

GUNDERSEN HEALTH SYSTEM®

Minnesota House of Representatives Judiciary Finance and Civil Law Division Committee

House File 637 – *relating to health-related professions temporary license suspensions and background checks*

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Testimony Presented by:

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Chairman Lesch, Vice Chair Moller, Ranking Lead Member Scott and members of the Judiciary Finance and Civil Law Division Committee, thank you for the opportunity to testify today in support of House File 637. My name Brian Vamstad and I serve as the Director of External for Gundersen Health System. This legislation provides technical modifications for Minnesota's involvement in the Interstate Medical License Compact (IMLC). House File 637 resolves an ongoing issue for Minnesota to fully participate in the IMLC and benefit from the law enacted by the legislature and signed by the Governor in May of 2015.

Gundersen Health System is an integrated multi-state organization located throughout western Wisconsin, southeastern Minnesota, and northeastern Iowa. Our not-for-profit system includes a tertiary hospital, five critical access hospitals, and over 65 clinics throughout the region serving primarily rural communities. With 8,000 employees, including 1100 residing in Minnesota, we are the largest employer in the area. In Minnesota, we provide health services in Harmony, Houston, La Crescent, Spring Grove, and Winona.

For the committee today, I want to illustrate our experience with the IMLC and what it means for patient care as a multi-state organization. Just last week, I was accompanied by one of our Medical Credentialing Specialists to testify in Madison to continue Wisconsin's participation in the compact following a 5-year trial period as part of their original legislation. I am pleased to report that since the enactment of the IMLC and creation of the commission, Gundersen has been onboarding providers with a multi-state license. In the past, credentialing and obtaining a state medical license could take 6

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months, sometimes longer. This created challenges with licensing a provider in our tri-state region to especially provide outreach and telehealth services.

Since the compact's creation, licenses are now issued in just 1 to 2 months. The process is seamless and has allowed our providers to expand specialty services to our rural regional clinics and hospitals. However, due to the technicality between Minnesota statutes and regulations by the Federal Bureau of Investigation, we have not been able to credential health providers in Minnesota as their state of primary licensure. House File 637 seeks to remedy this barrier.

The compact not only improves efficiency but helps attract new providers. Recently, we have recruited providers from Illinois, Colorado and Washington who have enrolled in the IMLC to obtain their multi-state license. This has greatly improved the time physicians have been able to start and provide patient care. Several physician candidates have expressed their gratitude to our recruitment and credentialing teams stating how the compact licensing process was seamless and praised the timeliness that their licenses were issued.

We plan to continue growing the number of providers and specialty care services licensed through the IMLC, including behavioral medicine, cardiology, and pediatric subspecialties to name a few. In fact, we recently on-boarded our Infectious Disease providers through the compact to increase outreach to rural areas for specialty care. With the compact assisting in expediting the licensing process, we can provide specialty services to our outreach locations in a timelier matter.

On behalf of Gundersen Health System, I appreciate the opportunity to testify today. Our experience with the IMLC has been very positive, benefits access to patient care, and we strongly support Minnesota fully participating by enacting House File 637.

Thank you very much, and I am happy to answer any questions from the committee.