

# Barriers and facilitators to national licensure for US medical professionals



Amol Saxena, DPM, RCPS(G), MPH (Cand, 2023)



## BACKGROUND:

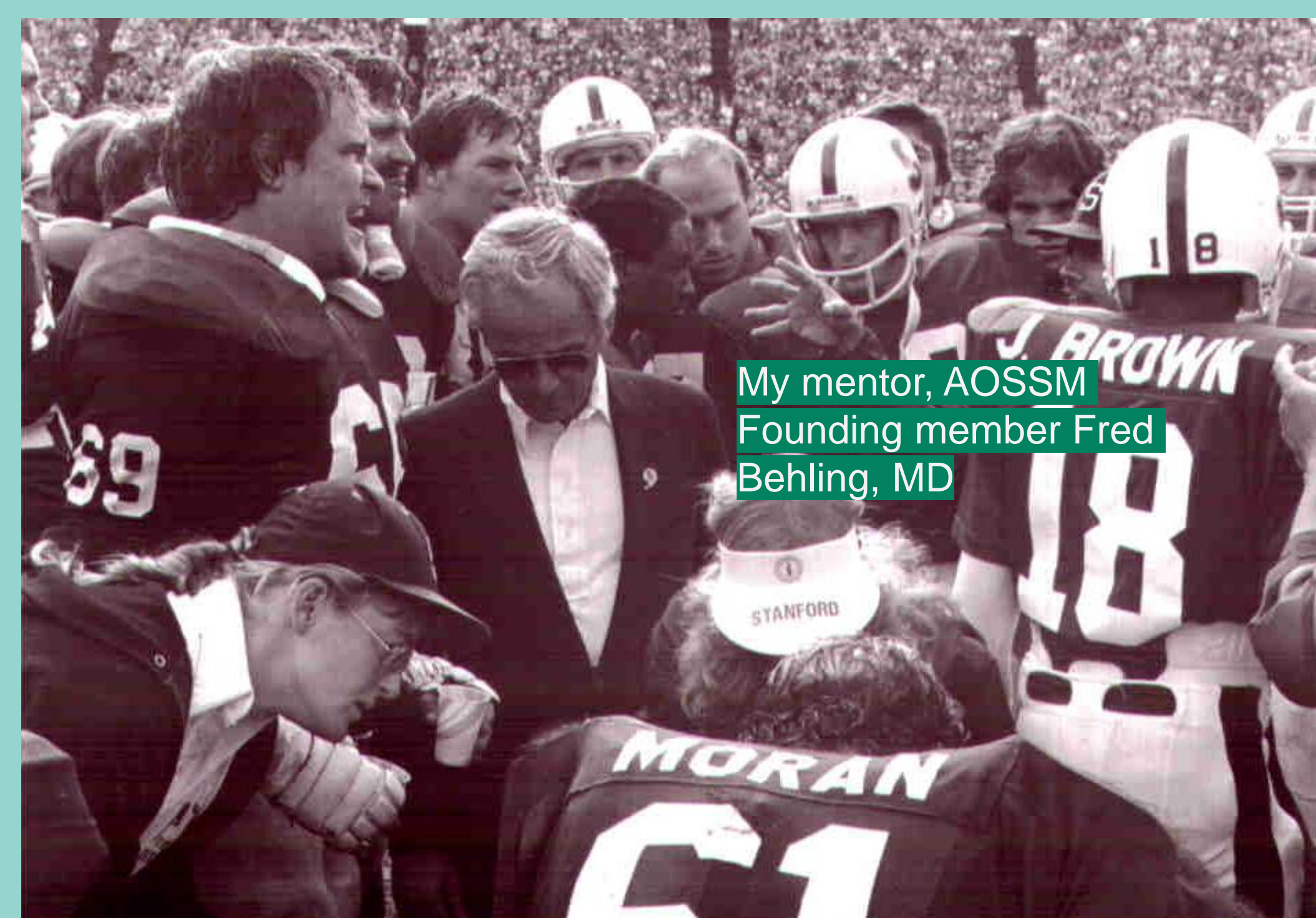
- The US has one of the most restrictive medical license policies in the world. License portability became an issue during the covid pandemic when medical care was needed in impacted regions of the US.<sup>1-3</sup>
- Since 2018, sports medicine physicians for professional teams are allowed to provide care across state lines legislated by "The Sports Medicine Licensure Clarity Act" (SMLCA).<sup>4,5</sup> 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.<sup>6-8</sup>
- 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.<sup>1-3,9</sup>
- International events that require medical coverage such as the Olympics and World Cup can also benefit from license reciprocity.<sup>4,5</sup> 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.<sup>1-3,10-12</sup>
- 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:

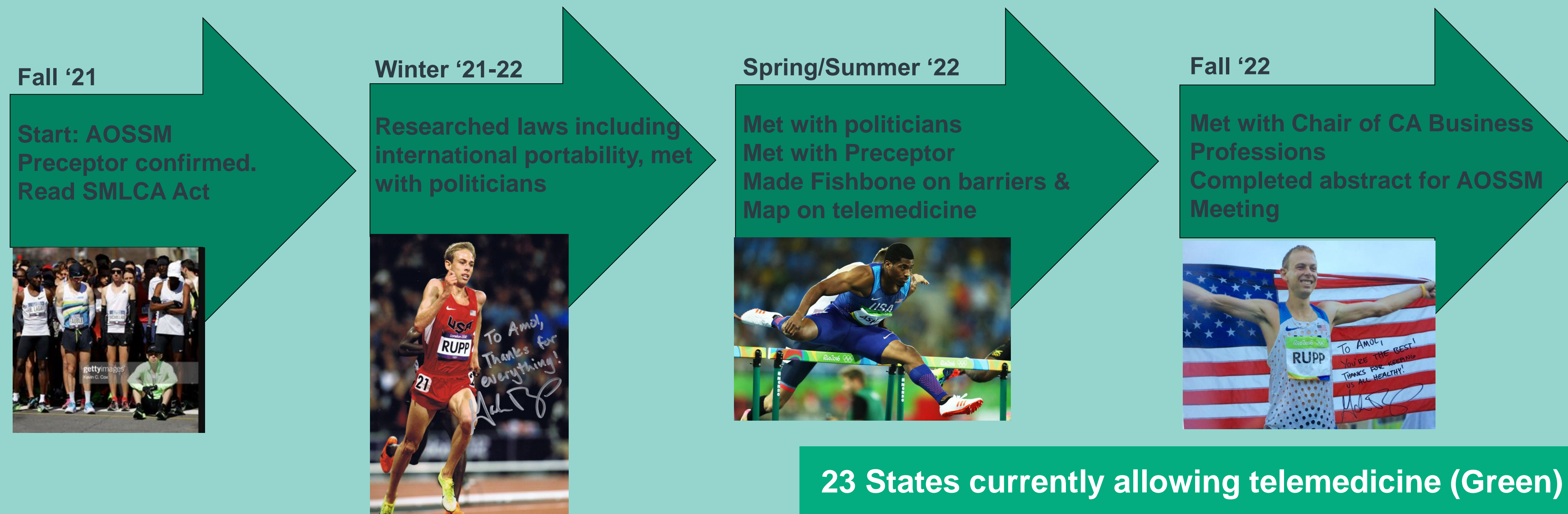
**Location of APE:** American Orthopaedic Society for Sports Medicine (AOSSM), IL. The AOSSM is a society of over 2000 sports medicine orthopedists and others interested in the treatment of athletic patients, education and maintenance of competency. Their journal has the highest impact factor in orthopedics.

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.

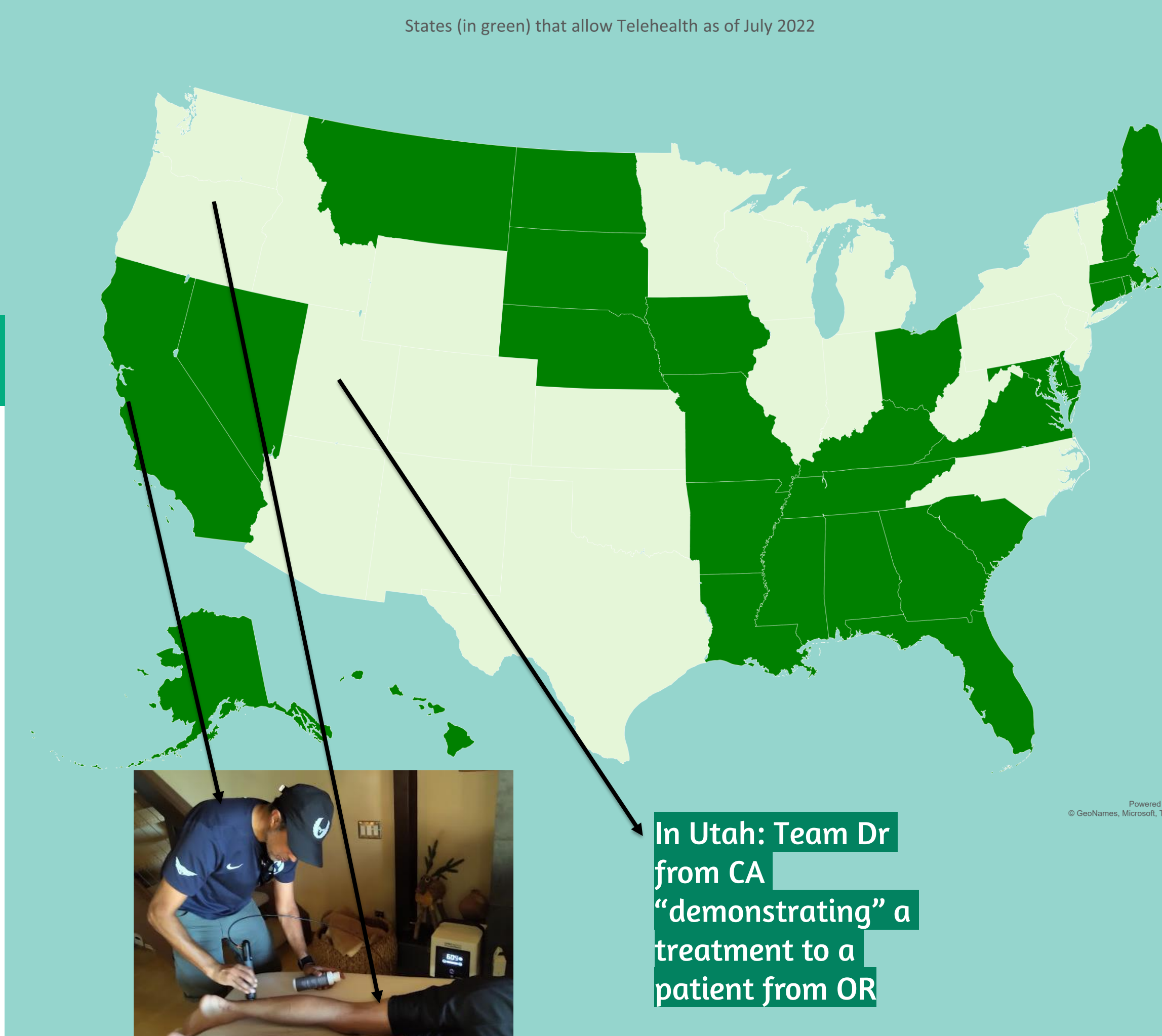
**Preceptor:** Kevin Boyer, MPH, Greg Dummer, CEO, CAE



## Activities Timeline



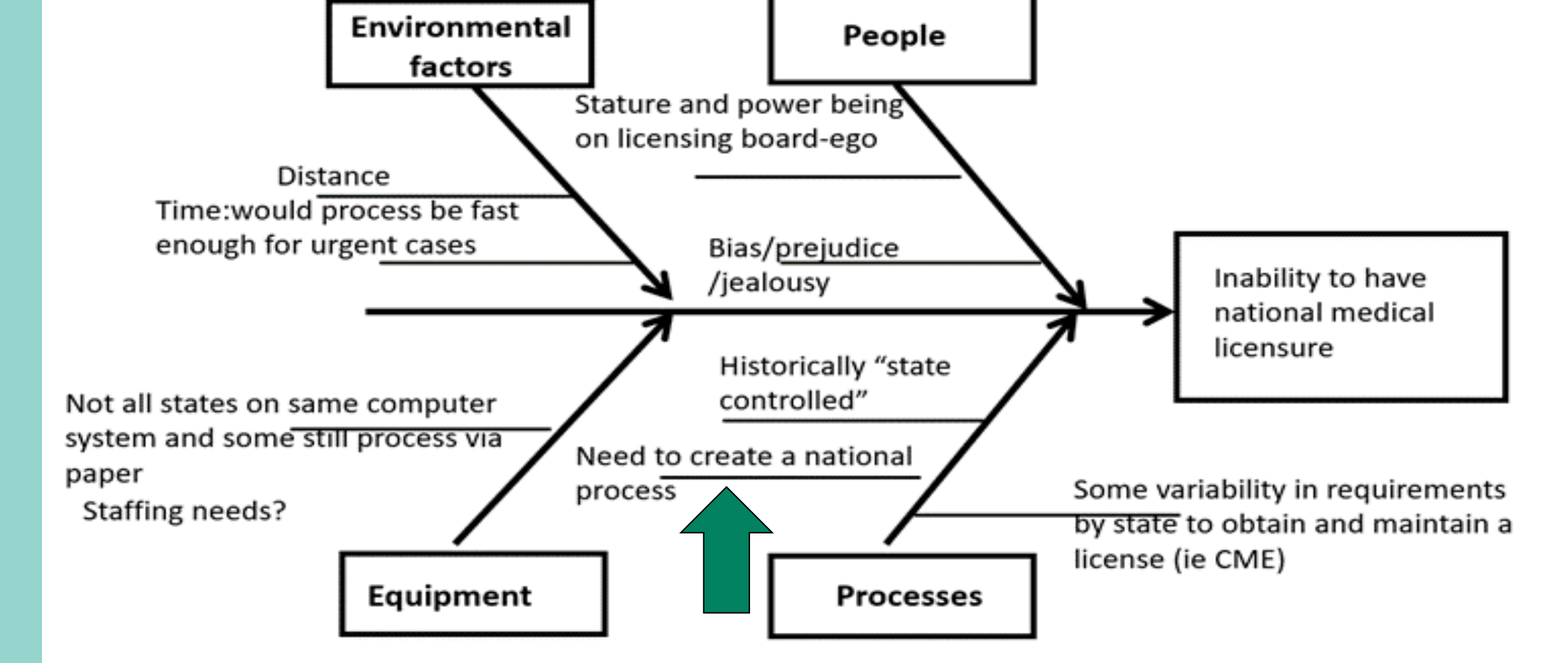
## 23 States currently allowing telemedicine (Green) :



## 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.<sup>13</sup>
- 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.

## Cause-Effect (Fishbone) Diagram: barriers to national medical licensure



## Lessons learned & Next Steps:

- 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.<sup>8,13</sup> 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.

## References

- Bell DL, Katz MH. Modernize Medical Licensing, and Credentialing, Too-Lessons From the COVID-19 Pandemic. *JAMA Intern Med.* 2021 Mar 1;181(3):312-315
- Mehrotra A, Ningaonkar A, Richman B. Telemedicine and Medical Licensure - Potential Paths for Reform. *N Engl J Med.* 2021 Feb 25;384(8):687-690.
- Sodhi M. Telehealth Policies Impacting Federally Qualified Health Centers in Face of COVID-19. *J Rural Health.* 2021;37(1):158-160. doi:10.1111/jrh.12445
- US Senate Committee on Commerce, Science and transportation. May 17, 2017. Accessed November 6, 2021. <https://www.commerce.senate.gov/2017/5/current-issues-in-american-sports-protecting-the-health-and-safety-of-american-athletes>
- NHFS.org. February 5, 2019. Accessed November 6, 2021. <https://www.nhfs.org/articles/federal-law-increases-legal-protection-for-athletic-trainers/>
- Asha. Accessed November 2, 2022. <https://www.asha.org/news/2021/federal-public-health-emergency-extended-again-through-january-13-2022/>
- ASPR. Accessed November 2, 2022. <https://aspr.hhs.gov/legal/PHE/Pages/covid19-13Oct2022.aspx>
- FSB. Accessed November 2, 2022. <https://www.fsbm.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf>
- Beckers Hospital Review. Accessed November 9, 2022. [https://www.beckershospitalreview.com/workforce/license-wait-times-reach-crisis-levels-for-healthcare-workers.html?origin=BHRE&utm\\_source=BHRE&utm\\_medium=email&utm\\_content=newsletter&oly\\_enc\\_id=4902C7436478G8Y](https://www.beckershospitalreview.com/workforce/license-wait-times-reach-crisis-levels-for-healthcare-workers.html?origin=BHRE&utm_source=BHRE&utm_medium=email&utm_content=newsletter&oly_enc_id=4902C7436478G8Y)
- The Commonwealth Fund: The US healthcare system. from *The Commonwealth Fund. Country Profiles: International Health Care Systems Country Profiles.* June 5, 2020. Accessed August 10-13, 2021. [www.commonwealthfund.org/international-health-policy-center/countries](http://www.commonwealthfund.org/international-health-policy-center/countries)
- The Atlantic. Why does the US make it so hard to be a doctor. February 2022. Accessed August 16, 2022. <https://www.theatlantic.com/ideas/archive/2022/02/why-does-the-us-make-it-so-hard-to-be-a-doctor/622065/>
- Spetz J, Chapman S. Chapter 9. "The Health Workforce". In: Knickman J, Elbel B, eds. *Jonas and Kovner's Healthcare Delivery in the United States*. 12th Edition. Springer, 2018: 231-254
- Federal Register.gov. November 12, 2020. Accessed November 9, 2022. <https://www.federalregister.gov/documents/2020/11/12/2020-24817/authority-of-va-professionals-to-practice-health-care>