

COMMENT 5.

In proposed rule 5.5(1)(b), an applicant must submit an online application to the state of principal license. In addition, 5.5(1)(d) requires the applicant to submit a sworn statement to the state of principal license attesting to the truthfulness and accuracy of information provided by the applicant.

As of this date, the IMLCC has not approved an application form for physicians to use when applying for licensure via the Compact. I suggest that 5.5(1) be amended to read:

- b. Submit an online application to the designated state of principal license through the coordinated information system. As part of that application, the applicant must attest as to whether or not the applicant meets each of the qualifications found in Section 4 of the Compact and IMLCC rule 5.4.

COMMENT 6.

In proposed rule 5.5(2), sub-section (b)(1) states that the designated state of principal license shall "evaluate the applicant's eligibility for expedited licensure" (and perform a criminal background check) and ultimately issue a letter of qualification verifying or denying the applicant's eligibility. The proposed rule contains no standards for evaluation.

I suggest that the language of this rule be amended to read:

- 1) Evaluate the applicant's eligibility for expedited license. An applicant's eligibility for an expedited license shall be verified only if all the requirements of Section 4 of the Compact and IMLCC rule 5.4 have been met by the applicant. The state of principal license shall deny eligibility when it finds evidence, whether through investigation or the applicant's attestations on an application, that any of the requirements of Section 4 of the Compact or IMLCC rule 5.4 have not been met.

Thank you for the opportunity to comment on these proposed rules.