



Legislative Testimony

Senate Bill 251: Interstate Medical Licensure Compact

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Testimony before the Senate Committee on Commerce, Labor and Energy

Prepared Statement of Kenny Guinn Center for Policy Priorities

In our report, *Nevada's Mental Health Workforce: Shortages and Opportunities*, we recommended that Nevada consider joining interstate compacts in medicine, nursing, and psychology to improve recruitment from other states, which could facilitate the use of telemedicine services to help meet needs in underserved areas.

Significant Shortages in Mental Health Services in Nevada

- Nevada ranks 50th in number of psychiatrists per 100,000 people. This shortage is particularly pronounced in rural areas.
- Currently, 1.4 million people in Nevada (53 percent) reside in an area designated as a Mental Health Professional Shortage Area by the Federal Health Resources and Services Administration.
- The mental health service penetration rate is lower in Nevada than in the U.S., and is particularly low for Latinos and Asians.
- In 2013, seven physicians completed a psychiatry residency program at the University of Nevada School of Medicine, of which five remained in Nevada. Two physicians completed a fellowship in child and adolescent psychiatry and only one remained in the State.
- 76 percent of Senior Psychiatrist positions were vacant at Department of Health and Human Services in September 2014.
- To address these vacancies, the State has relied heavily on contract psychiatrists. For example, in FY 2014, Southern Nevada Adult Mental Health Services spent \$5.6 million for contract psychiatrists and physicians.

How the Interstate Medical Compact Can Help the Mental Health Services Shortage

- The compact provides a streamlined process that allows physicians to become licensed in multiple states without changing a state's existing Medical Practice Act.
- The expedited process can make Nevada more attractive to psychiatrists who wish to practice in multiple states, either in person or using telemedicine.

Positive Aspects of the Compact

- Created through Collaborative Effort: The compact was created through a state-driven process by the Federation of State Medical Boards, with the assistance of the Council of State Governments.
- Creates High Standards:
 - To participate in the compact, physicians would need to meet a high standard of qualifications and complete a background check. Approximately 80 percent of physicians nationwide would qualify under these standards.
 - There would be no change to Nevada's existing definition of a physician.



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- Physicians not eligible for licensure under the compact could still apply to be a physician under Nevada's existing requirements.
- Maintains Control by Nevada Medical Boards:
 - The Board of Medical Examiners and the State Board of Osteopathic Medicine would know who is practicing in Nevada.
 - Participating physicians would have to pay fees to practice in Nevada, which would cover the compact's administrative costs.
 - Disciplinary actions of physicians practicing in Nevada would be under control of Nevada's medical boards. The compact affirms that the practice of medicine occurs where the patient is located, and therefore requires the physician to be under the jurisdiction of the state medical board where the patient is located.
- Creates a Coordinated Information System:
 - Nevada would be able to rely on verified, shared information, which would speed up the licensing processes for physicians coming from other states.
 - A coordinated information system would help states share information for disciplinary purposes.
- Efficiently Implements Reciprocity: Implementing the compact is administratively easier for the State medical boards than negotiating separate reciprocity agreements with each state as proposed in Section 12 of AB 89.

Compact Status

- The compact needs approval from seven states to become law. Wyoming (HB 0107) and South Dakota (SB63) have enacted the compact. Fifteen states are considering the compact, including Nevada.

See full report: *Nevada's Mental Health Workforce: Shortages and Opportunities*

http://guinncenter.org/wp-content/uploads/2014/10/Guinn-Center-Policy-Brief_Mental-Health-Workforce-Final.pdf

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