Alaska State Medical Board – 2023 Time Limited Interstate License Medical Compact (ILMC) Work Group

During the May 2023 Board Meeting, the State Medical Board approved the creation of a time limit open work group comprised of board members and members of the public for the purpose of exploring the Interstate License Medical Compact commission in order to make a recommendation to the Board regarding whether to endorse the ILMC for Alaska. A series of working meetings were held during which participants reviewed and discussed, the Compact Model language, asked questions and received information provided by both the ILMC Commission and Division staff. Minutes for these meetings were not generated due to the frequency of the meetings and staff workload. Instead, a brief summary and the working documents reviewed during the meeting is provided. A recording of the meeting is available upon request to: Medicalboard@alaska.gov

October 13, 2023 - ILMC Work Group Meeting Summary

Participants included:

Richard Wein, MD (Board Chair)
Maria Freeman, MD, Board Member
Matt Heilala, DPM, Board Member
Lydia Mielke, Public Board Member
David Wilson, Public Board Member
Ryan Johnston, Member of the Public
Jared Kosin, Alaska Hospital and Health Care Association
Jeannie Monk (AHHA)
Glenn Saviers, Deputy Director, CBPL
Natalie Norberg, Medical Board Staff
Larry Marx, Utah State Medical Board, ILMC Commissioner

A review of the initial Q&A's was provided by Ms. Saviers followed by a Q&A session with Mr. Marx. Larry Marx was invited to provide peer consultation regarding Utah's experience with joining the Compact. The written responses to the questions captured during the first work group by board members was provided. In addition, a list of Compact "Pros and Cons" created by the Division at the request of meeting participants during the first meeting was also provided.

Q&A with CBPL & IMLCC

July 19, 2023

1. **When a state joins the Compact, how do already-licensed physicians transfer their license from single-state to compact-eligible license?** A physician who wishes to use the Compact process must hold a full, unrestricted license issued by the State of Principal License (SPL). Once the SPL has determined eligibility to participate, a Letter of Qualification (LOQ) is issued. The LOQ is used by the physician to obtain licenses in other member states. The SPL is responsible for verifying eligibility to participate from primary source documents.

2. **Is there any annual cost to states to be in the Compact or an anticipated annual cost?** There is no cost to participate. Member boards have found that participation in the Compact is a cash positive activity. Each member board receives its license fee and renewal fees as part of a weekly remittance process. The IMLCC paid member boards over $23M in fees collected in FY2023. Additionally, a member state acting as an SPL receives $300 per LOQ application processed to defray costs associated with that process.

3. **I understand that physicians apply through the Compact and receive separate licenses from each state where they intend to practice, and that licenses are still issued by individual states, but the application process is routed through the compact to significantly streamline the process. However, all licenses are still state-based and there's no Compact license. So, with that said:**

    a. **Does this mean that SPLs go into the Compact's coordinated information system to pull the documentation for the license, and then transfer that to our state licensing database to issue the state license?** Yes. There is a training process where the IMLCC staff will work with the board staff to ensure that the process is understood prior to implementation.

    b. **How do member states usually differentiate a Compact license versus a single-state license when they are the SPL? For instance, the Nurse Licensure Compact generally differentiates by calling them multistate licenses versus single-state licenses, but I recognize that may not apply if each state still issues a single-state license; or is there no need to differentiate?** The license issued is a full, unrestricted license which is no different than any other full, unrestricted license issued by the board. Most member boards use a numbering or sequencing process so that they can know licenses issued via the Compact process from single-state licenses. However, the public should not be able to differentiate between a single-state and Compact-process issued license.

    c. **Same question as (b), except how do member states usually differentiate a Compact license versus a single-state license when they are <u>not</u> the SPL?** Each member board has their method, some examples are: All Compact process licenses start with the number 5 or have a series of letters at the beginning or end of the number sequence. The IMLCC staff will work through this process during the on-boarding process.

4. **For state license fees set per Section 6 of the model law, are those paid by the physician to the Compact, and the Compact issues the funds to States; or how does that work?** The IMLCC sends a weekly remittance with the transactions that occurred in the prior week (Friday to Thursday). The remittance is reviewed, and payment is authorized by the board (or adjustments are made until the board authorizes payment). Once authorized, the IMLCC pays the remittance via paper check, ACH, or credit card. The member board determines the remittance payment method.

5. **How do states report all physicians licensed or physicians who have applied for a license in the Coordinated Information System as required under Section 8 of the model law; and how often do the states report?** The IMLCC system records the transactions and status of each application. This is done without action required by the member board, beyond the application processing requirements. There is no data reconciliation process unless requested by the board.

6. **When SPLs approve someone for a license per the terms of Section 5 of the model law, how do they notify the other states where the physician is interested in practicing? Is it through the Coordinated Information System?** Member boards from whom the physician wishes to obtain a license are provided notification via email that an application is available for process. Each member board's staff have access to the Coordinated Information System.

7. **Have any member states experienced an increase in investigations as a result of joining this Compact?** No increase in investigation activity has been reported. Of the over 15,000 physicians who have used the Compact process, only 28 have had disciplinary action taken. There has been only one (1) joint investigation.

8. **Have any member states experienced an increase in costs as a result of joining this Compact?** The costs associated with joining the Compact are generally associated with system enhancements and additional staff (1 to 2 FTE) to process the applications. Member boards have reported that these costs are quickly recovered based on the increased licensing volume and fees associated with that increased volume (generally 5-15 applications per week).

9. **Do states tend to experience decreased revenue as a result of joining the Compact?** No member board has reported a decrease in revenue. All member boards have reported an increase. Most boards will see a 10-15% increase in the number of applications year-over-year.

10. **How does a physician apply for another state license through the Compact if they weren't initially intending to practice there when they obtained their license through the SPL initially?** The physician makes an application for the states from whom they wish to obtain a license. This can be done as part of the initial application process or at any time during the 365 days the LOQ is valid. Whether the physician actively uses the licenses obtained is not something the IMLCC tracks.

11. **Does the Coordinated Information System integrate with other state's existing licensing databases?** It does not at this time.

    a. **If so, how does that work?** The member board's licensing system is unique and separate from the IMLCC's Coordinated Information System. Interaction requires a human to make the connection.

12. **How much time have member states needed between the time Compact legislation is passed to the date it was successfully implemented?** The implementation process is dictated by the member board. Implementation depends upon the motivation of the member board with most implementations taking place 6-9 months after the member board initiates the training process. There is an active training process which includes a test processing environment. The initial training is done in three 2-hour sessions. Test accounts are prepared for the member boards to work through. The implementation announcement is authorized by the member board.

13. **Is travel to Commission meetings (by the two elected Commissioners) funded by the Compact, or do state boards incur that cost?** The travel expenses for Commissioners are reimbursed by the Commission. There is no cost to the member state for these expenses.

Q&A with SMB Compact Work Group & IMLCC

September 28, 2023

- **Are advisory letters issued by the Board to licensees considered "discipline" under the Compact?** ***(Section 2(k)(7), Section 7(a)(3), Section 10).*** Discipline as used for the purposes of the IMLCC process and for the sections cited in the question is defined in IMLC Rule, Chapter 5, paragraph 5.2(p) "Discipline by a licensing agency in any state, federal, or foreign jurisdiction" means discipline reportable to the National Practitioner Data Bank." If the advisory letters are reported to the NPDB, then they qualify as discipline, otherwise it would not be a disqualifying event.

- **Is there public access to a database identifying who is a Compact doctor versus not, or does the public have any way of finding out whether a doctor qualified for their state license through the Compact?** There is not a publicly accessible database of the physicians who have applied for a license through the IMLCC process. Since there is no such license as a Compact License, requests for information about physicians holding a license are referred to the issuing member board's webpage for information.

- **Is there a fee for license renewals through the Compact?** ***(Section 7)*** Yes, IMLC Rule Chapter 3 establishes the fees charged to a physician to utilize the IMLCC process. There are 2 types of fees charged, "License Fees" and "Service Fees". License Fees are those established and charged by the member board for the issuance of a license and the renewal of a held license. Service Fees are charged by the IMLCC to administer the program. The fee for processing a renewal application is $25.00 per renewal request.

- **Does any info on non-Compact doctors have to be provided to the Compact?** ***(Section 8).*** **If not, could that change if the Commission establishes a bylaw requiring it per Section 8(c)?** The application of the IMLC Statute is limited to those physicians who have voluntarily decided to utilize the Compact process [Section 8, paragraph (2)]. Rules and Bylaws do not have the legal standing to contradict or go beyond established statutory boundaries. The direct answer to the question is - No - a change in the IMLC Bylaws (or rules) cannot alter IMLC Statute, Section 8.

- **Are any Executive Committee members non-Commissioners and/or is that allowable?** ***(Section 11(k))*** Only commissioners appointed by each member state can serve on the Executive Committee. Please reference IMLC Bylaws, Article II.

- **How do we know who is currently on the executive committee?** A complete list of commissioners and their committee assignments can be found on the IMLCC webpage at - https://www.imlcc.org/imlc-commission/roster-of-imlcc-commissioners/

- **Section 12 says the Commission can accept donations. Are they a 501(c)3?** ***(Section 12(l) &(m))*** The IMLCC is considered a "state instrumentality" as defined by IRS Code, §115(1).

- **The model language says that in the event the Commission exercises rulemaking authority beyond the scope of the purposes of the Compact or the powers it granted, then such action by the Commission is invalid and has no force or effect. How does this section get enforced?** ***(Section 15(a)).*** **What is the course of action if a State thinks the Commission has gone beyond its scope and the Commission disagrees? What is the course of action if a Commissioner thinks the Commission has gone beyond its scope and the Commission disagrees?** IMLC Rule, Chapter 1 governs the Rulemaking process. Paragraph 1.4(i) provides instructions regarding the process to challenge a rule passed by the IMLCC. This section is enforced through the Federal courts.

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- **How will the board be notified of new rules established by the Executive Committee or Compact Commission?** ***(Section 4(c), Section 5(g), Section 6(b), Section 7(f), Section 8(c) & (g), Section 12(b), Section 12(a), Section 15, Section 18(e), Section 19(b), Section 21(g))*** Rules may only be promulgated by a majority vote at a meeting of all commissioners. The authority to do rulemaking is not delegated to the Executive Committee or any other committee of the IMLCC. The rulemaking process involves multiple opportunities for commissioners and the public to comment on the proposed rules. Notification of the rule change is provided on the IMLCC webpage, also via emails to Commissioners and Interested Parties.

- **What is the definition of "default" (i.e., when a member state is in "default")?** ***(Section 17(b), Section 18)*** Default is the failure of a member state to meet their obligations as established by the enabling statute or established rules [reference IMLC Statute, Section 18, paragraph (a)].

- **Have any states withdrawn from the Compact or attempted to withdraw?** ***(Section 21)*** No.

Interstate Medical Licensure Compact Model Legislation
Pros & Cons from CBPL's Perspective

October 2023

Pros	Cons
Related to How the IMLCC Model Law is Written	
Retains State Sovereignty: The Alaska State Medical Board and Alaska Legislature retain full power and authority over Alaska's medical laws.	Physicians wanting to practice in Alaska would still have to apply for an Alaska license, they'd just be streamlined through the process. This means staff would still be required to touch applications for all physicians wanting to work in the State (whereas with the Nurse Licensure Compact, for example, nurses holding a Compact license can cross state lines freely without obtaining anything Alaska-specific). However, streamlining would still significantly improve processing times and workloads for CBPL and Alaska's physician license applicants.
Compact = agreement codified in law. All states must adopt the same model language and therefore agree to the same terms of the Compact. These cannot be changed without each member state's legislature adopting proposed changes. This means Alaska can rest assured the terms being considered in the IMLCC Model Law would remain in effect.	
Part of the Model Law is the standards a physician must meet to qualify for a Compact license, eliminating the need for states to "trust" each other's requirements.	Applicants applying outside of the Compact would have a significantly more burdensome licensure process than those applying through the Compact, especially if requirements like verifications of hospital privileges remain in effect. (However, the division would prefer to see that requirement be removed from regulation.
Only physicians who have no disciplinary action on their licenses have never had their DEA registration suspended/revoked, have never been convicted of a felony, gross misdemeanor, or crime of moral turpitude; and who are not under an active investigation by a licensing agency or law enforcement authority can qualify for a license under this Compact. This allows the Alaska Medical Board and Licensing Division to quickly get physicians with a clean record licensed and to work and can then focus on processing the applications for those that do not qualify for or who do not want a Compact license in a more timely and focused manner.	
Alaska's license expiration dates (i.e., renewal cycle) would remain the same for all physician licenses regardless of whether they are obtained through the Compact so there is no additional regulatory burden.	
States can impose fees for issued or renewed compact licenses to ensure that non-compact licensees are not paying for the work conducted related to compact licensees. (We can retain current fee structures and receipt supported services without creating increased financial burden for non-compact applicants.)	
Compact improves communication and collaboration between states.	
Commission must report to member states annually about activities, financial audits, and recommendations adopted so member states can easily stay informed about what's going on or changing (for administrative items that	

are allowed to change. As noted above, the terms adopted into state statute – the model law – cannot be changed.)	
Once in, Alaska could exit the IMLCC by repealing the Model Law statutes if the IMLCC did not seem to be working well for Alaska.	
Related to the Effect Joining the IMLCC Model Would Have for CBPL	
Joining the IMLCC would improve processing times for those applicants who do not apply for licensure in Alaska through the Compact. Since licensure for physicians applying through the Compact could be expedited/streamlined, licensing staff will have more time to review and process applications for non-compact licensees. Relevant data: • Of the around 5,500 active Alaska medical licenses, around 3,200 have out-of-state mailing addresses. • Most of our currently in-process applicants have out-of-state mailing addresses. • The division has received between 50-120 initial applications for licensure each month in 2023 so far. • Processing times are currently 6-8 weeks from the date a medical licensure application or item is received to the date it's processed (and have been longer in recent months/years). This means the absolute quickest a physician can get licensed in Alaska currently is 1-2 months after applying.	CBPL would have to utilize another licensing database (i.e., the IMLCC integrated data system) for licensure. CBPL would need to obtain receipt authority from the legislature to accept the license fees transmitted to us by the IMLCC (which it could do through the fiscal note submitted for the legislation to allow Alaska to join the IMLCC – if/when introduced).
Joining the IMLCC may result in reduced licensing fees for Alaska physicians as many license applications could be streamlined through the IMLCC and fewer staff or less staff time would be required to process all medical license applications (less staff time = lower administrative burden = lower licensing fees since professional licensing is receipt supported).	
The medical licensing team continues to grow based on demand, which will result in increased license fees for Alaska's physicians. Joining the Compact could reverse that need.	
Related to the Effect Joining the IMLCC Model Would Have for Alaska	
Relevant data from the Alaska Department of Labor & Workforce Development (DOLWD) in 2022: • Alaska needs approx. 220 new physicians each year based on turnover and growth. • Alaska is projected to see a 14.7% growth in family medicine physician jobs in Alaska in the next ten years.	

• Alaska family medicine physicians were categorized as having the 2nd highest wages across the states. • 24.8% of Alaska's family medicine physicians in 2022 were non-residents.	
Other Relevant Data: • Association of American Medical Colleges (AAMC) projects a shortage of 80,000 physicians in the United States (including 48,000 primary care physicians) by 2034. • As of 2021, Alaska was ranked 4th in the country for the number of health professional shortages. • Alaska Commission on Aging confirms Alaska's population is aging and has the highest concentration of seniors out of all states.	
37 U.S. States and 3 jurisdictions are already members of the IMLCC, and 3 additional states have legislation pending to join. If Alaska is one of the only states not a member of the IMLCC, it will become harder and harder for Alaska's hospitals and healthcare entities to recruit experienced doctors to fill vacancies, and as demonstrated above, Alaska heavily relies on non-resident physicians.	
Compacts are the national trend and exist for many healthcare professions, with more in the works. States joining Compacts is an effective way to avoid federal preemption (i.e., the federal government requiring that all states recognize each other's licensed doctors – resulting in a loss of state sovereignty as each state could no longer set standards to obtain licensure and practice in that state).	

Disclaimer: *The Dunleavy Administration and the Alaska Division of Corporations, Business, and Professional Licensing have not taken an official position on Alaska joining the IMLCC, and this document should not be construed to imply a position. Though the Administration is supportive of professional licensure compacts in general, all compacts differ somewhat and require in-depth and individual review of each before a position can be taken. This document is simply the result of the division producing a list of pros and cons from the administrative perspective at the request of the State Medical Board to aide them in their review of the IMLCC and to assist in determining if it's a good idea for Alaska.*