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Patrick Ishmael is a policy analyst at the Show-Me Institute, which promotes market solutions for Missouri public policy.

## **TESTIMONY**

April 24, 2013

## MISSOURI SHOULD LOWER BARRIERS FOR OUT-OF-STATE CHARITABLE MEDICAL MISSIONS

By Patrick Ishmael

Testimony Before The Missouri House Of Representatives Health Care Policy Committee

## To the Honorable Members of This Committee:

My name is Patrick Ishmael and I am a policy analyst for the Show-Me Institute, a nonprofit, nonpartisan Missouri-based think tank that supports free-market based solutions for state policy. The ideas presented here are my own. This testimony is intended to summarize Show-Me Institute research regarding licensing requirements related to health care.

Licensing laws are typically seen as a way to ensure that members of a profession are well-trained and, thus, their customers well-served and protected. But could overly restrictive licensing rules actually be bad for customers' health? There is reason to believe so; restrictive and ambiguous Missouri licensing requirements in health care have kept, and are

keeping, some charitable medical groups from providing free medical care to the needy.

A recurring stumbling block for such groups are artificial barriers to entry — that is, state laws that prevent out-of-state volunteers from easily donating their medical expertise because of burdensome, and sometimes expensive, licensing requirements. During a phone call last year, Stan Brock — the founder of an organization called Remote Area Medical (RAM), which regularly does this kind of work told me that RAM wanted to do more in Missouri. Unfortunately, onerous state requirements — such as requiring licensed in-state medical personnel to participate in a clinic before RAM could provide its services — had stifled his group on several occasions. Recently, Brock

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said, Missouri regulations even prevented the group from providing free eyeglasses to the southwest corner of the state.

But Missouri could make it easier for such groups to help the state's neediest if officials relaxed some of its medical licensing rules and explicitly allowed medical professionals licensed in other states to provide their services for these charitable endeavors. Tennessee has led the way on this policy front.

In 1995, Tennessee enacted the "Volunteer Health Care Services Act," a reform of its medical licensing law which allowed relief organizations to bring out-of-state medical professionals to help Tennessee's poor without putting professionals licensed in their home states through an arduous and unnecessary process of re-licensing. If a doctor is licensed to practice in his or her home state, a charitable group can bring that doctor to provide his or her services free of charge to Tennessee's medically underserved. It is, in short, a clear and unambiguous law that ensures the state's neediest are served ably and safely.

The good news? The reform movement appears to be spreading, with a handful of states following Tennessee's lead in whole or in part. Oklahoma has reformed its laws to accommodate charitable medical organizations, and more recently, Connecticut and Illinois passed legislation that allows such organizations greater access to its neediest citizens. Arizona has also taken up efforts to reform its own laws.

Allowing organizations such as RAM and others to freely enter Missouri would go a long way toward improving care to Missouri's underserved. When burdensome licensing laws and medical regulation interfere with the delivery of skilled, safe, and desperately needed services to America's poor, the system is in need of reform. For Missouri, relaxing licensing laws for such charitable groups would be a step in the right direction.

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