

**Most of the important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all.**

—Dale Carnegie

NOTED U.S. AUTHOR and self-help thinker Dale Carnegie recognized that very little in this world is static. In life and work, changes occur. They are either imposed on us or we make them happen, with planning, forethought and sometimes a great deal of effort. In these cases, we have some say in the direction of the change—which is a blessing. In other cases, changes may have unintended, possibly negative, consequences—even though the initial goals are noble. The bottom line is that we must not fear change, but accept it and seek to use it as a positive force. Both of our main articles in this issue of *JMR* reflect on bold and dramatic change, and how it can impact the work of medical regulation. Our lead article, **“Demanding Better: A Case for Increased Funding and Involvement of State Medical Boards in Response to America’s Drug Abuse Crisis”** (page 6), explores initial federal responses to the opioid crisis, which have been successful in many regards but have led to unintended consequences in others. The authors suggest that we re-think the way we handle our response to the nation’s opioid crisis—with new tools, funding and strategies for state regulators to make them more effective and less disruptive for physicians. They suggest that regulators could bring some of the judgments regarding individual controlled substance prescribing practices back to the House of Medicine from the U.S. Department of Justice. Our second article, **“The Interstate Medical Licensure Compact Commission: Growth, Success, and the Future”** (page 22), highlights the fifth anniversary of the Interstate Medical Licensure Compact, which introduced a dramatically different approach to licensure that has measurably improved license portability in the U.S. The article details the Compact’s history, explaining its benefits and challenges and clarifying a number of misconceptions state medical boards and physicians may have. What started as a concept on paper in 2013 now streamlines licensure in more than half of U.S. states and territories. Both of these articles exemplify bold thinking about how to address challenges by the regulatory community. We hope you find value in them.

**Heidi M. Koenig, MD**

*Editor-in-Chief*