Barriers and facilitators to national licensure for US medical professionals



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Cause-Effect (Fishbone) Diagram: barriers to national

Stature and power being

Need to create a national

Bias/prejudice

Historically "state

Processes

Some variability in requirements

by state to obtain and maintain a

license (ie CME)

BACKGROUND:

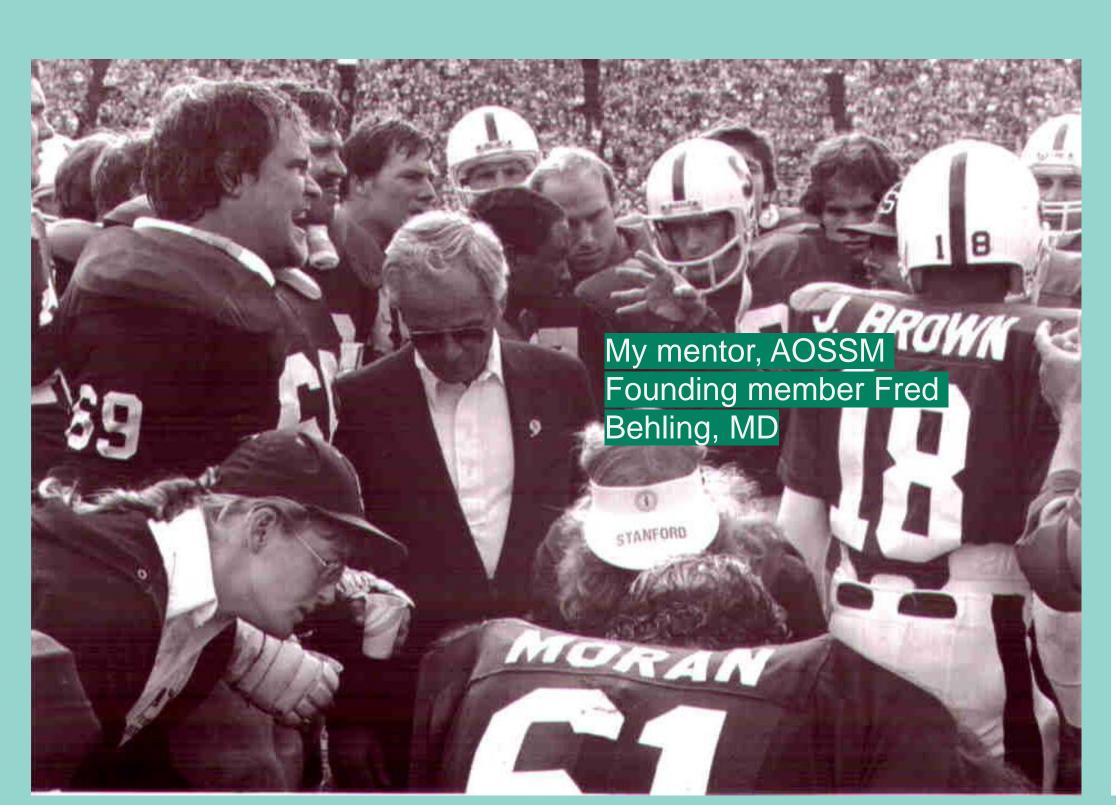
- The US has one of the most restrictive medical license policies in the world. License portability became an issue during the covid pandemic when medical care was needed in impacted regions of the US.1-3
- Since 2018, sports medicine physicians for professional teams are allowed to provide care across state lines legislated by "The Sports Medicine Licensure Clarity Act" (SMLCA).4,5 Through January 2023, telemedicine is allowed across state lines for 23 states, and has been extended by the HHS as part of Covid healthcare measures that were implemented in 2020.6-8
- Easing the ability for licensure in both rural and urban areas can help public health burden, especially during pandemics, natural disasters and public emergencies. Telemedicine for patients living in different states would help continuity of care, especially for restrictive health plans.^{1-3,9}
- International events that require medical coverage such as the Olympics and World Cup can also benefit from license reciprocity.4,5 Expanding license portability for all sports medicine physicians could set a precedent for other medical care givers to improve access and medical care to all US patients. 1-3,10-12
- The goal is higher quality care, better continuity with more timely and equitable healthcare, which are all currently limited by restricting portability and requiring licenses for each individual state.

Setting & Objectives:

Location of APE: American Orthopedic Society for Sports Medicine (AOSSM), IL. The AOSSM is a society of over 2000 sports medicine orthopedists and others interested in the treatment of athletic patients, education and mainetenance of competency. Their journal has the highest impact factor in orthopedics.

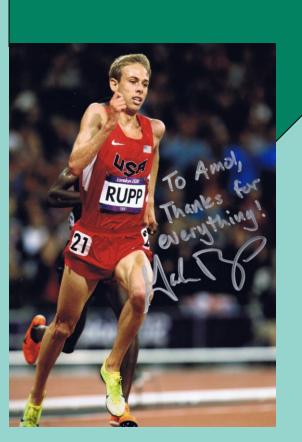
Goal is to provide action plan for AOSSM to expand licensure across state lines for all sports medicine professionals so the society can work with lobbyists and politicians in DC. A poster/abstract was developed and submitted for AOSSM's Annual Meeting describing the barriers and facilitators. A paper will be submitted for a journal.

Preceptor: Kevin Boyer, MPH, Greg Dummer, CEO, CAE



Activities Timeline

Fall '21 Start: AOSSM Preceptor confirmed. Read SMLCA Act



Winter '21-22

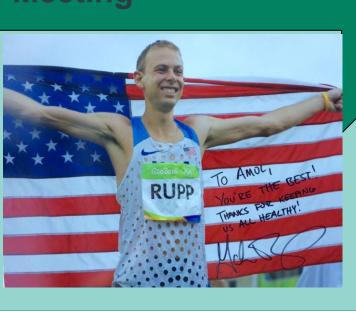
Spring/Summer '22

let with politicians



Fall '22

let with Chair of CA Busines:



23 States currently allowing telemedicine (Green):

States (in green) that allow Telehealth as of July 2022

In Utah: Team Dr from CA "demonstrating" a treatment to a patient from OR

Accomplishments

- AOSSM confirmed their interest in expanding the SMLCA to help all their members. Kevin Boyer, MPH is preceptor.
- 2. Read the SMLCA and National High School act on sports medicine care across state lines.
- 3. Research conducted on the SMLCA and other portable license acts, telemedicine rules, as well as other countries' regulations across
- Contacted politicians who may have interest in reciprocity in CA. Connected with State Assemblyman Marc Berman and Vincent Chee, CA Committee on Business Professions.
- 5. Met with preceptor to review steps AOSSM used to get passage of SMLCA.
- Met with Berman & Chee about CA licensure regulations. CA does not participate in the Western States Compact (reciprocity with other US western states) and is interested in "protecting" CA physicians.
- Made a **Fishbone diagram** on the barriers to license reciprocity.
- Created a Map showing which states still allow telemedicine across state lines, regulations etc.
- Met with Vincent Chee again. He said CA has more criteria for medical licensure and CMA does not want to ease the rules for obtaining a license, does not believe reciprocity is likely, unless some emergency state. Does not think politicians would support, despite more doctors leaving the state.
- 10. Wrote up findings from APE research and work, submitted to AOSSM, as well as submitting abstract for their Annual meeting July 2023. Preceptor said he will pass along to their advocacy & lobbying contacts in DC, but no action would be taken until after fall elections.
- Will hear in January 2023 if abstract accepted and will write article for the American Journal of Sports Medicine.

Anticipated Impact:

- With SMCLA, AOSSM has a precedent for license portability for professional team physicians as well as the Covid pandemic which eased state licensing rules.
- The VA licensing regulations could be expanded to non-federal agencies/healthcare systems as a provider only needs to be licensed in one US state, not necessarily the one where they practice. 13
- With telemedicine and mobile populations, easing restrictions will allow for better continuity of care as well as expanding access and reduced cost. If this can be enacted for sports medicine physicians, why not all healthcare workers?
- The AOSSM can partner with larger medical societies such as the AMA and AAOS to help increase US healthcare portability, availability, improving public health outcomes for all populations and ethnicities.

Lessons learned & Next Steps:

medical licensure

Time:would process be fast

Not all states on same compute

Staffing needs?

system and some still process via

Environmental

- I learned the US has barriers to license portability across state lines. We could have a national licensure or even international licensure like other developed countries as uncovered through my research.
- I learned the people in power for state licensing (doctors) and the state politicians appear to be protecting themselves in the guise of protecting patients. Just from my limited experience with CA, it appears a national mandate would need to be passed, in order to expand license portability.
- The fact is portability is allowed at least for telemedicine in almost 50% of the US states through January 2023, as well as for certain sports medicine physicians and the VA system.8,13 This is a starting point for a national process as indicated by the green arrow in the Fishbone.
- I learned advocacy is a long and expensive process. AOSSM Team Physician and Athletes' Advisory Committee worked on the 2018 SMLCA Bill for three years prior to passage.
- I plan to follow-up with the AOSSM, their advocacy contacts, pass along to another MPH student, and try to help work with US policymakers.

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