

July 27, 2017 Roundtable Transcript

Streamlining Licensing Across State Lines:
Initiatives to Enhance Occupational License Portability

Hosted by the Federal Trade Commission's
Economic Liberty Task Force

July 27, 2017

Constitution Center Auditorium
400 7th St SW
Washington, DC 20024

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Moderators: Karen A. Goldman (FTC), Katie Ambrogi (FTC)

WELCOME REMARKS AND ANNOUNCEMENTS

- **Tara Isa Koslov, Acting Director, Office of Policy Planning, Federal Trade Commission**

TARA KOSLOV: So good afternoon, everyone. My name is Tara Koslov. I'm the Acting Director of the FTC's Office of Policy Planning. I'm delighted to welcome you to the Economic Liberty Task Force's first public roundtable, *Streamlining Licensing Across State Lines: Initiatives to Enhance Occupational License Portability*.

When Acting Chairman Ohlhausen convened the Task Force earlier this year and asked OPP to run the project, I knew we had an exciting opportunity, first to extend and deepen the Commission's longstanding work on occupational licensing issues, and second, to promote a national dialogue on occupational licensing reform and how it can reduce barriers to entry, enhance competition, and promote economic opportunity. The Task Force will take full advantage of the Commission's policy and advocacy tools to achieve these goals, and today's roundtable is an excellent example.

On behalf of the Task Force, thanks to those of you joining us today in person and also via our live webcast. We extend special thanks to our terrific roster of speakers for taking the time to travel here and share their expertise with us. And I personally want to thank both Karen Goldman and Katie Ambrogio, my two fantastic OPP staffers who organized this whole event and will be moderating today's discussion.

Before we begin our substantive program, it's my job to quickly review some administrative and safety details. Please silence any mobile phone and any electronic devices. If you must use them during the roundtable, please be respectful of the speakers and of your fellow audience members.

Please be aware that if you leave the Constitution Center building for any reason during the roundtable, you will have to go back through security screening again. You all received a lanyard with a plastic FTC event security badge. We do reuse those for multiple events, so please, when you leave for the day, do return your badge to the event staff.

Restrooms are located in the hallway just outside the conference room. There are big signs labeling them. We will be live tweeting during the event. I'll be doing that with some other staff over at a table there. We're at the handle @FTC. We're tweeting at the hashtag #EconLibertyFTC, and others are welcome to use that hashtag as well. Wi-Fi is available. You should have seen a pamphlet outside on the tables with the Wi-Fi access code.

Please be advised that this event may be photographed, webcast, or recorded. By participating in this event, you are agreeing that your image and anything you say or submit may be posted indefinitely at ftc.gov or on one of the Commission's publicly available social media sites.

As I mentioned, the roundtable is being live webcast, with thanks to our tech team back there for making that happen. The webcast will be recorded. A transcript will also be generated, and these materials will be made available on the FTC website within the next few weeks.

The speaker presentations will be posted on the roundtable website, along with public comments received to date. If you wish to submit a public comment after the roundtable, you may do so at the link provided on the roundtable website. Our intent is to create a lasting resource for everyone interested in these important issues.

Our moderators do intend to leave some time at the end for audience questions. I suspect it will be very difficult to get to all of them, but the Task Force certainly will be reviewing all of them, so I do encourage you to submit them even if we're not going to be able to get to all of them.

We will accept questions by Twitter at the hashtag, as I said, #EconLibertyFTC. We will also accept questions via comment cards for people who are here in person. We'll have some staff walking around to distribute and collect the cards and bring them up to the moderators. If you need anything while you're here, please feel free to ask any of us who are wearing the official roundtable badges, including the folks out at the registration tables. And that is it for the housekeeping details.

I now have the great pleasure to introduce our first speaker, my longtime colleague and friend, Acting Chairman Maureen Ohlhausen. She was sworn in as an FTC Commissioner in April 2012, and was designated to serve as Acting FTC Chairman by President Trump this past January.

Among Maureen's many accomplishments, I'm proud we get to claim her as an OPP alumna. She previously served as OPP director, and I know she shares my view that events like this one are an excellent opportunity for the FTC to promote research, scholarship, discussion, and informed policymaking on issues of importance to American consumers. So please join me in welcoming Acting Chairman Ohlhausen.

[APPLAUSE]

OPENING REMARKS

- **Maureen K. Ohlhausen, Acting Chairman, Federal Trade Commission**

MAUREEN OHLHAUSEN: Well, thank you, Tara, for that wonderful introduction. And what she didn't say was it was more like I sprung the Task Force on OPP, and they caught the ball and have been handling it beautifully. So I just couldn't be more delighted.

So welcome to today's event, *Streamlining Licensing Across State Lines: Initiatives to Enhance Occupational License Portability*. This is the first roundtable hosted by the FTC's Economic Liberty Task Force.

And as Tara mentioned, I created the Task Force earlier this year to look at how changes to licensing laws can reduce barriers to entry, enhance competition, and promote economic opportunity. Today's event focuses on initiatives that mitigate the effects of state-based occupational licensing requirements, which make it difficult for professionals to obtain licenses in other states.

First, I'd also like to thank our sister agency, the Department of Defense, for their participation. So as some of you may know, July is the month of the military consumer, and one of my other priorities is to protect military consumers. And just last week, we hosted a workshop in San Antonio to examine the financial issues that can affect service members and veterans and their families. And I'm very pleased that the Department of Defense is here to talk about initiatives that have made it easier for military families to move across state lines.

I'd also like to thank our other speakers joining us here today who represent a wide range of professions, including teachers and doctors, CPAs, and nurses. And collectively, their efforts to increase license portability have truly benefited not just our military community, but all American workers and all consumers of such services.

And I'd like to, in wrapping up the thanks, certainly express my appreciation to the FTC staff serving on the Economic Liberty Task Force. And they've worked very hard to organize not just today's roundtable, but to implement an aggressive agenda of stakeholder outreach and events and related research projects.

So when I was named Acting Chairman in January, I immediately launched the Economic Liberty Task Force as one of my signature initiatives, with a particular focus on occupational licensing reform. Fewer things are more fundamental to a citizen's well-being than the ability to work. And working doesn't only benefit us individually. As a society, we rely on each other's pursuit of chosen professions. So for example, the doctor or nurse who compassionately cares for us when we are sick, or the teacher who inspires learning and ensures that the next generation will be prepared to meet the needs of our communities.

Today, many occupations, those in which we serve and those on which we rely, are licensed by individual states. And while occupational licensing is nothing new, licensing requirements have grown significantly. So many of you may have already heard the figure that in the 1950s, less than 5% of jobs in the US needed a license. And today, that number is between 25% and 30% nationally.

And at its core, occupational licensing can limit the number of workers available in any profession. And these limits flow from extensive educational requirements, years of on-the-job training, examination, and all the time and expense that goes with them. And the Economic Liberty Task Force seeks to stimulate discussion about whether some of these licenses may be unnecessary to promote health and safety, or whether less restrictive alternatives may be available.

Now of course, some of these licensing requirements make good sense. The FTC recognizes that licensing sometimes serves important consumer protection functions, especially in situations where consumers may be vulnerable because they lack sufficient information to evaluate the quality of service providers.

So as a quintessential example, no one wants unqualified providers of important health care services that pose risks to patient safety. But not every health-related service requires a trained MD. And certain license requirements may be more restrictive than necessary. And because

many states have different, often dramatically different requirements to perform the same job, and because licensing rules vary from state to state, it may be hard for workers in one state to obtain a license in another state.

Now applicants licensed in one state may need more education or different types of training to obtain a new license, even though they provided the services safely and effectively for many years. Even when the underlying standards to obtain a license in a particular profession are similar across the country, the process of getting a license in another state can be slow and burdensome and costly.

What's more, the difficulty in obtaining a license disproportionately harms military families who must move frequently. A lack of license portability is also more likely to harm lower and middle income Americans who often struggle to cope with fees, gaps in employment, and additional educational requirements arising from the differing licensing regimes.

So fortunately, today I have some good news to share. In launching the Economic Liberty Task Force, my goal was to shine a spotlight on licensing issues using the FTC's broad range of policy and advocacy tools. And as part of this process, the Task Force has been connecting with numerous stakeholders such as organizations of professional licensing boards, state officials, and other associations and stakeholders to learn more about ways to address challenges relating to occupational licensing.

Early in the course of our work, we focused on a number of recent initiatives seeking to increase the portability of licenses across state lines. And some have developed interstate licensing compacts, which are contracts that states can enact to provide pathways for expedited licensing and multistate practice. And this allows them also to share applicants' disciplinary and other records among the participating states.

Now other organizations have developed model laws and model rules that states can choose to adopt, and which may accomplish similar goals. Now both interstate compacts and model laws are intended to make it easier for licensed professionals to work in multiple states or to become licensed when moving to a new state while maintaining important health and safety protections for consumers.

So today's roundtable brings together a panel of experts who, along with the organizations they represent, have crafted a variety of solutions for improving license portability. And these leaders will speak about these mechanisms, the ones that have worked for their organizations, and they will highlight both the benefits and the hurdles encountered along the way. And we expect this knowledgeable panel will help us identify some best practices for other organizations seeking to streamline licensing across state lines, and thereby ease the burden on US workers and consumers.

So let me conclude by emphasizing that while today's roundtable is the first event hosted by the Economic Liberty Task Force, it's not going to be the last. We plan to continue this dialogue in a number of ways, focusing on other aspects of occupational licensing and other possible approaches to reduce the burdens it imposes.

Now the FTC's mission is to enforce the antitrust laws, promote sound competition policy, and protect and advocate for consumers. We know that removing or relaxing barriers to entry typically yields positive effects such as lower prices, increased access to goods or services, and higher levels of innovation, all of which support a thriving economy.

By reforming and streamlining licensing requirements wherever possible, we can open doors to opportunity, enhance innovation, and ensure that competition dictates the range of choices available to consumers in the marketplace. So thank you for your attention, and I'll turn the program over to our two co-moderators, Karen Goldman and Katie Ambrogi.

[APPLAUSE]

PANEL PRESENTATIONS AND DISCUSSION

Moderators:

- **Karen A. Goldman, PhD, Attorney Advisor, Office of Policy Planning, Federal Trade Commission**
- **Katie Ambrogi, Attorney Advisor, Office of Policy Planning, Federal Trade Commission**

Panelists:

- **Marcus Beauregard, Director, Defense - State Liaison Office, United States Department of Defense**
- **Rick Masters, Special Counsel, National Center for Interstate Compacts, The Council of State Governments**
- **Phillip S. Rogers, EdD, Executive Director/CEO, NASDTEC (National Association of State Directors of Teacher Education and Certification)**
- **Jon Thomas, MD, MBA, Chairman, Interstate Medical Licensure Compact Commission**
- **Katherine Thomas, MN, RN, FAAN, Executive Director of the Texas Board of Nursing, President of NCSBN (National Council of State Boards of Nursing)**
- **Virgil Webb, Assistant General Counsel, Association of International Certified Professional Accountants**

KAREN GOLDMAN: So we're going to get started with the panel now. I'm Karen Goldman, and this is my co-moderator, Katie Ambrogi.

As Tara Koslov mentioned, we're both from the FTC's Office of Policy Planning. So in introducing our wonderful slate of panelists here, we are not going to go into the detailed biographies, which you can find in the biography document.

Our first panelist will be Rick Masters. He's Special Counsel to the National Center for Interstate Compacts of the Council of State Government. And he'll provide an overview of interstate compacts.

Our next panelist will be Dr. Jon Thomas, Chairman of the Interstate Medical Licensure Compact Commission. And he will make a presentation on the expedited pathway to licensure under the Interstate Medical Licensure Compact.

And the third panelist will be Phil Rogers who holds a doctorate in education and is the Executive Director and CEO of the National Association of State Directors of Teacher Education and Certification. And he will cover license portability for teachers. Katie?

KATIE AMBROGI: Our fourth panelist will be Katherine Thomas, who is a Fellow of the American Academy of Nursing, holds a master of nursing degree, and is President of the National Council of State Boards of Nursing. She will make a presentation on the Nurse Licensure Compact.

The next panelist will be Virgil Webb, who is Assistant General Counsel at the Association of International Certified Professional Accountants. He will present on license portability for certified public accountants under the Uniform Accountancy Act.

And last but not least, we will hear from Marcus Beauregard, Director of the Defense State Liaison Office of the United States Department of Defense. His presentation will be on military spouse license portability and license initiatives.

KAREN GOLDMAN: So we'll begin with Rick Masters' presentation.

RICK MASTERS: Well, good afternoon. I'm going to try to cover interstate compacts in eight minutes. So it's a Herculean task, but I think I can do it. Interstate compacts had a long and colorful history in our nation's governing structure, and they are simple and proven tools because of the length of time they've been around to provide for collective governance among the states by having the features of both a statute and a contract. So when states enter into compacts, they are entering into statutory agreements to regulate certain transactions in certain ways.

They are an effective means of cooperatively addressing any number of common problems, and certainly occupational licensure is not the only purpose for which compacts exist. Their principal value, in addition to being a creature of the Constitution that are authorized in our federal Constitution for statutory, contractual relationships between states, but allow the states to maintain collective sovereignty without the necessity of intervention by the federal government.

And as I said, they had a wide variety of uses. Originally, they were used for boundary disputes among the colonies. In fact, the Compact Clause of the Constitution actually can be traced back to the Articles of Confederation, and they were used even in the pre-constitutional days to regulate boundary disputes.

They're still used for that, but now are fully within the administrative regulatory regime of most states -- well, in fact, of all states -- to regulate any number of interstate transactions, including those on this slide. Transportation, environmental matters, education, corrections, public safety, and certainly occupational licensure. And those aren't all, just some examples.

Typically, state legislators look to compact statutes as an alternative to federal intervention. When there is a concern about the US government taking a role to preempt the state, sometimes that's necessary, but not always. And the Founding Fathers included the Compact Clause in the Constitution, in my view, so that the states do have an alternative where they can accomplish uniformity without the necessity of a federal solution.

The drivers for things like licensure portability certainly include advances in technology, telehealth, telemedicine. Practicing across state lines by virtue of cell phones and computers where you can treat and diagnose patients in the health care professions without ever leaving your office certainly is a new way of doing business that needs to be regulated, and at times is not.

We certainly live in an increasingly mobile world where people move from place to place on a frequent basis that was not the case before. I think it's safe to say there is distrust of Washington; where there is a state-based solution, many times, states want to find out if that can be done. And with compacts, they have a proven track record.

The Constitution of the United States authorizes compacts under Article I, Section 10, Clause 3. And while that clause seems to say that all compacts require the consent of Congress, the Supreme Court has made it clear that that's only the case where the compact infringes on some enumerated power that is reserved to the federal government under the US Constitution. And if the states are simply regulating in an area that they already have authority over, they're free to enter into compacts to do the same things collectively that they can do individually.

Each state has on average two dozen compacts that they've entered into in all of the various areas that were featured on the slide, and then some. We have approximately 215 active compacts since the Constitution was ratified in 1789. And originally, as I said, while they were used for boundary disputes and more simple matters, today they are used to regulate a wide range of administrative functions, including occupational licensure.

Health care has found compacts to be a solution that has measured up to the requirements that most health professionals feel are necessary for license portability. While compacts are not the only way that portability can be facilitated in occupational licensure, certainly a compact can be an effective way of doing it. And I think you see by this slide that we have evidence of that with the Nurse Licensure Compact, which has now been adopted. The previous one was adopted by 26 states. The enhanced Nurse Licensure Compact just got to 26 a week ago when North Carolina's governor signed it.

We have the Emergency Management Assistance Compact that has 50 state members. The EMS Licensure Compact is now at 13 states. So this slide has changed, again, just within the last few days. The Medical Licensure Compact now has 22 states that have enacted it, and the Physical Therapy Compact now has 13 states.

The drivers for health licensure reciprocity are some of the same drivers of compacts generally. We have a mobile society. We have a technological advancement, a rising population, and a deficit of health professionals and the need for access to care.

The licensure solution through compacts allows for public to have greater access to health by allowing professionals in the health professions to practice across state lines, enhances the state's ability to protect the public through a wider safety net of all of the member states, can do things like support spouses of relocating military members, and can enhance the exchange of investigation and discipline across state lines, promoting public safety. Compacts are a state-based approach to a multistate licensure regime that uses the vehicle of interstate collaboration or interstate compacts that's provided for in the Constitution.

The interstate compacts regulating health professions do not impact state practice acts, and are only geared toward the procedure by which professionals can gain occupational licensure across state lines. Licensees are free to voluntarily become part of the compact process. And since compacts are a creature of statute, once the licensure processes are put in place through the statutes, they have a more permanent solution, which is enforceable among the states to make sure that the states are following the protocols called for under the compact.

This slide has some contact information. The organization that I work with, Council of State Governments, doesn't just promote interstate compacts, but interstate cooperation generally, and has been doing that for the past 80 years. But certainly, one of the ways that states have found to constructively engage with each other for state-based solutions is through the device of interstate compacts. And we're certainly pleased to be here on this panel today, and happy to answer questions that may arise in this context before we leave. Thank you.

KAREN GOLDMAN: And thank you, Rick, for that very informative overview.

KATIE AMBROGI: Next, Dr. Jon Thomas will make his presentation.

JON THOMAS: Well, thank you very much for having me here. This has really been an exciting and very busy time with the Interstate Medical Licensure Compact. This is an effort -- I don't need to belabor this with this audience. I think we all understand the Tenth Amendment and how licensing works. But the point being is that this is something that's a state function, as Rick articulated.

And so a very small number of physicians, roughly 3%, often require three or more licenses. And so for 97% of physicians, one license or two is all that they need, and most physicians spend most of their lives in one place once they land upon a practice that they like. And so the present licensing -- or the past licensing system worked just fine for most physicians in the US. As was discussed by Rick Masters, we now see that there's incredible mobility in both the population and with physicians, and we're seeing that physicians are needing more licenses in order to practice in multiple jurisdictions.

And so the typical process today works that if you want a license in a state, you have to apply to that state. And so if you wanted, in this case, six licenses, that's six different applications, six different states, vetting the same information six different times. And clearly, that's not an efficient process.

So in 2013, the Federation of State Medical Boards convened a meeting to discuss this issue. There were talk and threats of a national license. And we're often asked, well, what's wrong with a national license?

Well, there's nothing wrong with a national license. We already have a licensing system in place that's state-based that works. And so while there's nothing wrong with a national license, why have another layer of bureaucracy, another system? And states are already doing this, and they're doing this well. They're doing it safely. And we realize that there may be a need to provide a better way of doing this.

And so I'm not going to go through every detail there, but the point being the FSMB, the Federation of State Medical Boards, convened a meeting of the states, state representatives, the executive directors, board members. Got together, and we had a speaker from CSG, the Council of State Governments, one of Rick's compatriots, and this idea of a compact surfaced. And the states felt that this might be a viable solution to provide a more expedited process of licensure.

The one thing that was clear with states was that reciprocity wouldn't work. One state -- it wasn't good enough that one state would recognize the license of another state. For states to be able to take action on a physician whose standard of care falls below the minimum standard, they need to act on a license. And so a reciprocal process would not work. We felt that each state would have to issue a license, but we would expedite the process, and we'd make the process much more efficient.

So January '13 was when we had those discussions. I was fortunate to have been there during that time. And four years later, the compact was open for business.

The main issue that states were concerned with is, what sort of standards do you accept? The problem with reciprocity is that some states felt that they do it better than other states. And so clearly, we could find a high bar that all states could agree with and all states would sign on for.

And so during the development process, we had committees, work groups, and decided that these were the standards. These are the standards that all the states present could agree were high enough standards that every state could sign on. Again, I won't go into each detail of the standards, but just to say that the bottom one has been the one that's caused us the most issue, even though that was the one that we thought would be the least problematic of the issues. That's simply passing an FBI criminal background check, and I'm sure that'll surface later when we talk about this.

This isn't one of those slides that I'm going to ask you to go through every box. Actually, I'm not going to do that. This is just to show you that when we set out to actually develop the process for how we would do this, we actually put every single detail of the licensing process into the swim lane diagram, and use this swim lane diagram in order to develop our IT infrastructure in order to do this process.

Again, this is just to remind you the judicial process, one state at a time. What we were trying to achieve is this, where the physician goes online, goes into one portal or website -- that's the imlcc.org, fill out an application.

Now from there, once they fill out that application online -- we're going to go through this, because I've only got three minutes left -- the physician chooses in that application process -- the physician chooses what's called a state of principal license. They have to have a license. If they have a few licenses, they can pick a state of principal license. That state is going to vet the physician to make sure they meet the standards and the other eligibility requirements, and that state is going to perform that criminal background check.

The process of going through that application process is \$700, \$400 of which goes to the IMLCC to run the organization. Three hundred dollars goes to the state as overhead for vetting the applicant.

Once they've checked out the eligibility requirements, gotten the criminal background check results back -- again, these are requirements we discussed earlier -- then the state of principal license issues a letter of qualification. It's not a certificate for framing, but it's just a virtual letter stating that the physician meets the qualifications. It's their ticket to getting their licenses.

Once the physician is notified that they have the letter of qualifications, the physician goes back to the website and then checks the boxes of the states in which he or she wants a license, pays the licensing fee for those states. And the compact language is very clear. Upon receiving the LOQ and a fee, a state shall issue a license.

The other piece that was of concern is that the current licensing system, because every state is separate, if a physician has a license in multiple states, that physician might actually be engaging in care that's questionable in multiple states. If a complaint is lodged in one of those states, that complaint is not automatically sent to other states.

And if the other states find out that there may be a problem with the physician in that state, that state will not receive subpoenas. You can't subpoena the information. You can't get the information, because in many states, this complaint information is protected by data privacy acts in the states. It's confidential, private, can't be shared.

Some states were very clear that if they were going to sign on to this process that there needed to be more transparency. There needed to be some information sharing of licensure complaints and issues. And so what we've done with this process is that any complaint in any of the compact states is shared automatically with the other compact states. There can be investigations that occur together. So in fact, that this actually also provides better information sharing for those states who have licenses in multiple jurisdictions, and is actually safer for the patients.

So our challenges have been the FBI. I've got 20 seconds. I'm going to borrow Rick's -- you had an extra minute, Rick, so if you don't mind if I borrow a minute of your talk, I'll go over a little bit here. The biggest issue was the FBI challenge.

The FBI is able to do criminal background checks through a Public Law 92-544, which allows states to ping the FBI to get a criminal background check. That state law is very technical, and that state law requires that a state have an enabling statute in order to query the database.

Unfortunately, every state's enabling statute is not the same. It's a little different. And every state has to ask the FBI for the blessing in order to do -- if the statute meets the standard. And so four states have not met the standard. Arizona has since corrected its statute. In Minnesota, we've tried twice, and we're still waiting to see if our statute suffices.

There are some other issues here I won't go into, but the main issue that stopped the compact -- it hasn't stopped the compact. Had we not had this FBI issue, we would have basically had all 22 states on board, issuing licenses, and we would have seen significant revenue to continue our project development.

As it stands, we only have a handful of states that can serve as a state of principal license, and so we've been hampered somewhat in our development and promulgation of the process. But we are working every angle to try to resolve this. And in fact, with our senator this morning, with Rick Masters, again, talking for some type of legislative fix for this issue. With that, I'll stop and move on. Thank you very much.

KATIE AMBROGI: Thank you, Dr. Thomas, for your overview of the IMLC.

KAREN GOLDMAN: And next is Phil Rogers.

PHILLIP ROGERS: Yes. Good afternoon. I first I want to thank the FTC for this. This is a great conversation, and thank you for inviting us to be part of it.

NASDTEC doesn't have the longest name in Washington, but it has more syllables than any other name. But it's been around since 1928, and the primary purpose of NASDTEC is to facilitate communication and collaboration between states regarding the certification, licensure -- and we use those terms interchangeably -- with cooperation with out-of-state applicants.

The reality is, as in most professions, most teachers, a high percentage of teachers teach within 100 miles of where they went to high school, and they never move. The need for what we're talking about today, interstate licensure, used to be related to within state problems.

Prior to states overseeing teacher licensure, every school district had their own requirements, their own test, their own interview process. And with the development of state departments of education, all of that moved to the state level. And that still didn't resolve the problems between states -- teachers who were wanting to leave one state and go to another.

So the important part for us to remember is that the primary purpose of every educator, as with physicians, as with nurses, the primary purpose of every educator is the safety of their students. So every state is very concerned to make sure that they have not only efficient and effective educators in the classroom, but ethical teachers and educators in the classroom. And the

importance of the development of the requirements for educators and the review of educators is to make sure that they are effective, make sure that they are ethical.

It's important to remember that a teacher certificate is not just a teacher certificate. Every state, they have -- the average is at least two dozen different certificates within each state. And every certificate has different requirements, different assessment requirements, different requirements for student teaching. So it is very complex and very difficult to align a certificate in one state with a certificate in another state.

I will make a statement. I think it's true. We may find some disagreement. But I believe that the profession of -- teachers' profession, educators, is the most highly regulated profession of any of those that are on this platform today.

Now one of the issues that we have is that when someone says, well, why don't you have reciprocity in teacher -- in educators teaching and interstate ability for teachers to move across lines? And I always say, there's five reasons. It's called a governor, a commissioner of education, a state board of education, the state senate education chair, and the state house education chair. Any of those people can make changes to the certificate, and often do.

So it's important for us, as NASDTEC began to think about this about 10 years ago, we realized that it was truly a moving target. And we established what is known as the Interstate Agreement.

Now the agreement is not a compact. It doesn't obligate any state to give a certificate for the cause of another state. It is a very high-level agreement on the minimum requirements for teacher certification. And all but four states, including District of Columbia, the Department of Defense schools, Guam, the Mariana Islands, have signed the Interstate Agreement. Four states have not signed that agreement.

It's important to realize that the Interstate Agreement has a very clean, simple purpose, and that is to not develop reciprocity. We don't even talk about reciprocity in education. We talk about teacher mobility, and to facilitate that.

Now the reality is if you are an experienced teacher, if you meet the definition of a state's definition for experience -- and that typically varies, but it typically is three years of consistent experience in a public school. If you meet that definition, for all practical purposes, there is reciprocity in education. If you're a secondary math teacher and you have five years of experience in a public school, you literally can go to any state and get a certificate.

Now it's very difficult if you are not experienced. And part of the problem with our military families, as Marcus will discuss, is that oftentimes these teachers who are in military, married to a military spouse, are oftentimes younger and they have less opportunity to develop that experience -- meet that experience criteria.

So then they move to another state, and even though they may have different periods of experience, they don't meet that definition. And so oftentimes, those -- often young teachers,

oftentimes -- don't meet that definition, and they have to start literally all over with assessments and course requirements, and it's a very, very frustrating experience.

Most states work very hard to make sure that teachers can come into their state as seamlessly as possible. It is not something that is perfected yet. We are continuing to have conversations on how we can improve this.

Part of the problem is that none of the state certification systems talk to one another. So if you are an educator preparation program and you have -- maybe you're on a state line, half of your teachers go to the other state, the only ones that you know about whether they are employed or not are those who stay in your state, because there is no system for you in this state to talk to the other state.

We are working on that. The NASDTEC Executive Board is having conversations now, and we have developed a prototype called MELS, the Multistate Educator Lookup System that will allow the state systems to begin to talk to one another. And once they begin to talk to one another, we believe we'll be able to more quickly and seamlessly align certificates and improve the certification process for those who are going across state lines. So I'll stop there, and we can have some conversation, questions a little later. Thank you.

KAREN GOLDMAN: Thank you, Phil, for that very interesting perspective on teacher mobility.

KATIE AMBROGI: Our next presenter is Katherine Thomas.

KATHERINE THOMAS: Good afternoon. It's a pleasure to be with you all today to represent the National Council of State Boards of Nursing, and to tell you about our licensure portability model, which is an interstate compact for nurses.

Boards of nursing are members of the National Council, and they regulate 4.8 million nurses in the United States. So that's no small number or no small task. See if I can operate this. There we go.

So just a little bit about the Nurse Licensure Compact. In the mid '90s, the National Council began to talk about a new model of regulation for the future. Even then, we were seeing changes in health care delivery including telehealth technologies beginning to evolve and nurses having a need to practice in multiple states from one central location.

So we developed a model called the mutual recognition model, and that model has some tenets. First of all, it's built on the fact that the individual's required to have one home state license, which is a multistate license, and they may use that license in any other compact state through their privilege to practice in that state. So we adopted that model in 1997. The first states implemented in 2000, and 25 states ultimately adopted the compact.

So this is just giving you kind of a visual of what we hoped to achieve through this model. We wanted to have a state-based license that is recognized nationally, but enforced locally at the state level. And we believe that mutual recognition achieved this model.

The ultimate goal, of course, is to have the most states join who can -- 50 states would be ideal -- because that's when the compact will realize its absolute full potential. So we're working toward that goal. I'll tell you how.

The compact really benefits nurses. It has been throughout its history very popular with nurses for sort of obvious reasons. You can practice in multiple states, you're going to reduce the regulatory barriers for the nurse. That is, they don't have to apply in multiple states. So they don't have to apply, wait till they can be approved and have lapses in their employment when they move.

It also saves them time or cost, because in the old model, of course, you paid for a license in every state. Under this model, you pay for a license in your home state.

It clarifies the ability that nurses can practice under the compact using telehealth technologies, and that affects many nurses. Case managers for many, many years practice from one central location electronically and talked with patients in up to 50 states, giving them advice, making assessments on a daily basis.

Also, nurses who provide mental health services, APRNs in particular who might do that through telecommunications in rural areas particularly frequently cross state lines. And we have a lot of new technology now, so nurses are providing telehealth ICUs where they are located in a central location. They are observing patients in remote locations, often small hospitals, and giving those nurses and patients assistance through their expertise.

So by 2013, we were pretty clear that we were slow in adopting. We wanted to move this thing a little faster, so we got a group together. We asked them to tell us, what would it take to move the compact forward? And we introduced a new compact in 2015. It's been adopted already by 26 states, as Rick mentioned, as of this last month. And we're ready to get started.

So why did we revise it to begin with? We got stuck. We were not getting more states to come on. We were up to the limit we were at, and states didn't have an interest. So we knew there were barriers. So we went to the states and said, what are those barriers? And they said uniform license requirements. So that's what we worked on. This is a problem more than ever as telehealth comes in that states have to be comfortable with people moving across those borders seamlessly.

So what's in the new eNLC, or what we call the Enhanced Nurse Licensure Compact? Uniform license requirements, as I mentioned. States can still evaluate individuals for single-state license. I think that's an important point to make here. But to have a multistate license, you have to meet these uniform requirements. And we're talking about pretty basic things like passing a national licensure exam, the NCLEX, and having a social security number, having an FBI criminal background check.

The eNLC implementation is going to occur now, going forward since the 26th state adopted. What the law says is that when 26 states or by December 31, 2018, we would implement the compact. So with the governor signing, we're ready for implementation. The commission meets

August 3 and again on August 15. Their purpose then will be to adopt operational rules and set the implementation date for the compact.

Twenty-six states, as I said, have signed on. Five of them are new. There are four that will continue under the old compact till they can adopt the new one. So we've got a lot of balls in the air.

We also have an Advanced Practice Registered Nurse Compact, and it looks much like the eNLC in its basic concepts. It also is a mutual recognition model, and it's available for all four roles of APRNs. So nurse practitioners, nurse midwives, clinical nurse specialists, and clinical or certified registered nurse anesthetists.

It complies with a national standard setting document called the APRN Consensus Model. That model provides not only with the education, accreditation, certification, and regulation requirements. It provides for full practice authority without a supervisory or collaborative agreement with a physician.

And prescriptive authority is limited to dangerous drugs or legend drugs they're called in some states, because controlled substances are regulated by the federal government, and it is required the individual have a DEA number at their location of practice in order to prescribe controlled substances. It gives the federal government a good opportunity to oversee that, and you know the risks involved with those drugs.

I think that what moved us in the direction of the standardization was that this compact would have to be different from the other compact or eNLC or NLC in that it would have to set out what the standards would be for advanced practice. Now APRNs are a younger profession than registered nursing or even vocational nursing, so these standards evolve, and it takes time for standardization to occur. And we thought we were there at that point.

So this was vetted by 50 organizations nationally, and the National Council supports a consensus model to achieve standardization of APRN requirements across all jurisdictions. OK. Well, thank you very much, and we'll answer some questions shortly, I'm sure.

KATIE AMBROGI: Thank you, Kathy.

KAREN GOLDMAN: And our next presenter will be Virgil Webb.

VIRGIL WEBB: Little tall for me. How do you do? Thank you for letting us be a part of this FTC roundtable. I'm glad to be here, and hope that I can provide some information about the mobility effort as it relates to CPAs and the CPA profession that will be helpful to you.

First of all, our mobility effort goes back to 1997. There was a joint committee that worked for a year. It was formed by AICPA members and members from the National Association of State Boards of Accountancy, NASBA, which is the association for state boards.

The committee got together and looked at the state of licensure, and was trying to promote some ideas for the future of licensing of the profession. And there were a number of things that they looked at, but for our purposes, just mobility is what I'll talk about.

The rationale some of the other speakers have already talked about. The changing world, the world is shrinking, the idea that state limitations might not work in the marketplace, that technology was allowing the profession to provide services across state lines from one spot to clients in many states. And the idea that the licensure model that kind of depended heavily on presence in a state might not work so well in the future.

So the committee identified several goals that it agreed were of central importance, and those included providing for mobility of CPAs to allow them to readily be able to provide services to clients in several states and any other state, and also to make it easier for them to get reciprocity when they relocated from one state to another. Also, the idea that the public would need to be protected with regard to this interstate practice, and that the need to promote uniformity was going to be helpful to this process.

So they had a number of recommendations, but one of them that I'm going to kind of key on is to allow CPAs to practice across state lines without a license, a practice privilege. And also to, as I said, simplify reciprocity.

So the way that this was done was through the Uniform Accountancy Act, or UAA, which is published by the AICPA and NASBA. It's a model bill that is an A to Z licensure act. It covers everything from initial licensure of CPAs, licensure of CPA firms, and a number of other areas. But it's been published with NASBA since 1984, so we already had sort of a model of what licensure requirements ought to be.

So the UAA was the vehicle for moving this mobility effort. And when the UAA was published after the adoption of this report by AICPA and NASBA, a provision was added that allowed for substantial equivalency and practice privileges.

Now substantial equivalency means that you would have the right to practice across state lines in another state without the need to get a license if either your state of licensure had requirements for initial licensure that were equivalent to the Uniform Accountancy Act, or if you -- if your state did not have those -- had not adopted UAA standard licensure requirements, that you personally met those requirements. So in other words, if your state, say, had a high school diploma requirement but you had a master's degree, well, you were going to be able to take advantage of it even though your state was not substantially equivalent.

So the focus was on the three Es. Education, which is a bachelor's degree with 150 hours of education as a part of that, passing the CPA exam, which all of the states use, and one year of general accounting experience. So if either your state had adopted that or you personally had that, you would be able to have a practice privilege.

The idea was that you would be licensed in only one state. So obviously, some of the discussion of reciprocity talks about how many licenses you might need. Well, licensure in the -- if you

were in DC and want to serve clients within an hour's drive, you're going to have to have maybe three, four, five licenses.

In addition, the UAA has public protection provisions. A part of the licensure requirements in the UAA are that if you're using this practice privilege, you consent by using it to the jurisdiction of the practice privilege state, as does your firm. In addition, they can just treat you basically as they would treat their own licensees. You would be able to be fined by them. They could revoke or suspend your practice privilege if they chose to do so.

But there's also what we call a home gets you provision in the UAA under which action is going to be taken against your license. Obviously, the practice privilege state can't do that, so the provision in the UAA provides that your home state must investigate a complaint by another state's board, and your home state can discipline you for some violation of the other state's law, even if it's not a violation of their own laws. So in other words, if your state would allow you to do something but it's a violation of the other state's law, you can be disciplined by your home state.

The UAA also made some changes in reciprocity. So if your principal place of business changes, if you relocate, you must get a license in the state in which you've relocated to. I think that's not grammatically correct, but that's the fact.

But the UAA was changed to allow for expedited reciprocity if you personally had qualifications that matched those in the Uniform Accountancy Act. Or there's always been a safety net with regard to reciprocity. If you have four years of accounting experience in the last 10, you can get reciprocity if you pass the CPA exam.

I'm going to skip a few things since I don't want to go over time here. But I'll tell you that we've worked hard for the last 20 years to get this done. We now have mobility adopted -- is the map up? Green one?

FEMALE SPEAKER: Yes.

VIRGIL WEBB: Hot dog. Mobility, meaning practice privileges, have now been adopted by 53 of the jurisdictions. And a couple of the others -- doesn't show up too well there -- a couple of the other states are working on it. But in all those states, practice privilege legislation has been enacted.

Now we've evolved the UAA over the years. Initially, it required notice. That's been taken out. Some other provisions have been changed. But the next logical step with UAA was to allow for firm mobility. Certain things would require a license in the state. For example, if you're going to issue an audit report in the state.

But the UAA, in our most recent iteration, now allows for firm mobility. So your firm can operate across state lines in these 21 jurisdictions even if -- as long as it has licensure in a state that has UAA standards for firm licensure.

On our website, we've developed a number of things to help CPAs. We have a mobility tool that was developed with NASBA. The CPA can plug in the state of licensure, the state that they want to practice in, and what sort of work they want to do, and get more information about how the facts on the ground are with regard to practice in that state.

And we also have -- the NASBA has established a National Qualifications Appraisal Board, or service, rather, that allows CPAs who want reciprocity to be able to take their information provided to the state -- rather, provided to NASBA, and NASBA can verify whether they meet the standards of the UAA to enable them to get the expedited reciprocity that I talked about earlier. So with that, I see I'm getting a red light. Thank you very much.

KAREN GOLDMAN: Thank you very much for the very interesting presentation on CPA portability.

KATIE AMBROGI: And now we'll hear from our last panelist, Marcus Beauregard.

MARCUS BEAUREGARD: Good afternoon, all. I appreciate very much being here. We are representing obviously a different group than the rest of the panelists. We are essentially from the Department of Defense. We're looking at a very small segment of a broad basis in terms of licensure requirements.

Just to give you an idea about military spouses, who are they? Their average age is about 31 and a half years. If you're familiar with the military, you have officers in enlisted ranks. About 500,000 of them are in the enlisted ranks. About 140,000 in the officer ranks. About 640,000 military spouses altogether.

About 40% of them are in the workforce, and 35% of them require licensing. So that fits very much with what had been said before about 25% to 30% of occupations require licenses. So they fit maybe a little bit higher than that. All in all, there's about 90,000 military spouses who require some kind of a license.

What I'd like to do is show you a few slides, first of all, just to explain what our office is about, why we were established. Go through our experience in terms of working with states to improve licensure for these military spouses. Then look at some of the initiatives that we have ongoing and talk a little bit about what we're doing for the future.

So very quickly, our office, the Defense State Liaison Office was created by the Under Secretary of Personnel and Readiness because he recognized that many of the things that impacted military spouses happened at the state level, or military families writ large happened at the state level, and really cannot be changed by federal policy or through DoD policy. So our office started working on issues that essentially reduced barriers for these military families or comported laws that just didn't connect when it came to military families moving around.

I think the one thing I forgot to tell you about military spouses or military families in general is that they move about every two to four years. And that was the genesis of a lot of the issues, the barriers that we found that we were working.

So our offices worked a number of different issues, just about every title in state statute. And basically, because we're a part of the federal government, we don't go there to lobby. We're there just to educate legislators. And for the most part, they find that they are more than willing to help us with these issues.

So what we've done for -- oh, excuse me. This is our staff, just let you get some feeling for how many people are involved in this process. We have nine regional -- excuse me -- eight regional liaisons and one senior liaison who works with the states. And that's basically our staff who go out there and tell the story about military families and the kind of things that they can -- what legislatures can do to help resolve problems for military families.

For military spouses, we looked at what we could do in terms of the breadth of licensure requirements, understanding that there's anywhere from 30 to 70 licensed occupations. And we weren't exactly sure which licensed occupations we needed to tackle for military spouses, because they do cover the breadth. So we looked at opportunities that we could engage with the states that would cover all of those issues as much as possible, or those licensure requirements as much as possible.

So we engaged in basically three areas. Endorsement, which is a way of getting somebody with experience through the process of portability as quickly as possible. For those who did not have the prerequisite requirements to get an endorsement, some kind of temporary license so that they could start seeking employment as quickly as possible. And then just simply any ideas that could help expedite that licensure process at the state level.

So we came up -- what we found with states is that they would take on sort of a combination of issues. And so if you look at my color wheel up there -- I paint, so I went to a color wheel. If you look at the combinations of things, the primary colors are endorsement, temporary licensure, and expedite. And then you've got the combinations in between. If a state did all three of those requirements, I looked at them as being in the middle as far as a gray tone. And this is how it turned out in terms of the states.

So as you can see, 56% of the states have done all three of them, and so on and so forth. You can see that all states did something in terms of their statutory requirement. But we weren't certain what that meant in terms of their delivery to the military spouse.

So we've gone to the University of Minnesota to work with them to find out basically how the states implemented those statutory requirements. What we found is that it's been slow to develop at the board level.

Their initial review of all 50 states and the District of Columbia tells us that most states have not changed their websites at the board level. Most staff within the boards are not familiar with requirements for military spouses, and applications have no identification requirement for military spouses to let them know that there is some specific way to expedite their license. So this gives us an opportunity to go back and talk to the states again to see if we can improve that process.

In addition, most of the requirements that we covered did not cover teachers. Most of the states that reviewed our requirements did not cover teachers. And so we've gone back and asked states to consider specific changes to statutory requirements for teachers to improve their licensure experience. And so thus far, we've had 16 states that have made some improvement in terms of expediting, improving the testing pro forma that they have to allow military spouses to more quickly become licensed.

In addition, we've been working with occupations that have started their process of getting states to approve their occupational license compact. So far, we've worked with physical therapy, but we're also looking forward to working with about five additional ones this coming year to see if we can help at all, and assist them in terms of telling the story to legislators how an occupational compact can also help military spouses in their ability to move between states. And with that, I'll turn it back over. Thank you.

KATIE AMBROGI: Thank you, Marcus, for explaining the DoD's work in this space.

KAREN GOLDMAN: Well, since we've just heard about the Department of Defense initiative to reduce the burdens of obtaining a license after a move to a new state, let's consider that first. Marcus mentioned that compacts can be involved. And the fact that the DoD is encouraging streamlined procedures for military spouses that have to move across state lines suggests that the procedures for obtaining a license in a new state could be more efficient for everyone.

But sometimes the portability initiatives that we've heard don't address what happens upon a move to a new state or a state of principal licensure, and really focus on multistate practice instead. So I would like the panelists to discuss with us how compacts and model laws can help and reduce the burdens of becoming licensed in a new home state. Or alternatively, are there existing processes such as licensure by endorsement that sufficiently reduce those burdens? Phil?

PHILLIP ROGERS: One of the things to remember is that there have been compacts in teacher certification. The most recent was called the Northeast Educator Compact Association. Basically, there were a group of states in the Northeast who came together and created a common certificate. And if you were given that certificate, you could go from each state without having to get a certificate, a special certificate for that state.

When I named the five a while ago, there should be a sixth, the federal government. That compact came apart with the No Child Left Behind Act, because of the different requirements the states started adopting for highly qualified teachers. So there have been compacts in education. They just don't stay together because there's constant movement in regulations and laws within the states regulating teacher certification.

KAREN GOLDMAN: Would someone else like to weigh in?

KATHERINE THOMAS: I will.

KAREN GOLDMAN: Kathy.

KATHERINE THOMAS: Yeah. The Nurse Licensure Compact is built on the primary state of residence. The military active duty person has a declared residence through the Department of Defense, and they can present that as their document that shows their primary state of residence, and their spouse can use that same home state as theirs. So the compact in that way addresses military and their spouses.

I will say that compact states and non-compact states have used other measures as well. I come from a big military state, Texas, and we have processes for expediting licensure to make it easier for military and their spouses to go through those processes in a quick way.

And we also issue temporary licenses so while they're being processed, they can also start their practice if they meet certain threshold requirements. So I think there are multiple ways that we should be looking at this, but the goal is if we get to 50 states or a majority of states who have the compact in place, this won't be an issue for our active duty and military spouses.

KAREN GOLDMAN: Very interesting. Marcus?

MARCUS BEAUREGARD: Just one follow-on comment. As we went through the process of defining how we were going to accommodate military spouses, we understood that it's the occupations that have to make the decisions, the primary decisions on all issues involving that profession, that requirement within the profession. And so what we were looking for was just ways of working without changing anything in the sense of standards, but just in the process that you get a person to fulfill those standards.

What we found is that states were very accommodating, and many of them found ways of doing it that we had not really even considered. For instance, in this business of expediting, we've had some states that have said, well, if you certify on your application that everything you're saying is true, we'll go ahead and issue the license with the understanding that you'll provide us all the verification documents afterwards.

Again, our whole perspective was because they only have two to four years to get on with their occupation, we wanted to expedite it. And so those kind of things really did sort of help in the whole process.

RICK MASTERS: Karen, I would also like to explain that even today, we've been focusing on occupations which require college degrees, but we've got a whole range of professions that don't. And I'm happy to say that not only is the Federal Trade Commission looking at occupational licensure and portability, but also the U.S. Department of Labor and Council of State Governments, the National Conference of State Legislatures, and National Governors Association have received a grant to look at professional licensure among those professions that don't require college training. The cosmetologists, the beauticians, the truck drivers, the people that make up a large segment of the occupational world which are licensed, but aren't those that require degrees. And I think some of these principles apply both within the military, those not in the military, and across the board.

KAREN GOLDMAN: Right. And that's the point that I wanted to raise in asking this question about whether some of these efforts can help not just military spouses, but everyone. For example, the certification that Marcus was mentioning or the use of temporary licensure or substantial equivalency standards, are those things that can help in other areas?

JON THOMAS: I can speak to Minnesota. One of the things in Minnesota -- it's sometimes that the solutions are simple. So in preparation for the compact, we looked at our processes in Minnesota to figure out, what can we do to speed up the licensing process?

And it turns out, one of our barriers to expediting a license is that if a person applies for a license, say, in January, they won't necessarily become a full licensee until our next board meeting, which is sometimes two months later. So then we had to figure out, can we do a temporary license, which we did. And then we had an expedited process to try to speed up that process.

But then we realized that, why are we waiting in some cases two months for the board to meet to basically check and just say, I move this? And then we don't really debate ever, because it's a list of, you know, 150 licensees.

So we've just given our staff the ability to basically issue a license on any clean application where there's no problem, which helps everybody. If there's an issue, well, then that triggers an evaluation by the licensing committee. That alone has helped significantly process an application, and now we can issue a license within a week.

KAREN GOLDMAN: Thank you. So one of the other things we'd like to talk about is the mutual recognition model and the expedited licensure model. It's a key difference that we've heard about, and we've already heard some of the reasons why organizations have chosen one or the other. But perhaps panelists would like to weigh in a little bit more on that and why they chose one model or the other, and why it works for them.

KATHERINE THOMAS: OK. I think for nursing, even in the '90s, we thought that there was so much similarity in the requirements for nurses, an established profession that had been around nearly 100 years. We thought that this would be easier to use a mutual recognition model, make it easier for the licensees and easier for the bureaucrats who have to process all of this work.

So we proceeded with mutual recognition. We believed it was more of a seamless model. And particularly with the new enhanced compact when we have established standards or uniform requirements for that license, then I think that even further supports the mutual recognition model.

JON THOMAS: With the physician and the development of the physician licensure compact, there are 890,000 physicians in the -- I haven't seen the latest census. So the person out there with the latest census --

AUDIENCE: 950,000.

JON THOMAS: I'm sorry. 890,000 was the last time that came out recently. It was 950,000 licensed physicians in the country. And the state medical boards were clear that they wanted a license issued, because they feel that in order to take expeditious action on someone who practices substandard medicine, they needed to act quickly. They felt the only way to do that would be through acting on a license.

The endorsement model was something that was discussed in medicine at the turn of the century, and there's reciprocity that was discussed as well. But it's taken a long time -- at least for state medical boards, I think they really want a physician to have a license. And they also in many cases stated they would like to know when and if the physician is practicing in their states. So I don't think that's something that nurses really -- if you've discussed it, or if that's something that you were concerned about.

KAREN GOLDMAN: That's sort of an interesting point, because we were going to ask whether, if there's a privilege to practice, why or why not notice to the state is or isn't considered necessary.

KATHERINE THOMAS: Yeah, we've had lots of discussion about that, particularly in the first version of the compact. Right now -- or let's go back and say the traditional model of a license in every state. People could hold licenses in multiple states, and they did. But we didn't ever know when they were in our state practicing. We realized it was sort of futile to say, you have to report that to us, because people aren't going to do that. So we didn't really feel that that was that important.

If there's any issue, any state has enforcement authority under the compact. So if there's a complaint on that individual or if they're coming from another state with a pending complaint, we will know about that. We're notified immediately. And we can then intervene. So I think there are mechanisms in place for protection and they're in the enforcement area.

RICK MASTERS: And if I could jump in on that too, Karen. The rulemaking procedure that the nursing compact has and the other compacts can also be utilized to make adjustments. And that may be one of them, that states may decide that it's more important than perhaps it has been in the past to identify who's in your state practicing. I know with the Physical Therapy Licensure Compact, they have included provisions to notify each state when a privilege to practice is obtained that John Doe or Jane Smith is practicing in your state.

KAREN GOLDMAN: So these things vary a lot in professions. Virgil, were you going to--

VIRGIL WEBB: Well, I mean, it's going to be a complaint-based system. So if the client who generally is going to have an engagement letter and so on, that is the mechanism. The fact of giving notice, I mean, the issues raised with -- OK, well, it takes a while to -- you give the notice, you get back an acknowledgement, all that sort of thing.

And to be honest with you, that's been so long ago in the UAA that I've kind of forgotten some of those details myself. But the complaint's going to -- the board's going to know as soon as someone complains that's one of their citizens.

JON THOMAS: And some of this may simply be, as you stated, tradition. Getting -- the idea of a compact was somewhat of a Herculean task to convince people that this was safe to do for physicians. And so over time, it may change. I know in Minnesota, we're also actually doing something.

We're trying to bridge the gap with our nursing colleagues to talk about ways of working together, as well as with our pharmacy colleagues. And I know the Federation of State Medical Boards is also working with the NCSBN. Some of these, as we start to share more information, we may find that some of these things are just historical and probably really don't matter when it comes to patient protection.

KATIE AMBROGI: So one of the other variations that we've been talking a little bit about today are organizations using interstate compacts versus organizations who are using model laws or uniform laws. And I was wondering if you all could talk a little bit about what the advantages and the disadvantages may be to using the protocol that your organization has chosen, and how you arrived at the decision to choose that particular portability mechanism.

PHILLIP ROGERS: I'll talk a little bit about the Interstate Agreement. The Interstate Agreement has some basic uniform language that describes the minimum standards for the certification of an educator.

But then, because there are so many variations with the states, we permit them to submit what we call JSRs, Jurisdiction-Specific Requirements. So if you go to a state that says, here's the minimum, we are part of the Interstate Agreement, but when you come here, you have to take our state constitution test. Everybody has to take the state constitution test.

And that then is evidenced on our website, which is available to the public so that teachers can go there and click on the map, on the state that they are wondering, well, what additional requirements do they have? And it's broken down, as I've already explained, for experienced teachers and those that don't meet the requirements, inexperienced teachers, so that a teacher will know what is required when they go there.

We don't have a compact. We don't have shared license. They have to get a license in that state. But at least they know when they go, when they're moving to Nebraska what Nebraska requires. And we try to provide that information for them to improve the mobility experience.

KATHERINE THOMAS: I guess I would add, I'm not thinking so much as advantages and disadvantages as maybe some of the challenges. So I think establishing a database is a big challenge. It is an incredible amount of work and process and constantly needs to be subject to change as you figure out what you're not capturing that you need to capture. It's also very expensive.

But we were fortunate to be able to do that through the National Council of State Boards of Nursing, and have a pretty robust system now where we can exchange information really easily to the point that we also have information pushed to us. We can send speed memos to other boards of nursing. They get them through a certain account, and they know to flag those and look

at those right away. We flag people who are under significant investigation for significant issues, so if they move to another state to seek a geographic cure, they have a way to know that. That's one of those things that I think is pretty essential to it.

But I think a database is a challenging thing. And we've worked at the National Council with the EMS Compact to share a platform so they can build their database there.

I think the other one I would mention as a challenge is just educating everybody about what changes mean. So with nurses, educators, faculty members and the students, the employers, everybody has to understand how this all works and help to police it, in a way. Because if a nurse moves to our state, they're going to have to apply and get a license. They can practice under their privilege, but if they change their residence, they're going to have to get a license. So the employers play a very key role in reminding people of things they need to do.

But education doesn't just take place in the beginning. It takes place over and over again. And I think that was one of the things we did not anticipate when we started.

KATIE AMBROGI: Phil, were you going to say something?

PHILLIP ROGERS: Yes, I was just going to -- one of the things that I failed to mention was that we surveyed our jurisdictions. We call them jurisdictions because we have territories in DC, and actually a couple of provinces in Canada that are jurisdiction members of NASDTEC.

Twenty-seven states, jurisdictions, indicated that they were full reciprocity states. We gave them a very broad definition of reciprocity. And yet, you do have to take that with a grain of salt, because if you dig a little deeper, you realized, well, you still have to do this and you still have to do that. They all require certainly background checks and application for certification fees as well.

But for us, we see the stars beginning to align with a conversation with these 27 states that have indicated their full reciprocity. And with the current action, momentum that we're building with a system to connect the certification databases of all the states, we see sort of a light out there that says, there can be maybe not reciprocity, but we believe we can greatly enhance the mobility experience as we learn -- as we're able to communicate between the jurisdictions and as jurisdictions make decisions internally that they want to be a reciprocity state.

RICK MASTERS: Could I make one comment? CSG was involved, as I think it was mentioned, with both nursing and medicine in selecting what method might be most effective. And I think compact was the choice in part because you have some uniform standards, uniform practice requirements that have to be met in order to qualify.

So where you have a defined set of ULRs, uniform licensure requirements, I think that makes a compact a preferable way to move forward because of the contractual nature of it and because of the enforceable nature of it. Whereas with a uniform law, you really don't have an enforcement mechanism. You don't have a requirement that obligates the state to meet each of those criteria.

KATIE AMBROGI: So -- go ahead.

JON THOMAS: Well, I was just going to echo that, yeah. Education, education, education. We thought, being new to this that, oh. It's perfectly rational and logical. You read the statute and it'll happen. And we're finding out that -- I feel like I'm trying to germinate a bud here, and I've got tree trunks, massive trees sitting next to me, and I'm trying to help get this compact off the ground with the physicians.

Every state -- to uniform licensing, as Rick said, it's uniform. The issue we're running into is that the state processes are all different. Every state has a different process for how they do things. And so we're really running up against some state medical boards are independent, have a lot of autonomy, are able to do what they need to do very quickly to interact with the compact. Other states are under the Department of Health, and so sometimes it's not as receptive to getting things to change, to getting things to work.

And we're finding that we have to educate a lot. We have to educate them on the compact itself and what the compact says and what it doesn't on what our intentions are. So that's a really key piece of that. And I'll echo the database piece as well that we're just starting to talk about. So we'll probably invite you to one of our compact commission meetings to talk about it.

KATIE AMBROGI: So a quick follow-up question to that is, relevant to interstate compacts, how important is the authority of the compact commission to pass binding rules without action by state legislatures or licensing boards? And for initiatives that are operating by model law, would it be desirable to have that authority?

RICK MASTERS: Can I take a crack at that since it's a legal question? I know I have a colleague down here who's working with the accountants as their attorney as well.

But I think the idea that this is a surrender of sovereignty by a state misunderstands what's being given up. Because in essence, what a compact requires is for a state to agree not to act unilaterally with respect to the subject matter. And so to pledge yourself to a uniform way of licensing, you're giving up the right to act contrary to that as an individual state, but you can't regulate across the state line anyway unless the federal government has preempted the field or a compact agreement has been entered into.

So I think that's one of the values that's important. The rulemaking, however, is controversial. But when you look at it from the standpoint of the narrow area in which rulemaking is focused -- not on the state practice acts. You have to make it very clear to a legislator or a policymaker or members of the profession, we're not here to tell you how to practice medicine or nursing. The rulemaking here is only for the process, to make sure that, as Jon says, these processes that are not altogether uniform can be focused in a way that makes this process effective.

VIRGIL WEBB: And I'll just say, we already had a model or a uniform act that was being promoted. And the idea, one of the goals is to promote uniformity. The availability of the practice privilege if your state adopts the uniform standards for licensure is a way to move the whole process. Which, I can remember at least one state that said, well, we've been trying to get

this done. But now that this mobility is going to be available, we will be able to get it done. So that's anecdotal, but that is something I recall.

KATHERINE THOMAS: I would just add that under the original compact, we had to get rules adopted whenever changes were made in all compact states, state by state. Some states have pretty difficult processes for rulemaking. It has to be approved by a legislative body or another administrative body in the state. There are timelines that are different and vary quite a bit.

So it was one of our lessons learned from the first compact, is that doesn't work. Because until the states have all adopted a rule, it's not really in effect. And we would wait several years before we could get to that point sometimes. So when this opportunity to look at rulemaking came along, it was certainly on our agenda as we developed the new nurse licensure compact to have a central rule making process.

To emphasize again what Rick said, that this is not affecting state practice laws. This is about the operations of the compact. It covers things like, how long can you practice in a new state before you have to apply for the license when you've changed your residence? It covers things like, how often or how quickly does a board have to report significant information to the database in order for the other states to have access to it?

And so under the old compact, our rule now is 10 days. But almost all the states now have gone to daily uploads. So at any rate, rulemaking, I think, done centrally for these purely operational purposes is going to be very effective and is based on federal law for rule adoption.

KAREN GOLDMAN: Well, thank you. We've heard a bit about uniform licensure requirements, and first I would like to clarify. My understanding was that under a model law, you could also have uniform licensure requirements, and I just wondered if the panel could address the importance of those requirements, and whether the standards should be sort of a minimum standard or set the bar higher than individual state requirements. And what are the advantages and disadvantages to setting the bar at those levels?

JON THOMAS: I'll be happy to start. Our compact actually sets the bar higher than the usual licensure standard, and that's because the states felt that if they were going to enter into this compact, it needed to be a higher bar. It couldn't just be the typical licensing bar. And so yeah. I mean, that's the point.

In this case, we felt that there are many physicians out there who, the vast majority of physicians can meet this standard. And this standard is a standard for a physician who's been practicing, who is board certified, who basically is, we feel, safe to practice. It's not a physician just coming out of residency. It's not someone who is not board certified.

And certainly, there's been criticisms that this compact is meant to keep certain individuals out. That's actually not the case. It's meant to just set a higher standard of safety. And if you don't meet the standards, you still can apply through the traditional route to get a license in the traditional way.

KAREN GOLDMAN: Anyone else want to weigh -- Kathy?

KATHERINE THOMAS: Well, nursing is similar in that regard. You can still get a single-state license if there's variation in that state. But it does set the highest standard, if you will, to make states comfortable with that mobility, which is -- whether you call it mobility or portability, the ability to practice anywhere, anytime.

So one of the big issues for us was criminal backgrounds. And states would not feel comfortable with any state that did not do an FBI criminal background check. In particular, felonies were a big concern to the states that wouldn't join before. And so they wanted to be assured that those were being screened and that felonies could result in a state-based license, a single-state license, but not in the ability to just go anywhere, anytime.

KAREN GOLDMAN: So to follow up on this a little bit, when we're hearing about a higher bar, we're also hearing about the use of a substantial equivalency standard to enhance portability, and I wondered if that could be useful in other areas besides for CPAs.

VIRGIL WEBB: I guess that would be addressed to the other folks. The substantial equivalency standard seems to be -- the idea is a bit of flexibility. I mean, the person is going to be licensed in a state, so they've already met a standard. They've already been subject to a licensure standard.

So the focus would be on whether they meet the standard overall rather than focusing, as some had been in the past, some sort of individual state. For example, some states allow the experience to be gained only after licensure. Some would allow it before, say. Well, as long as you've met the standard, you can practice. Whether that would -- that flexibility would be useful or even work for other professions, I couldn't say.

KAREN GOLDMAN: How about the use of the appraisal organization? How does that work for CPAs?

VIRGIL WEBB: Well, I'm not an expert on how NASBA runs that. But the idea is that they would be able to go to NASBA, get their qualifications looked at, and then that -- instead of taking them place to place to place, once they've got that certification, they can use it when they're trying to get the reciprocity in state A or state B.

I mean, some of those states -- for example, some states for licensure require residency. Well, you know, you may not be -- you may be serving clients. But in the old days, you wouldn't even be eligible to get a reciprocal license because you didn't live there. And that's what the practice privilege tries to address.

KAREN GOLDMAN: Thank you.

KATIE AMBROGI: So ensuring consumer safety and welfare is obviously an important component of licensing oversight, and we've heard today about some databases and FBI background checks. How has your organization provided for consumer safety and public welfare while moving forward with obtaining license portability?

PHILLIP ROGERS: The NASDTEC provides support for our members through a system called the Clearinghouse. The Clearinghouse, when an educator has action taken against them -- and you know, by the way, educators is the largest profession in the country -- 3.1 million educator teachers out there. And when you look at the number of cases where a certificate is suspended or revoked, you round it up to the two digits and you still don't have anything. I mean, it's a very small group of people.

But every time something happens, it doesn't say, person, man arrested for DUI. The headline always says, teacher arrested for DUI. The Clearinghouse allows states to enter the information. Once that hearing -- and most of those hearings are administrative hearings when action is taken against the certificate. And it is a final decision and public, and it's entered into the Clearinghouse so that all states can look at that information.

We now, since last August, provide that information to school districts who want to have access. Because you may be a teacher who leaves a state, lost your certificate. You go to another state and you don't apply for a certificate position. You go to a school district and you apply for a non-certified position. Since there are administrative hearings and there were no fingerprints, there's no criminal background check. Nothing's going to show up there. Then you are able to get the position.

So now we allow districts to have access to the Clearinghouse as well, which is going to be in any kind of movement where we are making toward more uniform practice in certification. That's going to be a very important component of it.

JON THOMAS: The safety piece for the Interstate Medical Licensure Compact Commission really falls to the states. We -- and this was discussed earlier about the commission having power. There's a lot of -- at least in the medical community, there's concern that this commission is going to draft laws and do something to take over the practice of medicine. It really just governs the process.

And we're very clear -- even in the statute it's clear that this does not have any impact at all on the Medical Practice Act. So all decisions regarding adjudication of complaints falls to the states.

What the commission does is routes -- it's a routing system. It routes the information from one state to the next. It's a connector. So the compact doesn't have any decision making authority as to how to adjudicate or handle a complaint, but it simply sends that information to the states so it's shared. And then states, as typically as expected, has the ability to act and make those decisions.

KATHERINE THOMAS: And nursing's very similar in that way. And I don't know enough about the other folks' databases. But we have a board of nursing portion of our database that only they have access to, so it would not contain information that's not public. Like an investigation is generally not public, so when there is one, at least there's a flag to notify the state, the other states in the compact.

Then there's a public side. So there's information on past disciplinary history if you look up a licensee. So the public, we believe, has that right to know, and so they can look on there and check that out. That's part of a public safety, public protection initiative. But enforcement is really that mechanism, and it is at the state level, and it's incumbent upon the state to take action when it's appropriate.

RICK MASTERS: Can I make one statement?

KAREN GOLDMAN: Sure, of course.

RICK MASTERS: Just to put a cap on this, the compacts in medicine and nursing, however, do extend the ability of the respective medical or nursing boards to communicate with each other about a disciplinary case to decide where a licensed physician that has licenses in multiple states or a licensed nurse that has to practice in other states does something wrong as to which state will take the lead of the investigation, how that would be handled. And it makes it less possible, particularly as more states enact the compact, for somebody to slip through the net, so to speak, and just run to another jurisdiction where in the past they might have been able to avoid sanction. So I think that's an important public safety issue as well.

JON THOMAS: So if I can answer that, in fact, one state that was very vehement in the fact that we needed to have this mechanism, because in this particular state, they would have to get an injunction to pull a physician out of practice. And they said, if you've got a physician who's doing something that's just dangerous to the public, I know in some states, you can remove that physician within 24 to 48 hours of getting that complaint.

And this state said, listen. I want to be able to remove this person from practice within 24 hours, 48 hours, and I don't want to have to go and get an injunction and to do all of these things. So we were very clear -- I mean, it was very beneficial for some states to see, OK. The patient protection mechanism is actually stronger. And so we actually like that aspect of the compact more than the other piece of the compact.

KAREN GOLDMAN: OK. So we'd like to discuss a little bit about the effectiveness of the various initiatives, the compacts and model laws. And also the initiatives going on in the DoD at reducing barriers to entry in licensed occupations. Of course, some of these initiatives have been going on longer than others, and may have more information about how effective they are. But as much as you're able to discuss, and basically about increasing the supply of licensees and promoting competition among service providers.

JON THOMAS: I'll go from smallest -- we can go from smallest to most mature. I got some information from our standpoint. We're -- again, we just started issuing licenses in April. And since April, we've had 174 applications and 64 letters of qualifications sent out, and we've issued a total of 128 licenses since April.

Now I have an *n* of two that I've heard in the last two days of people at meetings. One person was at a meeting in a tech meeting looking at telemedicine, and they were talking about portability. And someone from the audience says, hey, it works great. I got two licenses within a

week from Kansas. And someone today also said that they found it to be very useful, because they were able to get several licenses within a very short time.

So we know that it works. We know that it's effective. The issue is it's just being able to address the FBI issue and getting all states on board so that we can do this gooder, better, faster.

KAREN GOLDMAN: Definitely bodes well for the future.

JON THOMAS: Yep.

KATHERINE THOMAS: I would just say that the compact is designed to reduce barriers, to make it easier for nursing to meet the needs of the health care delivery system and the needs of patients through this privilege action that we have.

And you know, we surveyed nurses. I think it was 2014. And we had about 20% of nurses saying that they were practicing at some time during that year in another state from their home state. In 2016 when we asked that question, it was 35%. And so there are more nurses practicing, and that's not just due to the compact. That's the nature of health care, but it makes it easier.

KAREN GOLDMAN: Very interesting.

MARCUS BEAUREGARD: I can say from our experience in the Department of Defense, as I said, we've partnered with the University of Minnesota to do a 50-state review of our initiatives to see how they were impactful. We didn't go to military spouses because they're just very hard to find in terms of getting feedback from them. That's part of the military culture, is you just sort of go with it. If things are bad, you make it work.

And so we decided to use the University of Minnesota as our military spouses. They went to each state and sampled six boards in each state. And they covered primarily the health-related, but we went to them and talked about cosmetology, dental hygienists, massage therapists, mental health counselors, occupational therapists, and real estate.

We didn't cover things like nursing because there is a compact. And we chose not to do the same thing with physical therapy because we were working with the physical therapist compact. So we chose things that did not have another mechanism to support them.

And as I said, the engagement of the states at the board level has not been as we had hoped. Now there are some definite bright spots, and the researchers provided me the material on New York state, which was the last state to get engaged, but they have done a tremendous job in terms of making it very overt, this is what we do for military spouses.

So we're looking just to go back to the states and say, we still need your help to get this done. And oh, by the way, these other opportunities through occupational licensing compacts can certainly help our constituency. So that's kind of the status of where we are right now.

KATHERINE THOMAS: If I could tag on to Marcus's comment, we held a forum, National Council sponsored a forum here for policymakers over a year ago on our compact and the changing compact. And we had a person on the panel representing a military spouse, talking about the challenges she has in getting licensed in every state. Very powerful testimony, I thought. And I would add that we had the support of the National Military Families Association. They've signed on as supportive of our compact.

KAREN GOLDMAN: That's great to know. Just to follow up on the question, so I'm wondering -- the compacts have a commission and model laws may have other administrative bodies. And I've wondered how important the commission or other administrative body is to the success of a licensure portability initiative. Why or why not?

KATHERINE THOMAS: Go ahead.

JON THOMAS: Sure. Critical. I mean, our commission -- at this point, it's critical. Without it, there's no way that this effort could work. Our statute basically stated that when seven states joined, it activated the commission. And so when we met the first time, I believe we had eight states, 16 members in the room. We had modeled by laws. But other than that, we just had the statute. And so it really was going from zero to 100 miles an hour after a few meetings.

In our commission right now, we just basically hired an executive director that hopefully will start in the near future. So all of the work being done by our commission to date has been done by executive directors and medical board members.

And even though I'm the chair, I'm the chair -- I joke -- I'm the chair and CEO. Our treasurer is this treasurer and the CFO. You know, our secretary is also communications.

And so we've all been doing lots of work to make this work, and it's been very -- and we don't do it, obviously, for the money. We do it because we think this is the right thing to do. It's to improve access to care, particularly in telemedicine. And we see it as also improving safety. So a lot of us doing this work are doing it because of the fulfillment it brings. But reality is, we can't do this. We'll all burn out, because we all have full-time jobs.

Again, not to belabor the FBI issue, but that was an issue because we had anticipated that we'd have significantly more revenue that didn't materialize as a result of this crimp. So we've got less revenue. We're being supported by a grant from HRSA. And we're looking at building databases and things. It's just incredibly expensive.

So right now, we're in a point where I think it's fair to say that we have to survive this in this next several months for this to be viable. And the folks on the commission are really committed to this. We'll make it work. But now is the time that we really need to start seeing -- we need more resources, and we're going after that.

KATHERINE THOMAS: I would say that one of the most important things about the commission is to hold states accountable. States have to comply with the statutory provisions of the compact and with the rules that have been promulgated by the commission. And when they

don't, there needs to be consequences to that. And so that is one of the commission's key jobs, particularly in our enhanced compact, to give them that enforcement authority over states.

I think the other roles, including rulemaking, are critically important because we have to continue to operate, and we have to have certain guidelines to operate under. And so I think that's important as well. And our group, our commission meets twice a year, face to face, and then they meet by teleconference another four times a year during the year to talk about issues that are coming up and how we might address those problems before they become bigger.

KATIE AMBROGI: Thank you. So taking a step back, can you talk about some of the major hurdles to setting up your license portability initiatives? And for those groups who may just be beginning this process, can you offer one or two suggestions that would be useful for moving forward with that process?

RICK MASTERS: Let me start by saying having the right stakeholders at the table is critical to make sure it's not just the regulators or not just the professional association or not just interested members of the public, but everybody that has a stake. Including some legislative participation, at least to know that this is coming and to get some suggestions on how to move forward. That would certainly be one key critical factor.

KATHERINE THOMAS: I think one thing I would add is to know who your supporters are and know who may be working against you, and try to resolve issues so that everybody at least is heard. And if there are ways to address concerns, you can do that.

We've had a lot of support with the compact, but we have had our own detractors, and that's what led us to develop the new eNLC was our own boards of nursing didn't want the compact in their state. So addressing their concerns, we believe, is being realized as very effective.

JON THOMAS: And our lesson is that we -- run it by the FBI before you--

[LAUGHTER]

--you're going to do anything, or make sure that piece is clear. But I would echo the issue with detractors. It's interesting. I've learned from this process, typically working in hospital situations and with insurance boards, there seems to be -- you're all on the same team. Sometimes in this milieu, you think everybody's on the same team, but you have detractors that don't always perceive what you think they should be perceiving.

And so I would echo what Katherine said. You need to know who the detractors are and why, and try to get it addressed early on if you can. Otherwise, you end up having to build support outside of the detractors and to try to marginalize them if you can. But that's really key. And I think if you have the energy of the group and a group of stakeholders who are really wide stakeholders, I think that really is a key to an effort like this.

VIRGIL WEBB: I would only say the states' CPA societies who were independent of the National Association had to carry the water in the trenches, the state regulators also. And it

assisted us to have a model law that there was a certain amount of uniformity. A lot of uniformity, perhaps even before the effort started. And you know, when you called and we talked to you the other day, I was like, oh, yeah. Oh, yeah. 20 years. So it is something that it can't happen overnight.

KAREN GOLDMAN: We're looking through the question cards, which we just got at this point. So this question is for Rick Masters, and it's about, how does a compact come into existence, and who can start the process, and who pays for it? And how is the compact commission formed and staffed?

RICK MASTERS: It's just like any other statute. It's enacted by both chambers and signed by the governor except in Nebraska, where it's unicameral. But you have to go through the same process.

The unique thing about compacts is that the language, because it's contractual, has to be substantially similar. And so unlike other types of legislation, legislators aren't free to just amend the statute on a whim, and really not at all if it significantly changes the way that the compact will function.

Typically, stakeholder groups find ways to finance these efforts if they are important to the profession, and it's usually some combination of either grants from other organizations, including government and self-funded opportunities that are created through the professional associations and through regulatory mechanisms. They are -- what was the other issue in terms of creation?

The commission is a creature of statute, and the examples here today from nursing and medicine are joint agencies of the states. They are not nonprofit corporations. They are not private organizations. They are state-created administrative agencies. Which, as I think Kathy and Jon both said, is important to carry out the enforcement of the compact.

KAREN GOLDMAN: Thank you. We'll try to do a few more.

KATIE AMBROGI: We have another question, which I'm not sure if the folks on this panel can speak to. But what occurs in license portability when occupations are licensed in one state, but may not be in another? So I'm envisioning, for example, engineers. They may not be licensed in all 50 states, but there are states where they are licensed. And so how might you work to obtain portability in those instances? Would it be different from the process where licensure is in place in all jurisdictions?

RICK MASTERS: I'm not sure I understand the question, frankly.

KAREN GOLDMAN: Well, maybe we'll move on to this one. There's a question about how jurisdictions deal when there's a use of a practice to privilege -- I'm sorry, a privilege to practice -- with loss of revenue in the states, where the licensed professional doesn't need to get a license.

KATHERINE THOMAS: This isn't an insignificant problem. There is going to be loss of revenue. And the more states that are in the compact, the more that will be felt. In the balance, I

think that the compact administrators have looked at the overall benefit, and perhaps that will mean, you know, a license fee for people who live in your state that may be a little bit higher. But they'll only have to have that one license.

I've been in the compact for 17 years, and we've never increased our fees for compact reasons, partly because the population continues to grow. There are more nurses. There's more revenue coming into the boards. And this is pretty much true across the country. What you will see is that sometimes states who are smaller feel the impact more than states that are bigger. They just have less revenue.

KAREN GOLDMAN: Thank you.

JON THOMAS: It probably won't -- in the Medical Licensure Compact, they're still paying for their license, and so there shouldn't be significant loss of revenue necessarily.

KAREN GOLDMAN: So we've got a lot of great questions here, which we will take into account as we continue to think about these various interesting issues. But we're about out of time right now, so we're going to have to end the discussion. And we want to thank all of the panelists for their excellent contributions to this discussion.

We also want to thank everyone who submitted a public comment. We've gotten some very, very thoughtful and interesting responses to our questions. And again, we'll be happy to accept comments related to this roundtable, and encourage you to consider submitting a comment. So with that, we will end the event and just suggest that, assuming you received a plastic FTC event security badge, please hand it to the guards on your way out. Thank you.

[APPLAUSE]

[MUSIC PLAYING]