

Issue Brief: Interstate Medical Licensure Compact

Background

What is the Interstate Medical Licensure Compact?

The Interstate Medical Licensure Compact (Compact) creates a new pathway to expedite the licensing of physicians already licensed to practice in one state, who seek to practice medicine in multiple states. The Compact promises to increase access to health care for individuals in underserved or rural areas and allow patients to more easily consult medical experts through the use of telemedicine technologies. The Compact will make it easier for physicians to obtain licenses to practice in multiple states and will strengthen public protection by facilitating state medical board sharing of investigative and disciplinary information that they cannot share now.

This video explains the Compact: <https://fsmb.wistia.com/medias/i4agksbl5g>.

What is driving the need for an interstate compact?

Among the issues driving the need for a Compact are physician shortages, the expected influx of millions of new patients into the health care system as a result of the Affordable Care Act, and the growing need to increase access to health care for individuals in underserved or rural areas through the use of telemedicine. Proponents of telemedicine have often cited the time-consuming state licensure process for multiple-license holders as a key barrier to overcome in order for telemedicine to continue to grow and thrive. The Compact will make it easier and faster for physicians to obtain a license to practice in multiple states, thus helping extend the impact and availability of their care at a time when demand is expected to grow significantly.

Does the AMA have policy on the Compact?

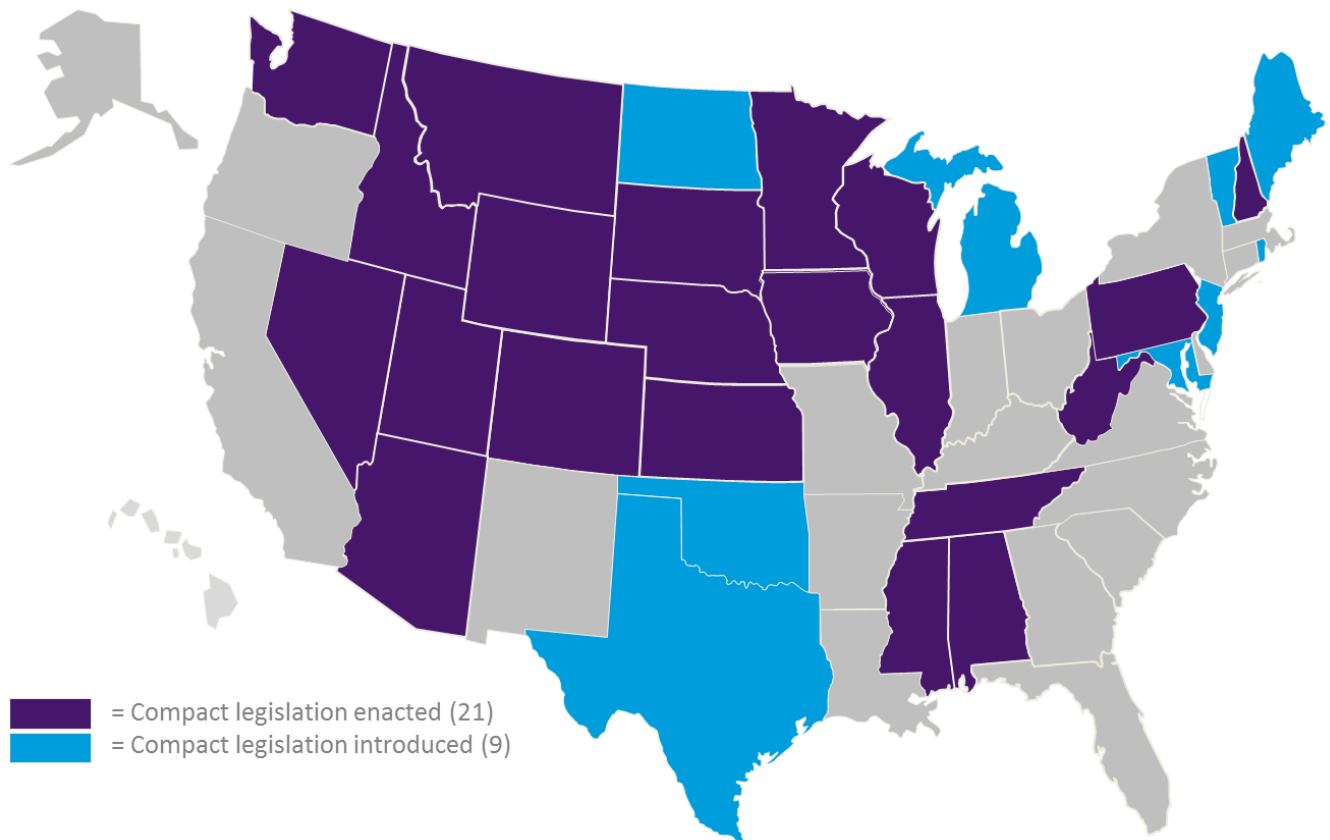
Consistent with longstanding policy supporting modernization of the state licensure system, uniformity in requirements for state licensure, and pluralistic approaches to verification of credentials for licensure, MAA policy supports the Interstate Medical Licensure Compact (Compact). AMA policy also directs the AMA to work with interested medical associations, the Federation of State Medical Boards (FSMB) and other interested stakeholders to ensure expeditious adoption of the Compact and creation of the Interstate Medical Licensure Compact Commission (Commission).

Process

How can a state become a member of the Compact?

Interstate compacts are formal agreements between states that have the characteristics of statutory law and contractual agreement. For a state to join the Compact, the state legislature must enact the [Compact legislation](#) into law with only technical, not substantive, changes.

Which states have joined the Compact?



How is the Compact administered?

The Commission is tasked with providing oversight and administration of the Compact, creating and enforcing rules governing the processes outlined in the Compact, and promoting interstate cooperation, ultimately ensuring that the Compact continues to facilitate safe and expedient access to care and physician licensure. Each state participating in the Compact has two representatives to the Commission. Information about Commission meetings can be found at www.licenseportability.org.

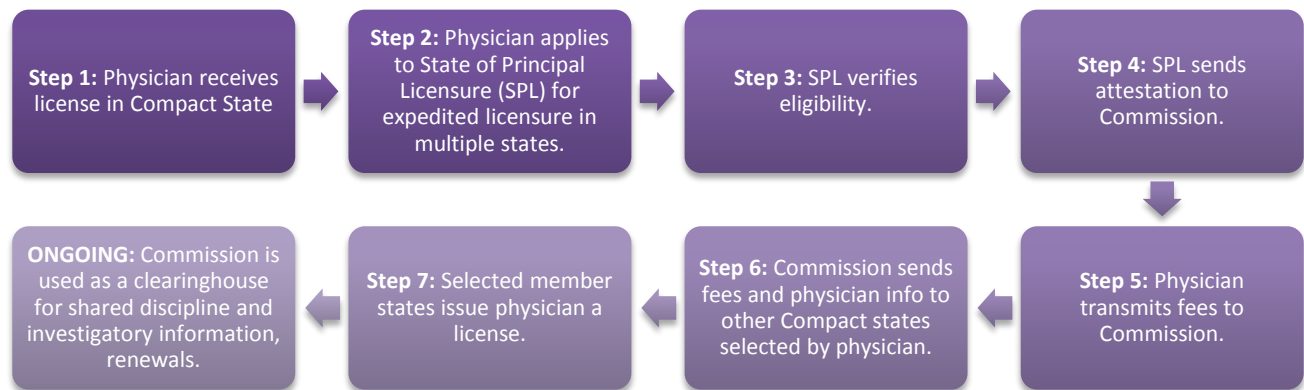
The Commission may assess processing fees for expedited licensure, ultimately off-setting any burden on the member states. Additionally, the Commission is enabled to seek grants and secure outside funding, through private grants, or federal appropriations in support of license portability. The Commission is actively pursuing grant funding, and has already received several grants to support its efforts in launching the Compact.

What type of license does a physician applying through the Compact receive?

A license obtained through the expedited procedure will provide the same licensing currently provided for physicians by state medical boards (e.g. a full and unrestricted license): the only difference is that the process of obtaining a license would be significantly streamlined. Each license will be issued by a state medical board – not the Compact or Commission itself.

How can a physician apply for licensure through the Compact?

Physicians can apply to receive licenses through the Compact’s website: www.imlcc.org. An eligible physician will designate a member state as the state of principal licensure (SPL) and select the other member states in which a medical license is desired. The SPL will verify the physician’s eligibility and provide credential information to the Interstate Commission. The Commission will then collect applicable fees and transmit the physician’s information and licensure fees to the additional states. Upon receipt in the additional states, the physician will be granted a license.



What state can serve as the state of principal licensure?

The physician must possess a full and unrestricted license to practice medicine in the state of principal licensure, and the state must be

1. The state of the physician’s primary residence;
2. The state where at least 25% of the practice of medicine occurs;
3. The location of the physician’s employer; or
4. If no state qualifies, the state designated as state of residence for purpose of federal income tax.

How long will it take for physicians to receive a license through the Compact process?

The Compact will substantially reduce the time it takes to receive multiple licenses. As soon as eligibility is verified and fees are transferred, each selected state will issue a full and unrestricted license to the physician.

How much will licenses cost?

Licensure fees will continue to vary by state, and will remain the purview of the state medical board. It is anticipated that state medical boards will choose to charge a reduced fee for a license obtained through the Compact, similar to the cost to renew a license.

Will the Compact add administrative burdens on and increase costs to member states?

No. The Compact is not an example of regulatory excess, but rather, regulatory simplification. Modernizing the system of licensure will reduce costs and streamline the process for licensees. Rather than having to obtain individual documents for multiple states, which can be expensive and time-consuming, member states can rely on verified, shared information to speed the licensee through the licensing process.

Eligibility

Who is eligible to seek licensure through the Compact process?

It is estimated that nearly 80% of the physician population licensed in the United States would be eligible for expedited licensure. To be eligible for expedited licensure, physicians must:

- Possess a full and unrestricted license to practice medicine in a Compact state
- Possess specialty certification or be in possession of a time unlimited specialty certificate
- Have no discipline on any state medical license
- Have no discipline related to controlled substances
- Not be under investigation by any licensing or law enforcement agency
- Have passed the USMLE or COMLEX within 3 attempts
- Have successfully completed a graduate medical education (GME) program

Physicians who are ineligible for the expedited licensure process facilitated by the Compact are still eligible to seek additional licenses in those states where they desire to practice, using traditional licensure processes.

Why do these eligibility requirements matter?

In order for the Compact to become acceptable in all states, the definition of physician was drafted by state medical boards in a manner that meets the highest standards already required for expedited licensure or licensure by endorsement, which many states already have in place.

Effect on state law

Does the Compact change a state's Medical Practice Act?

No. The preamble to the Compact states, "The Compact creates another pathway for licensure and does not otherwise change a state's existing Medical Practice Act."

Does the Compact usurp state authority to regulate medicine?

Facilitating expedited medical licensure through the Compact ensures that states retain their Constitutionally-mandated role in regulating the practice of medicine and protecting patient welfare.

- The Compact adopts the prevailing standard for state medical licensure found in the Medical Practice Acts of each state, affirming that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter.
- A physician practicing under a license facilitated by Compact is thus bound to comply with the statutes, rules and regulations of each compact state wherein he/she chooses to practice medicine
- The Compact explicitly states that, while the Commission is authorized to promulgate rules, those rules are limited to those necessary to effectively and efficiently achieve the Compact's purposes.¹ Any rules that extend beyond the scope of the purpose of the Compact (say, for instance, those impacting scope of practice) are deemed invalid and have no force or effect.²

The Compact represents the efforts of the states to develop a dynamic, self-regulatory system of expedited licensure over which the member states can maintain control through a coordinated legislative and administrative process. Importantly, 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. The Compact is intended to prevent just that.

Does the Compact require Maintenance of Certification?

No, the Compact does not require Maintenance of Certification or its osteopathic counterpart, Osteopathic Continuous Certification (OCC).

- Board certification is an eligibility factor at the initial entry point of participation in the Compact process, but is not required for license renewal.
- Once a physician is issued a license via the Compact from a state, he or she must adhere (as now) to the existing renewal and continuing medical education requirements of that state. No state requires MOC or OCC as a condition of license renewal.

¹ The Commission draft "rule on rulemaking" states that a rule is a "written statement by the IMLC Commission... that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the IMLC commission..."

² See Compact Section 15(a) and (b).

The AMA requested clarification on this point from the Commission. The Commission’s response is included as Appendix A.

Does the Compact change a state’s definition of “physician”?

No, the Compact does not change a state’s definition of “physician.”

- The definition of “physician” in the Compact relates only to eligibility to receive a license through the expedited process outlined in the Compact.
- The definition does not change the definition of “physician” in a state’s medical practice act, nor does it change the basic requirements for state medical licensure for a physician seeking only one license within a state or who chooses to seek licensure in multiple states through traditional processes.

Do the RN or APRN compacts work differently?

The National Conference of State Boards of Nursing has two compacts currently being considered in state legislatures: a registered nurse compact, and an advanced practice registered nurse (APRN) compact. Here’s how they compare to the Interstate Medical Licensure Compact.

	Type of License	State Authority
RN Compact	License reciprocity – Every RN license in Compact states are automatically recognized by all Compact states without additional actions or costs	Practice of nursing is where the patient is located at the time of the patient-nurse encounter.
APRN Compact	Multi-state license – An APRN can apply and pay for for a special license recognized by all compact states.	Practice of advanced practice nursing is where the patient is located at the time of the patient-APRN encounter, except: <ul style="list-style-type: none"> - APRNs holding multi-state licenses are <i>granted the authority to practice independently compact states, despite state law on independent practice</i>; and - Prescription privileges of the APRN’s principal state of licensure apply, except for controlled substances, for which the laws of the state where the patient is located will apply
Interstate Medical Licensure Compact	Individual state license – A physician can apply and pay for multiple, individual state licenses	Practice of medicine is where the patient is located at the time of the patient-physician encounter.

Discipline

What will happen to a license if a physician with a license obtained through the Compact process is disciplined in a Compact state?

Any disciplinary action on a license issued by a member state may be subject to discipline by other member states. Other member states that have issued a license to the physician may impose the same or lesser sanctions on that license or pursue separate disciplinary action based on the respective Medical Practice Act. The Compact establishes improved sharing of complaint and investigative information between medical boards. The following is a summary of how disciplinary actions taken by one Compact state will be treated by other Compact states.

Action by State of Principal License – Effect on License(s) Granted Through Compact		
State of Principal License Action	Major Action	Minor Action
Initial Action	Other license(s) immediately placed on identical status w/o additional action by other member state board	Member board(s) may (1) Deem factual findings to be <i>res judicata</i> and impose same/lesser sanction(s); OR (2) Pursue separate disciplinary action under its respective medical or osteopathic practice act.
Reinstatement	Other license(s) remains on encumbered status pending action by other member board	

Action by Member State – Effect on Licenses Issued in Other Member States		
Member State Action	Major Action	Minor Action
Initial Action	Other licenses immediately suspended for 90 days automatically and without additional action necessary by other member board; however, the other board may lift or otherwise change the suspension prior to the completion of 90 days.	Other member licensing board(s) may: (1) Deem factual findings to be <i>res judicata</i> and impose same or lesser sanction(s); OR (2) Take separate action under its respective medical or osteopathic practice act.
Reinstatement	Other license(s) remains on encumbered status pending action by other member board.	

051516