



May 7, 2021

Senator Jim Perry
300 N. Salisbury Street, Rm. 311
Raleigh, NC 27603

Senator Kirk deViere
300 N. Salisbury Street, Rm. 515
Raleigh, NC 27603

Senator Joyce Krawiec
300 N. Salisbury Street, Rm. 308
Raleigh, NC 27603

Dear Senators Perry, Senator deViere, and Senator Krawiec,

On behalf of over 1,000 people with cystic fibrosis (CF) in North Carolina, we write to express our support for SB 380, which would add North Carolina as a member of the Interstate Medical Licensure Compact (IMLC). Through the IMLC, North Carolina will be able to extend the reach of its physicians and improve access to telehealth services for patients with CF who get care across state lines.

About cystic fibrosis and the care center model

Cystic fibrosis is a life-threatening genetic disease that affects 30,000 children and adults in the United States. CF causes the body to produce thick, sticky mucus that clogs the lungs and digestive system, which can lead to life-threatening infections. While great strides have been made in the treatment of the disease, the lives of young people with cystic fibrosis are still cut far too short; half of young adults with this disease still die before age 30.

The Cystic Fibrosis Foundation accredits the more than 130 care centers in the United States—including ten programs in North Carolina—and supports the development of CF clinical practice guidelines. Because cystic fibrosis requires highly specialized care and treatment, most people with CF receive care at one of these accredited CF care centers—which provide multidisciplinary care in accordance with systematically reviewed, data-driven clinical practice guidelines. The CF Foundation's care center network combines clinical research with medical care best practices and has been cited by the National Institutes of Health as a model for effective and efficient health care delivery for a chronic disease. This care delivery model has led to longer, more fulfilling lives for people living with CF.

The IMLC supports access to telehealth care for people living with CF

The IMLC provides a permanent solution to help facilitate telehealth services for some people with CF who rely on out-of-state care centers and are struggling to see their established providers. People living with cystic fibrosis may seek care across state lines for a variety of reasons, including geographic proximity or access to specialists with expertise in their particular comorbidities or disease state. For example, those who culture certain bacteria or are post-transplant may need to travel out-of-state to get appropriate care. In these cases, extending the reach of specialized physicians through licensure is an important tool to make remote care more accessible. In North Carolina, for example, an estimated one in ten adult CF patients treated at the center at University of North Carolina at Chapel Hill lives in another state.

The IMLC will improve access to telemedicine services for CF patients who get care across state lines by streamlining the administrative aspects of physician licensing in participating states. Established in 2017, the IMLC was designed by the Federation of State Medical Boards (FSMB) and a group of state medical board executives to facilitate the delivery of telemedicine while preserving state regulations of medical practice. Physicians licensed in one of the participating states can use the compact to obtain additional licenses in other participating states. With this process, physicians do not need to fill out separate paperwork or provide additional fingerprints in each state, easing administrative burdens to help physicians reach more patients while also maintaining state medical boards' authority to regulate the practice of medicine and take disciplinary action as needed in their state. CF physicians report that burdensome administrative processes, such as duplicative fingerprinting and paperwork, are a barrier to seeking licensure in other states and may prevent them from providing telehealth services to their out-of-state patients after the COVID-19 public health emergency ends. Joining the IMLC will streamline the process for these physicians to apply for other state licenses and ensure continuity of care for their out-of-state patients.

The IMLC will remove some of these administrative barriers for North Carolina CF physicians and support the delivery of remote care to CF patients living across state lines. Likewise, the IMLC will allow North Carolinians living with CF whose accredited care center is in another state to remotely access their specialists.

We thank you for introducing SB 380. By supporting this bill, you will help ensure continued access to quality, specialty care for people with CF. The Cystic Fibrosis Foundation appreciates your attention to this important issue for the CF community in North Carolina.

Sincerely,



Mary B. Dwight
Chief Policy & Advocacy Officer
Senior Vice President, Policy & Advocacy
Cystic Fibrosis Foundation

Elisabeth Dellon, MD
Associate Director, Adult CF Care Center
University of North Carolina at Chapel Hill
Chapel Hill, NC

Scott Donaldson, MD
Director, Adult CF Care Center
University of North Carolina at Chapel Hill
Chapel Hill, NC

Mai ElMallah, MD

Director, Pediatric CF Care Center
Duke University Medical Center
Durham, NC

Jennifer Goralski, MD

Associate Director, Adult CF Care Center
University of North Carolina at Chapel Hill
Chapel Hill, NC

Chad Ryan Marion, DO, PhD

Director, Adult CF Care Center
Wake Forest University Baptist Medical Center
Winston-Salem, NC

Victor Ortega, MD

Associate Program Director, Adult CF Care
Center
Wake Forest University Baptist Medical Center
Winston-Salem, NC

Dennis Schellhase, MD

Director, Pediatric CF Care Center
Atrium Health Levine Children's Cystic Fibrosis
Program
Charlotte, NC