

# Portability: The Final Licensing Frontier

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# Roadmap for Today's Discussion

PA Licensure Procedures

Federation Credentials Verification Service (FCVS)

Uniform Application (UA) for PAs

Interstate Licensure Compact

# Intro to PA Licensure

- PAs are licensed in all 50 states, D.C., and all U.S. territories
- PAs are licensed by the state in which they practice
- Most states regulate PAs via the medical licensing board
- Every medical/healing arts board that regulates PAs has a PA seat, a PA advisory committee, or both
- Eight states license and/or regulate PAs via the osteopathic regulatory board
  - FL, ME, MI, NV, NM, PA, WA, WV
- Eight states have a separate PA board with at least some independent authority
  - AZ, CA, IA, MA, MI, RI, TX, UT

## AAPA Licensure Policy

“Applicants who meet a state’s qualifications for licensure should be issued a license. States should not require employment or identification of a supervising, collaborating, or other specific relationship with a physician(s) as a condition or component of licensure.”

## FSMB Licensure Policy

“The medical practice act should provide minimum requirements for full licensure for the independent practice of medicine that bear a reasonable relationship to the qualifications and fitness necessary for such practice.”

# Intro to PA Licensure

## Where do licensure requirements come from?

- State laws/regulations . . . Maybe other sources, too

## Where do I find these requirements?

- State statutes/regulatory compilations
- Licensure application (including instructions)
- Medical board/PA board websites
- Call/e-mail board staff
- Your state chapter
- Talk to PA regulators
- Check in with AAPA staff



# PA License Requirements

Core state licensure requirements:

Application/fees

Proof of graduation from an accredited PA program

PANCE passage

Information on prior practice (if applicable)

Background check and/or fingerprints

# PA License Requirements

Extra state licensure requirements:

- Personal interview
- Identification of supervising/collaborating physician\*
- Submission of letters of recommendation/other forms
- Board approval of the practice agreement\*
- Passage of jurisprudence examination
- Direct action by board members to ratify or approve licensure

\*Required as condition of licensure, not practice

# PA License Requirements

## Personal interviews for all applicants:

2016: 6 boards

2017: 5 boards

2018: 4 boards

2019: 3 boards

2020: 2 boards (MT, WY)

## Physician identification required for licensure:

2016: 15 boards

2017: 14 boards

2018: 13 boards

2019: 9 boards

2020: 7 boards (AK, AR, KY, MT, NV-O, NH, WY)



# PA License Requirements

## Letters of recommendation/other forms required:

2016: 21 boards (+2 in certain cases – CO/SD)

2017: 19 boards (+2)

2018: 18 boards (+2)

2019: 18 boards (+2)

2020: 18 boards (+1 – SD) (AR, DC, GA, ID, KS, MN, MO, NV-O, NH, NM, NC, TN, TX, VT, VA, WV, WV-O, WY)

## Board approval of practice agreement:

2016: 8 boards (+1 for “advanced duties” – MD)

2017: 8 boards (+1)

2018: 7 boards (+1)

2019: 4 boards (+1)

2020: 4 boards (+1) (AK, AR, KY, WY)

# PA License Requirements

## Jurisprudence exam:

2016: 10 boards

2017: 10 boards

2018: 10 boards

2019: 9 boards

2020: 7 boards (LA, ME, ME-O, OK, OR, TX, WI)

## Direct board action – ratify/approve:

2016: 36 boards

2017: 35 boards

2018: 33 boards

2019: 32 boards

2020: 24 boards\* (+1 for “advanced duties” – MD) (AL, AK, AR, CO, DE, DC, FL, GA, HI, ID, IL, IN, KS, KY, ME-O, MO, NV-O, NH, OK, SC, SD, TN, VT, WY)

\*Includes board guidance

# PA License Requirements

21 boards have none of the extra requirements:

AZ, CA, CT, IA, MD\*, MA, MI, MS, NE, NV, NJ, NM-O, NY, ND\*, OH, PA, PA-O, RI, UT, WA, WA-O



# Policy Implications

Better licensure procedures = faster license turnaround time

- States with fewer of the extra licensure requirements were more likely to license PAs more quickly
- States with more of the extra licensure requirements took longer to license PAs
- States in the middle are in the middle when it comes to licensure time

Better licensure procedures = indication of better practice environment

- States with fewer of the extra licensure requirements → OTP/more of the 6 Key Elements
- States with more extra licensure requirements → not OTP/fewer of the 6 Key Elements

Existence of a separate PA board = fewer extra licensure requirements/faster average licensing time/OTP or more of the 6 Key Elements

# Policy Implications

Benefits of streamlined licensure:

- Efficiency – helps PAs get into practice more quickly
- Saves state resources
- Facilitates state-to-state information exchanges
- Improves patient access to care
  - COVID illustrates this!

# Policy Implications

But what about public safety?

- Numerous studies have found PAs provide safe, quality care to patients
- The percentage of PAs who make a malpractice payment remains extremely small whether a PA practices in a state with extra licensure requirements or one without
- National Practitioner Data Bank (NPDB):
  - 0.10% of PAs in states with 3-5 extra requirements made a malpractice payment in 2017
  - 0.15% of PAs in states with 0 extra requirements made a malpractice payment in 2017

## The Federation Credentials Verification Service (FCVS)

- Offered by FSMB
- Provides physicians and PAs with a permanent, updatable file of primary-source credentials, including:
  - Identity
  - Education
  - Accredited post-graduate training
  - Licensure history

# FCVS

- FCVS sends files to participating state licensing boards
- 39 states accept FCVS; USVI requires it
- Current cost for PAs:
  - \$170 for initial application (includes creation of account/profile sent to one recipient)
  - \$65 for additional/subsequent files (+applicable fees)

More information: [www.fsmb.org/fcvs](http://www.fsmb.org/fcvs)



# FCVS

## Why use FCVS?

- To complement PA Portfolio
- To prepare for the unexpected – disasters, program/facility closures
- For PAs who move around a lot (e.g., military/corporate relocation)

# The Uniform Application

## History

- FSMB began work on the UA for Physicians in 2004.
- UA for Physicians launched in 2006

## Purpose

- Allows for expedited licensure in multiple jurisdictions.



## Facts

- One-time \$60 fee
- In its first 10 years, 25 boards adopted the UA and more than 62,000 physicians used it.
- 27 boards have adopted the UA for physicians:
  - 20 States
  - 3 Territories

- Saves licensing boards time and increases efficiency.
- Saves applicant time.
- Especially important in disaster response credentialing and telemedicine licensure.
- States reevaluate processes and potentially eliminate burdensome and antiquated requirements.



**Multiple states interested**

**FSMB is in talks with states  
that currently utilize the UA  
for physicians**



# Interstate Compacts: Basics\*

- Contract between states
- Establishes uniform guidelines, standards and procedures
- Retains state sovereignty

\*Source: National Center for Interstate Compacts

# Interstate Compacts: Benefits\*

## **General Benefits:**

- **Effective and Efficient**
- **Flexible and autonomous**
- **Avoids Federal/National Policy or Law**
- **Allows for dispute resolution among states**

## **License-Specific Benefits:**

- **Uniform Licensure Requirements**
- **Data system for processing interstate licensure**
- **Disciplinary issues**
- **FBI Background Checks**
- **Governance**

\*Source: National Center for Interstate Compacts

# Nursing Compacts

**Nurse Licensure  
Compact – 25  
states (expired)**

**Enhanced Nurse  
Licensure  
Compact – 34  
states (25)**

**APRN Compact  
– 0 states (7)**

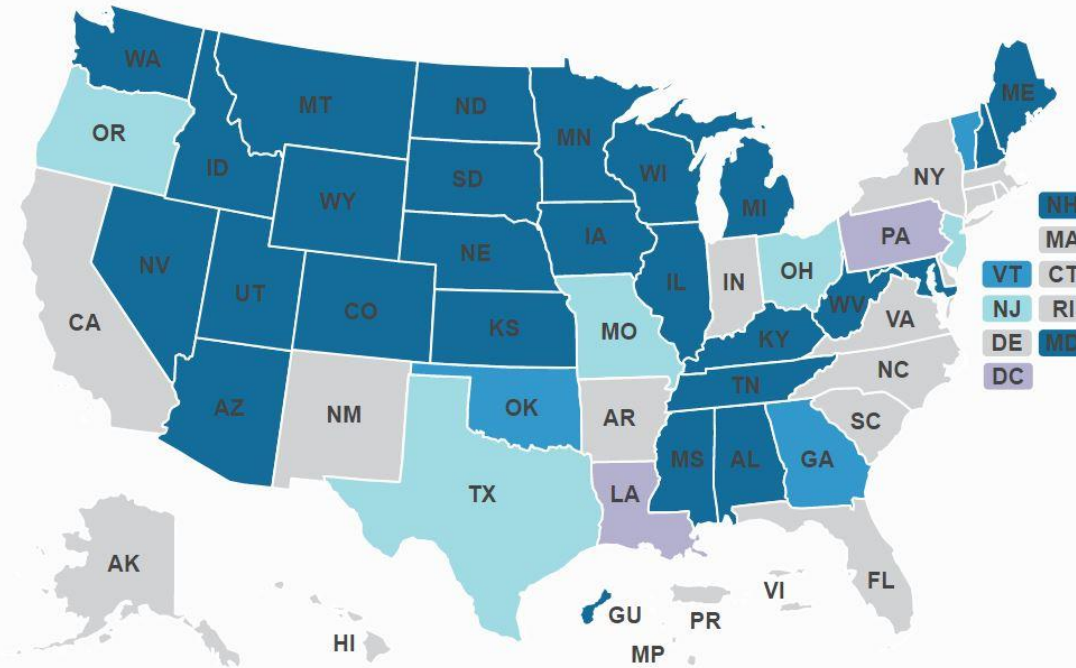
# Other Health Profession Compacts

- **EMS Licensure Compact – 21 States (10)**
- **Physical Therapy Compact – 29 States (10)**
- **PsyPact – 15 states (7)**
- **Audiology & Speech-Language Pathology Interstate Compact – 6 states (10)**



# Interstate Medical Licensure Compact

## U.S. State Participation in the Compact



- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses\*
- = IMLC Member State non-SPL issuing licenses\*
- = IMLC Passed; Implementation In Process or Delayed\*

\* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the [respective state boards](#).

# Don't You...Forget About PAs



## **FEDERAL GRANT AWARDED TO EXPAND INTERSTATE MEDICAL LICENSURE COMPACT; SUPPORT LICENSE PORTABILITY FOR PAS**

*Grant focuses on education and outreach to expand license portability*

WASHINGTON, D.C. (August 27, 2019) – The U.S. Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, has awarded the FSMB federal funding to support the Interstate Medical Licensure Compact (IMLC) and further enhance license portability for physicians and physician assistants (PAs).

# Potential PA Compact: To Date

- Summer 2019: FSMB Receives HRSA funding.
- November 2019: FSMB hosts a Special Physician Assistant License Portability Stakeholder Meeting



# Potential PA Compact: To Date Cont'd

- Summer 2020: Small group of stakeholders meet
- Fall 2020: First draft of model compact legislation is distributed by NCIC to FSMB and AAPA for feedback and amending.
- Winter 2021: Amended draft is distributed to group of stakeholders from Summer 2020 meeting.
- Winter 2021: Small group of stakeholders meet again to approve language as drafted.

# PA Compact: Next Steps

|            |                                   |
|------------|-----------------------------------|
| Formalize  | Formalize draft model legislation |
| Distribute | Distribute to stakeholders        |
| Finalize   | Finalize Model Legislation        |
| Pass       | Pass Model Legislation            |

# Pandemic License Portability

- Executive Orders
- Emergency Rules
- Waivers
- Resources





# What Can You Do?

- Work with your state chapter and AAPA to improve your state's licensing laws and regulations.
- Utilize FCVS.
- Talk to your licensing board about utilization of the UA for PAs.
- Look for opportunities to contribute at the regulatory level and with the PA Compact.



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AND  
ADVOCACY  
SUMMIT**  
**LEAD. ENGAGE. INSPIRE.**

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