Portability & a Physical Therapy Licensure Compact

Introduction:

In the current healthcare environment, portability of licensed individuals has been identified by many as a critical issue. The federal government has communicated concern about the current portability barriers and there have been several bills submitted to Congress in attempts to address this issue (military spouses, dual licensure system, etc).

With the changing healthcare system, evolution of physical therapy education, mobile communications between patient and client, mobility of patients accessing care, large healthcare corporations/insurance companies, and the advent of new ways in which to deliver care such as telemedicine, the ability of a clinician to practice across jurisdictional boundaries with minimal barriers is an issue coming to the forefront.

State boundaries and differences in licensure and practice requirements have been identified as barriers to access to healthcare. The potential positive impacts on public protection with increasing licensure portability include:

- increased patient access to qualified providers
- continuity of care for patient as they relocate or vacation
- enhanced disciplinary data and improve notification
- improved information sharing between jurisdictions

There are two ways to increase portability for licensure: 1) increase the efficiencies of the current system that requires licensure to practice in each state and 2) enhance the current system in a way that licensure is not required in each state but still maintains the critical public protection safeguards. In 2013, the FSBPT Delegate Assembly supported the exploration of a license compact to address the portability issues.

Licensure Compact

Although there have been numerous changes in the healthcare practice environment, until the Nurse Licensure Compact was introduced in the late 1990s, there had been little in the way of innovation in the fundamental processes of health professional licensure. Efficiency improvements such as online processing and electronic renewals have been seen, but generally the single-state system of licensing remains the current model for most professions in most states. In the last two years however, at least two additional healthcare groups, physicians and emergency responders, are exploring the development of an interstate licensure compact for mutual recognition which would allow the sharing of disciplinary action among all compact states and seamless practice across state lines without delay.

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An interstate compact is an agreement between states to enact legislation and enter into a contract for a specific, limited purpose or address a particular policy issue. Interstate compacts should not be entered into casually by a state. Compact agreements are unique in their duality as statute and contract and each state must understand the implications of entering into a contract and the terms required of all compact members. With this dual nature, the compact language will supersede other conflicting statute. There is little flexibility to alter the initial or future versions of the statutory language; changes cannot be made if the effect would qualify as a material difference to the compact.

According to the National Center for Interstate Compacts, more than 200 interstate compacts are currently in existence, and any one state is on average a member of 25 interstate compacts. The majority of compacts in effect currently fit into one of three categories: border, advisory, or regulatory. Whereas border and advisory compacts have been seen since colonial times, regulatory compacts, such as the Nurse Licensure Compact, are a phenomenon of the 20th century. This type of compact is typically used to "create ongoing administrative agencies whose rules and regulations may be binding on the states to the extent authorized by the compact."

Interstate compacts can be crafted to address the issues specific to the individual profession. Typically, terms of the compact will include, but not be limited to, the ability for single state or multi-state practice recognition, the required jurisdiction of licensure, and handling of the disciplinary process. Regardless of whether or not a compact is in place, the professional is expected to know and abide by the differences in the practice acts in any state in which he/she practices. Opponents to a compact may argue that if a compact was adopted in all 50 states it would be akin to national licensure. Implementation by all states does not automatically default to a national license due to the influence of state practice acts. Each state still retains the independence to withdraw from the compact at any time as well as maintain its own standard via the practice act.

The National Council of State Boards of Nursing (NCSBN) first developed a licensure compact for licensed nurses 14 years ago and currently has 24 states participating. They are now beginning the development of a compact for Advanced Practice Nurses. The Federation of State Medical Boards (FSMB) is well into the process of developing a compact for medical doctors and osteopaths. The National Association of State EMS Officials (NASEMSO) is midway through the process of developing a licensure compact. Several other regulatory groups have expressed an interest in exploring a compact. There may be some significant advantages for to explore the concept of a compact with other regulatory groups who all have similar concerns and issues.

References

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