

February 23, 2022

Councilmember Vincent Gray  
Committee on Health  
1350 Pennsylvania Ave NW  
Washington, DC 20004

Dear Chair Gray,

Thank you for allowing me the opportunity to testify today at this hearing. My name is Laurie Duncan, and I am a physician serving as the Secretary and a Board member for the Medical Society of DC. I am also a Ward 6 resident. MSDC is the largest medical organization representing metropolitan Washington physicians in the District. We advocate on behalf of all 11,000 plus licensed physicians in the District and seek to make the District “the best place to practice medicine”.

Let me begin by thanking DC Health for their science-based, proactive response to the COVID-19 pandemic over the past two years. DC has put science in the forefront of much of its response, and that is a testament to the physicians, scientists, and professionals at DC Health.

MSDC has been proud to assist DC Health with their mission over the past year (and longer). MSDC physicians help staff vaccine events and provide science-based information to convince people to get vaccinated. Our Chair of the Board Dr. Desiree Pineda has served on the DC Health vaccine scientific committee. We have also worked closely with DC Health staff to promote many of their most important priorities.

For today’s hearing, there are numerous areas we’d like to point out where DC Health and the budget should focus on the upcoming year. Due to time constraints, my verbal testimony will focus on one issue, but additional items are included below.

As I have stated at prior hearings (specifically May 21, 2021), and MSDC has made clear throughout the years, regional medical licensure is a critical issue that must be addressed this year. When it comes to medicine, the borders between Maryland, Virginia, and DC do not exist. It is time DC Health recognize this. We are encouraged to see the Board of Medicine actively engage its counterparts in creating a license reciprocity agreement. While physicians would still need to apply for a license in all three states, this agreement would at least allow physicians to be licensed more quickly.

Currently, physicians can theoretically apply for a license in DC in a few ways:

- The standard application, which is open to everyone. DC Health offers a temporary license application process which allows a practitioner to practice for 45 days while their license is being considered. This is convenient for applicants who need to practice right away. However, it is flawed if the application process lasts longer than 45 days – which is not uncommon – or a license is deemed incomplete.
- Physicians can apply for a license through the Interstate Medical Licensure Compact if they are licensed in one of the 29 states (including Maryland) participating in the compact. There are two flaws with this method: Virginia is not a member of the compact and DC has not fully implemented the compact requirements into their application process.
- Regional reciprocity addresses the downsides to these methods. Physicians in good standing from Virginia and Maryland would have a shorter application process in the District of Columbia based

on their good standing in these other two states. This would allow quicker DC approval and get the physicians practicing sooner.

Any reciprocity agreement must be funded and implemented quickly, unlike the Interstate Medical License Compact which is still not an option for the tri-state area. I and MSDC urge DC Health to engage with the Council and this committee to ensure regional licensure becomes a reality this year. MSDC will continue to push DC Health and the Council to get an agreement done.

In addition, please see below the following issues we want to raise at this hearing:

- **The certificate of need process needs reform.** My colleague Dr. Reza Ghafoorian is here to speak on the impact SHPDA's new rules' interpretations have on physician practices. If these new standards remain in place, small and mid-sized practices will be forced to spend large amounts of money to make changes and get approval for practice changes that prior to 2020 did not require SHPDA's intervention. SHPDA should not balance its books on the back of physician practices.
- **DC Health needs consistent standards for the licensure process.** MSDC applauded DC Health for introducing its temporary licensing process last year and the goal of having the temporary license as a 45-day transition to a full license (if the applicant met the license criteria). However, we still hear stories of healthcare workers left in limbo while waiting for approval from the relevant licensing Board. We encourage DC Health to publish data on the license process, average wait times for approval annually, and most common issues with rejected licenses as well as common resolutions. This level of transparency will help the healthcare sector ensure its practitioners apply correctly the first time.
- **Fix the IT issues delaying the Interstate Medical License Compact.** COVID should no longer be an excuse for delaying implementation. Physicians from other states in the compact should be able to apply for a DC license through the IMLC. Further delay is inexcusable.
- **Continue to fund the Health Professionals Loan Repayment Program.** MSDC shares the Chair's support of the HPLRP as a way to guide healthcare practitioners to underserved areas. Last year, MSDC worked closely with DC Health to promote the program and this year is planning on microtargeting specialties to ensure the program has applicants from the type of physician most needed in these areas. We support at least maintaining, if not increasing, the funding for this program.
- **Fund healthcare resilience initiatives.** MSDC launched its Healthy Physician app and Healthy Physician Foundation last year to give physicians the wellbeing resources they need. However, our initiatives are not enough to address the catastrophic healthcare workforce burnout we anticipate seeing in the next few years. DC Health should be proactive in distributing grant money to programs aimed at ensuring there is a resilient, healthy healthcare workforce in the District, or our residents will face long waits, reduced care, and a lack of options.

I thank you again for this opportunity to testify, and please let me know if MSDC or I can be of assistance to the committee.

Sincerely,  
Laurie Duncan, MBBS, FACP, MS  
Secretary and At-Large Director, MSDC Board of Directors