

# GUNDERSEN HEALTH SYSTEM®

March 9, 2015

The Honorable Tara Mack  
Chairwoman  
House Health and Human Services Reform Committee  
Minnesota State Capitol  
200 Office Building  
St. Paul, MN 55155-1606

**RE: Gundersen Support for HF 321—Interstate Physician Licensure Compact**

Dear Chairwoman Mack & Committee Members:

I am writing on behalf of Gundersen Health System to share our support for House File 321 relating to the Interstate Physician Licensure Compact.

We are an integrated health system serving the tri-state region of Minnesota, Wisconsin and Iowa along a largely rural stretch of the upper Mississippi River. We handle over one million patient visits per year at dozens of facilities throughout our service area. Our Minnesota service area includes the southeastern counties of Fillmore, Houston, Winona and Wabasha.

Gundersen believes there are opportunities to streamline licensure of our physician workforce, particularly as a provider serving rural and state border communities. By design, each of our three states administers physician licensure separately, resulting in an independent process that can take 4-12 months to complete before a physician can begin practicing and serving patients. Minnesota, like other Midwest states, has a much larger proportion of its physicians holding more than one state license compared with the national average. The Federation of State Medical Boards reports that in 2012 there were 8,152 Minnesota physicians licensed in more than one state. It is, therefore, not surprising that Minnesota has been a leader in working diligently to streamline licensure across state lines.

Gundersen Health System employs approximately 500 physicians throughout the tri-state region. A significant number of Gundersen physicians need to hold multiple state licenses due to our geographic location and patient demand. Yet our physician recruits often originate from other parts of the nation and abroad, meaning many candidates need to complete licensure in Minnesota, Wisconsin and Iowa to join our physician workforce. In addition, a cross-section of our service area is classified as underserved by the U.S. Department of Health & Human Services meaning our communities often lack a sufficient number of physicians to meet patient needs. We continue to look at all options for narrowing this gap.

Gundersen believes there is great benefit to adopting a more streamlined interstate physician licensure process, which we are confident House File 321 can help establish.

I appreciate your time and consideration. Please do not hesitate to contact me with any questions.

Sincerely,



Eric C. Tempelis  
Director of Government Relations

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