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7 **UNNUMBERED**

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9 **Maintaining board certification - December 18, 2015**

10
11 The American Medical Association asked if a physician must maintain specialty board
12 certification after the physician is determined to be eligible for expedited licensure
13 through the Compact. Motion was made by Commissioner Hansen (SD) and
14 seconded by Commissioner Lawler (ID) to answer the AMA by stating the IMLC
15 currently has no requirement for board certification upon renewal of a license issued
16 through the Compact. Specialty board certification by the American Board of Medical
17 Specialties (ABMS) or the American Osteopathic Association (AOA) is required to be
18 eligible for initial licensure through the Compact. The motion was unanimously
19 passed by voice vote. The AOA requested the same written response be sent to their
20 organization recognizing Osteopathic Continued Certification as only be required at
21 initial licensure through the Compact. **(See December 18, 2015, minutes of the**
22 **Interstate Commission.)**

23
24 **OPINION NO. 01-2017 – ADVISORY OPINION ON GRADUATE MEDICAL**
25 **EDUCATION REQUIREMENT FOR EXPEDITED LICENSURE THROUGH THE**
26 **COMPACT**

27
28 **Graduate medical education requirements – June 13, 2017**

29
30 The graduate medical education requirements expressed in Compact Section 2k(3) and
31 Rule 5.4(1)c are intended to ensure that an eligible physician is adequately trained by
32 having successfully completed graduate medical education in an ACGME- or AOA-
33 approved specialty or sub-specialty program. A one-year transitional internship or a
34 one-year rotating internship does not qualify as graduate medical education required in
35 Compact Section 2k(3) and Rule 5.4(1)c.

37 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of
38 the Interstate Medical Licensure Compact Commission.

- 39
- 40 • **Compact Section 12c** – (The commission shall) Issue, upon the request of a
41 member state or member board, advisory opinions concerning the meaning or
42 interpretation of the compact, its bylaws, rules, and actions.
- 43
- 44 • **Compact Section 11k** -- ...The executive committee shall have the power to act
45 on behalf of the Interstate Commission, with the exception of rulemaking, during
46 periods when the Interstate Commission is not in session....
- 47

48 **ISSUE:** Graduate medical education required to be eligible for expedited licensure
49 through the Interstate Medical Licensure Compact.

- 50
- 51 • **Compact Section 2k(3)** – Requires that an eligible physician has successfully
52 completed graduate medical education approved by the Accreditation Council for
53 Graduate Medical Education (ACGME) or the American Osteopathic Association
54 (AOA).
- 55
- 56 • **Administrative Rule 5.4(1)c** – Requires that an eligible physician has
57 successfully completed graduate medical education approved by the ACGME or
58 AOA that achieves ABMS or AOA board eligibility status.
- 59

60 **QUESTION:** Does a one-year transitional internship meet requirements in Compact
61 Section 2k(3) and Rule 5.4(1)c?

62

63 **ADVISORY OPINION:** The graduate medical education requirements expressed in
64 Compact Section 2k(3) and Rule 5.4(1)c are intended to ensure that an eligible
65 physician is adequately trained by having successfully completed graduate medical
66 education in an ACGME- or AOA-approved specialty or sub-specialty program. A one-
67 year transitional internship or a one-year rotating internship does not qualify as graduate
68 medical education required in Compact Section 2k(3) and Rule 5.4(1)c.

69

70 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state
71 of principal license in determining if an applicant is eligible for licensure through the
72 Compact.

73

74 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive
75 Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).

76
77

78 **OPINION NO. 02-2017 – ADVISORY OPINION ON STATE OF PRINCIPAL LICENSE**
79 **ELIGIBILITY REQUIREMENTS FOR EXPEDITED LICENSURE THROUGH THE**
80 **COMPACT**

81
82 **State of principal license requirements – June 13, 2017**

83
84 An applicant for a letter of qualification for expedited licensure through the Interstate
85 Medical Licensure Compact must designate a Compact member state as a state of
86 principal license, pursuant to Section 4 of the Compact. The applicant must meet one
87 of the state of principal license eligibility requirements when the application for a letter of
88 qualification is reviewed by the designated state of principal license’s medical board.
89 Member boards shall apply these requirements contemporaneously.

90
91 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of
92 the Interstate Medical Licensure Compact Commission.

- 93
94 • **Compact Section 12c** – “(The commission shall) Issue, upon the request of a
95 member state or member board, advisory opinions concerning the meaning or
96 interpretation of the compact, its bylaws, rules, and actions.”
97
98 • **Compact Section 11k** – “...The executive committee shall have the power to act
99 on behalf of the Interstate Commission, with the exception of rulemaking, during
100 periods when the Interstate Commission is not in session....”
101

102 **ISSUE:** Requirements for designating a state of principal license for the purposes of
103 registration for expedited licensure through the Interstate Medical Licensure Compact.

- 104
105 • **Compact Section 4a** – Requires that a physician possess a full and unrestricted
106 license to practice in the state the physician designates as the state of principal
107 license at the time the physician applies for a letter of qualification. In addition,
108 the physician must be able to demonstrate one of the following conditions:
109
110 • **Compact Section 4a(1)** – the state is the primary residence of the
111 physician;
112
113 • **Compact Section 4a(2)** – the state is where at least 25 percent of the
114 physician’s practice of medicine occurs;
115
116 • **Compact Section 4a(3)** – the state is the location of the physician’s
117 employer;
118

- **Compact Section 4a(4)** – the state is the physician’s residence for purposes of federal income tax.

QUESTION: Is a physician who resided or practiced medicine in a member state in the past year, but is neither residing or practicing in that state at the time the physician applies for a letter of qualification, eligible to designate that state as a state of principal license, pursuant to **Section 4** of the Compact?

ADVISORY OPINION: An applicant for a letter of qualification for expedited licensure through the Interstate Medical Licensure Compact must designate a Compact member state as a state of principal license, pursuant to **Section 4** of the Compact. The applicant must meet one of the state of principal license eligibility requirements when the application for a letter of qualification is reviewed by the designated state of principal license’s medical board. Member boards shall apply these requirements contemporaneously.

The state of principal license’s medical board has the weighty responsibility to determine if the applicant is eligible for licensure through the Compact. Consequently, the state of principal license is expected to have active and meaningful connections to the applicant for a letter of qualification for the purposes of local accountability. These connections are expressed in the present tense in **Section 4a** of the Compact. When an applicant applies for a letter of qualification, the applicant must attest that a requirement identified in **Section 4a** is met at the time of the application is reviewed by the designated state of principal license. The state of principal license may verify through independent sources that the applicant’s attestation is valid, or ask the physician to provide appropriate documentation.

Section 4b of the Compact asserts that a physician may re-designate a member state as a state of principal license.

Section 4c of the Compact grants the Interstate Commission authority to write rules to facilitate re-designation of another member state as the state of principal license. This implies that if the applicant is determined to be eligible for licensure through the Compact and is licensed through the Compact, then the applicant must continuously meet a requirement in **Section 4a** to maintain the state of principal license designated at the time of the application for the letter of qualification. If the physician no longer can lawfully designate a state as the state of principal license, then the physician must designate another member state.

(It is possible that an applicant may no longer meet requirements to maintain the designed member state as the state of principal license and the applicant is unable to designate another member state. This circumstance – what it means if a physician

161 licensed through the Compact no longer has a state of principal license – could be
162 addressed through rulemaking, pursuant to **Section 4c** of the Compact.)

163
164 Regarding the requirement expressed in **Section 4a(2)**, the physician’s attestation may
165 be verified by the state medical board of the designated state of principal license to
166 ascertain that at least 25 percent of the physician’s practice is in the designated state of
167 principal license at the time the letter of qualification application is reviewed by the
168 designated state of principal license.

169
170 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state
171 of principal license in determining if an applicant is eligible for licensure through the
172 Compact.

173
174 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive
175 Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).

176
177
178 **OPINION NO. 07-2018 – ADVISORY OPINION ON PHYSICIANS HOLDING LICENSES**
179 **ISSUED THROUGH THE COMPACT WHO ARE DISCIPLINED BY A NON-MEMBER BOARD**
180 **AFTER THE LETTER OF QUALIFICATION HAS BEEN ISSUED**

181 A physician had obtained a Letter of Qualification (“LOQ”) and was requesting licensure using
182 the compact. A member board, from whom a license was being requested, determined that the
183 physician applicant’s license to practice medicine had been subject to discipline by a licensing
184 agency of a state that was not a member of the compact. The disciplinary action was
185 subsequent to the LOQ being issued.

186 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the
187 Interstate Medical Licensure Compact Commission.

188 • **IMLCC Statute, Section 12c** – (The commission shall) Issue, upon the request of a
189 member state or member board, advisory opinions concerning the meaning or
190 interpretation of the compact, its bylaws, rules, and actions.

191
192 • **IMLCC Statute, Section 11k** -- ...The executive committee shall have the power to act
193 on behalf of the Interstate Commission, with the exception of rulemaking, during periods
194 when the Interstate Commission is not in session....

195
196 **ISSUE:** The Interstate Medical Licensure Compact Statute is silent as it relates to the actions
197 which should be taken by member boards and the commission after it has been determined that
198 a physician, who was eligible to obtain a Letter of Qualification (“LOQ”) and has had licenses

199 issued through the compact, subsequently had his/her license to practice medicine subject to
200 discipline by a non-member state.

- 201 • **IMLCC Statute, Section 8(b)** – establishes that a member board must report to the
202 commission any public action or complaints against a licensed physician who has used
203 the compact whether that action is from a member board or a non-member board.
204
- 205 • **IMLCC Statute, Section 2(k)(7)** – establishes that a physician whose license to practice
206 medicine that has been subject to discipline by a licensing agency in any state, federal
207 or foreign jurisdiction shall not be eligible to use the compact to obtain licensure through
208 the compact.
209
- 210 • **IMLCC Statute, Section 7(a)(3)** – prevents a physician using the compact to renew
211 licenses obtained through the compact, if that physician’s license to practice medicine
212 has been the subject of disciplinary action.
213
- 214 • **IMLCC Statute, Section 10** – provides clear direction regarding the actions to be taken
215 when a physician holding licenses issued through the compact are disciplined by
216 compact member boards.
217

218 **QUESTIONS:**

- 219 • How should a member board notify the commission when it determines that a
220 physician’s license to practice medicine has been the subject of a disciplinary action by a
221 non-member board state?
222
- 223 • What notification should the IMLCC provide to the State of Principal License (SPL) and
224 member boards who have issued a license through the compact using a valid LOQ
225 regarding the action taken by the non-member board?
226
- 227 • Should the IMLCC notify the physician that they may not use the compact to renew their
228 licenses obtained through the compact?
229
230

231 **ADVISORY OPINION:**

232 Item 1: A member board shall report to the IMLCC executive director via email as soon
233 as practicable after it has become aware of any public action or complaints against a
234 physician who has used the compact to apply or obtain a license through the compact,
235 including action taken by a non-member board.

236

237 Item 2: The commission shall notify the SPL and member boards who have issued a
238 license through the compact of any disciplinary action as defined in IMLC Rule 5.2, of

239 the action by a non-member board within 5 business days of obtaining that information.
240 The notice shall be via email to the commissioners from those member states.

241

242 Item 3: The IMLCC shall, contemporaneously with the notice to the SPL and member
243 boards, notify the physician via email that:

- 244 • The IMLCC has become aware of the disciplinary action;
- 245 • The IMLCC has notified the SPL and the license issuing member boards
246 of the action;
- 247 • The physician may not renew their licenses using the compact process;
248 and
- 249 • The IMLCC recommends that the physician contact each member board
250 directly concerning the status of the license issued.
251

252 **APPLICABILITY:** This opinion applies to all member states in their capacity as a state of
253 principal license and a member board issuing licenses under the authority of the Interstate
254 Medical Licensure Compact.

255 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the
256 Interstate Medical Licensure Compact Commission (August 7, 2018).

257

258 **OPINION NO. 09-2018 – ADVISORY OPINION ON QUALIFICATION TO ACT AS A STATE**
259 **OF PRINCIPAL LICENSE (SPL) AND THE RELATIONSHIP BETWEEN AN SPL AND**
260 **LETTERS OF QUALIFICATION (LOQ) ISSUED.**

261 Questions were raised regarding the responsibilities of being an SPL under the IMLCC statutes
262 and how that responsibility relates to an active LOQ and the licenses issued using that LOQ.
263 The first issue relates to a physician, who is requesting a redesignation of SPL from the
264 originally selected member board, which issued an LOQ that is still active, to another member
265 board which is unable to act as an initial SPL due to the inability to obtain a criminal history
266 record information (CHRI) for the required criminal background check. The second issue
267 relates to a physician who has selected an SPL, has an active LOQ with licenses issued under
268 that LOQ, but no longer meets the requirements to maintain an SPL.

269

270 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the
271 Interstate Medical Licensure Compact Commission.

- 272 • **IMLCC Statute, Section 12c** – (The commission shall) Issue, upon the request of a
273 member state or member board, advisory opinions concerning the meaning or
274 interpretation of the compact, its bylaws, rules, and actions.
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- 276
- **IMLCC Statute, Section 11k** -- ...The executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session....
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280 **ISSUE:** There are two principal issues for discussion. The first relates to a member board's
281 role and responsibilities as a State of Principal License (SPL). The second relates to the
282 interaction between an SPL and issuance of the Letter of Qualifications (LOQ). There appears
283 to be a slight difference between IMLCC Rule, Chapter 4, Section 4.5 that requires that a
284 physician maintain eligibility requirements with an SPL and IMLCC Statute, Section 5(f) that
285 requires that a physician only maintain a license in the SPL they have selected. Additionally, it
286 appears that an LOQ should be treated as a standalone document separate from the SPL which
287 issued the LOQ.

- **IMLCC Rule, Chapter 4, Section 4.3** – establishes that a physician shall designate a member state as their state of principal license and meet the eligibility requirements when the application for a letter of qualification is reviewed.
 - **IMLCC Rule, Chapter 4, Section 4.4** – establishes that a physician may redesignate a member state as the state of principal license at any time, as long as the physician meets the requirements of Section 4.3.
 - **IMLCC Rule, Chapter 4, Section 4.5** – requires that when a physician is unable to meet the requirements of Compact Section 4 to designate a state of principal license, then all licenses issued through the Compact to the physician shall be terminated pursuant to Section 5(f).
 - **IMLCC Statute, Section 5(f)** – states that an expedited license obtained through the Compact shall be terminated if a physician fails to maintain a license in the state of principal license for a non-disciplinary reason, without redesignation of a new state of principal license.
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306 **QUESTIONS:**

- Can any member board act as a State of Principal License (SPL) in a redesignation situation?
 - Is a Letter of Qualification valid for 365 days from the date of issuance without regard to the physician continuing to meet the requirements to maintain a relationship with the SPL which issued the LOQ?
 - Does the meaning of the word “terminate” as used in IMLCC Rules, Chapter 4, Section 4.5 mean immediately, or would it be reasonable, in this situation, to mean upon the expiration of the license?
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318 **ADVISORY OPINION:**

319 Item 1: A member board which has determined that it is unable to act fully as a State of
320 Principal License (SPL) to make a determination on an application for a Letter of
321 Qualification is not prohibited by IMLCC Statute or Rule from acting as an SPL in a
322 redesignation situation. A member board which is redesignated as a physician's SPL is
323 not making determinations about eligibility, rather, the member board is being
324 designated in accordance with IMLCC Rule, Chapter 4, Section 4.3 to prevent
325 termination of licenses issued through the Compact, as required under IMLCC Rule,
326 Chapter 4, Section 4.5. The Letter of Qualification issued by the physician's original SPL
327 remains valid for 365 days.

328 Item 2: A Letter of Qualification (LOQ), once issued is valid for 365 days and is
329 independent of the State of Principal License (SPL). An LOQ issued by a SPL remains
330 valid even if the physician redesignates a new SPL.

331 Item 3: The word terminate as used in IMLCC Rules, Chapter 4, Section 4.5, when considered
332 with the requirements of IMLCC Statute, Section 5(f), appears to mean that licenses issued
333 would terminate on the expiration date of the license issued as determined by the issuing
334 member board. Physicians who are unable to maintain a relationship with their SPL and are
335 unable to redesignate a new SPL would be unfairly burdened with an abrupt and immediate
336 termination of licenses issued. As the reason is not related to a disciplinary matter, can be
337 outside of the control of the physician, does not create a harm to public safety or patients, and
338 would create a substantial burden on the physician, allowing a currently issued license to
339 remain in effect until the established expiration of the license is a reasonable approach that is
340 not prohibited by IMLCC Statute or Rule.

341 **APPLICABILITY:** This opinion applies to all member states acting as a state of principal
342 license and to member boards issuing licenses under the authority of the Interstate Medical
343 Licensure Compact.

344 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the
345 Interstate Medical Licensure Compact Commission (September 18, 2018).

346

347 **OPINION NO. 9-29-2020 – ADVISORY OPINION ON THE AUTHORITY OF A MEMBER**
348 **STATE TO CHALLENGE A STATE OF PRINCIPAL LICENSE'S DECISION TO ISSUE A**
349 **LETTER OF QUALIFICATION.**

350 A question has been raised by the Rules and Administrative Procedures committee regarding
351 the ability of a member board to appeal or challenge a decision made by a State of Principal
352 License (SPL) to issue a Letter of Qualification (LOQ). The issue relates to a situation where
353 the SPL has issued an LOQ and prior to issuing the license as required by IMLCC Chapter 5
354 paragraph 5.5 (4), the member board challenges the decision of the SPL to issue the LOQ.

355

356 **AUTHORITY:** The Executive Committee issues this advisory opinion under authority of the
357 Interstate Medical Licensure Compact Commission.

- 358 • **IMLCC Statute, Section 12c** – (The commission shall) Issue, upon the request of a
359 member state or member board, advisory opinions concerning the meaning or
360 interpretation of the compact, its bylaws, rules, and actions.
- 361 • **IMLCC Statute, Section 11k** -- ...The executive committee shall have the power to
362 act on behalf of the Interstate Commission, with the exception of rulemaking, during
363 periods when the Interstate Commission is not in session....
364

365 **ISSUE:** Pursuant to the above referenced statutory authority the Minnesota Board of Medical
366 Practice requested an Advisory Opinion as to the following question: After receiving verification
367 of eligibility under Section 5 (d) and any fees under subsection (c) may a member board refuse
368 to issue an expedited license to the physician?

369 **APPLICABLE IMLC Statutes and Rules:**

- 370 • **IMLCC Statute, Section 3** – states that “A physician must meet the eligibility
371 requirements as defined in Section 2(k) to receive an expedited license...”
372
- 373 • **IMLCC Statute, Section 2(k)** – states that a “Physician means any person who...”
374 meets the established criteria in paragraph 1 to 9.
375
- 376 • **IMLCC Statute, Section 5(b)** – states that “...the state of principal license shall
377 evaluate whether the physician is eligible for expedited licensure and issue a letter of
378 qualification...”
379
- 380 • **IMLCC Statute, Section 5(d)** – states that “After receiving verification of eligibility
381 under subsection (b) and any fees under subsection (c), a member board shall issue
382 an expedited license to the physician
383
- 384 • **IMLCC Rule, Chapter 5, Section 5.5(2)(b)** – establishes that the state of principal
385 license shall: “I. Evaluate the applicant’s eligibility...”
386
- 387 • **IMLCC Rule, Chapter 5, Section 5.5(4)** – requires that the member board “Upon
388 receipt of all licensure fees required, and receipt of the information from the
389 application, including the letter of qualification, the member board(s) shall promptly
390 issue a full and unrestricted license(s) to the applicant...”
391
- 392 • **IMLCC Rule, Chapter 5, Section 5.7** – creates an opportunity to appeal the decision
393 regarding eligibility for an LOQ to the applicant only.
394

395 **ANALYSIS:** As the U.S., Supreme Court has held with regard to statutory interpretation,
396 “Applying ‘settled principles of statutory construction,’ we must first determine whether the

397 statutory text is plain and unambiguous and . . . [i]f it is, we must apply the statute according to
398 its terms.” *Carcieri v. Salazar*, 555 U.S. 379, 387 (2009); See also *Lamie v. U.S. Trustee*, 540
399 U.S. 526, 534 (2004) (“When the statute’s language is plain, the sole function of the courts – at
400 least where the disposition required by the text is not absurd – is to enforce it according to its
401 terms.”)(internal quotation marks omitted). **IMLCC Statute, Section 5(b)** – states that “...the
402 state of principal license shall evaluate whether the physician is eligible for expedited licensure
403 and issue a letter of qualification...” **IMLCC Statute, Section 5(d)** – states that “After receiving
404 verification of eligibility under subsection (b) and any fees under subsection (c), a member
405 board shall issue an expedited license to the physician.”

406 The plain and unambiguous requirement of these provision of the IMLC statute requires that the
407 state of principal licensure “shall evaluate whether the physician is eligible for expedited
408 licensure and issue a letter of qualification. . .” and “After receiving verification of eligibility . . .
409 and any fees . . . a member board shall issue an expedited license to the physician.”
410 Consequently, as held by the Supreme Court, “When the statute’s language is plain, the sole
411 function of the courts.... is to enforce it according to its terms.” *Carcieri*, supra. at p.534.

412 **ADVISORY OPINION:** Consistent with the applicable language of the compact statute and the
413 above referenced authority of the U.S. Supreme Court, after receiving verification of eligibility
414 under Section 5 (d) and any fees under subsection (c) of the IMLC statute a compact member
415 board cannot refuse to issue an expedited license to the physician applicant.

416 **APPLICABILITY:** This opinion applies to all member states acting as a state of principal
417 license and to member boards issuing licenses under the authority of the Interstate Medical
418 Licensure Compact.

419 **EFFECTIVE DATE:** This opinion is effective upon issuance by the Executive Committee of the
420 Interstate Medical Licensure Compact Commission (10/06/2020).

421