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Interstate Medical Licensure Compact IMLCC Rules

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1 **Chapter 1 - Rulemaking functions of the Interstate Medical Licensure Compact**
2 **Commission**

3
4 Pursuant to Section 15 of the Interstate Medical Licensure Compact (IMLC), the IMLC
5 Commission shall promulgate reasonable rules in order to effectively and efficiently
6 achieve the purposes of the IMLC. This rule shall become effective upon adoption by
7 the IMLC Commission.

8
9 ADOPTED: JUNE 24, 2016

10
11 EFFECTIVE: JUNE 24, 2016

12
13 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 14 • None

15
16 **1.1 Definition**

17
18 “*Rule*” means a written statement by the IMLC Commission promulgated pursuant to
19 Section 12 of the IMLC that is of general applicability, implements, interprets, or
20 prescribes a policy or provision of the compact, or an organizational, procedural, or
21 practice requirement of the IMLC Commission, and has the force and effect of
22 statutory law in a member state, and includes the amendment, repeal, or suspension
23 of an existing rule.

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25 **1.2 Rule action**

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27 The IMLC Commission may establish, amend, repeal or suspend a rule.

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29 **1.3 Rule adoption.**

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All rule actions shall be adopted by a majority vote.

1.4 Rulemaking.

Rules deemed appropriate for the operations of the IMLC Commission shall be made pursuant to a rulemaking process that substantially conforms to the model state administrative procedure act of 2010 and subsequent amendments thereto.

(a) Proposed rule action shall be submitted to the IMLC Commission Bylaws and Rules Committee as follows:

(1) Any Commissioner may submit a proposed rule action for referral to the Bylaws and Rules Committee during a meeting of the IMLC Commission. The proposed rule action must be made in the form of a motion and approved by a majority vote.

(2) A standing committee of the IMLC Commission may propose a rule action anytime by a majority vote of that committee.

(b) The Bylaws and Rules Committee shall prepare drafts of all proposed rule actions and provide the draft to all IMLC Commissioners for review and comments. All written comments received by the Bylaws and Rules Committee on proposed rule actions shall be posted on the IMLC Commission's website upon receipt. After considering comments received, the Bylaws and Rules Committee shall prepare a final draft of the proposed rule action for consideration by the IMLC Commission not later than the next the next scheduled meeting of the IMLC Commission.

(c) Prior to adoption of a rule action by the IMLC Commission, the text of the proposed rule action shall be published by the Bylaws and Rules Committee not later than thirty days prior to the meeting at which the vote is scheduled, on the IMLC Commission's website and in any other official publication that may be designated by the IMLC Commission for the publication of its rules and rule actions. In addition to the text of the proposed rule action, the reason for the proposed rule action shall be provided.

(d) Each proposed rule action shall state:

(1) The place, time, and date of the scheduled public hearing;

(2) The manner in which interested persons may submit notice to the IMLC

72 Commission of their intention to attend the public hearing and any written
73 comments; and

74
75 (3) The name, position, physical and electronic mail address, telephone, and
76 telefax number of the person to whom interested persons may respond with
77 notice of their attendance and written comments.

78
79 (e) Every public hearing shall be conducted in a manner guaranteeing each person
80 who wishes to comment a fair and reasonable opportunity to comment. No
81 transcript of the public hearing is required, unless a written request for a
82 transcript is made, which case the person or entity making the request shall pay
83 for the transcript. A recording may be made in lieu of a transcript under the
84 same terms and conditions as a transcript. This subrule shall not preclude the
85 IMLC Commission from making a transcript or recording of the public hearing if
86 it chooses to do so.

87
88 (f) Nothing in this rule shall be construed as requiring a separate hearing on
89 each rule. Rule actions may be grouped for the convenience of the IMLC
90 Commission at hearings required by this rule.

91
92 (g) Following the scheduled hearing date, or by the close of business on the
93 scheduled hearing date if the hearing was not held, the IMLC Commission
94 shall consider all written and oral comments received.

95
96 (h) The IMLC Commission shall, by a majority vote, take final action on the
97 proposed rule action and shall determine the effective date of the rule action, if
98 any, based on the rulemaking record and the full text of the rule action.

99
100 (i) Not later than thirty days after a rule is adopted, any interested person may file a
101 petition for judicial review of the rule in the United States district court of the
102 District of Columbia or in the federal district court where the IMLC Commission's
103 principal office is located. If the court finds that the IMLC Commission's action is
104 not supported by substantial evidence, as defined in the model state
105 administrative procedure act of 2010 and subsequent amendments thereto in the
106 rulemaking record, the court shall hold the rule unlawful and set it aside.

107
108 (j) Upon determination that an emergency exists, the IMLC Commission may
109 promulgate an emergency rule action that shall become effective immediately
110 upon adoption, provided that the usual rulemaking procedures provided in the
111 compact and in this rule shall be retroactively applied to the rule as soon as
112 reasonably possible, in no event later than ninety days after the effective date of
113 the rule. An emergency rule is one that must be made effective immediately in

- 114 order to:
115
116 (1) Meet an imminent threat to public health, safety, or welfare;
117
118 (2) Prevent a loss of federal or state funds;
119
120 (3) Meet a deadline for the promulgation of an administrative rule that is
121 established by federal law or rule.
122

123
124 **Chapter 2 - Information Practices**

125
126 ADOPTED: DECEMBER 14, 2016

127
128 EFFECTIVE: DECEMBER 14, 2016

129
130 AMENDED: FEBRUARY 22, 2017; JUNE 27, 2017

131
132 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION**
133 **NUMBER):**

- 134
135 1. **Section 2.6, Federal criminal records check information was adopted by the**
136 **Interstate Commission on February 22, 2017, in an emergency rule-making**
137 **action pursuant to administrative rule Chapter 1.**
138 2. **Section 2.6, Federal criminal records check information, was adopted by the**
139 **Interstate Commission on June 27, 2017, through the regular rule-making**
140 **process pursuant to administrative rule Chapter 1.**

141
142 **2.1 Authority**

143
144 This chapter is promulgated by the Interstate Commission pursuant to the
145 Interstate Medical Licensure Compact. This rule shall become effective upon
146 adoption by the Interstate Commission.

147
148 **2.2 Definitions**

149
150 "*Coordinated information system*" means the database established and maintained
151 by the Interstate Commission as set forth in the Compact.

152
153 "*Core data set*" means a set of information about an applicant for a letter of
154 qualification for expedited licensure through the Compact or a set of information
155 about a physician who is issued an expedited license through the Compact or

156 renews an expedited license through the Compact. The core data set shall
157 include:

- 158 (1) Eligibility for expedited licensure through the Compact;
- 159 (2) Full legal name;
- 160 (3) Other name(s) used, previously or currently;
- 161 (4) Gender;
- 162 (5) Date of birth;
- 163 (6) National Provider Identifier Number;
- 164 (7) Social security number;
- 165 (8) Address of record;
- 166 (9) Telephone number of record;
- 167 (10) E-mail address delegated by applicant to receive correspondence;
- 168 (11) Medical degree conferred;
- 169 (12) Medical school, including year of completion, and verification of
170 accreditation;
- 171 (13) Residency program, including year of completion, and verification of
172 accreditation;
- 173 (14) Specialty board certification, including date of issue and expiration date,
174 if any;
- 175 (15) The license number, date of issue, and expiration date of the full,
176 unrestricted medical license issued by state of principal license;
- 177 (16) The license number, date of issue, and expiration date of the expedited
178 license issued by a member state;
- 179 (17) The license number, date of issue, and expiration date of the license
180 renewed by a member state.

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"Expedited license" means a full and unrestricted medical license promptly issued by a member state to an eligible applicant through the process set forth in the Compact and its administrative rules.

"Letter of qualification" means a notification issued by a state of principal license that expresses an applicant's eligibility or ineligibility for expedited licensure through the processes set forth in the Compact and its administrative rules.

2.3 Collection and dissemination of core data set

(1) The core data set is collected from the applicant by the state of principal license through the expedited licensure process set forth in administrative rule 5.5.

(a) The state of principal license shall submit an applicant's core data set to the Interstate Commission when the state of principal license issues a letter of qualification, verifying or denying the applicant's eligibility for expedited licensure through the compact.

(b) The Interstate Commission shall maintain an applicant's core data set in a coordinated information system established and maintained by the Interstate Commission.

(c) The Interstate Commission shall distribute an applicant's core data set to all member states that issue an expedited license to the applicant.

(d) The Interstate Commission shall make available to any member state the core data set of an applicant for a letter of qualification or a physician who is issued an expedited license through the Compact.

(2) A member state, using a form provided by the Interstate Commission, shall collect, verify and provide to the Interstate Commission the following information for inclusion in the core data set for each physician who is issued an expedited license by the member state:

(a) The license number, date of issue, and expiration date of the full, unrestricted medical license issued by the member state.

2.4 Maintenance of core data set

240 (1) The accuracy of information maintained in a core data set, to the extent it is
241 possible to achieve accuracy through the expedited licensure process and
242 licensure renewal process, shall be the responsibility of member states.

243
244 (a) A state of principal license or any member state shall verify and submit
245 to the Interstate Commission an amendment to correct a core data set
246 of an applicant for a letter of qualification or a physician who is issued
247 an expedited license through the Compact. Upon receipt of information
248 from a member state to correct data, the Interstate Commission shall
249 disseminate a notice to all member states that a core data set has been
250 amended.

251 252 **2.5 Availability of information in coordinated information system**

253
254 (1) The Interstate Commission is prohibited by the Compact from providing any
255 and all licensure, complaint, disciplinary and investigatory information
256 maintained in the coordinated information system, including a core data set,
257 to any individual, entity or organization other than a member state board.

258 259 **2.6 Federal criminal records check information**

260
261 (1) Communication between a member board and the Interstate Commission
262 and communication between member boards regarding verification of
263 physician eligibility for licensure through the Compact shall not include any
264 information received from the Federal Bureau of Investigation relating to a
265 federal criminal records check performed by a member board under Public
266 Law 92-544 pursuant to Section 1 of the Compact and rules 5.5(1)(c) and
267 5.5(2)(b) (2).

268 269 **Chapter 3 – Fees**

270
271 ADOPTED: DECEMBER 14, 2016

272
273 EFFECTIVE: DECEMBER 14, 2016

274
275 AMENDED: MAY 22, 2017

276
277 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION
278 NUMBER):

279
280 **1. Section 3.2 "service fee" was amended by the Interstate Commission on May 22,**

- 281 **2017.**
282 **2. Section 3.4 caption line was amended by the Interstate Commission on May 22,**
283 **2017.**
284 **3. Section 3.4(3) was adopted by the Interstate Commission on May 22, 2017**
285

286 **3.1 Authority**
287

288 This chapter is promulgated by the Interstate Commission pursuant to the
289 Interstate Medical Licensure Compact. This rule shall become effective upon
290 adoption by the Interstate Commission.
291

292 **3.2 Definitions**
293

294 "*Letter of qualification*" means a notification issued by a state of principal license that
295 expresses an applicant's eligibility or ineligibility for expedited licensure through
296 the process set forth in the Compact.
297

298 "*License fee*" means the fee a member board establishes for an expedited license
299 issued through the Compact.
300

301 "*Service fee*" means fees that may be assessed by the Interstate Commission, or a
302 member state, or both, to handle and process an application for a letter of
303 qualification, or the issuance of a license through the Compact, or the renewal of
304 a license through the Compact. A service fee is not a license fee for the issuance
305 of a license or the renewal of a license.
306

307 **3.3 Delegation of collection and disbursement of fees**
308

309 (1) Member states are deemed to have delegated and assigned to the
310 Interstate Commission the following responsibilities in collection and
311 disbursement of service fees and licensure fees paid by applicants
312 seeking expedited licensure through the compact:
313

314 (a) The Interstate Commission shall provide and administer a
315 process to collect service fees and licensure fees from the
316 applicant and remit these fees to the member boards and the
317 Interstate Commission.
318

319 (b) Service fees and licensure fees collected by the Interstate
320 Commission shall be disbursed to member boards no less
321 frequently than once every 30 days.
322

323 **3.4 Service Fees**

324

325 (1) A non-refundable service fee of \$700.00 for an application for a
326 letter of qualification shall be paid by the applicant at the time the
327 application is submitted to the Interstate Commission.

328

329 (a) Payment shall be made by electronic means to the Interstate
330 Commission.

331

332 (b) The Interstate Commission shall remit \$300.00 of this service fee
333 to the applicant's state of principal license.

334

335 (c) The Interstate Commission shall remit \$400.00 of this service fee
336 to the Interstate Commission's general fund.

337

338 (2) A non-refundable service fee of \$100.00 shall be assessed to the
339 applicant each time the letter of qualification is disseminated to one or
340 more members states after the initial dissemination of the letter for
341 expedited license(s) in member states.

342

343 (a) Payment shall be made by electronic means to the Interstate
344 Commission. 100 percent of this service fee shall be deposited in
345 the Interstate Commission's general fund.

346

347 (3) A non-refundable service fee of \$25.00 shall be assessed to the
348 physician for each license renewed through the Compact.

349

350 (a) Payment shall be made by electronic means to the Interstate
351 Commission. 100 percent of this service fee shall be deposited in
352 the Interstate Commission's general fund.

353

354 **3.5 Licensure fee**

355

356 (1) An applicant who is qualified for expedited licensure through the
357 Compact shall pay to the Interstate Commission a non-refundable
358 licensure fee for each expedited license issued through the Compact to
359 the applicant by a member board.

360

361 (2) The member board shall establish the fee for an expedited license.

362

363 (3) The Interstate Commission shall remit to the member board no less
364 frequently than once every 30 days 100 percent of the licensure fee

365 collected by the Interstate Commission for an expedited license issued
366 through the Compact by that member board.

367
368 **3.6 Insufficient funds; failed payments**

369
370 (1) A non-refundable service fee of \$100.00 shall be imposed on an
371 individual who submits a payment to the Interstate Commission for
372 service or application fees without sufficient funds in the payer's
373 account. 100 percent of the fee shall be deposited in the Interstate
374 Commission's general fund to cover costs incurred in attempting to
375 process failed payment transaction(s).

376
377 **Chapter 4 - State of Principal License**

378
379 ADOPTED: NOVEMBER 17, 2017

380
381 EFFECTIVE: NOVEMBER 17, 2017

382
383 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 384 • Section 4.4 was amended by the Interstate Commission on November 16, 2018
385 by adding subparagraph 4.4(4)
- 386 • Section 4.5 was removed by the Interstate Commission on November 19, 2019

387
388 **4.1 Authority**

389
390 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
391 Medical Licensure Compact Section 4. The rule shall become effective upon adoption
392 by the Interstate Commission.

393
394 **4.2 Definitions**

395
396 As used in this chapter:

397
398 *“Employer”* means a person, business or organization located in a physician’s
399 designated state of principal license that employs or contracts with a physician to
400 practice medicine.

401
402 *“Member board”* means a state agency in a member state that acts in the sovereign
403 interests of the state by protecting the public through licensure, regulation, and
404 education of physicians as directed by the state government.

405

406 “*Practice of medicine*” means the clinical prevention, diagnosis, or treatment of human
407 disease, injury, or condition requiring a physician to obtain and maintain a license in
408 compliance with the medical practice act of a member state. The practice of
409 medicine occurs where the patient is located at the time of the physician-patient
410 encounter.

411
412 “*Primary residence*” means the dwelling where a person usually lives. A person can
413 only have one primary residence at any given time.

414
415 “*State of principal license*” means a member state where a physician holds a license to
416 practice medicine and which has been designated as such by the physician for
417 purposes of registration and participation in the Compact.

418

419 **4.3 Designation of state of principal license**

420

421 (a) A physician shall designate a member state as the state of principal license for
422 purposes of registration for expedited licensure through the Compact if the
423 physician possesses a full and unrestricted license to practice medicine in that
424 state, and the state is:

425

426 (1) The state of primary residence for the physician, or

427

428 (2) The state where at least twenty-five percent of the practice of
429 medicine occurs, or

430

431 (3) The location of the physician’s employer, or

432

433 (4) If no state qualifies under subparagraph (1), subparagraph (2), or
434 subparagraph (3), the state designated as state of residence for
435 purposes of federal income tax.

436

437 The physician must meet one of the state of principal license’s eligibility requirements
438 when the application for a letter of qualification is reviewed by the designated state of
439 principal license’s medical board. Member boards shall apply these requirements
440 contemporaneously to determine if a physician has appropriately designated a state of
441 principal license.

442

443 **4.4 Redesignation of the state of principal license**

444

445 (a) The physician may redesignate a member state as the state of principal license
446 at any time, as long as the physician meets the requirements in paragraph “a” of
447 Section 4 of the Compact, following this process:

- 448
449 (1) The physician shall complete a state of principal license form at the
450 Interstate Commission's website, www.imlcc.org
451
452 (2) Upon receipt of the completed form, the Interstate Commission shall
453 notify the new state of principal license and existing state of
454 principal license.
455
456 (3) Physician information collected by the Interstate Commission
457 during the process to redesignate a state of principal license shall
458 be distributed to all member boards.
459
460 (4) The redesignated member state of principal license shall be
461 responsible for ensuring that the physician meets the requirements
462 of paragraph 4.3(a) at the time of the application for redesignation
463 of the state of principal license. The redesignated member state
464 shall notify the Interstate Commission of its findings
465 contemporaneously.
466
467

468 **Chapter 5 - Expedited licensure**

469
470 ADOPTED: OCTOBER 3, 2016

471
472 EFFECTIVE: OCTOBER 3, 2016

473
474 AMENDED: FEBRUARY 22, 2017, MAY 22, 2017, JUNE 27, 2017, NOVEMBER 17, 2017

475
476 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 477
478 **1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an**
479 **emergency rule-making action pursuant to administrative rule Chapter 1.**
480 **2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**
481 **3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**
482 **4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the**
483 **regular rule-making process pursuant to administrative rule Chapter 1.**
484 **5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17,**
485 **2017.**
486 **6. Section 5.9 was adopted by the Interstate Commission on May 12, 2020, in an emergency rule-**
487 **making action pursuant to administrative rule Chapter 1.**

488 489 **5.1 Authority**

490

491 This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical
492 Licensure Compact. The rule shall become effective upon adoption by the Interstate
493 Commission.

494

495 **5.2 Definitions.**

496

497 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in
498 these rules, the following definitions will apply:

499

500 (a) *“Accreditation Council for Graduate Medical Education (ACGME)” means the*
501 *non-governmental organization responsible for the accreditation of graduate*
502 *medical education (GME) programs within the jurisdiction of the United States*
503 *of America and its territories and possessions.*

504

505 (b) *“Action related to nonpayment of fees related to a license” means adverse action*
506 *taken against a physician seeking licensure through the Compact by a medical*
507 *licensing agency in any state, federal, or foreign jurisdiction due to late payment*
508 *or non-payment of a medical license fee.*

509

510 (c) *“Active investigation” means an investigation related to a physician seeking*
511 *licensure through the Compact by a licensing agency or law enforcement*
512 *authority in any state, federal, or foreign jurisdiction for issues that have not*
513 *been resolved.*

514

515 (d) *“American Board of Medical Specialties (ABMS)” means a non-profit organization*
516 *comprising 24 certifying boards that develop and implement professional*
517 *standards for the certification of physicians in their declared medical/surgical*
518 *specialty.*

519

520 (e) *“American Osteopathic Association (AOA)” means the representative*
521 *organization for osteopathic physicians (DOs) in the United States. AOA is the*
522 *accrediting body for educational programs at osteopathic medical schools and*
523 *postgraduate training for graduates of osteopathic medical schools in the United*
524 *States. AOA is also the umbrella organization for osteopathic medical specialty*
525 *boards in the United States.*

526

527 (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists” means*
528 *the certifying body for the approved specialty boards of the American*
529 *Osteopathic Association, which certifies osteopathic physicians in their various*
530 *specialties or fields of practice.*

531

532 (g) *“Applicant” means a physician who seeks expedited licensure through the*
533 *Interstate Medical Licensure Compact.*

534

535 (h) *“Compact” means the Interstate Medical Licensure Compact.*

536

- 537 (i) *“Commission on Osteopathic College Accreditation (COCA)”* means a
538 commission of the AOA that establishes, maintains, and applies accreditation
539 standards and procedures for COMs.
540
- 541 (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”*
542 means the examination series administered by the National Board of
543 Osteopathic Medical Examiners that assesses the medical knowledge and
544 clinical skills of osteopathic physicians.
545
- 546 (k) *“Conviction”* means a finding by a court that an individual is guilty of a
547 criminal offense through adjudication, or entry of a plea of guilty or no
548 contest to the charge by the offender. Evidence of an entry of a conviction
549 of a criminal offense by the court shall be considered final for purposes of
550 disciplinary action by a member board. Conviction means a plea of guilty or
551 nolo contendere, finding of guilt, jury verdict, or entry of judgment or
552 sentencing, including, but not limited to, convictions, preceding sentences
553 of supervision, conditional discharge, or first offender probation, under the
554 laws of any jurisdiction of the United States of any crime that is a felony.
555
- 556 (l) *“Coordinated information system”* means the database established and
557 maintained by the Interstate Commission as set forth in the Compact.
558
- 559 (m) *“Crime of moral turpitude”* means an act, whether or not related to the practice
560 of medicine, of baseness, vileness or the depravity contrary to accepted and
561 customary rule, right, and duty between human beings.
562
- 563 (n) *“Criminal background check”* means a state and federal criminal background
564 investigation of an applicant for expedited licensure by means of fingerprinting or
565 other biometric data checks. The completed report and information shall be
566 obtained prior to licensure of the applicant. The applicant shall pay for the
567 background check.
568
- 569 (o) *“Criminal offense”* means a violation of a law with possible penalties of a term in
570 jail or prison, and/or a fine.
571
- 572 (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”*
573 means discipline reportable to the National Practitioner Data Bank.
574
- 575 (q) *“Education Commission for Foreign Medical Graduates (ECFMG)”* means the
576 entity that certifies international medical graduates for entry into U.S. graduate
577 medical education.
578
- 579 (r) *“Expedited license”* means a full and unrestricted medical license promptly
580 issued by a member state to an eligible applicant through the process set forth
581 in the Compact. Expedited does not refer to the speed of the process by which
582 the state of principal license qualifies an applicant for expedited licensure.

- 583
584 (s) *“Federation of State Medical Boards’ Federation Credentials Verification*
585 *Service (FCVS)” means a centralized, uniform system operated by the*
586 *Federation of State Medical Boards for state medical boards to obtain a*
587 *verified, primary-source record of a physician’s core medical credentials.*
588
- 589 (t) *“Felony” means the category or description of a crime defined in the*
590 *jurisdiction where the crime is committed. Where not otherwise defined in*
591 *state statute, a felony is a charge which is punishable by a minimum*
592 *penalty of 12 months of incarceration.*
593
- 594 (u) *“Graduate medical education” means an ACGME- or AOA-approved*
595 *specialty or subspecialty program that achieves ABMS or AOA board*
596 *eligibility status. ACGME- or AOA-approved means the program is*
597 *accredited by the ACGME or the AOA. A one-year transitional internship or*
598 *a one-year rotating internship does not qualify as graduate medical*
599 *education required in Compact Section 2(k)(3) or this chapter.*
600
- 601 (v) *“Gross misdemeanor” means a category or description of a crime defined in the*
602 *jurisdiction where the crime is committed. If the jurisdiction does not have a*
603 *gross misdemeanor category or description, the crime is a charge which is*
604 *punishable by a minimum penalty of 6 months of incarceration.*
605
- 606 (w) *“International Medical Education Directory” means the World Directory of*
607 *Medical Schools, a public database of worldwide medical schools. The directory*
608 *is a collaborative product of the Foundation for Advancement of International*
609 *Medical Education and Research and the World Federation for Medical*
610 *Education.*
611
- 612 (x) *“Interstate Commission” means the Interstate Medical Licensure Compact*
613 *Commission.*
614
- 615 (y) *“Letter of qualification” means a notification issued by a state of principal license*
616 *that expresses an applicant’s eligibility or ineligibility for expedited licensure*
617 *through the process set forth in the Compact.*
618
- 619 (z) *“Liaison Committee on Medical Education (LCME)” means an entity that*
620 *provides accreditation to medical education programs in the United States and*
621 *Canada as a voluntary, peer-reviewed process of quality assurance that*
622 *determines whether the medical education program meets established*
623 *standards.*
624
- 625 (aa) *“Member board” means a state agency in a member state that acts in the*
626 *sovereign interests of the state by protecting the public through licensure,*
627 *regulation, and education of physicians as directed by the state government.*
628

- 629 (bb) *“Member state” means a state that has enacted the Compact.*
630
631 (cc) *“Offense” means a felony, gross misdemeanor, or crime of moral turpitude.*
632
633 (dd) *“Predecessor examination” means a generally accepted national medical*
634 *licensure examination issued prior to the administration of USMLE or COMLEX,*
635 *combination examinations and state licensure board examinations administered*
636 *prior to 1974.*
637
638 (ee) *“Primary source verification” means verification of the authenticity of*
639 *documents with the original source that issued the document or original source*
640 *verification by another jurisdiction’s physician licensing agency or original*
641 *source verification by an entity approved by the Interstate Commission including,*
642 *but not limited to, FCVS, ECFMG, or the AOA profile.*
643
644 (ff) *“Service fee” means fees that may be assessed by the Interstate*
645 *Commission, or a member state, or both, to handle and process an*
646 *application for a letter of qualification, or the issuance of a license through*
647 *the Compact, or the renewal of a license through the Compact. A service*
648 *fee is not a license fee for the issuance of a license or the renewal of a*
649 *license.*
650
651 (gg) *“State of principal license” means a member state where a physician*
652 *holds a license to practice medicine and which has been designated as*
653 *such by the physician for purposes of registration and participation in the*
654 *Compact.*
655
656 (hh) *“United States Medical Licensing Examination (USMLE)” means the*
657 *examination series for medical licensure in the United States administered by*
658 *the National Board of Medical Examiners.*

660 **5.3 Delegation of expedited licensure responsibilities**

- 661
662 (1) Member states are deemed to have delegated and assigned to the Interstate
663 Commission the following responsibilities in the expedited licensure process:
664
665 (a) The Interstate Commission shall provide member states an online
666 application for use by applicants seeking expedited licensure through their
667 designated state of principal license.
668
669 (b) The Interstate Commission shall use information from a coordinated information
670 system to facilitate an application for review by the applicant’s designated state
671 of principal license.
672

673 (c) The Interstate Commission shall provide and administer a process to collect
674 service fees and licensure fees from the applicant and remit these fees to the
675 member boards and the Interstate Commission.
676

677 **5.4 Eligibility for expedited licensure**

678
679 (1) An applicant must meet the following requirements to receive an expedited license
680 under the terms and provisions of the Compact:
681

682 (a) Is a graduate of a medical school accredited by the LCME, the COCA, or
683 a medical school listed in the international medical education directory or
684 its equivalent.
685

686 (b) Passed each component, level or step of the USMLE or COMLEX
687 licensing examination within three attempts, or any of its predecessor
688 examinations accepted by a state medical board as an equivalent
689 examination for licensure purposes.
690

691 (c) Successfully completed graduate medical education approved by the
692 ACGME or the AOA. "Completed" means graduated from an ACGME- or
693 AOA-approved specialty or subspecialty program that results in ABMS or
694 AOA board eligibility status. ACGME- or AOA-approved means the
695 program is accredited by the ACGME or the AOA. A one-year
696 transitional internship or a one-year rotating internship does not qualify as
697 graduate medical education required in Compact Section 2k(3) or this
698 chapter.
699

700 (d) Holds specialty certification or a time-unlimited specialty certificate
701 recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists.
702 The specialty certification or a time-unlimited specialty certificate does not
703 have to be maintained once a physician is initially determined to be
704 eligible for expedited licensure through the Compact.
705

706 (e) Possesses a full and unrestricted license to engage in the practice of
707 medicine issued by a member board.
708

709 (f) Has never been convicted, received adjudication, deferred adjudication,
710 community supervision, or deferred disposition for any offense by a court
711 of appropriate jurisdiction.
712

713 (g) Has never held a license authorizing the practice of medicine subjected
714 to discipline by a licensing agency in any state, federal, or foreign
715 jurisdiction, excluding any action related to nonpayment of fees related to
716 a license.
717

- 718 (h) Has never had a controlled substance license or permit suspended or
719 revoked by a state or the United States Drug Enforcement Administration.
720
721 (i) Is not under active investigation by a licensing agency or law enforcement
722 authority in any state, federal, or foreign jurisdiction.
723

724 **5.5 Expedited licensure process**

725
726 (1) An applicant shall:

- 727
728 (a) Designate a state of principle license. The applicant must meet one of the state
729 of principal license eligibility requirements in Compact Section 4 at the time the
730 application for a letter of qualification is reviewed by the designated state of
731 principal license's member board. A member board shall apply Compact Section
732 4 requirements contemporaneously when evaluating an applicant's designation
733 of a state of principal license.
734
735 (b) Submit an online application to the designated state of principal license
736 through the coordinated information system.
737
738 (c) Submit to the state of principal license a completed fingerprint packet or other
739 biometric data check sample approved by the state of principal license.
740
741 (d) Submit to the state of principal license a sworn statement by the applicant
742 attesting to the truthfulness and accuracy of all information provided by the
743 applicant.
744
745 (e) Pay the nonrefundable service fees required by the state of principal
746 license and the Interstate Commission.
747

748 (2) When an application is received by the state of principal license through the Interstate
749 Commission:

- 750
751 (a) The Interstate Commission shall use information from its database to facilitate
752 the application, which shall be reviewed by the applicant's designated state of
753 principal license.
754
755 (b) The designated state of principal license shall:
756
757 I. Evaluate the applicant's eligibility for expedited licensure;
758
759 II. Perform a criminal background check pursuant to Public Law 92-544 as
760 required by terms and provisions of the Compact; and
761
762 III. Issue a letter of qualification to the applicant and the Interstate Commission,
763 verifying or denying the applicant's eligibility.

- 764
765 (3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the
766 applicant shall:
767
768 (a) Complete the registration process established by the Interstate Commission.
769
770 (b) Identify the member state(s) for which expedited licensure is requested.
771
772 (c) Pay the non-refundable licensure fee required by the member board(s) and any
773 additional service fee required by the Interstate Commission.
774
775 (4) Upon receipt of all licensure fees required, and receipt of the information from the
776 application, including the letter of qualification, the member board(s) shall promptly issue
777 a full and unrestricted license(s) to the applicant, and provide information regarding that
778 license to the Interstate Commission to maintain in its coordinated information system.
779
780 (a) An expedited license shall be valid for a period consistent with the licensure
781 period in the member state and in the same manner as required for other
782 physicians holding a full and unrestricted license within the member state.
783

784 **5.6 Expedited licensure application cycle**

- 785
786 (1) An application for expedited licensure shall be considered open from the date
787 the application form is received by the state of principal license.
788
789 (a) If the applicant does not submit all requested materials within 60 days after the
790 application is opened, then the application shall be deemed to have been
791 withdrawn. The applicant must reapply and submit a new application, a new
792 nonrefundable application service fees as determined by the state of principal
793 license and the Interstate Commission.
794
795 (b) A letter of qualification is valid for 365 days from its date of issuance to
796 request expedited licensure in a member state. There shall be no waiver of
797 this time limit.
798

799 A physician who has been issued a letter of qualification by a state of principal license attesting
800 the physician is qualified for expedited licensure through the Compact may apply for a new letter
801 of qualification after 365 days from issuance of the initial letter of qualification. Upon request for
802 a new letter of qualification, a physician will not be required to demonstrate current specialty
803 board certification.
804

805 **5.7 Appeal of the determination of eligibility**

- 806
807 (1) The applicant may appeal a determination of eligibility for licensure within 30 days of
808 issuance of the letter of qualification to the member state where the application was filed
809 and shall be subject to the law of that state.

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5.8 Renewal and continued participation

- (1) Not less than 90 days prior to the expiration of a license issued through the Compact, the member board that issued the license shall notify the physician by e-mail of the pending expiration of the license and provide information on the process to renew the license, and a link to the Interstate Commission’s web page to start the renewal process. The e-mail notice shall be sent to the address specified in rule 2.2. The physician is responsible for renewing the license prior to its expiration. Failure of the physician to receive a renewal notice does not relieve the physician of responsibility for renewing the license through the Interstate Commission. The physician shall update the information provided on the online renewal application within 30 days of any change of information provided on the application.
- (2) The physician shall complete an online renewal application on a form provided by the Interstate Commission which shall include collection of information required in Section 7 of the Compact and such other information as required by the Interstate Commission.
- (3) The Interstate Commission may collect a service fee from the physician for renewal of a license issued through the Compact. The Interstate Commission shall retain 100 percent of this service fee for renewal of a license.
- (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board during a member state’s licensing renewal period.
- (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew the physician’s license.
- (6) After the license is renewed the member board may collect and act upon additional information from the physician related to that state’s specific requirements for license renewal.
- (7) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.
- (8) A physician who seeks to renew a license issued through the Compact after its expiration date may be subject to any and all penalties, terms and conditions for licensure renewal established by the member state that issued the license.

5.9 Emergency Rule Regarding COVID-19 State of Emergency Rule Waiver of Timeframes

- (1) This rule is effective retroactive to the March 9, 2020, declaration of a national emergency by the President of the United States in response to the COVID-19 pandemic. At such time, each Board or Executive Committee of the Commission

855 has the authority to temporarily waive enforcement of the timeframes of the
856 Commission's rules which are not statutorily required.

857
858 (2) Such waiver would be justified based upon:

859
860 (a) The degree of disruption of procedures or timeframes regulating the
861 movement of physicians under the applicable provisions of the Compact,
862 which is the basis for the waiver;

863
864 (b) The degree of benefit (or detriment) of such waiver to the physician and/or
865 public health; and
866

867 (c) The anticipated duration of the emergency.
868

869 (3) The length of any waiver would be subject to the length of the national/state
870 emergency declaration or one hundred and eighty (180) days from the date of
871 promulgation, subject to one extension of equal length, or preemptively
872 concluded by a majority vote of the Commission, whichever first occurs.
873

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876 **CHAPTER 6 – COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS**

877
878 ADOPTED: November 16, 2018

879
880 EFFECTIVE: November 16, 2018

881
882 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 883 • None
884

885 **6.1 Authority**

886
887 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
888 Medical Licensure Compact Sections 8, 9, 10 and 15. The rule shall become effective
889 upon adoption by the Interstate Commission.
890

891 **6.2 Definitions**

892
893 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as

894 used in these rules, the following definitions apply:

895

896 “*Applicant*” means a physician who seeks expedited licensure through the Interstate
897 Medical Licensure Compact. See Rule 5.2(g).

898

899 “*Confidential and filed under seal*” means all information and documents shared shall
900 be sent in an envelope or sent through an encrypted service and may not be
901 discoverable in civil litigation, re-disclosed voluntarily or pursuant to a Freedom of
902 Information Act or Public Information Act, produced pursuant to civil or criminal
903 subpoena, except that such information may be used for the purpose of investigating
904 and taking disciplinary action and may be disclosed as part of any public disciplinary
905 action resulting from the investigation.

906

907 “*Compact physician*” means a physician who has obtained a license through the
908 Compact.

909

910 “*Coordinated information system*” means the database established and maintained by
911 the Interstate Commission as set forth in the Compact. See Rule 2.2.

912

913 “*Disciplining Board*” means a member Board that imposes discipline upon a Compact
914 physician.

915

916 “*Investigative, litigation or compliance materials*” means licensure records, disciplinary
917 records, litigation records, application records, and compliance records for a Compact
918 physician, but does not mean criminal history record information in accordance with
919 Rule 2.6.

920

921 “*Joint investigation*” means an investigation involving multiple member Boards.

922

923 “*Lead investigative Board*” means a member Board chosen to coordinate a joint
924 Investigation.

925

926 “*Medical Practice Act*” means a member state’s practice act governing the practice of
927 medicine.

928

929 “*Member Board*” means a state that has enacted the Compact. See Rule 5.2(bb).

930

931 “*Necessary and proper disciplinary and investigatory information*” means:

- 932 1. The type of action:
933 a. complaint;
934 b. charge;
935 c. non-final public action;
936 d. final public action; or
937 e. non-public action;
938 2. Date action was taken;
939 3. Whether the action results in the removal of the physician's Compact license,
940 such as a suspension, revocation, surrender or relinquishment in lieu of
941 discipline;
942 4. Whether the action is to initiate a joint investigation;
943 5. Name of Board, Agency, or Entity that took the action specified in this report;
944 And
945 6. Current Status and changes in status of any action:
946 a. investigation continuing;
947 b. charges issued, but no final action taken;
948 c. final action issued pending appeal;
949 d. final action with all judicial remedies exhausted;
950 e. closed without resulting discipline.

951
952 *"Nonpublic complaint"* means allegations that a physician violated a state's Medical
953 Practice Act that have not been made public.

954
955 *"Nonpublic complaint resolution"* means a non-disciplinary board action, advisory letter,
956 letter of education, letter of concern, nonpublic disposition agreement, nonpublic
957 consent order, corrective action agreement, or any other type of nonpublic actions taken
958 by a member Board.

959
960 *"Public action"* means disciplinary actions, disciplinary fines, reprimands, probations,
961 conditions or restrictions on a licensee, suspensions, summary suspensions, cease and
962 desist orders, revocations, denials of licensure, or any other type of action taken by a
963 member Board that is public.

964
965 *"Public complaint"* means a public charging document or allegations that a physician
966 violated a state's Medical Practice Act that have been made public by a member Board.

967
968 *"Share information"* means that a member Board shall disclose the relevant information
969 to the Interstate Commission or other member Board.

970
971 *“State of principal license”* means a member state where a physician holds a license to
972 practice medicine and which has been designated as such by the physician for
973 purposes of registration and participation in the Compact. See Rule 5.2(gg).

974
975 **6.3 Coordinated Information System**

- 976
977 a. The Interstate Commission shall establish a database of all applicants and
978 Compact physicians. The database will contain the core data set and necessary
979 and proper disciplinary or investigatory information. The database will be
980 available for all member Boards to report and query information, as appropriate.
981
982 b. Each member Board shall report the name, NPI number, and all necessary and
983 proper disciplinary or investigatory information of a public complaint or public
984 action on a form provided by the Interstate Commission to the Interstate
985 Commission as soon as reasonably possible, but no later than 10 business days
986 after a public complaint or public action against an applicant or Compact
987 physician has been entered. The member Board shall attach a copy of the public
988 complaint or public action.
989
990 c. Each member Board shall submit an updated report to the Interstate Commission
991 upon changes to the status of any reported action.
992
993 d. When the Commission receives notice of a final public action by a member
994 Board, the Commission shall notify the member Boards for all other member
995 states where the disciplined Compact physician is licensed.
996
997 e. Each member Board may disclose any nonpublic complaint or nonpublic
998 complaint resolution to the Interstate Commission.
999
1000 f. On request of another member Board, each member Board shall share the
1001 requested information from an investigative file as soon as reasonably possible,
1002 and that information shall be confidential and filed under seal.
1003
1004 g. All information provided to the Coordinated Information System and documents
1005 obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are
1006 confidential and filed under seal and may only be used by member Boards for
1007 investigations or during disciplinary processes and may be made public in
1008 disciplinary actions but may not be redisclosed to any person or non-member
1009 Board.

1010

1011 **6.4 Joint Investigations**

1012

1013 a. A member Board may participate with other member Boards in joint
1014 investigations of a Compact physician or applicant.

1015

1016 b. Upon initiating a joint investigation, the lead investigative Board shall notify the
1017 Interstate Commission of the joint investigation and inform the Interstate
1018 Commission which member Boards are part of the joint investigation. The
1019 Interstate Commission shall notify any other member Boards where the Compact
1020 physician is licensed of the identity of the individual under investigation and the
1021 contact information for the lead investigative Board.

1022

1023 c. In a joint investigation, the lead investigative Board may be the member Board in
1024 the member state where the alleged conduct occurred, the state that initiated the
1025 joint investigation, or any member Board chosen by the participating member
1026 Boards to be the lead investigative Board.

1027

1028 d. The lead investigative Board shall direct the investigation and update the
1029 participating member Boards upon any significant developments in the
1030 investigation.

1031

1032 e. The lead investigative Board may request the other member Boards participating
1033 in the joint investigation to conduct investigatory tasks in their own states.

1034

1035 f. A non-lead investigative Board may continue its own investigation but shall keep
1036 the lead investigative Board apprised of its investigatory actions and shall
1037 coordinate its actions with the lead investigative Board.

1038

1039 g. A subpoena issued by a member Board shall be enforceable in other member
1040 states, whether or not the subpoena concerns a Compact physician or applicant.

1041

1042 h. Should an individual or entity refuse to comply with the enforceable subpoena,
1043 the member Board that issued the subpoena may request the local member
1044 Board to issue a subpoena on the investigating member Board's behalf. The
1045 local member Board shall issue such a subpoena and shall share the resulting
1046 information with the investigating member Board.

1047

1048 i. All member Boards participating in a joint investigation shall share investigative
1049 information, litigation, or compliance materials upon request of any member

1050 Board where the Compact physician under investigation is licensed.

1051

1052 j. Any member Board may investigate actual or alleged violations of a statute
1053 authorizing the practice of medicine in any other member state in which a
1054 physician holds a license to practice medicine. The investigating member Board
1055 shall contact the other member Board and inform them about the investigation
1056 prior to initiating the investigation in that state. Upon conclusion of the
1057 investigation, the investigating member Board shall inform the other member
1058 Board about the results of the investigation.

1059

1060 k. The final outcome or disposition of any joint investigation shall be reported to the
1061 Interstate Commission by the lead investigative Board.

1062

1063 **6.5 Disciplinary Actions**

1064

1065 a. Any disciplinary action by a disciplining Board shall be considered unprofessional
1066 conduct and is subject to discipline by other member Boards. This shall include
1067 any action that does not have a corresponding ground by the other member
1068 Board's Medical Practice Act or in addition to any other specific violation of the
1069 Medical Practice Act in the other member state.

1070

1071 b. Any member Board, including the state of principal license, may:

1072

1073 (1) Administratively take reciprocal action against a compact physician who
1074 was disciplined by a disciplining Board. The administrative reciprocal
1075 action of the disciplinary Board is deemed conclusive as to matters of law
1076 and fact and a member Board may impose the same or lesser sanction
1077 that is consistent with the Medical Practice Act of the member Board state;

1078

1079 (2) Pursue disciplinary action in accordance with the member Board's Medical
1080 Practice Act against a Compact physician who was disciplined by a
1081 disciplining Board. The action of the disciplinary Board is deemed
1082 conclusive as to matters of law and fact and a member Board may impose
1083 a more severe sanction; or

1084

1085 (3) Take no action.

1086

1087 c. If a license issued by a member state through the Compact is revoked,
1088 surrendered, suspended or relinquished in lieu of discipline, then the member
1089 Board shall notify the Interstate Commission as soon as reasonably possible, but

1090 no later than 5 business days from the date of the action and shall send a copy of
1091 the action to the Interstate Commission.

1092

1093 d. The Interstate Commission shall immediately notify all other member Boards that
1094 have licensed the physician and shall send a copy of the action to the other
1095 member Boards.

1096

1097 e. Upon receipt of notice from the Interstate Commission of an action taken by the
1098 state of principal license, the other member Boards shall immediately place the
1099 Compact physician on the same status as the state of principal license.

1100

1101 f. If the state of principal license reinstates the disciplined Compact physician's
1102 license, it shall notify the Interstate Commission that the suspension has been
1103 terminated as soon as reasonably possible, but no later than 5 business days
1104 after the suspension has ended. The Interstate Commission shall immediately
1105 notify the other member Boards. Those member Boards shall reinstate the
1106 license in accordance with the Medical Practice Act of that state.

1107

1108 g. Upon receipt of notice from the Interstate Commission of an action taken by a
1109 non-state of principal license, the other member Boards shall suspend the
1110 Compact physician for 90 calendar days on entry of the order of the disciplining
1111 Board to permit the member Board to investigate under the Medical Practice Act
1112 of that state.

1113

1114 h. After an investigation has been completed, but within 90 calendar days of the
1115 suspension, one of the following may occur:

1116

1117 (1) a state of principal license may terminate the suspension of the license;

1118

1119 (2) a non-state of principal license may terminate the suspension if the state
1120 of principal license has already terminated the suspension;

1121

1122 (3) any member Board may impose reciprocal discipline or pursue reciprocal
1123 discipline pursuant to Rule 6.5(b) or (c); or

1124

1125 (4) any member Board may continue the suspension until the member Board
1126 that initially took the action has taken a final action.

1127

1128 **Chapter 7 – Compliance and Enforcement**

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ADOPTED: November 16, 2018

EFFECTIVE: November 16, 2018

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- **NONE**

7.1 Authority

This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact section 19. The rule shall become effective upon adoption by the Interstate Commission.

7.2 Dispute resolution

- a. Any disputes between member states on compliance and enforcement issues shall be presented to and mediated by the Executive Committee.
- b. Before submitting a complaint to the Executive Committee, the complaining member Board and the responding member Board shall attempt to resolve the issues without intervention by the Interstate Commission.
- c. If the parties are unable to resolve the issue, the complaining member state shall provide the Executive Committee a written statement, not to exceed five pages, which will be sent to the responding member state. The responding member state may submit a written response to the complaining member state and the Executive Committee, not to exceed five pages, within 30 calendar days.
- d. The member state representatives may appear telephonically before the Interstate Commission at a time and place as designated by the Executive Committee of the Interstate Commission for mediation.
- e. The Executive Committee of the Interstate Commission shall make a recommendation to the parties to resolve the issue.

Chapter 8 – Notice to Licensees Upon a Withdrawal or Termination of Membership in the Compact

1168 **ADOPTED: November 19, 2019**

1169

1170 **EFFECTIVE: November 19, 2019**

1171

1172 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

1173 • **NONE**

1174

1175 **8.1 Authority**

1176

1177 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1178 Medical Licensure Compact sections 12, 14, 15, 18, and 21. The rule shall become
1179 effective upon adoption by the Interstate Commission.

1180

1181 **8.2 Definitions**

1182

1183 “Defaulting state” means a state that has defaulted under Section 18 of the
1184 Compact.

1185

1186 “State of principal license” means a member state where a physician holds a
1187 license to practice medicine and which has been designated as such by the
1188 physician for purposes of registration and participation in the Compact.

1189

1190 “Termination of membership in the Compact” means the Commission’s expulsion
1191 of a defaulting state from the Compact under the procedures set forth in Section
1192 18 of the Compact.

1193

1194 “Withdrawing state” means a state that has, in accordance with Section 21 of the
1195 Compact, repealed the Compact.

1196

1197 **8.3 Notice from Withdrawing State**

1198

1199 a) Within 90 days from enactment of a statute withdrawing a member state from the
1200 Compact, the withdrawing state shall send notices, pursuant to this rule, to
1201 licensees who have been licensed in the withdrawing state through the compact
1202 and licensees who list the withdrawing state as their state of principal of license.

1203

- 1204 b) The notice from the withdrawing state to licensees who have been licensed
1205 through the Compact in the withdrawing state, shall inform the licensees that they
1206 will not be able to renew their withdrawing state’s license through the Compact.
1207 The notice shall provide information concerning other methods to apply for
1208 licensure and/or renewal in the withdrawing state.
- 1209
- 1210 c) The notice to licensees whose state of principal license is the withdrawing state
1211 shall inform licensees that they must maintain a state of principal license through
1212 the compact under Compact Rule 4.5. The notice shall inform the licensees that
1213 they will not be able to renew their license in any state through the compact if
1214 they have not redesignated their state of principal license prior to the withdrawing
1215 state’s exit from the Compact. The notice shall include instructions, created by
1216 the Commission in accordance with Compact Rule 4.4, regarding how licensees
1217 may redesignate their state of principal license.
- 1218
- 1219 d) Upon notice from the withdrawing state of the enactment of a statute withdrawing
1220 a member state from the Compact, the Commission shall update its website to
1221 notify all applicants of the withdrawing state’s withdrawal from the Commission.
1222 The website shall provide notice to applicants that the licenses will terminate
1223 upon the effective date of withdrawal and shall list the effective date of
1224 withdrawal.

1225
1226 **8.4 Immunity from Suit and Liability for Withdrawal**

1227
1228 A withdrawing state that withdraws from the compact pursuant to the laws and rules of
1229 the Interstate Medical Licensure Compact and has complied with the rules regarding
1230 notice provided in this section shall be immune from suit and liability from a physician or
1231 entity claiming injury based on the withdrawing state’s withdrawal from the compact.
1232

1233 **8.5 Notice after Termination of Membership in the Compact**

- 1234
- 1235 a) Within 90 days from the vote by the Commission to terminate membership in the
1236 Compact of a defaulting state, the defaulting state shall send notices, pursuant to
1237 this rule, to licensees who have been licensed in the defaulting state through the
1238 Compact and licensees who list the defaulting state as their state of principal of
1239 license.

- 1240
- 1241 b) The notice from the defaulting state to licensees who have been licensed through
1242 the Compact in the defaulting state shall inform the licensees that they will not be

1243 able to renew their defaulting state’s license through the Compact. The notice
1244 shall provide information concerning other methods to apply for licensure and/or
1245 renewal in the defaulting state.

1246
1247 c) The notice to licensees whose state of principal license is the defaulting state
1248 shall inform licensees that they must maintain a state of principal license through
1249 the compact under Compact Rule 4.5. The notice shall inform the licensees that
1250 they will not be able to renew their license in any state through the compact if
1251 they have not redesignated their state of principal license prior to the defaulting
1252 state’s exit from the Compact. The notice shall include instructions, created by
1253 the Commission in accordance with Compact Rule 4.4, regarding how licensees
1254 may redesignate their state of principal license.

1255
1256 d) Immediately following the vote to terminate membership in the Compact of a
1257 defaulting state, the Commission shall update its website to notify all applicants
1258 of the defaulting state’s termination from the Commission. The website shall
1259 provide notice to applicants that the licenses will terminate upon the effective
1260 date of termination and shall list the effective date of termination.

1261
1262 e) The effective date of termination of membership in the Compact shall be no
1263 earlier than six months following the full Commission’s vote to terminate.

1264
1265 **8.6 Immunity from Suit and Liability for Termination**

1266
1267 A defaulting state that is terminated from the compact pursuant to the laws and rules of
1268 the Interstate Medical Licensure Compact and has complied with the rules regarding
1269 notice provided in this section shall be immune from suit and liability from a physician or
1270 entity claiming injury based on the defaulting state’s termination from the compact.

1271
1272 **Chapter 9 – Exemption from Disclosure of Records**

1273
1274 **ADOPTED: November 19, 2019**

1275
1276 **EFFECTIVE: November 19, 2019**

1277
1278 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

1279 • **NONE**

1280

1281 **9.1 Authority**

1282

1283 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1284 Medical Licensure Compact sections 11, 12, and 15. The rule shall become effective
1285 upon adoption by the Interstate Commission.

1286

1287 **9.2 Exemption from disclosure or inspection of Commission Records**

1288 a) The following Commission records shall be exempt from public inspection or
1289 Disclosure:

1290

1291 1) The following physician information:

1292 i) personal identifying information;

1293 ii) personal contact information;

1294 iii) answers to criminal or disciplinary questions;

1295 iv) fiscal or payment information;

1296 v) disciplinary records; and

1297 vi) test scores and test results.

1298

1299 2) The following internal Commission records:

1300 i) personal records of Commission staff;

1301 ii) commission personnel practice and procedures;

1302 iii) matters specifically exempted from disclosure by federal statute

1303 iv) trade secrets, commercial, or financial information that is privileged
1304 or confidential;

1305 v) censures and accusations of a crime;

1306 vi) personal information where disclosure would constitute and
1307 unwarranted invasion of personal privacy;

1308 vii) investigative records compiled for law enforcement purposes;

1309 viii) that specifically relate to a civil action or other legal proceeding;

1310 ix) closed session records related to any of the above topics

1311 x) records that contain legal advice or attorney-client communications or
1312 attorney work product; and

1313 xi) confidential mediation or arbitration documents.

1314

1315 b) After consultation with counsel, the full Commission may designate records not

1316

designated exempt under section (a) to be confidential and not available to the public for inspection.

1317