INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
EXECUTIVE COMMITTEE
Conference Call
June 6, 2016

The Executive Committee of the Interstate Medical Licensure Compact Commission was called to order by Chairman Ian Marquand (MT) at 3:05 EST.

Attendance was 86% with the following Executive Committee Members present:

- Commissioner Bowden (IA)
- Commissioner Thomas (MN)
- Commissioner Marquand (MT)
- Commissioner Hansen (SD)
- Commissioner Shepard (WV)
- Commissioner Bohnenblust (WY)

- Chair of Bylaws/Rules Committee
- Commission Vice Chairman
- Commission Chairman
- Chair of Communications Committee
- Commission Secretary
- Chair of Technology Committee

Also present on the call were Karen Silas (AL), Bill Golden, Tyler Klatt and James Phalen all from the Attorney General’s office in South Dakota.

Agenda:
The agenda was presented and upon a motion from Vice Chairman Thomas (MN) and seconded by Secretary Shepard (WV) the agenda was approved as presented by voice vote.

Minutes:
Minutes from the February 25, 2016 meeting had never been presented for approval and were submitted for approval at today’s meeting. On a motion by Commissioner Bohnenblust (WY) and seconded by Vice Chairman Thomas (MN) the minutes were unanimously adopted without revision.

Minutes from the last Executive Committee Conference Call held on May 23, 2016, were presented for approval. On a motion by Commissioner Bowden (IA) and seconded by Vice Chairman Thomas (MN) the minutes of the May meeting were unanimously approved by voice vote.

HRSA Grant Request/Conditions:
Officers of the IMLCC were called together by Chairman Marquand (MT) to receive a report on the HRSA grant. Shiri Hickman of the FSMB, informed the officers that HRSA has made a preliminary decision to award the 3-year HRSA grant to FSMB for support of the IMLCC. There have been additional requests for information from HRSA and the Federation of State Medical Boards has asked the IMLCC to assist in preparing those responses. Deadline for submission in June 18, 2016 and the full Commission does not meet until June 24, 2016. FSMB has requested an extension, but to avoid any possibility of the grant being denied, the Executive Committee is being asked to prepare responses to three specific areas within the grant proposal.

The three (3) specific conditions of the grant to be addressed are as follows:

1) Provide a detailed marketing plan that delineates and details, per HRSA’s Grant Specific Conditions, the internal and external meetings that will be used to educate telehealth stakeholders and state policy makers about the Compact; (As a HRSA grant-specific condition, the marketing plan MUST include attendance at the American Telemedicine Association’s Annual Conference (April 22-25, 2017, in Orlando, FL) to promote the Compact model.

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2) Propose a plan for project sustainability after the period of Federal Funding ends;

3) Provide a target for measurable and quantifiable program milestones that will be achieved over the course of the grant.

There was discussion from the South Dakota Commissioner that perhaps the Executive Committee should not provide any information towards the grant proposal before seeing the entire grant document. There was concern from other members of the Executive Committee that because this is a time-sensitive issue and, if not addressed by the June 18th deadline, could cause the loss of the HRSA grant for future financing of the IMLCC.

On a motion from Vice Chairman Thomas (MN) and seconded by Commissioner Bowden (IA) the Executive Committee approved by voice vote for Chairman Marquand (MT) to work with the FSMB in preparing the following responses to the three issues presented. Commissioner Hanson (SD) voted in opposition to the motion. The motion did carry.

Executive Committee Responses to HRSA Grant Proposal

1) IMLCC will continue to publicize its meetings as required by our Bylaws. The internal meetings are open to the public and opportunity for public comment is provided at every meeting.

IMLCC has already provided presentations at external meetings to organizations upon their request and will continue to make IMLCC leaders available to them.

IMLCC is also open to participate in conferences or annual meetings as a vendor to answer questions and provide printed material about the Compact and the Commission’s work.

IMLCC intends to operate its own website by the end of calendar 2016. This website will be used to disseminate information on meetings, rulemaking, public comment opportunities as well as minutes, press releases, articles and other information about the Compact and the Commission.

2) IMLCC anticipates to be sustained by revenues from processing fees collected from physicians applying for licensure in other states via the Compact. During the time of grant funding, any revenues collected from processing fees would be set aside into an IMLCC account. Once Federal Funding ends, the IMLCC will be able to operate on new processing fees received, funds set aside from prior receipts, or any combination thereof.

Additionally, the IMLCC has the authority to make assessments to participating states, although there has been no desire expressed by any Commission member to authorize such an assessment.

3) Once the IMLCC begins processing applications for licensure and collecting fees from applicants, data will be gathered regarding the number of applications received and number of licenses issued. The data will be reported to the IMLCC and will be made public on a regular basis. The IMLCC will also prepare for the processing of renewal fees to the various states. Projections for use will be developed and refined as data is gathered.
IMLCC Executive Committee has made a recommendation for the IMLCC to adopt a timeline to licensure leading to the first issued interstate license by January 2017. The full Commission will be presented this timeline at their June 24, 2016 meeting, along with a more aggressive alternative plan for licensing as early as October 2016. Once confirmed by IMLCC, the date of first interstate license and the number of expedited license applications processed will be reported.

IMLCC can only speculate as to how many applications for expedited licensure will be accepted each year. The IMLCC can only speculate as to how many of those applications will be approved for licensure as some are expected not to meet the eligibility requirements as outlined by the Compact.

Based upon the FSMB’s 2014 census showing 916,000 physicians in the United States, the IMLCC Technology Committee has reviewed a model that assumes 2% of those physicians would make use of the Compact over the first five years. Spread evenly over the five year period, that model assumes 3,600 physicians would apply for licensure via the Compact each year. If we assume a processing fee of $100 per applicant, the IMLCC would collect $360,000 per year under this model.

**Adjournment:**
Being no further agenda items, a motion for adjournment was made by Commissioner Bowden (IA) and seconded by Vice Chairman Thomas (MN). By voice vote, the meeting adjourned at 3:25 EST.

Respectfully submitted,

Diana Shepard, CMBE
Commission Secretary