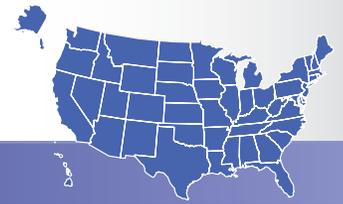


Don't be misguided!

MYTHS vs. FACTS about the Interstate Medical Licensure Compact



A new, expedited pathway to medical licensure

The Interstate Medical Licensure Compact offers a new, alternative expedited pathway to licensure for qualified physicians who wish to practice in multiple states, increasing access to health care for patients in underserved or rural areas and facilitating the growth of telemedicine.

State legislatures that have enacted the Compact so far have approved it largely with overwhelming, bipartisan majorities. That is because the Compact offers a sensible and safe approach to expedited licensing that can improve access to health care, while maintaining state regulatory authority for the protection of the public.

Despite this innovative and proactive solution, as the Compact continues to be introduced in state legislatures, some critics are stepping forward to oppose it — resorting to falsehoods and distortions in order to keep the Compact from moving forward.

Here are the myths — and THE FACTS. Don't let stakeholders in YOUR state be misled by the distortions they may hear as the Compact is considered for enactment.

MYTH 1: The Compact overrides your state's medical practice laws.

FALSE. The Compact does not change your existing Medical Practice Act. In fact, it explicitly states that physicians must adhere to your state's existing rules and regulations currently in place for treatment of patients in your state.

MYTH 2: The Compact will take away the disciplinary authority of your state's medical board.

FALSE. Physicians participating in the Compact who treat patients in any Compact state will be accountable to, and under the jurisdiction of that state's medical board, just as they are today without the Compact.

MYTH 3: The Compact redefines "physician" to require your state's physicians to participate in MOC.

FALSE. The Compact makes absolutely no reference to Maintenance of Certification (MOC). The Compact does not require physicians in your state to participate in MOC at any stage. Specialty certification is only an eligibility factor at the initial entry point of participation in the Compact process. Not a single state in the United States requires MOC for licensure, nor does the Compact.

MYTH 4: Physicians in your state who participate in the Compact would apply for a medical license from a private organization — not from the state's medical board.

FALSE. Physicians who want to participate in the Compact in your state will be approved for a license by a state medical board and will receive their license from a state medical board — not from the Interstate Medical Licensure Compact Commission, which is simply an administrative body.

MYTH 5: "Carpetbagger" physicians could come to your state under the Compact, to perform medical procedures currently forbidden by state law.

FALSE. Physicians who receive an expedited license under the Compact will have to adhere to exactly the same rules and regulations as every other physician in your state — including refraining from outlawed medical procedures. And they will be subject to the full oversight and disciplinary authority of your medical board.

Don't be swayed by those who resort to distortions in order to stop this common sense approach to medical licensing!

For more information, visit www.licenseportability.org.