

**SENATE APPROPRIATIONS COMMITTEE  
FISCAL NOTE**

**BILL NO.** House Bill 1619

**PRINTER NO.** 2348

**AMOUNT**

No Fiscal Impact

**FUND**

General Fund  
Restricted Account – State Board of Medicine  
Restricted Account – State Board of Osteopathic Medicine

**DATE INTRODUCED**

October 14, 2015

**PRIME SPONSOR**

Representative Topper

**DESCRIPTION AND PURPOSE OF BILL**

House Bill 1619 enacts the Interstate Medical Licensure Compact Act. The purpose of the act is to permit Pennsylvania to participate in an allied system to develop a comprehensive process to allow physicians to become licensed in multiple states. Participation in the compact would also allow eligible licensed physicians in one state to treat patients in other states via telemedicine.

The terms of the compact would be administered and enforced by an interstate commission, which would grant an expedited license to an eligible licensed physician in one state to practice medicine in another state. In order for a physician to be eligible, he or she must be certified in a medical specialty and have no prior record of being penalized by the courts, medical licensing agency, or the U.S. Drug Enforcement Agency. The practice of medicine would follow the medical laws and regulations in the state the patient is residing, not the physician's. If a physician fails to meet the criteria for expedited licensure, he may meet the requirements to practice telemedicine in a member state if he complies with all laws and requirements relating to licensure in that state.

The Interstate Medical Licensure Compact Commission (Commission) would consist of two voting representatives from each member state and would meet once a year. The legislation provides for the powers and duties of the Commission and authorizes it to levy and collect an annual assessment from each of the member states to cover the cost of operations and activities of the Commission. The Commission would be subject to an annual financial audit.

Additionally, the legislation provides for the organization and operation of the Commission; investigations and disciplinary proceedings; the designation of a state of principle licensure by physicians seeking expedited licensure under the compact; renewal of expedited licenses for the purpose of continued participation by a physician; development of a coordinated information system by the Commission; and dispute resolution.

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The Compact would become effective and binding upon legislative enactment of the compact into law by no less than seven states. Thereafter, it would be binding and effective on a state upon enactment of the compact into law by that state. Once effective, the compact shall continue in force and remain binding upon each member state, provided that a member state may withdraw from the Compact by repealing the statute which enacted it into law in that state.

### **FISCAL IMPACT:**

The Department of State advises that the enactment of this legislation will have no significant fiscal impact to the Commonwealth. It is assumed that any administrative costs associated with participation in the compact or any assessment by the Compact would be paid from the boards' respective restricted accounts.

The enabling statutes for the State Board of Medicine and the State Board of Osteopathic Medicine require the boards to be self-funding. Any increase in costs would either be absorbed within existing balances of the boards' restricted accounts or offset by increases in licensure fees.