

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

September 1, 2023 - ILMC Work Group Meeting Summary

Participants included:

Richard Wein, MD (Board Chair)
Maria Freeman, MD, Board Member
Matt Heilala, DPM, Board Member
David Wilson, Public Board Member
Glenn Saviers, Deputy Director, CBPL
Natalie Norberg, Medical Board Staff

A detailed overview of the 24 sections of the compact model legislation was provided by Ms. Saviers. Additionally, a document containing a set of initial questions generated by the division and answered by the ILMC Commission was provided and reviewed. These documents are attached. New questions generated during the meeting by participants were collected and forwarded to the ILMC Commission following the meeting.

Key information on the Interstate Medical Licensure Compact Model Legislation:

- The Compact does not impact the medical laws in the state aside from creating the Compact agreement. Scope of practice and all other laws remain under the state's medical board authority. Physicians practicing under a compact license must comply with all laws of the state they are practicing in/the patient is located.
- All states in the Compact agree to the same standards for licensure for a physician, which means a state isn't just "trusting" another state to have adequate requirements, but rather, that all member states agree to the same requirements for multistate licensure.
- Only "squeaky clean" physicians can qualify – see (2)(k).
 - A physician cannot qualify if the physician has ever:
 - Had disciplinary action on a medical license (excluding non-payment of fees);
 - Had their controlled substance license/permit suspended or revoked (by a state or the DEA);
 - Been convicted of a felony, gross misdemeanor, or crime of moral turpitude by a court of appropriate jurisdiction; or
 - If they are under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
 - Background checks are required, so this isn't solely based on attestations on an application.
- A physician must follow the laws of the state they practice in.
- License expiration dates are the same for compact and single-state licenses.
- States can impose fees for issued or renewed compact licenses.
- The Compact improves communication and collaboration between states – the Commission will distribute information obtained during initial registration and renewal, including complaints or public actions against a physician who's applied for or been issued a compact license. Further, other member states are required to share complaint or disciplinary information about a physician upon request of a member state – but all information provided to the Commission or by a member state is confidential, filed under seal, and can only be used for investigatory or disciplinary matters.
- Member boards can opt to conduct joint investigations.
- If a principal state revokes, surrenders, relinquishes in lieu of discipline, or suspends a license, all other member state licenses are automatically placed in the same status; and if the principal state reinstates the license, the other state licenses remain encumbered until they are reinstated by those states' boards in accordance with each state's laws.
- If another state (aside from the principal) takes action, other member states have the option to pursue discipline as well in accordance with their state laws.
- Commission must report annually to the member states' legislatures and governors about their activities and include reports of financial audits and recommendations adopted.
- The Compact laws cannot change until and unless a change is enacted into law by unanimous consent of all member states per Section 20(d).

Other Key Information about Compact (as of 7/19/2023):

- Currently includes 37 states, District of Columbia, and Guam.
 - Another four (4) states have introduced legislation to join.
 - Map available here: <https://www.imlcc.org/participating-states/>
- Currently there are more than 45,000 medical licenses issued.
- Compact became operational in April 2017.

- How does it work?
 - Physicians apply through compact and receive separate licenses from each state where they intend to practice.
 - Licenses are still issued by individual states, but the application process is routed through the Compact to significantly streamline the process.
 - All licensing is state based; the Commission doesn't issue a "compact license" or nationally recognized medical license.
 - After verifying a physician's eligibility for the Compact, the State of Principal License shares this info with additional states where the physician wants to practice.
- Approximately 80% of U.S. physicians would qualify.
- Costs:
 - For applicants:
 - \$700 nonrefundable application fee; and
 - Initial license cost set by state.
 - Renewal fees set by state.
 - For state: None at this time.

Breakdown of the Interstate Medical Licensure Compact Statutory Language ("Model Legislation"):

- **Section 1. Purpose.**
 - Streamlined process to allow physicians to be licensed in multiple states to enhance portability of a medical license and ensure safety of patients.
 - Does not impact a state's existing medical laws or scope of practice.
- **Section 2. Definitions.** Key definitions include:
 - "Commissioner" is voting representative appointed by a member board.
 - "Expedited license" is the multistate/compact license.
 - "State of principal license" is the home state for purposes of the expedited (or multistate/compact) license.
 - "Physician" provides the requirements for the expedited physician license that all states agree to when they join the IMLCC:
 - Graduate of a medical school accredited by the Liaison Committee on Medical Education, accredited by the Commission on Osteopathic College Accreditation, or listed in the International Medical Education Director or its equivalent.
 - Passage of each component of the USMLE or COMLEX-USA within three (3) attempts, or any of the predecessor exams accepted by a state medical board as an equivalent exam.
 - Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association.
 - Holds a specialty certification recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists.
 - Possesses a full and unencumbered license in a member state.
 - Never convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any felony, gross misdemeanor, or crime of moral turpitude by a court of appropriate jurisdiction.

- Has never had a medical license subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction – excluding any action related to non-payment of fees.
 - Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.
- **Section 3. Eligibility.**
 - Requires a physician to meet the eligibility requirements in (2)(k) to receive a multistate license.
 - Those who cannot meet those requirements can obtain a state-specific license still.
- **Section 4. Designation of State of Principal License.**
 - Requires a physician to designate a member state as the state of principal license for purposes of registration with the compact as long as they hold a full and unrestricted license there and the state is either:
 - The physicians' state of residency;
 - State where at least 25% of their practice of medicine occurs;
 - Location of the physician's employer; or
 - If no state qualifies under the first three options, the designated state is the state of residence for the purpose of federal income tax.
 - A physician can select a new state as needed if it meets the requirements.
 - The Commission can develop rules to facilitate redesignation of a new state as a state of principal license if needed.
- **Section 5. Application and Issuance of Expedited Licensure.**
 - A physician must apply for the license through their state of principal license for evaluation.
 - If the state confirms the physician qualifies, they issue a letter of qualification to the Commission.
 - A principal state can't require resubmission of static qualifications where primary source was already verified by that state.
 - A fingerprint-based background check is required to ensure qualifications are met (unless applicant is a federal employee who has suitability determination in accordance with 5 C.F.R §31.202).
 - If a physician wants to appeal on the determination of eligibility, they do so with the state they applied to.
 - Upon verification, eligible physicians must complete the registration process with the Compact to receive the license, including payment of fees; then the state applied to will issue the license.
 - The license authorizes a physician to practice in all member states in accordance with all member state laws and regulations.
 - Expedited licenses are valid for the same period as the state-specific licenses and have the same renewal requirements within the home/principal state.
 - The license will be terminated if the physician fails to maintain a license in the state of principal licensure.
 - The Commission can develop rules regarding the application process.
- **Section 6. Fees for Expedited Licensure.**

- The state that receives the application can impose a fee for a license issued or renewed through the compact.
- The Commission can develop rules regarding fees for expedited licenses.
- **Section 7. Renewal and Continued Participation.**
 - License is renewed through a process with the Commission if the physician maintains a full and unrestricted license in the principal state and still qualifies as far as being “squeaky clean” (as noted above and in (2)(k)).
 - The physician must comply with all continuing competency requirements of the home state.
 - Once the commission provides the renewal fees to the state, the state must renew the license.
 - The Commission collects any state-established renewal fees and distribute them to that state. Information collected by the Commission during the renewal process is distributed to all member boards.
 - The Commission can develop rules to address renewals.
- **Section 8. Coordinated Information System.**
 - The compact comes with a database of all physicians licensed or who have applied for a license under section 5.
 - Member boards report to the Commission any public action or complaints against a license physician who has applied or received a license through the Compact
 - Member boards must report disciplinary or investigatory information determined as necessary and proper by the Commission rules.
 - Member boards can report on non-public complaint, disciplinary, or investigatory information – but it’s not required.
 - Member boards must share complaint or disciplinary information about a physician upon request of another member board.
 - All information provided to the Commission or distributed by member boards is confidential, filed under seal, and used only for investigatory or disciplinary matters.
 - The Commission can develop rules for mandated or discretionary sharing of information by member boards.
- **Section 9. Joint Investigations.**
 - Licensure and disciplinary records of physicians are deemed investigative.
 - In addition to the authority granted to a member board by its own state laws, a member board can participate with other member boards in joint investigations of physicians licensed by the member boards.
 - A subpoena issued by a member state is enforceable in other member states. Member boards can share any investigative, litigation, or compliance materials to assist in joint or individual investigations initiated under the Compact.
 - Member states can investigate actual or alleged violations of the medical statutes in any other member state in which a physician holds a license.
- **Section 10. Disciplinary Actions.**
 - Any disciplinary actions taken by any member state is deemed unprofessional conduct which can be subject to discipline action by other member boards, in addition to any violation of the laws in that state.

- If a compact license is revoked, surrendered, relinquished in lieu of discipline, or suspended by the principal state – all licenses issued by member boards must be automatically placed in the same status.
 - If the principal state reinstates the license, the licenses in the other state remain encumbered until the respective state board takes action to reinstate the license according to their state laws.
 - Disciplinary action taken against a license by a member state (not the principal state), any other member board can deem the action conclusive in accordance with their state laws and
 - Impose the same or lesser sanction(s) against the license; or
 - Pursue separate disciplinary action against the physician according to state laws regardless of the action(s) taken by member state(s).
 - (d) If a license is revoked, surrendered, relinquished in lieu of discipline, or suspended by a member board – then any license(s) issued to that physician by other member boards shall be automatically and immediately suspended without further action necessary by the other member boards for 90 days upon entry of the order by the disciplining board to allow the member board(s) to investigate the basis for the action under their state laws. A member board can terminate the automatic suspension prior to the 90 days in a manner consistent with their laws.
- **Section 11. Interstate Medical Licensure Compact Commission.**
 - Member states create the Commission.
 - The purpose is the administration of the compact.
 - Commission is a corporate body and joint agency of the member states. It has responsibilities, powers, and duties as outlined, and additional powers can be created upon action by all member boards' state legislatures in accordance with the compact terms.
 - Commission consists of two voting representatives appointed by each member state who serve as "Commissioners". A Commissioner must be an allopathic or osteopathic physician appointed to the board, the executive administrator, or the public member of the board.
 - Commission meets at least twice each calendar year.
 - Each meeting includes the addressing of matters such as election of officers.
 - The chair can call additional meetings and must call for a meeting if requested by a majority of the member states.
 - Bylaws can allow Commission meetings to be conducted via tele/videoconference.
 - Each commissioner participating at a meeting is entitled to one vote.
 - A majority of commissioners constitutes a quorum for the transaction of business unless a larger quorum is required per the bylaws.
 - Commissioners cannot delegate a vote to another Commissioner.
 - In a Commissioner's absence, a member state can delegate voting authority for a specific meeting to another person from that state who meets the Commissioner requirements.
 - The Commission must provide public notice of all meetings, and the meetings are open to the public.
 - The Commission can close a meeting, in full or a portion, when 2/3 of the Commissioner's present vote that the meeting:
 - Relates solely to internal personnel practice and procedures of the Commission;
 - Is to discuss matters specifically exempted from disclosure by federal statute;

- Is to discuss privileged or confidential trade secrets, commercial, or financial info;
 - Involves accusing a person of a crime or formally censuring a person;
 - Is to discuss info of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy;
 - Is to discuss investigative records compiled for law enforcement purposes; or
 - Specifically relates to the participation in a civil action or other legal proceeding.
 - The Commission has to keep minutes that full describe all matters discussed and a full and accurate summary of actions taken, including record of any roll call votes.
 - The Commission must make its info and official records available to the public except as otherwise state in the Compact or its rules.
 - The Commission must establish an executive committee which includes officers, members, and others as stated in the bylaws.
 - The exec committee has the power to act on the Commission’s behalf when the Commission is not in session, with the exception of rulemaking.
 - When acting on the Commission’s behalf, the committee oversees the administration of the Compact including enforcement and compliance.
 - The Commission will establish other committees for governance and administration of the Compact.
- **Section 12. Powers and Duties of the Interstate Commission.**
 - Oversee and maintain the administration of the Compact.
 - Promulgate rules that are binding to the extent and in the manner provided by the Compact.
 - Issue advisory opinions concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions upon request of a member state or board.
 - Enforce compliance using all necessary and proper means, including but not limited to the use of judicial process.
 - Establish and appointed committees including the executive committee.
 - Pay, or provide payment of expenses related to the establishment, organization, and ongoing activities of the Commission.
 - Establish and maintain one or more offices.
 - Borrow, accept, hire, or contract for personnel services.
 - Purchase and maintain insurance and bonds.
 - Employ an executive director who has the powers to employ, select, or appoint employees, agents, consultants, and to determine their qualifications, define their duties, and fix their compensation.
 - Establish personnel policies and programs relating to conflicts of interest, rates of compensation, and qualifications of personnel.
 - Accept donations and grants of money, equipment, supplies, materials, and services and to receive, utilize, and dispose of it in a manner consistent with the Commission policies.
 - Lease, purchase, accept contributions or donations of, or otherwise hold, improve, or use any property – real, personal, or mixed.
 - Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any property – real, personal, or mixed.
 - Establish a budget and make expenditures.
 - Adopt a seal and bylaws governing the management and operation of the Commission.

- Report annually to the legislators and governors of the members states concerning the activities of the Commission during the preceding year – including reports of financial audits and any recommendations that may have been adopted by the Commission.
 - Coordinate education, training, and public awareness regarding the Compact.
 - Maintain records in accordance with bylaws.
 - Seek and obtain trademarks, copyrights, and patents.
 - Perform functions that are necessary or appropriate to achieve the Compact’s purpose.
- **Section 13. Finance Powers.**
 - Commission can levy on and collect an annual assessment from each member state to cover its costs of operations and activities.
 - Annual assessments must cover the cost to cover annual budget approved each year not provided by other sources.
 - Commission cannot incur obligations of any kind prior to securing funds to meet the same.
 - Commission cannot pledge the credit of any member states except with the state’s authority.
 - Commission is subject to a yearly financial audit conducted by a certified/licensed accountant.
 - Audit report must be included in the annual Commission report.
- **Section 14. Organization and Operation of the Interstate Commission.**
 - Commission must, by a majority of Commissioner’s present and voting, adopt bylaws to govern it’s conduct as may be necessary or appropriate to carry out its purposes.
 - Commission elects or appoints chairperson, vice-chairperson, and treasurer (i.e., officers) from the commissioners annually; their duties and authorities can be specified in the bylaws.
 - Officers selected service without payment for the Commission.
 - Commission officers and employees are immune from suit and liability for claims related to the person’s scope of employment, duties, or responsibilities with the commission.
 - Immunity doesn’t apply to damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct.
 - Commission executive director, employees, and representatives acting within their employment or duties for acts, errors, or omissions cannot exceed the limits of liability provided under the state laws and constitution.
 - Commission must defend the executive directors and employees – subject to the approval of the AG or other appropriate counsel of the representative’s member state – in any civil action seeking to impose liability arising out of an actual or alleged act, error or omission that occurred within the scope of their job, or if the individual had reasonable basis for believing the act occurred within their employment scope.
 - To the extent not covered by the involved state, member state, or Commission, the representatives or employees of the Commission will be held harmless in the amount of a settlement or judgement, including attorney fees and costs, arising out of an actual or alleged act, errors, or omission that occurred within their employment scope.
- **Section 15. Rulemaking Functions of the Interstate Commission.**
 - The Commission promulgates reasonable rules to achieve the Compact’s purpose effectively and efficiently.

- If the Commission creates rules in a manner that's beyond the scope of the purposes of the Compact, or the powers granted, then the rules are invalid and have no force or effect.
 - Rules deemed appropriate must be created under a rule making process that substantially conforms to the "Model State Administrative Procedure Act" of 2010 and subsequent amendments made to it.
 - Within 30 days of a rule's promulgation, any person can file a petition for judicial review in the federal district where the Commission has principal offices, though the petition cannot stay or otherwise prevent the rule from becoming effective unless the court finds the petitioner has a substantial likelihood of success.
 - The court must give deference to the actions of the Commission consistent with applicable law and cannot find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to the Commission.
- **Section 16. Oversight of Interstate Compact.**
 - The three branches of government in each member state must enforce the Compact and take actions necessary and appropriate to effectuate the Compact's purpose and intent.
 - The Compact laws and rules have standing authority but do not override existing state authority to regulate the practice of medicine.
 - The Commission is entitled to receive all services of process in any Compact-related proceeding and can intervene in the proceeding.
- **Section 17. Enforcement of Interstate Compact.**
 - The Commission enforces the Compact within reason.
 - The Commission can – by a majority vote of the Commissioner's – initiate legal action in federal court to enforce the Compact against a member state in default; relief sought can include both injunctive relief and damages.
 - If judicial enforcement is necessary, the prevailing party is awarded all costs of litigation.
- **Section 18. Default Procedures.**
 - Grounds for default include but aren't limited to failure of a member state to perform the obligations or responsibilities they agreed to when they adopted the Compact into state law.
 - If a member state defaults, the Commission must provide written notice to that state and other member states noting the nature, means of curing, and any action taken – the conditions by which the defaulting state must cure its default must be specified. The Commission must also provide remedial training and specific technical assistance regarding the default.
 - A cure of default doesn't relieve the offending state of obligations or liabilities incurred during the default period.
 - If the state fails to cure the default, they'll be terminated from the Compact upon a vote of the majority of the Commissioners.
 - Termination from the Compact can only be imposed after all other means of securing compliance have been exhausted, and notice of intent to terminate must be given by the Commission to the Governor, Majority and Minority leaders of the Legislature, and each of the member states.
 - The Commission establishes rules and procedures to address licenses and physicians that are materially impacted by the termination or withdrawal of a member state.

- Terminated member state is responsible for all due, obligations, and liabilities incurred through the effective date of termination.
 - The Commission doesn't bear any costs relating to any state that's in default or terminated unless otherwise mutually agreed upon in writing.
 - Defaulting states may appeal actions by the Commission by petitioning the federal court. The prevailing party is awarded all costs of such litigation.
- **Section 19. Dispute Resolution.**
 - The Commission must attempt, upon request of a member state, to resolve all disputes subject to the Compact arising between member states or boards.
 - The Commission creates rules providing for mediation and binding dispute resolution as appropriate.
- **Section 20. Member States, Effective Date, and Amendment.**
 - Any state is eligible to become a member of the Compact.
 - Compact became effective when seven (7) states joined.
 - Governors of non-member states or their designees are invited to participate in Commission activities on a non-voting basis.
 - The Commission can propose amendments to the Compact for enactment by the member states. No amendment is effective or binding unless and until it's enacted into law by unanimous consent of the member states.
- **Section 21. Withdrawal.**
 - Member states can withdraw from the Compact by repealing the statutes.
 - Withdrawal takes effect one year after the effective date of the repeal and written notice has been given to each member state by the Governor of the withdrawing state.
 - Withdrawing state must immediately notify the Commission chairperson in writing upon introduction of legislation repealing the Compact.
 - The Commission must notify other member states of the state's intent to withdraw within 60 days of that notification.
 - The withdrawing state is responsible for all dues, obligations, and liabilities incurred through the effective date of withdrawal.
 - Reinstatement following withdrawal occurs upon the withdrawing date reenacting the Compact or upon a later date as determined by the Commission.
 - The Commission can develop rules to address the impact of withdrawal of a member state on licenses granted in other member states to physicians who designated the withdrawing member state as the state of principal license.
- **Section 22. Dissolution.**
 - The Compact dissolves effective upon the withdrawal or default of a member state that reduces the membership of the Compact to one state.
 - If the Compact is dissolved, it becomes null and void.
- **Section 23. Severability and Construction.**
 - The Compact provisions are severable, and if any areas of the Compact are unenforceable, the rest still remains enforceable.
 - The Compact provisions must be liberally construed to effectuate its purposes.

- Nothing in the Compact can be construed to prohibit the applicability of other interstate compacts.
- **Section 24. Binding Effect of Compact and Other Laws.**
 - Nothing prevents the enforcement of any other law of a member state that's not inconsistent with the Compact.
 - All laws in a member state in conflict with the Compact are superseded to the extent of the conflict.
 - All Commission lawful actions are binding upon member states.
 - All agreements between the Commission and member states are binding.
 - If any Compact provisions exceed the constitutional limits of a member state, the provision is ineffective to the extent of the conflict.

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 not 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.