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Interstate Medical Licensure Compact IMLCC Rules

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

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

8
9 ADOPTED: JUNE 24, 2016

10
11 EFFECTIVE: JUNE 24, 2016

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

- 14 • None

15
16 **1.1 Definition**

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

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25 **1.2 Rule action**

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

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29 **1.3 Rule adoption.**

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All rule actions shall be adopted by a majority vote.

1.4 Rulemaking.

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

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

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

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

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

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

(d) Each proposed rule action shall state:

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

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

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

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

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

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

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

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

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

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

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

123
124 **Chapter 2 - Information Practices**

125
126 ADOPTED: DECEMBER 14, 2016

127
128 EFFECTIVE: DECEMBER 14, 2016

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

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

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

141
142 **2.1 Authority**

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

147
148 **2.2 Definitions**

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

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

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

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

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

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

2.3 Collection and dissemination of core data set

- (1) The core data set is collected from the applicant by the state of principal license through the expedited licensure process set forth in administrative rule 5.5.
 - (a) The state of principal license shall submit an applicant's core data set to the Interstate Commission when the state of principal license issues a letter of qualification, verifying or denying the applicant's eligibility for expedited licensure through the compact.
 - (b) The Interstate Commission shall maintain an applicant's core data set in a coordinated information system established and maintained by the Interstate Commission.
 - (c) The Interstate Commission shall distribute an applicant's core data set to all member states that issue an expedited license to the applicant.
 - (d) The Interstate Commission shall make available to any member state the core data set of an applicant for a letter of qualification or a physician who is issued an expedited license through the Compact.
- (2) A member state, using a form provided by the Interstate Commission, shall collect, verify and provide to the Interstate Commission the following information for inclusion in the core data set for each physician who is issued an expedited license by the member state:
 - (a) The license number, date of issue, and expiration date of the full, unrestricted medical license issued by the member state.

2.4 Maintenance of core data set

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

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

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

252
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 **2.6 Federal criminal records check information**

259
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 **Chapter 3 – Fees**

269
270 ADOPTED: DECEMBER 14, 2016

271
272 EFFECTIVE: DECEMBER 14, 2016

273
274 AMENDED: MAY 22, 2017

275
276 AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION
277 NUMBER):

278
279 **1. Section 3.2 "service fee" was amended by the Interstate Commission on May 22,**
280

- 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
481

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

- 484 **1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an**
485 **emergency rule-making action pursuant to administrative rule Chapter 1.**
486 **2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.**
487 **3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.**
488 **4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the**
489 **regular rule-making process pursuant to administrative rule Chapter 1.**

490 **5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17,**
491 **2017.**

492
493 **5.1 Authority**
494

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

498
499 **5.2 Definitions.**

500
501 In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in
502 these rules, the following definitions will apply:

- 503
- 504 (a) *“Accreditation Council for Graduate Medical Education (ACGME)”* means the
505 non-governmental organization responsible for the accreditation of graduate
506 medical education (GME) programs within the jurisdiction of the United States
507 of America and its territories and possessions.
508
 - 509 (b) *“Action related to nonpayment of fees related to a license”* means adverse action
510 taken against a physician seeking licensure through the Compact by a medical
511 licensing agency in any state, federal, or foreign jurisdiction due to late payment
512 or non-payment of a medical license fee.
513
 - 514 (c) *“Active investigation”* means an investigation related to a physician seeking
515 licensure through the Compact by a licensing agency or law enforcement
516 authority in any state, federal, or foreign jurisdiction for issues that have not
517 been resolved.
518
 - 519 (d) *“American Board of Medical Specialties (ABMS)”* means a non-profit organization
520 comprising 24 certifying boards that develop and implement professional
521 standards for the certification of physicians in their declared medical/surgical
522 specialty.
523
 - 524 (e) *“American Osteopathic Association (AOA)”* means the representative
525 organization for osteopathic physicians (DOs) in the United States. AOA is the
526 accrediting body for educational programs at osteopathic medical schools and
527 postgraduate training for graduates of osteopathic medical schools in the United
528 States. AOA is also the umbrella organization for osteopathic medical specialty
529 boards in the United States.
530
 - 531 (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists”* means
532 the certifying body for the approved specialty boards of the American
533 Osteopathic Association, which certifies osteopathic physicians in their various
534 specialties or fields of practice.
535

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

- 582
583 (r) “*Expedited license*” means a full and unrestricted medical license promptly
584 issued by a member state to an eligible applicant through the process set forth
585 in the Compact. Expedited does not refer to the speed of the process by which
586 the state of principal license qualifies an applicant for expedited licensure.
587
- 588 (s) “*Federation of State Medical Boards’ Federation Credentials Verification*
589 *Service (FCVS)*” means a centralized, uniform system operated by the
590 Federation of State Medical Boards for state medical boards to obtain a
591 verified, primary-source record of a physician's core medical credentials.
592
- 593 (t) “*Felony*” means the category or description of a crime defined in the
594 jurisdiction where the crime is committed. Where not otherwise defined in
595 state statute, a felony is a charge which is punishable by a minimum
596 penalty of 12 months of incarceration.
597
- 598 (u) “*Graduate medical education*” means an ACGME- or AOA-approved
599 specialty or subspecialty program that achieves ABMS or AOA board
600 eligibility status. ACGME- or AOA-approved means the program is
601 accredited by the ACGME or the AOA. A one-year transitional internship or
602 a one-year rotating internship does not qualify as graduate medical
603 education required in Compact Section 2(k)(3) or this chapter.
604
- 605 (v) “*Gross misdemeanor*” means a category or description of a crime defined in the
606 jurisdiction where the crime is committed. If the jurisdiction does not have a
607 gross misdemeanor category or description, the crime is a charge which is
608 punishable by a minimum penalty of 6 months of incarceration.
609
- 610 (w) “*International Medical Education Directory*” means the World Directory of
611 Medical Schools, a public database of worldwide medical schools. The directory
612 is a collaborative product of the Foundation for Advancement of International
613 Medical Education and Research and the World Federation for Medical
614 Education.
615
- 616 (x) “*Interstate Commission*” means the Interstate Medical Licensure Compact
617 Commission.
618
- 619 (y) “*Letter of qualification*” means a notification issued by a state of principal license
620 that expresses an applicant’s eligibility or ineligibility for expedited licensure
621 through the process set forth in the Compact.
622
- 623 (z) “*Liaison Committee on Medical Education (LCME)*” means an entity that
624 provides accreditation to medical education programs in the United States and
625 Canada as a voluntary, peer-reviewed process of quality assurance that
626 determines whether the medical education program meets established
627 standards.

- 628
629 (aa) *“Member board” means a state agency in a member state that acts in the*
630 *sovereign interests of the state by protecting the public through licensure,*
631 *regulation, and education of physicians as directed by the state government.*
632
633 (bb) *“Member state” means a state that has enacted the Compact.*
634
635 (cc) *“Offense” means a felony, gross misdemeanor, or crime of moral turpitude.*
636
637 (dd) *“Predecessor examination” means a generally accepted national medical*
638 *licensure examination issued prior to the administration of USMLE or COMLEX,*
639 *combination examinations and state licensure board examinations administered*
640 *prior to 1974.*
641
642 (ee) *“Primary source verification” means verification of the authenticity of*
643 *documents with the original source that issued the document or original source*
644 *verification by another jurisdiction’s physician licensing agency or original*
645 *source verification by an entity approved by the Interstate Commission including,*
646 *but not limited to, FCVS, ECFMG, or the AOA profile.*
647
648 (ff) *“Service fee” means fees that may be assessed by the Interstate*
649 *Commission, or a member state, or both, to handle and process an*
650 *application for a letter of qualification, or the issuance of a license through*
651 *the Compact, or the renewal of a license through the Compact. A service*
652 *fee is not a license fee for the issuance of a license or the renewal of a*
653 *license.*
654
655 (gg) *“State of principal license” means a member state where a physician*
656 *holds a license to practice medicine and which has been designated as*
657 *such by the physician for purposes of registration and participation in the*
658 *Compact.*
659
660 (hh) *“United States Medical Licensing Examination (USMLE)” means the*
661 *examination series for medical licensure in the United States administered by*
662 *the National Board of Medical Examiners.*
663

664 **5.3 Delegation of expedited licensure responsibilities**

- 665
666 (1) Member states are deemed to have delegated and assigned to the Interstate
667 Commission the following responsibilities in the expedited licensure process:
668
669 (a) The Interstate Commission shall provide member states an online
670 application for use by applicants seeking expedited licensure through their
671 designated state of principal license.
672

- 673 (b) The Interstate Commission shall use information from a coordinated information
674 system to facilitate an application for review by the applicant's designated state
675 of principal license.
676
- 677 (c) The Interstate Commission shall provide and administer a process to collect
678 service fees and licensure fees from the applicant and remit these fees to the
679 member boards and the Interstate Commission.
680

681 **5.4 Eligibility for expedited licensure**

- 682 (1) An applicant must meet the following requirements to receive an expedited license
683 under the terms and provisions of the Compact:
684
- 685 (a) Is a graduate of a medical school accredited by the LCME, the COCA, or
686 a medical school listed in the international medical education directory or
687 its equivalent.
688
- 689 (b) Passed each component, level or step of the USMLE or COMLEX
690 licensing examination within three attempts, or any of its predecessor
691 examinations accepted by a state medical board as an equivalent
692 examination for licensure purposes.
693
- 694 (c) Successfully completed graduate medical education approved by the
695 ACGME or the AOA. "Completed" means graduated from an ACGME- or
696 AOA-approved specialty or subspecialty program that results in ABMS or
697 AOA board eligibility status. ACGME- or AOA-approved means the
698 program is accredited by the ACGME or the AOA. A one-year
699 transitional internship or a one-year rotating internship does not qualify as
700 graduate medical education required in Compact Section 2k(3) or this
701 chapter.
702
- 703 (d) Holds specialty certification or a time-unlimited specialty certificate
704 recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists.
705 The specialty certification or a time-unlimited specialty certificate does not
706 have to be maintained once a physician is initially determined to be
707 eligible for expedited licensure through the Compact.
708
- 709 (e) Possesses a full and unrestricted license to engage in the practice of
710 medicine issued by a member board.
711
- 712 (f) Has never been convicted, received adjudication, deferred adjudication,
713 community supervision, or deferred disposition for any offense by a court
714 of appropriate jurisdiction.
715
- 716 (g) Has never held a license authorizing the practice of medicine subjected
717 to discipline by a licensing agency in any state, federal, or foreign
718

719 jurisdiction, excluding any action related to nonpayment of fees related to
720 a license.

721
722 (h) Has never had a controlled substance license or permit suspended or
723 revoked by a state or the United States Drug Enforcement Administration.

724
725 (i) Is not under active investigation by a licensing agency or law enforcement
726 authority in any state, federal, or foreign jurisdiction.

727

728 **5.5 Expedited licensure process**

729

730 (1) An applicant shall:

731

732 (a) Designate a state of principle license. The applicant must meet one of the state
733 of principal license eligibility requirements in Compact Section 4 at the time the
734 application for a letter of qualification is reviewed by the designated state of
735 principal license's member board. A member board shall apply Compact Section
736 4 requirements contemporaneously when evaluating an applicant's designation
737 of a state of principal license.

738

739 (b) Submit an online application to the designated state of principal license
740 through the coordinated information system.

741

742 (c) Submit to the state of principal license a completed fingerprint packet or other
743 biometric data check sample approved by the state of principal license.

744

745 (d) Submit to the state of principal license a sworn statement by the applicant
746 attesting to the truthfulness and accuracy of all information provided by the
747 applicant.

748

749 (e) Pay the nonrefundable service fees required by the state of principal
750 license and the Interstate Commission.

751

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

754

755 (a) The Interstate Commission shall use information from its database to facilitate
756 the application, which shall be reviewed by the applicant's designated state of
757 principal license.

758

759 (b) The designated state of principal license shall:

760

761 I. Evaluate the applicant's eligibility for expedited licensure;

762

763 II. Perform a criminal background check pursuant to Public Law 92-544 as
764 required by terms and provisions of the Compact; and

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III. Issue a letter of qualification to the applicant and the Interstate Commission, verifying or denying the applicant's eligibility.

(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

- 811 (1) The applicant may appeal a determination of eligibility for licensure within 30 days of
812 issuance of the letter of qualification to the member state where the application was filed
813 and shall be subject to the law of that state.
814

815 **5.8 Renewal and continued participation**

816

- 817 (1) Not less than 90 days prior to the expiration of a license issued through the Compact,
818 the member board that issued the license shall notify the physician by e-mail of the
819 pending expiration of the license and provide information on the process to renew the
820 license, and a link to the Interstate Commission's web page to start the renewal process.
821 The e-mail notice shall be sent to the address specified in rule 2.2. The physician is
822 responsible for renewing the license prior to its expiration. Failure of the physician to
823 receive a renewal notice does not relieve the physician of responsibility for renewing the
824 license through the Interstate Commission. The physician shall update the information
825 provided on the online renewal application within 30 days of any change of information
826 provided on the application.
827
- 828 (2) The physician shall complete an online renewal application on a form provided by the
829 Interstate Commission which shall include collection of information required in Section 7
830 of the Compact and such other information as required by the Interstate Commission.
831
- 832 (3) The Interstate Commission may collect a service fee from the physician for renewal of a
833 license issued through the Compact. The Interstate Commission shall retain 100 percent
834 of this service fee for renewal of a license.
835
- 836 (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a
837 license and distribute the fees to the applicable member board during a member state's
838 licensing renewal period.
839
- 840 (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew
841 the physician's license.
842
- 843 (6) After the license is renewed the member board may collect and act upon additional
844 information from the physician related to that state's specific requirements for license
845 renewal.
846
- 847 (7) Physician information collected by the Interstate Commission during the renewal process
848 will be distributed to all member boards.
849
- 850 (8) A physician who seeks to renew a license issued through the Compact after its
851 expiration date may be subject to any and all penalties, terms and conditions for
852 licensure renewal established by the member state that issued the license.
853

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

855

856 ADOPTED: November 16, 2018

857

858 EFFECTIVE: November 16, 2018

859

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

- 861 • None

862

863 **6.1 Authority**

864

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

868

869 **6.2 Definitions**

870

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

873

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

876

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

884

885 “*Compact physician*” means a physician who has obtained a license through the
886 Compact.

887

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

890

891 “*Disciplining Board*” means a member Board that imposes discipline upon a Compact
892 physician.

893

894 “*Investigative, litigation or compliance materials*” means licensure records, disciplinary

895 records, litigation records, application records, and compliance records for a Compact
896 physician, but does not mean criminal history record information in accordance with
897 Rule 2.6.

898
899 *“Joint investigation”* means an investigation involving multiple member Boards.

900
901 *“Lead investigative Board”* means a member Board chosen to coordinate a joint
902 Investigation.

903
904 *“Medical Practice Act”* means a member state’s practice act governing the practice of
905 medicine.

906
907 *“Member Board”* means a state that has enacted the Compact. See Rule 5.2(bb).

908
909 *“Necessary and proper disciplinary and investigatory information”* means:

- 910 1. The type of action:
- 911 a. complaint;
 - 912 b. charge;
 - 913 c. non-final public action;
 - 914 d. final public action; or
 - 915 e. non-public action;
- 916 2. Date action was taken;
- 917 3. Whether the action results in the removal of the physician’s Compact license,
918 such as a suspension, revocation, surrender or relinquishment in lieu of
919 discipline;
- 920 4. Whether the action is to initiate a joint investigation;
- 921 5. Name of Board, Agency, or Entity that took the action specified in this report;
922 And
- 923 6. Current Status and changes in status of any action:
- 924 a. investigation continuing;
 - 925 b. charges issued, but no final action taken;
 - 926 c. final action issued pending appeal;
 - 927 d. final action with all judicial remedies exhausted;
 - 928 e. closed without resulting discipline.

929
930 *“Nonpublic complaint”* means allegations that a physician violated a state’s Medical

931 Practice Act that have not been made public.

932
933 “*Nonpublic complaint resolution*” means a non-disciplinary board action, advisory letter,
934 letter of education, letter of concern, nonpublic disposition agreement, nonpublic
935 consent order, corrective action agreement, or any other type of nonpublic actions taken
936 by a member Board.

937
938 “*Public action*” means disciplinary actions, disciplinary fines, reprimands, probations,
939 conditions or restrictions on a licensee, suspensions, summary suspensions, cease and
940 desist orders, revocations, denials of licensure, or any other type of action taken by a
941 member Board that is public.

942
943 “*Public complaint*” means a public charging document or allegations that a physician
944 violated a state’s Medical Practice Act that have been made public by a member Board.

945
946 “*Share information*” means that a member Board shall disclose the relevant information
947 to the Interstate Commission or other member Board.

948
949 “*State of principal license*” means a member state where a physician holds a license to
950 practice medicine and which has been designated as such by the physician for
951 purposes of registration and participation in the Compact. See Rule 5.2(gg).

952
953 **6.3 Coordinated Information System**

- 954
955 a. The Interstate Commission shall establish a database of all applicants and
956 Compact physicians. The database will contain the core data set and necessary
957 and proper disciplinary or investigatory information. The database will be
958 available for all member Boards to report and query information, as appropriate.
959
960 b. Each member Board shall report the name, NPI number, and all necessary and
961 proper disciplinary or investigatory information of a public complaint or public
962 action on a form provided by the Interstate Commission to the Interstate
963 Commission as soon as reasonably possible, but no later than 10 business days
964 after a public complaint or public action against an applicant or Compact
965 physician has been entered. The member Board shall attach a copy of the public
966 complaint or public action.
967
968 c. Each member Board shall submit an updated report to the Interstate Commission
969 upon changes to the status of any reported action.

- 970
971 d. When the Commission receives notice of a final public action by a member
972 Board, the Commission shall notify the member Boards for all other member
973 states where the disciplined Compact physician is licensed.
974
975 e. Each member Board may disclose any nonpublic complaint or nonpublic
976 complaint resolution to the Interstate Commission.
977
978 f. On request of another member Board, each member Board shall share the
979 requested information from an investigative file as soon as reasonably possible,
980 and that information shall be confidential and filed under seal.
981
982 g. All information provided to the Coordinated Information System and documents
983 obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are
984 confidential and filed under seal and may only be used by member Boards for
985 investigations or during disciplinary processes and may be made public in
986 disciplinary actions but may not be redisclosed to any person or non-member
987 Board.

988

989 **6.4 Joint Investigations**

990

- 991 a. A member Board may participate with other member Boards in joint
992 investigations of a Compact physician or applicant.
993
994 b. Upon initiating a joint investigation, the lead investigative Board shall notify the
995 Interstate Commission of the joint investigation and inform the Interstate
996 Commission which member Boards are part of the joint investigation. The
997 Interstate Commission shall notify any other member Boards where the Compact
998 physician is licensed of the identity of the individual under investigation and the
999 contact information for the lead investigative Board.
1000
1001 c. In a joint investigation, the lead investigative Board may be the member Board in
1002 the member state where the alleged conduct occurred, the state that initiated the
1003 joint investigation, or any member Board chosen by the participating member
1004 Boards to be the lead investigative Board.
1005
1006 d. The lead investigative Board shall direct the investigation and update the
1007 participating member Boards upon any significant developments in the
1008 investigation.
1009
1010 e. The lead investigative Board may request the other member Boards participating

- 1011 in the joint investigation to conduct investigatory tasks in their own states.
1012
1013 f. A non-lead investigative Board may continue its own investigation but shall keep
1014 the lead investigative Board apprised of its investigatory actions and shall
1015 coordinate its actions with the lead investigative Board.
1016
1017 g. A subpoena issued by a member Board shall be enforceable in other member
1018 states, whether or not the subpoena concerns a Compact physician or applicant.
1019
1020 h. Should an individual or entity refuse to comply with the enforceable subpoena,
1021 the member Board that issued the subpoena may request the local member
1022 Board to issue a subpoena on the investigating member Board's behalf. The
1023 local member Board shall issue such a subpoena and shall share the resulting
1024 information with the investigating member Board.
1025
1026 i. All member Boards participating in a joint investigation shall share investigative
1027 information, litigation, or compliance materials upon request of any member
1028 Board where the Compact physician under investigation is licensed.
1029
1030 j. Any member Board may investigate actual or alleged violations of a statute
1031 authorizing the practice of medicine in any other member state in which a
1032 physician holds a license to practice medicine. The investigating member Board
1033 shall contact the other member Board and inform them about the investigation
1034 prior to initiating the investigation in that state. Upon conclusion of the
1035 investigation, the investigating member Board shall inform the other member
1036 Board about the results of the investigation.
1037
1038 k. The final outcome or disposition of any joint investigation shall be reported to the
1039 Interstate Commission by the lead investigative Board.
1040

1041 **6.5 Disciplinary Actions**

- 1042
1043 a. Any disciplinary action by a disciplining Board shall be considered unprofessional
1044 conduct and is subject to discipline by other member Boards. This shall include
1045 any action that does not have a corresponding ground by the other member
1046 Board's Medical Practice Act or in addition to any other specific violation of the
1047 Medical Practice Act in the other member state.
1048
1049 b. Any member Board, including the state of principal license, may:
1050

- 1051 (1) Administratively take reciprocal action against a compact physician who
1052 was disciplined by a disciplining Board. The administrative reciprocal
1053 action of the disciplinary Board is deemed conclusive as to matters of law
1054 and fact and a member Board may impose the same or lesser sanction
1055 that is consistent with the Medical Practice Act of the member Board state;
1056
1057 (2) Pursue disciplinary action in accordance with the member Board's Medical
1058 Practice Act against a Compact physician who was disciplined by a
1059 disciplining Board. The action of the disciplinary Board is deemed
1060 conclusive as to matters of law and fact and a member Board may impose
1061 a more severe sanction; or
1062
1063 (3) Take no action.
1064
1065 c. If a license issued by a member state through the Compact is revoked,
1066 surrendered, suspended or relinquished in lieu of discipline, then the member
1067 Board shall notify the Interstate Commission as soon as reasonably possible, but
1068 no later than 5 business days from the date of the action and shall send a copy of
1069 the action to the Interstate Commission.
1070
1071 d. The Interstate Commission shall immediately notify all other member Boards that
1072 have licensed the physician and shall send a copy of the action to the other
1073 member Boards.
1074
1075 e. Upon receipt of notice from the Interstate Commission of an action taken by the
1076 state of principal license, the other member Boards shall immediately place the
1077 Compact physician on the same status as the state of principal license.
1078
1079 f. If the state of principal license reinstates the disciplined Compact physician's
1080 license, it shall notify the Interstate Commission that the suspension has been
1081 terminated as soon as reasonably possible, but no later than 5 business days
1082 after the suspension has ended. The Interstate Commission shall immediately
1083 notify the other member Boards. Those member Boards shall reinstate the
1084 license in accordance with the Medical Practice Act of that state.
1085
1086 g. Upon receipt of notice from the Interstate Commission of an action taken by a
1087 non-state of principal license, the other member Boards shall suspend the
1088 Compact physician for 90 calendar days on entry of the order of the disciplining
1089 Board to permit the member Board to investigate under the Medical Practice Act
1090 of that state.

- 1091
1092 h. After an investigation has been completed, but within 90 calendar days of the
1093 suspension, one of the following may occur:
1094
1095 (1) a state of principal license may terminate the suspension of the license;
1096
1097 (2) a non-state of principal license may terminate the suspension if the state
1098 of principal license has already terminated the suspension;
1099
1100 (3) any member Board may impose reciprocal discipline or pursue reciprocal
1101 discipline pursuant to Rule 6.5(b) or (c); or
1102
1103 (4) any member Board may continue the suspension until the member Board
1104 that initially took the action has taken a final action.
1105

1106 **Chapter 7 – Compliance and Enforcement**

1107
1108 **ADOPTED: November 16, 2018**

1109
1110 **EFFECTIVE: November 16, 2018**

1111
1112 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

- 1113 • **NONE**
1114

1115 **7.1 Authority**

1116
1117 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1118 Medical Licensure Compact section 19. The rule shall become effective upon adoption
1119 by the Interstate Commission.
1120

1121 **7.2 Dispute resolution**
1122

1123 a. Any disputes between member states on compliance and enforcement issues
1124 shall be presented to and mediated by the Executive Committee.
1125

1126 b. Before submitting a complaint to the Executive Committee, the complaining
1127 member Board and the responding member Board shall attempt to resolve the

1128 issues without intervention by the Interstate Commission.

1129

1130 c. If the parties are unable to resolve the issue, the complaining member state shall
1131 provide the Executive Committee a written statement, not to exceed five pages,
1132 which will be sent to the responding member state. The responding member
1133 state may submit a written response to the complaining member state and the
1134 Executive Committee, not to exceed five pages, within 30 calendar days.

1135

1136 d. The member state representatives may appear telephonically before the
1137 Interstate Commission at a time and place as designated by the Executive
1138 Committee of the Interstate Commission for mediation.

1139

1140 e. The Executive Committee of the Interstate Commission shall make a
1141 recommendation to the parties to resolve the issue.

1142

1143 **Chapter 8 – Notice to Licensees Upon a Withdrawal or Termination of**
1144 **Membership in the Compact**

1145

1146 **ADOPTED: November 19, 2019**

1147

1148 **EFFECTIVE: November 19, 2019**

1149

1150 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

- 1151 • NONE

1152

1153 **8.1 Authority**

1154

1155 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1156 Medical Licensure Compact sections 12, 14, 15, 18, and 21. The rule shall become
1157 effective upon adoption by the Interstate Commission.

1158

1159 **8.2 Definitions**

1160

1161 “Defaulting state” means a state that has defaulted under Section 18 of the
1162 Compact.

1163

1164 “State of principal license” means a member state where a physician holds a
1165 license to practice medicine and which has been designated as such by the

1166 physician for purposes of registration and participation in the Compact.

1167
1168 “Termination of membership in the Compact” means the Commission’s expulsion
1169 of a defaulting state from the Compact under the procedures set forth in Section
1170 18 of the Compact.

1171
1172 “Withdrawing state” means a state that has, in accordance with Section 21 of the
1173 Compact, repealed the Compact.

1174
1175 **8.3 Notice from Withdrawing State**

1176
1177 a) Within 90 days from enactment of a statute withdrawing a member state from the
1178 Compact, the withdrawing state shall send notices, pursuant to this rule, to
1179 licensees who have been licensed in the withdrawing state through the compact
1180 and licensees who list the withdrawing state as their state of principal of license.

1181
1182 b) The notice from the withdrawing state to licensees who have been licensed
1183 through the Compact in the withdrawing state, shall inform the licensees that they
1184 will not be able to renew their withdrawing state’s license through the Compact.
1185 The notice shall provide information concerning other methods to apply for
1186 licensure and/or renewal in the withdrawing state.

1187
1188 c) The notice to licensees whose state of principal license is the withdrawing state
1189 shall inform licensees that they must maintain a state of principal license through
1190 the compact under Compact Rule 4.5. The notice shall inform the licensees that
1191 they will not be able to renew their license in any state through the compact if
1192 they have not redesignated their state of principal license prior to the withdrawing
1193 state’s exit from the Compact. The notice shall include instructions, created by
1194 the Commission in accordance with Compact Rule 4.4, regarding how licensees
1195 may redesignate their state of principal license.

1196
1197 d) Upon notice from the withdrawing state of the enactment of a statute withdrawing
1198 a member state from the Compact, the Commission shall update its website to
1199 notify all applicants of the withdrawing state’s withdrawal from the Commission.
1200 The website shall provide notice to applicants that the licenses will terminate
1201 upon the effective date of withdrawal and shall list the effective date of
1202 withdrawal.

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8.4 Immunity from Suit and Liability for Withdrawal

A withdrawing state that withdraws 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 withdrawing state's withdrawal from the compact.

8.5 Notice after Termination of Membership in the Compact

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

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

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

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

- e) The effective date of termination of membership in the Compact shall be no

1241 earlier than six months following the full Commission’s vote to terminate.

1242

1243 **8.6 Immunity from Suit and Liability for Termination**

1244

1245 A defaulting state that is terminated from the compact pursuant to the laws and rules of
1246 the Interstate Medical Licensure Compact and has complied with the rules regarding
1247 notice provided in this section shall be immune from suit and liability from a physician or
1248 entity claiming injury based on the defaulting state’s termination from the compact.

1249

1250 **Chapter 9 – Exemption from Disclosure of Records**

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1252 **ADOPTED: November 19, 2019**

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1254 **EFFECTIVE: November 19, 2019**

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1256 **AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):**

1257

- NONE

1258

1259 **9.1 Authority**

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1261 This chapter is promulgated by the Interstate Commission pursuant to the Interstate
1262 Medical Licensure Compact sections 11, 12, and 15. The rule shall become effective
1263 upon adoption by the Interstate Commission.

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1265 **9.2 Exemption from disclosure or inspection of Commission Records**

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

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- 1) The following physician information:
 - i) personal identifying information;
 - 1271 ii) personal contact information;
 - 1272 iii) answers to criminal or disciplinary questions;
 - 1273 iv) fiscal or payment information;
 - 1274 v) disciplinary records; and
 - 1275 vi) test scores and test results.

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- 2) The following internal Commission records:

- 1278 i) personal records of Commission staff;
1279 ii) commission personnel practice and procedures;
1280 iii) matters specifically exempted from disclosure by federal statute
1281 iv) trade secrets, commercial, or financial information that is privileged
1282 or confidential;
1283 v) censures and accusations of a crime;
1284 vi) personal information where disclosure would constitute and
1285 unwarranted invasion of personal privacy;
1286 vii) investigative records compiled for law enforcement purposes;
1287 viii) that specifically relate to a civil action or other legal proceeding;
1288 ix) closed session records related to any of the above topics
1289 x) records that contain legal advice or attorney-client communications or
1290 attorney work product; and
1291 xi) confidential mediation or arbitration documents.
1292
1293 b) After consultation with counsel, the full Commission may designate records not
1294 designated exempt under section (a) to be confidential and not available to the
1295 public for inspection.