

Interstate medical licensure by the numbers

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The Interstate Medical Licensure Compact (IMLC) was designed to facilitate the growth of telemedicine while preserving state regulation of medical practice. It appears to be working, as it has issued 6,671 state medical licenses to 4,446 physicians through July 31.

Compact members include 29 states, the District of Columbia and the U.S. territory Guam. Participation is voluntary and not connected to maintenance of certification.

The Interstate Medical Licensure Compact Commission (IMLCC) does caution, however, that it does not track whether the additional state licenses obtained through the compact were, in fact, pursued for telemedicine purposes.

Multistate physicians

There were 985,026 licensed physicians in the U.S. last year, according to the Federation of State Medical Boards' (FSMB) biennial census. Of those, 15.5% had two licenses and 6.6% had three or more. Those numbers have remained relatively unchanged, according to 2012 numbers listed in a 2014 AMA Board of Trustees report on the compact and 2010 numbers listed in the current FSMB census.

A future shift in those numbers could provide evidence of the compact's impact, as the IMLCC reported that the average number of state licenses obtained through the compact is three.

About 10% of applications are rejected and the average wait for a license is 19 days, with 51% taking seven days or fewer, according to the ILMCC. The speed and ease of the application process could pave the way for more physicians to care for patients across state lines.

Who is using the compact?

The FSMB reports that 24% percent of male physicians held more than one state medical license in 2018, compared to 19% of female doctors. Similarly, 24% of board-certified specialist are multiple license holders compared to 14% for those without specialty certification.

More granular data, spanning from April 2017 through March 2019, is available from the IMLCC about who is pursuing additional licenses through the compact, where they are applying and their home states.

States issuing the most licenses through the compact are:

- Wisconsin: 418.
- Minnesota: 387.
- Arizona: 331.
- Iowa: 320.

The states with the most physicians seeking additional licenses are:

- Illinois: 345.
- Colorado: 333.
- Wisconsin: 333.
- Arizona: 310.

The American Board of Medical Specialties (ABMS) and the American Osteopathic Association (AOA) surveyed 1,340 compact applicants in February 2019 to determine which specialists were using the compact.

The most common specialists among those certified by the ABMS were:

- Internal medicine: 30.7%.
- Family medicine: 11.5%.
- Psychiatry and neurology: 10.2%.
- Radiology: 8.4%.

The most common specialists among those certified by the AOA were:

- Family medicine: 32.8%.
- Internal medicine: 15.5%.
- Emergency medicine: 12.1%.

- Radiology: 8.6%.

Protecting state regulation of medicine

The FSMB finalized the IMLC in September 2014 and the AMA was an early advocate, adopting policy to support the compact a few months later at the 2014 AMA Interim Meeting.

In addition to speeding up the process for issuing state medical licenses, the compact serves to protect important principles: that the practice of medicine occurs where the patient is located and that states are responsible for professional regulation of physicians.

“The compact is the first line of defense against troubling federal proposals to create a federal telemedicine license, or to change the site of practice from where the patient is located to where the physician is located for purposes of telemedicine, proposals which actually would usurp state authority to regulate the practice of medicine,” says an AMA issue brief. “The compact is intended to prevent just that.”

The first license issued under the compact was processed April 20, 2017. It involved a Wisconsin physician obtaining a Colorado license. A total of three licenses were issued that month. In April 2019, 297 licenses were issued and 206 were renewed via the compact, the IMLCC reported.

The AMA supported FSMB’s efforts to create and implement the compact. The AMA continues to educate interested parties, promote the compact with state medical societies and write letters of support to key state legislators and governors.