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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.

24
25 **1.2 Rule action**

26
27 The IMLC Commission may establish, amend, repeal or suspend a rule.

28
29 **1.3 Rule adoption.**

30
31 All rule actions shall be adopted by a majority vote.

32
33 **1.4 Rulemaking.**

34
35 Rules deemed appropriate for the operations of the IMLC Commission shall be made
36 pursuant to a rulemaking process that substantially conforms to the model state
37 administrative procedure act of 2010 and subsequent amendments thereto.

- 38
39 (a) Proposed rule action shall be submitted to the IMLC Commission Bylaws and
40 Rules Committee as follows:

41
42 (1) Any Commissioner may submit a proposed rule action for referral to the
43 Bylaws and Rules Committee during a meeting of the IMLC Commission.
44 The proposed rule action must be made in the form of a motion and
45 approved by a majority vote.

46
47 (2) A standing committee of the IMLC Commission may propose a rule
48 action anytime by a majority vote of that committee.

- 50 (b) The Bylaws and Rules Committee shall prepare drafts of all proposed rule
51 actions and provide the draft to all IMLC Commissioners for review and
52 comments. All written comments received by the Bylaws and Rules Committee
53 on proposed rule actions shall be posted on the IMLC Commission's website
54 upon receipt. After considering comments received, the Bylaws and Rules
55 Committee shall prepare a final draft of the proposed rule action for
56 consideration by the IMLC Commission not later than the next the next
57 scheduled meeting of the IMLC Commission.
58
- 59 (c) Prior to adoption of a rule action by the IMLC Commission, the text of the
60 proposed rule action shall be published by the Bylaws and Rules Committee not
61 later than thirty days prior to the meeting at which the vote is scheduled, on the
62 IMLC Commission's website and in any other official publication that may be
63 designated by the IMLC Commission for the publication of its rules and rule
64 actions. In addition to the text of the proposed rule action, the reason for the
65 proposed rule action shall be provided.
66
- 67 (d) Each proposed rule action shall state:
68
- 69 (1) The place, time, and date of the scheduled public hearing;
 - 70
 - 71 (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 **Chapter 2 - Information Practices**

124
125 ADOPTED: DECEMBER 14, 2016

126
127 EFFECTIVE: DECEMBER 14, 2016

128
129 AMENDED: FEBRUARY 22, 2017; JUNE 27, 2017

130 131 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION 132 NUMBER):**

- 133
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**

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
159 (1) Eligibility for expedited licensure through the Compact;
- 160
161 (2) Full legal name;
- 162
163 (3) Other name(s) used, previously or currently;
- 164
165 (4) Gender;
- 166
167 (5) Date of birth;
- 168
169 (6) National Provider Identifier Number;
- 170
171 (7) Social security number;
- 172
173 (8) Address of record;
- 174
175 (9) Telephone number of record;
- 176
177 (10) E-mail address delegated by applicant to receive correspondence;
- 178
179 (11) Medical degree conferred;
- 180
181 (12) Medical school, including year of completion, and verification of
182 accreditation;
- 183
184 (13) Residency program, including year of completion, and verification of
185 accreditation;
- 186
187 (14) Specialty board certification, including date of issue and expiration date,
188 if any;
- 189
190 (15) The license number, date of issue, and expiration date of the full,
191 unrestricted medical license issued by state of principal license;
- 192
193 (16) The license number, date of issue, and expiration date of the expedited
194 license issued by a member state;
- 195
196 (17) The license number, date of issue, and expiration date of the license
197 renewed by a member state.

198
199 "*Expedited license*" means a full and unrestricted medical license promptly issued by

200 a member state to an eligible applicant through the process set forth in the
201 Compact and its administrative rules.

202
203 "*Letter of qualification*" means a notification issued by a state of principal license that
204 expresses an applicant's eligibility or ineligibility for expedited licensure through the
205 processes set forth in the Compact and its administrative rules.

206

207 **2.3 Collection and dissemination of core data set**

208

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

212

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

217

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

221

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

225

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

229

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

234

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

237

238 **2.4 Maintenance of core data set**

239

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 ~~4.5 Maintaining a state of principal license~~

468
469 ~~If a physician licensed through the Compact no longer meets any requirement under~~
470 ~~Compact Section 4 to designate a state of principal license, then all licenses issued~~
471 ~~through the Compact to the physician shall be terminated pursuant to Section 5(f) of the~~
472 ~~Compact.~~
473

474 Chapter 5 - Expedited licensure

475
476 ADOPTED: OCTOBER 3, 2016
477

478 EFFECTIVE: OCTOBER 3, 2016
479

480 AMENDED: FEBRUARY 22, 2017, MAY 22, 2017, JUNE 27, 2017, NOVEMBER 17, 2017, MAY 12,
481 2020, SEPTEMBER 15, 2020
482

483 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):
484

- 485 **1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an**
486 **emergency rule-making action pursuant to administrative rule Chapter 1.**
- 487 **2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**
- 488 **3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**
- 489 **4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the**
490 **regular rule-making process pursuant to administrative rule Chapter 1.**
- 491 **5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17,**
492 **2017.**
- 493 **6. Section 5.9 was adopted by the Interstate Commission on May 12, 2020, in an emergency rule-**
494 **making action pursuant to administrative rule Chapter 1.**
- 495 **7. Section 5.10 was adopted by the Interstate Commission on September 15, 2020, through the**
496 **regular rule-making process pursuant to administrative rule Chapter 1.**

497 498 **5.1 Authority** 499

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

503

504 **5.2 Definitions.**

505

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

508

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

513

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

518

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

523

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

528

529 (e) *“American Osteopathic Association (AOA)” means the representative*
530 *organization for osteopathic physicians (DOs) in the United States. AOA is the*
531 *accrediting body for educational programs at osteopathic medical schools and*
532 *postgraduate training for graduates of osteopathic medical schools in the United*
533 *States. AOA is also the umbrella organization for osteopathic medical specialty*
534 *boards in the United States.*

535

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

540

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

543

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

545

546 (i) *“Commission on Osteopathic College Accreditation (COCA)” means a*
547 *commission of the AOA that establishes, maintains, and applies accreditation*
548 *standards and procedures for COMs.*

549

550 (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”*
551 *means the examination series administered by the National Board of*
552 *Osteopathic Medical Examiners that assesses the medical knowledge and*
553 *clinical skills of osteopathic physicians.*

554

- 555 (k) *“Conviction” means a finding by a court that an individual is guilty of a*
556 *criminal offense through adjudication, or entry of a plea of guilty or no*
557 *contest to the charge by the offender. Evidence of an entry of a conviction*
558 *of a criminal offense by the court shall be considered final for purposes of*
559 *disciplinary action by a member board. Conviction means a plea of guilty or*
560 *nolo contendere, finding of guilt, jury verdict, or entry of judgment or*
561 *sentencing, including, but not limited to, convictions, preceding sentences*
562 *of supervision, conditional discharge, or first offender probation, under the*
563 *laws of any jurisdiction of the United States of any crime that is a felony.*
564
- 565 (l) *“Coordinated information system” means the database established and*
566 *maintained by the Interstate Commission as set forth in the Compact.*
567
- 568 (m) *“Crime of moral turpitude” means an act, whether or not related to the practice*
569 *of medicine, of baseness, vileness or the depravity contrary to accepted and*
570 *customary rule, right, and duty between human beings.*
571
- 572 (n) *“Criminal background check” means a state and federal criminal background*
573 *investigation of an applicant for expedited licensure by means of fingerprinting or*
574 *other biometric data checks. The completed report and information shall be*
575 *obtained prior to licensure of the applicant. The applicant shall pay for the*
576 *background check.*
577
- 578 (o) *“Criminal offense” means a violation of a law with possible penalties of a term in*
579 *jail or prison, and/or a fine.*
580
- 581 (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”*
582 *means discipline reportable to the National Practitioner Data Bank.*
583
- 584 (q) *“Education Commission for Foreign Medical Graduates (ECFMG)” means the*
585 *entity that certifies international medical graduates for entry into U.S. graduate*
586 *medical education.*
587
- 588 (r) *“Expedited license” means a full and unrestricted medical license promptly*
589 *issued by a member state to an eligible applicant through the process set forth*
590 *in the Compact. Expedited does not refer to the speed of the process by which*
591 *the state of principal license qualifies an applicant for expedited licensure.*
592
- 593 (s) *“Federation of State Medical Boards’ Federation Credentials Verification*
594 *Service (FCVS)” means a centralized, uniform system operated by the*
595 *Federation of State Medical Boards for state medical boards to obtain a*
596 *verified, primary-source record of a physician's core medical credentials.*
597
- 598 (t) *“Felony” means the category or description of a crime defined in the*
599 *jurisdiction where the crime is committed. Where not otherwise defined in*
600 *state statute, a felony is a charge which is punishable by a minimum*
601 *penalty of 12 months of incarceration.*
602
- 603 (u) *“Graduate medical education” means an ACGME- or AOA-approved*
604 *specialty or subspecialty program that achieves ABMS or AOA board*
605 *eligibility status. ACGME- or AOA-approved means the program is*
606 *accredited by the ACGME or the AOA. A one-year transitional internship or*
607 *a one-year rotating internship does not qualify as graduate medical*
608 *education required in Compact Section 2(k)(3) or this chapter.*
609

- 610 (v) *“Gross misdemeanor” means a category or description of a crime defined in the*
611 *jurisdiction where the crime is committed. If the jurisdiction does not have a*
612 *gross misdemeanor category or description, the crime is a charge which is*
613 *punishable by a minimum penalty of 6 months of incarceration.*
- 614
- 615 (w) *“International Medical Education Directory” means the World Directory of*
616 *Medical Schools, a public database of worldwide medical schools. The directory*
617 *is a collaborative product of the Foundation for Advancement of International*
618 *Medical Education and Research and the World Federation for Medical*
619 *Education.*
- 620
- 621 (x) *“Interstate Commission” means the Interstate Medical Licensure Compact*
622 *Commission.*
- 623
- 624 (y) *“Letter of qualification” means a notification issued by a state of principal license*
625 *that expresses an applicant’s eligibility or ineligibility for expedited licensure*
626 *through the process set forth in the Compact.*
- 627
- 628 (z) *“Liaison Committee on Medical Education (LCME)” means an entity that*
629 *provides accreditation to medical education programs in the United States and*
630 *Canada as a voluntary, peer-reviewed process of quality assurance that*
631 *determines whether the medical education program meets established*
632 *standards.*
- 633
- 634 (aa) *“Member board” means a state agency in a member state that acts in the*
635 *sovereign interests of the state by protecting the public through licensure,*
636 *regulation, and education of physicians as directed by the state government.*
- 637
- 638 (bb) *“Member state” means a state that has enacted the Compact.*
- 639
- 640 (cc) *“Offense” means a felony, gross misdemeanor, or crime of moral turpitude.*
- 641
- 642 (dd) *“Predecessor examination” means a generally accepted national medical*
643 *licensure examination issued prior to the administration of USMLE or COMLEX,*
644 *combination examinations and state licensure board examinations administered*
645 *prior to 1974.*
- 646
- 647 (ee) *“Primary source verification” means verification of the authenticity of*
648 *documents with the original source that issued the document or original source*
649 *verification by another jurisdiction’s physician licensing agency or original*
650 *source verification by an entity approved by the Interstate Commission including,*
651 *but not limited to, FCVS, ECFMG, or the AOA profile.*
- 652
- 653 (ff) *“Service fee” means fees that may be assessed by the Interstate*
654 *Commission, or a member state, or both, to handle and process an*
655 *application for a letter of qualification, or the issuance of a license through*
656 *the Compact, or the renewal of a license through the Compact. A service*
657 *fee is not a license fee for the issuance of a license or the renewal of a*
658 *license.*
- 659
- 660 (gg) *“State of principal license” means a member state where a physician*
661 *holds a license to practice medicine and which has been designated as*
662 *such by the physician for purposes of registration and participation in the*
663 *Compact.*

664
665 (hh) “United States Medical Licensing Examination (USMLE)” means the
666 examination series for medical licensure in the United States administered by
667 the National Board of Medical Examiners.
668

669 **5.3 Delegation of expedited licensure responsibilities**

- 670
- 671 (1) Member states are deemed to have delegated and assigned to the Interstate
672 Commission the following responsibilities in the expedited licensure process:
673
- 674 (a) The Interstate Commission shall provide member states an online
675 application for use by applicants seeking expedited licensure through their
676 designated state of principal license.
677
 - 678 (b) The Interstate Commission shall use information from a coordinated information
679 system to facilitate an application for review by the applicant’s designated state
680 of principal license.
681
 - 682 (c) The Interstate Commission shall provide and administer a process to collect
683 service fees and licensure fees from the applicant and remit these fees to the
684 member boards and the Interstate Commission.
685

686 **5.4 Eligibility for expedited licensure**

- 687
- 688 (1) An applicant must meet the following requirements to receive an expedited license
689 under the terms and provisions of the Compact:
690
- 691 (a) Is a graduate of a medical school accredited by the LCME, the COCA, or
692 a medical school listed in the international medical education directory or
693 its equivalent.
694
 - 695 (b) Passed each component, level or step of the USMLE or COMLEX
696 licensing examination within three attempts, or any of its predecessor
697 examinations accepted by a state medical board as an equivalent
698 examination for licensure purposes.
699
 - 700 (c) Successfully completed graduate medical education approved by the
701 ACGME or the AOA. “Completed” means graduated from an ACGME- or
702 AOA-approved specialty or subspecialty program that results in ABMS or
703 AOA board eligibility status. ACGME- or AOA-approved means the
704 program is accredited by the ACGME or the AOA. A one-year
705 transitional internship or a one-year rotating internship does not qualify as
706 graduate medical education required in Compact Section 2k(3) or this
707 chapter.
708
 - 709 (d) Holds specialty certification or a time-unlimited specialty certificate
710 recognized by the ABMS or the AOA’s Bureau of Osteopathic Specialists.
711 The specialty certification or a time-unlimited specialty certificate does not
712 have to be maintained once a physician is initially determined to be
713 eligible for expedited licensure through the Compact.
714
 - 715 (e) Possesses a full and unrestricted license to engage in the practice of
716 medicine issued by a member board.
717

- 718 (f) Has never been convicted, received adjudication, deferred adjudication,
719 community supervision, or deferred disposition for any offense by a court
720 of appropriate jurisdiction.
721
- 722 (g) Has never held a license authorizing the practice of medicine subjected
723 to discipline by a licensing agency in any state, federal, or foreign
724 jurisdiction, excluding any action related to nonpayment of fees related to
725 a license.
726
- 727 (h) Has never had a controlled substance license or permit suspended or
728 revoked by a state or the United States Drug Enforcement Administration.
729
- 730 (i) Is not under active investigation by a licensing agency or law enforcement
731 authority in any state, federal, or foreign jurisdiction.
732

733 **5.5 Expedited licensure process**

734 (1) An applicant shall:

- 735 (a) Designate a state of principle license. The applicant must meet one of the state
736 of principal license eligibility requirements in Compact Section 4 at the time the
737 application for a letter of qualification is reviewed by the designated state of
738 principal license's member board. A member board shall apply Compact Section
739 4 requirements contemporaneously when evaluating an applicant's designation
740 of a state of principal license.
741
- 742 (b) Submit an online application to the designated state of principal license
743 through the coordinated information system.
744
- 745 (c) Submit to the state of principal license a completed fingerprint packet or other
746 biometric data check sample approved by the state of principal license.
747
- 748 (d) Submit to the state of principal license a sworn statement by the applicant
749 attesting to the truthfulness and accuracy of all information provided by the
750 applicant.
751
- 752 (e) Pay the nonrefundable service fees required by the state of principal
753 license and the Interstate Commission.
754

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

- 757 (a) The Interstate Commission shall use information from its database to facilitate
758 the application, which shall be reviewed by the applicant's designated state of
759 principal license.
760
- 761 (b) The designated state of principal license shall:
- 762 I. Evaluate the applicant's eligibility for expedited licensure;
763
- 764 II. Perform a criminal background check pursuant to Public Law 92-544 as
765 required by terms and provisions of the Compact; and
766
- 767 III. Issue a letter of qualification to the applicant and the Interstate Commission,
768 verifying or denying the applicant's eligibility.
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- (3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the applicant shall:
 - (a) Complete the registration process established by the Interstate Commission.
 - (b) Identify the member state(s) for which expedited licensure is requested.
 - (c) Pay the non-refundable licensure fee required by the member board(s) and any additional service fee required by the Interstate Commission.
- (4) Upon receipt of all licensure fees required, and receipt of the information from the application, including the letter of qualification, the member board(s) shall promptly issue a full and unrestricted license(s) to the applicant, and provide information regarding that license to the Interstate Commission to maintain in its coordinated information system.
 - (a) An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

5.6 Expedited licensure application cycle

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

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

5.7 Appeal of the determination of eligibility

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

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

828 receive a renewal notice does not relieve the physician of responsibility for renewing the
829 license through the Interstate Commission. The physician shall update the information
830 provided on the online renewal application within 30 days of any change of information
831 provided on the application.
832

- 833 (2) The physician shall complete an online renewal application on a form provided by the
834 Interstate Commission which shall include collection of information required in Section 7
835 of the Compact and such other information as required by the Interstate Commission.
836
- 837 (3) The Interstate Commission may collect a service fee from the physician for renewal of a
838 license issued through the Compact. The Interstate Commission shall retain 100 percent
839 of this service fee for renewal of a license.
840
- 841 (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a
842 license and distribute the fees to the applicable member board during a member state's
843 licensing renewal period.
844
- 845 (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew
846 the physician's license.
847
- 848 (6) After the license is renewed the member board may collect and act upon additional
849 information from the physician related to that state's specific requirements for license
850 renewal.
851
- 852 (7) Physician information collected by the Interstate Commission during the renewal process
853 will be distributed to all member boards.
854
- 855 (8) A physician who seeks to renew a license issued through the Compact after its
856 expiration date may be subject to any and all penalties, terms and conditions for
857 licensure renewal established by the member state that issued the license.
858

859 **5.9 Emergency Rule Regarding COVID-19 State of Emergency Rule Waiver of Timeframes**

- 860 (1) This rule is effective retroactive to the March 9, 2020, declaration of a national
861 emergency by the President of the United States in response to the COVID-19
862 pandemic. At such time, each Board or Executive Committee of the Commission
863 has the authority to temporarily waive enforcement of the timeframes of the
864 Commission's rules which are not statutorily required.
865
- 866 (2) Such waiver would be justified based upon:
867
- 868 (a) The degree of disruption of procedures or timeframes regulating the
869 movement of physicians under the applicable provisions of the Compact,
870 which is the basis for the waiver;
871
 - 872 (b) The degree of benefit (or detriment) of such waiver to the physician and/or
873 public health; and
874
 - 875 (c) The anticipated duration of the emergency.
876
- 877 (3) The length of any waiver would be subject to the length of the national/state
878 emergency declaration or one hundred and eighty (180) days from the date of

879 promulgation, subject to one extension of equal length, or preemptively
880 concluded by a majority vote of the Commission, whichever first occurs.

881
882 **5.10 State of Emergency Rule – Waiver of Timeframes**

883 (1) This rule is effective upon a declaration of a national emergency by the President
884 of the United States and/or the declaration of emergency by one or more
885 Governors of the compact member states in response to Force Majeure such as
886 a pandemic, hurricane, tornado, earthquake or other natural disaster. At such
887 time, each Board or the Executive Committee of the Commission has the
888 authority to temporarily waive enforcement of the timeframes of the
889 Commission’s rules which are not statutorily required.

890
891 (2) Such waiver would be justified based upon:

- 892
893 (a) The degree of disruption of procedures or timeframes regulating the
894 movement of physicians under the applicable provisions of the Compact,
895 which is the basis for the waiver;
896
897 (b) The degree of benefit (or detriment) of such waiver to the physician and/or
898 public health; and
899
900 (c) The anticipated duration of the emergency.

901
902 (3) The length of any waiver would be subject to the length of the national/state
903 emergency declaration or preemptively concluded by majority vote of the
904 Commission, whichever first occurs.

905
906
907 **CHAPTER 6 – COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS**

908 ADOPTED: November 16, 2018

910
911 EFFECTIVE: November 16, 2018

912
913 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

- 914 • None

915
916 **6.1 Authority**

917
918 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
919 Medical Licensure Compact Sections 8, 9, 10 and 15. The rule shall become effective
920 upon adoption by the Interstate Commission.

921
922 **6.2 Definitions**

923
924 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as

925 used in these rules, the following definitions apply:

926

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

929

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

937

938 “*Compact physician*” means a physician who has obtained a license through the
939 Compact.

940

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

943

944 “*Disciplining Board*” means a member Board that imposes discipline upon a Compact
945 physician.

946

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

951

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

953

954 “*Lead investigative Board*” means a member Board chosen to coordinate a joint
955 Investigation.

956

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

959

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

961

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

963

1. The type of action:

964

a. complaint;

965

b. charge;

966

c. non-final public action;

967

d. final public action; or

968

e. non-public action;

969

2. Date action was taken;

- 970 3. Whether the action results in the removal of the physician's Compact license,
971 such as a suspension, revocation, surrender or relinquishment in lieu of
972 discipline;
973 4. Whether the action is to initiate a joint investigation;
974 5. Name of Board, Agency, or Entity that took the action specified in this report;
975 And
976 6. Current Status and changes in status of any action:
977 a. investigation continuing;
978 b. charges issued, but no final action taken;
979 c. final action issued pending appeal;
980 d. final action with all judicial remedies exhausted;
981 e. closed without resulting discipline.

982
983 *"Nonpublic complaint"* means allegations that a physician violated a state's Medical
984 Practice Act that have not been made public.

985
986 *"Nonpublic complaint resolution"* means a non-disciplinary board action, advisory letter,
987 letter of education, letter of concern, nonpublic disposition agreement, nonpublic
988 consent order, corrective action agreement, or any other type of nonpublic actions taken
989 by a member Board.

990
991 *"Public action"* means disciplinary actions, disciplinary fines, reprimands, probations,
992 conditions or restrictions on a licensee, suspensions, summary suspensions, cease and
993 desist orders, revocations, denials of licensure, or any other type of action taken by a
994 member Board that is public.

995
996 *"Public complaint"* means a public charging document or allegations that a physician
997 violated a state's Medical Practice Act that have been made public by a member Board.

998
999 *"Share information"* means that a member Board shall disclose the relevant information
1000 to the Interstate Commission or other member Board.

1001
1002 *"State of principal license"* means a member state where a physician holds a license to
1003 practice medicine and which has been designated as such by the physician for
1004 purposes of registration and participation in the Compact. See Rule 5.2(gg).

1005

1006 **6.3 Coordinated Information System**

1007

1008 a. The Interstate Commission shall establish a database of all applicants and
1009 Compact physicians. The database will contain the core data set and necessary
1010 and proper disciplinary or investigatory information. The database will be
1011 available for all member Boards to report and query information, as appropriate.

1012

1013 b. Each member Board shall report the name, NPI number, and all necessary and
1014 proper disciplinary or investigatory information of a public complaint or public
1015 action on a form provided by the Interstate Commission to the Interstate

1016 Commission as soon as reasonably possible, but no later than 10 business days
1017 after a public complaint or public action against an applicant or Compact
1018 physician has been entered. The member Board shall attach a copy of the public
1019 complaint or public action.

1020
1021 c. Each member Board shall submit an updated report to the Interstate Commission
1022 upon changes to the status of any reported action.

1023
1024 d. When the Commission receives notice of a final public action by a member
1025 Board, the Commission shall notify the member Boards for all other member
1026 states where the disciplined Compact physician is licensed.

1027
1028 e. Each member Board may disclose any nonpublic complaint or nonpublic
1029 complaint resolution to the Interstate Commission.

1030
1031 f. On request of another member Board, each member Board shall share the
1032 requested information from an investigative file as soon as reasonably possible,
1033 and that information shall be confidential and filed under seal.

1034
1035 g. All information provided to the Coordinated Information System and documents
1036 obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are
1037 confidential and filed under seal and may only be used by member Boards for
1038 investigations or during disciplinary processes and may be made public in
1039 disciplinary actions but may not be redisclosed to any person or non-member
1040 Board.

1041
1042 **6.4 Joint Investigations**

1043
1044 a. A member Board may participate with other member Boards in joint
1045 investigations of a Compact physician or applicant.

1046
1047 b. Upon initiating a joint investigation, the lead investigative Board shall notify the
1048 Interstate Commission of the joint investigation and inform the Interstate
1049 Commission which member Boards are part of the joint investigation. The
1050 Interstate Commission shall notify any other member Boards where the Compact
1051 physician is licensed of the identity of the individual under investigation and the
1052 contact information for the lead investigative Board.

1053
1054 c. In a joint investigation, the lead investigative Board may be the member Board in
1055 the member state where the alleged conduct occurred, the state that initiated the
1056 joint investigation, or any member Board chosen by the participating member
1057 Boards to be the lead investigative Board.

1058
1059 d. The lead investigative Board shall direct the investigation and update the
1060 participating member Boards upon any significant developments in the
1061 investigation.

1062
1063 e. The lead investigative Board may request the other member Boards participating
1064 in the joint investigation to conduct investigatory tasks in their own states.

- 1065
1066 f. A non-lead investigative Board may continue its own investigation but shall keep
1067 the lead investigative Board apprised of its investigatory actions and shall
1068 coordinate its actions with the lead investigative Board.
1069
1070 g. A subpoena issued by a member Board shall be enforceable in other member
1071 states, whether or not the subpoena concerns a Compact physician or applicant.
1072
1073 h. Should an individual or entity refuse to comply with the enforceable subpoena,
1074 the member Board that issued the subpoena may request the local member
1075 Board to issue a subpoena on the investigating member Board's behalf. The
1076 local member Board shall issue such a subpoena and shall share the resulting
1077 information with the investigating member Board.
1078
1079 i. All member Boards participating in a joint investigation shall share investigative
1080 information, litigation, or compliance materials upon request of any member
1081 Board where the Compact physician under investigation is licensed.
1082
1083 j. Any member Board may investigate actual or alleged violations of a statute
1084 authorizing the practice of medicine in any other member state in which a
1085 physician holds a license to practice medicine. The investigating member Board
1086 shall contact the other member Board and inform them about the investigation
1087 prior to initiating the investigation in that state. Upon conclusion of the
1088 investigation, the investigating member Board shall inform the other member
1089 Board about the results of the investigation.
1090
1091 k. The final outcome or disposition of any joint investigation shall be reported to the
1092 Interstate Commission by the lead investigative Board.
1093

1094 **6.5 Disciplinary Actions**

- 1095
1096 a. Any disciplinary action by a disciplining Board shall be considered unprofessional
1097 conduct and is subject to discipline by other member Boards. This shall include
1098 any action that does not have a corresponding ground by the other member
1099 Board's Medical Practice Act or in addition to any other specific violation of the
1100 Medical Practice Act in the other member state.
1101
1102 b. Any member Board, including the state of principal license, may:
1103
1104 (1) Administratively take reciprocal action against a compact physician who
1105 was disciplined by a disciplining Board. The administrative reciprocal
1106 action of the disciplinary Board is deemed conclusive as to matters of law
1107 and fact and a member Board may impose the same or lesser sanction
1108 that is consistent with the Medical Practice Act of the member Board state;
1109
1110 (2) Pursue disciplinary action in accordance with the member Board's Medical
1111 Practice Act against a Compact physician who was disciplined by a
1112 disciplining Board. The action of the disciplinary Board is deemed

1113 conclusive as to matters of law and fact and a member Board may impose
1114 a more severe sanction; or

1115
1116 (3) Take no action.

1117
1118 c. If a license issued by a member state through the Compact is revoked,
1119 surrendered, suspended or relinquished in lieu of discipline, then the member
1120 Board shall notify the Interstate Commission as soon as reasonably possible, but
1121 no later than 5 business days from the date of the action and shall send a copy of
1122 the action to the Interstate Commission.

1123
1124 d. The Interstate Commission shall immediately notify all other member Boards that
1125 have licensed the physician and shall send a copy of the action to the other
1126 member Boards.

1127
1128 e. Upon receipt of notice from the Interstate Commission of an action taken by the
1129 state of principal license, the other member Boards shall immediately place the
1130 Compact physician on the same status as the state of principal license.

1131
1132 f. If the state of principal license reinstates the disciplined Compact physician's
1133 license, it shall notify the Interstate Commission that the suspension has been
1134 terminated as soon as reasonably possible, but no later than 5 business days
1135 after the suspension has ended. The Interstate Commission shall immediately
1136 notify the other member Boards. Those member Boards shall reinstate the
1137 license in accordance with the Medical Practice Act of that state.

1138
1139 g. Upon receipt of notice from the Interstate Commission of an action taken by a
1140 non-state of principal license, the other member Boards shall suspend the
1141 Compact physician for 90 calendar days on entry of the order of the disciplining
1142 Board to permit the member Board to investigate under the Medical Practice Act
1143 of that state.

1144
1145 h. After an investigation has been completed, but within 90 calendar days of the
1146 suspension, one of the following may occur:

1147
1148 (1) a state of principal license may terminate the suspension of the license;

1149
1150 (2) a non-state of principal license may terminate the suspension if the state
1151 of principal license has already terminated the suspension;

1152
1153 (3) any member Board may impose reciprocal discipline or pursue reciprocal
1154 discipline pursuant to Rule 6.5(b) or (c); or

1155
1156 (4) any member Board may continue the suspension until the member Board
1157 that initially took the action has taken a final action.

1158

1159 **Chapter 7 – Compliance and Enforcement**

1160

1161 **ADOPTED: November 16, 2018**

1162

1163 **EFFECTIVE: November 16, 2018**

1164

1165 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

- 1166 • **NONE**

1167

1168 **7.1 Authority**

1169

1170 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1171 Medical Licensure Compact section 19. The rule shall become effective upon adoption
1172 by the Interstate Commission.

1173

1174 **7.2 Dispute resolution**

1175

1176 a. Any disputes between member states on compliance and enforcement issues
1177 shall be presented to and mediated by the Executive Committee.

1178

1179 b. Before submitting a complaint to the Executive Committee, the complaining
1180 member Board and the responding member Board shall attempt to resolve the
1181 issues without intervention by the Interstate Commission.

1182

1183 c. If the parties are unable to resolve the issue, the complaining member state shall
1184 provide the Executive Committee a written statement, not to exceed five pages,
1185 which will be sent to the responding member state. The responding member
1186 state may submit a written response to the complaining member state and the
1187 Executive Committee, not to exceed five pages, within 30 calendar days.

1188

1189 d. The member state representatives may appear telephonically before the
1190 Interstate Commission at a time and place as designated by the Executive
1191 Committee of the Interstate Commission for mediation.

1192

1193 e. The Executive Committee of the Interstate Commission shall make a
1194 recommendation to the parties to resolve the issue.

1195

1196 **Chapter 8 – Notice to Licensees Upon a Withdrawal or Termination of**
1197 **Membership in the Compact**

1198

1199 **ADOPTED: November 19, 2019**

1200

1201 **EFFECTIVE: November 19, 2019**

1202

1203 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

1204 • **NONE**

1205

1206 **8.1 Authority**

1207

1208 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1209 Medical Licensure Compact sections 12, 14, 15, 18, and 21. The rule shall become
1210 effective upon adoption by the Interstate Commission.

1211

1212 **8.2 Definitions**

1213

1214 “Defaulting state” means a state that has defaulted under Section 18 of the
1215 Compact.

1216

1217 “State of principal license” means a member state where a physician holds a
1218 license to practice medicine and which has been designated as such by the
1219 physician for purposes of registration and participation in the Compact.

1220

1221 “Termination of membership in the Compact” means the Commission’s expulsion
1222 of a defaulting state from the Compact under the procedures set forth in Section
1223 18 of the Compact.

1224

1225 “Withdrawing state” means a state that has, in accordance with Section 21 of the
1226 Compact, repealed the Compact.

1227

1228 **8.3 Notice from Withdrawing State**

1229

1230 a) Within 90 days from enactment of a statute withdrawing a member state from the
1231 Compact, the withdrawing state shall send notices, pursuant to this rule, to
1232 licensees who have been licensed in the withdrawing state through the compact
1233 and licensees who list the withdrawing state as their state of principal of license.

1234

1235 b) The notice from the withdrawing state to licensees who have been licensed
1236 through the Compact in the withdrawing state, shall inform the licensees that they
1237 will not be able to renew their withdrawing state’s license through the Compact.
1238 The notice shall provide information concerning other methods to apply for
1239 licensure and/or renewal in the withdrawing state.

1240

1241 c) The notice to licensees whose state of principal license is the withdrawing state
1242 shall inform licensees that they must maintain a state of principal license through
1243 the compact under Compact Rule 4.5. The notice shall inform the licensees that
1244 they will not be able to renew their license in any state through the compact if
1245 they have not redesignated their state of principal license prior to the withdrawing
1246 state’s exit from the Compact. The notice shall include instructions, created by
1247 the Commission in accordance with Compact Rule 4.4, regarding how licensees
1248 may redesignate their state of principal license.

1249
1250 d) Upon notice from the withdrawing state of the enactment of a statute withdrawing
1251 a member state from the Compact, the Commission shall update its website to
1252 notify all applicants of the withdrawing state's withdrawal from the Commission.
1253 The website shall provide notice to applicants that the licenses will terminate
1254 upon the effective date of withdrawal and shall list the effective date of
1255 withdrawal.

1256
1257 **8.4 Immunity from Suit and Liability for Withdrawal**

1258
1259 A withdrawing state that withdraws from the compact pursuant to the laws and rules of
1260 the Interstate Medical Licensure Compact and has complied with the rules regarding
1261 notice provided in this section shall be immune from suit and liability from a physician or
1262 entity claiming injury based on the withdrawing state's withdrawal from the compact.

1263
1264 **8.5 Notice after Termination of Membership in the Compact**

1265
1266 a) Within 90 days from the vote by the Commission to terminate membership in the
1267 Compact of a defaulting state, the defaulting state shall send notices, pursuant to
1268 this rule, to licensees who have been licensed in the defaulting state through the
1269 Compact and licensees who list the defaulting state as their state of principal of
1270 license.

1271
1272 b) The notice from the defaulting state to licensees who have been licensed through
1273 the Compact in the defaulting state shall inform the licensees that they will not be
1274 able to renew their defaulting state's license through the Compact. The notice
1275 shall provide information concerning other methods to apply for licensure and/or
1276 renewal in the defaulting state.

1277
1278 c) The notice to licensees whose state of principal license is the defaulting state
1279 shall inform licensees that they must maintain a state of principal license through
1280 the compact under Compact Rule 4.5. The notice shall inform the licensees that
1281 they will not be able to renew their license in any state through the compact if
1282 they have not redesignated their state of principal license prior to the defaulting
1283 state's exit from the Compact. The notice shall include instructions, created by
1284 the Commission in accordance with Compact Rule 4.4, regarding how licensees
1285 may redesignate their state of principal license.

1286
1287 d) Immediately following the vote to terminate membership in the Compact of a
1288 defaulting state, the Commission shall update its website to notify all applicants
1289 of the defaulting state's termination from the Commission. The website shall
1290 provide notice to applicants that the licenses will terminate upon the effective
1291 date of termination and shall list the effective date of termination.

1292
1293 e) The effective date of termination of membership in the Compact shall be no
1294 earlier than six months following the full Commission's vote to terminate.

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8.6 Immunity from Suit and Liability for Termination

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

Chapter 9 – Exemption from Disclosure of Records

ADOPTED: November 19, 2019

EFFECTIVE: November 19, 2019

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

- **NONE**

9.1 Authority

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

9.2 Exemption from disclosure or inspection of Commission Records

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

- 1) The following physician information:
 - i) personal identifying information;
 - ii) personal contact information;
 - iii) answers to criminal or disciplinary questions;
 - iv) fiscal or payment information;
 - v) disciplinary records; and
 - vi) test scores and test results.
- 2) The following internal Commission records:
 - i) personal records of Commission staff;
 - ii) commission personnel practice and procedures;
 - iii) matters specifically exempted from disclosure by federal statute
 - iv) trade secrets, commercial, or financial information that is privileged or confidential;
 - v) censures and accusations of a crime;
 - vi) personal information where disclosure would constitute and unwarranted invasion of personal privacy;
 - vii) investigative records compiled for law enforcement purposes;

- 1340 viii) that specifically relate to a civil action or other legal proceeding;
- 1341 ix) closed session records related to any of the above topics
- 1342 x) records that contain legal advice or attorney-client communications or
- 1343 attorney work product; and
- 1344 xi) confidential mediation or arbitration documents.

1345

1346 b) After consultation with counsel, the full Commission may designate records not

1347 designated exempt under section (a) to be confidential and not available to the

1348 public for inspection.

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1350 **Chapter 10 – Annual Assessment**

1351 **ADOPTED: November 17, 2020**

1352 **EFFECTIVE: November 17, 2020**

1353 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER): _**

1354 **10.1 Authority**

1355 This chapter is promulgated by the Interstate Commission pursuant to the Interstate

1356 Medical Licensure Compact sections 11, 12, and 15. The rule shall become effective

1357 upon adoption by the Interstate Commission.

1358

1359 **10.2 Levy and collection of an annual assessment**

1360 The Interstate Commission is authorized by the IMLCC statute, section 13, paragraph

1361 (a) to levy and collect an annual assessment from each member state to cover the cost

1362 of the commission’s operations and activities.

1363 **10.3 Determining the amount of the annual assessment**

- 1364 a) The Budget Committee of the Interstate Commission shall notify the full Interstate
- 1365 Commission as soon as practicable if a budget shortfall is anticipated in a future
- 1366 year and shall prepare a report detailing the shortfall.
- 1367 b) On or before May 15 of every year, the Budget Committee of the Interstate
- 1368 Commission shall present to the Executive Committee a budget for the upcoming
- 1369 fiscal year that includes an estimate of the costs of operations and activities of
- 1370 the Interstate Commission and its staff and anticipated revenue to be collected
- 1371 from licensure, renewal, and other sources. The budget committee shall
- 1372 determine whether the Interstate Commission anticipated costs exceed the
- 1373 anticipated revenues and whether there are reserve funds available. Only if the
- 1374 projected revenue shortfall is greater than 50% of the reserve fund at the time the
- 1375 budget is adopted, the Interstate Commission shall levy and collect an
- 1376 assessment from each member state, district, and territory to make up the
- 1377 anticipated budget deficit.
- 1378 c) The Interstate Commission shall assess the member states an amount that,
- 1379 along with other revenue, is sufficient to cover the estimated costs approved in
- 1380 the budget.

1381 d) If an assessment is required, the executive director shall notify each member
1382 state of their assessment amount and shall send each commissioner a copy of
1383 the approved budget;

1384 **10.4 Payment of the levy and assessment**

1385 Each member state shall remit the funds to pay the amount of the assessment within 60
1386 days of receiving the assessment notice.

1387 **10.5 Overpayment or return of the levy and assessment**

1388 The Budget Committee shall provide periodic and regular reports on that fiscal year's
1389 budget to the Executive Committee. Should it be determined that the funds from the
1390 states' levy and assessment are not required, or are required in a reduced amount,
1391 those amounts shall be returned to the states proportionate to their contributions within
1392 60 days of the end of the fiscal period for which they were levied.

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