



September 13, 2017

**Notice of public hearing via teleconference on October 5, 2017,
on rulemakings relating to the state of principal license
and the graduate medical education requirement
for licensure through the Interstate Medical Licensure Compact**

Pursuant to the authority of Section 15 of the Interstate Medical Licensure Compact, the Interstate Medical Licensure Compact Commission (Interstate Commission) hereby proposes to establish a new administrative rule Chapter 4, “State of Principal License,” and to amend administrative rule Chapter 5, “Expedited Licensure,” to complement Interstate Commission Advisory Opinions No. 01-2017 and No. 02-2017. *(These advisory opinions are presented at the end of this notice.)*

The Interstate Commission on September 13, 2017, approved two notices of intended action to adopt the proposed amendments presented herein.

Public Hearing

A public hearing on these rulemakings will be held via teleconference at 1:00 p.m. Eastern Daylight Time (12:00 p.m. Central, 11:00 a.m. Mountain, 10:00 a.m. Pacific) on October 5, 2017. The teleconference number is (866) 685-1580 and the Code is 971-913-4151.

Written Comments

Any interested person may present written comments on the proposed amendments not later than 12 p.m. Eastern Daylight Time (11 a.m. Central, 10:00 a.m. Mountain, 9:00 a.m. Pacific) on October 13, 2017. Such written comments should be sent to the Interstate Medical Licensure Compact Commission, Bylaws and Rules Committee, by e-mail at **imlccbylaws@imlcc.net** or by postal mail at 400 SW Eighth Street, Suite C, Des Moines, IA 50309 or by telefax at (515) 242-5908.

The following amendments are proposed for Chapter 4:

ITEM 1. Adopt the following **new** chapter:

Chapter 4 - State of Principal License

4.1 Authority. This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact Section 4. The rule shall become effective upon adoption by the Interstate Commission.

4.2 Definitions. As used in this chapter:

“Employer” means a person, business or organization that employs a physician to practice medicine.

“Member board” means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.

“Practice of medicine” means the clinical prevention, diagnosis, or treatment of human disease, injury, or condition requiring a physician to obtain and maintain a license in compliance with the medical practice act of a member state. The practice of medicine occurs where the patient is located at the time of the physician-patient encounter.

“Primary residence” means the dwelling where a person usually lives. A person can only have one primary residence at any given time.

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

4.3 Designation of state of principal license.

a. A physician shall designate a member state as the state of principal license for purposes of registration for expedited licensure through the Compact if the physician possesses a full and unrestricted license to practice medicine in that state, and the state is:

- (1) The state of primary residence for the physician, or
- (2) The state where at least twenty-five percent of the practice of medicine occurs, or
- (3) The location of the physician’s employer, or
- (4) If no state qualifies under subparagraph (1), subparagraph (2), or subparagraph (3), the state designated as state of residence for purposes of federal income tax.

b. The physician must meet one of the state of principal license’s eligibility requirements when the application for a letter of qualification is reviewed by the designated state of principal license’s medical board. Member boards shall apply these requirements contemporaneously to determine if a physician has appropriately designated a state of principal license.

4.4 Redesignation of the state of principal license.

a. The physician may redesignate a member state as the state of principal license at any time, as long as the physician meets the requirements in paragraph “*a*” of Section 4 of the Compact, following this process:

(1) The physician shall complete a state of principal license form at the Interstate Commission’s website, www.imlcc.org

(2) Upon receipt of the completed form, the Interstate Commission shall notify the new state of principal license and existing state of principal license.

(3) Physician information collected by the Interstate Commission during the process to redesignate a state of principal license shall be distributed to all member boards.

4.5 Maintaining a state of principal license. If a physician licensed through the Compact no longer meets any requirement under Compact Section 4 to designate a state of principal license, then all licenses issued through the Compact to the physician shall be ineligible for renewal through the Compact.

The following amendments are proposed for Chapter 5:

ITEM 1. Re-letter paragraphs 5.2 “u” through “gg” as 5.2 “v” through “hh”.

ITEM 2. Adopt the **new** letter paragraph 5.2 “u” as follows:

u. “*Graduate medical education*” means an ACGME- or AOA-approved specialty or subspecialty program that achieves ABMS or AOA board eligibility status. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) or this chapter.

ITEM 3. Amend subrule 5.4(1) “c” as follows:

c. Successfully completed graduate medical education approved by the ACGME or the AOA. "Completed" means participation in an ACGME- or AOA-approved postgraduate training specialty or subspecialty program that achieves ABMS or AOA board eligibility status as designated in 2015. A one-year transitional internship or a one-year rotating internship, prior to 2015, does not qualify as graduate medical education required in Compact Section 2k(3) or this chapter.

ITEM 4. Amend subrule 5.5(1) as follows:

5.5(1) An applicant for a letter of qualification shall:

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

ADVISORY OPINIONS FOLLOW (They are not a part of the rulemakings noticed herein).



June 13, 2017

ADVISORY OPINION ON GRADUATE MEDICAL EDUCATION REQUIREMENT FOR EXPEDITED LICENSURE THROUGH THE COMPACT

OPINION NO. 01-2017

AUTHORITY: The Executive Committee issues this advisory opinion under authority of the Interstate Medical Licensure Compact Commission.

- **Compact Section 12c** - (The commission shall) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions.
- **Compact Section 11k** - ... The Executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session.

ISSUE: Graduate medical education required to be eligible for expedited licensure through the Interstate Medical Licensure Compact.

- **Compact Section 2k(3)** - Requires that an eligible physician has successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA).
- **Administrative Rule 5.4(1)c** - Requires that an eligible physician has successfully completed graduate medical education approved by the ACGME or AOA that achieves ABMS or AOA board eligibility status.

QUESTION: Does a one-year transitional internship meet requirements in Compact Section 2k(3) and Rule 5.4(1)c?

ADVISORY OPINION: The graduate medical education requirements expressed in Compact Section 2k(3) and Rule 5.4(1)c are intended to ensure that an eligible physician is adequately

trained by having successfully completed graduate medical education in an ACGME- or AOA-approved specialty or sub-specialty program. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2k(3) and Rule 5.4(1)c.

APPLICABILITY: This opinion applies to all member states in their capacity as a state of principal license in determining if an applicant is eligible for licensure through the Compact.

EFFECTIVE DATE: This opinion is effective upon issuance by the Executive Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).



June 13, 2017

ADVISORY OPINION ON STATE OF PRINCIPAL LICENSE ELIGIBILITY REQUIREMENTS FOR EXPEDITED LICENSURE THROUGH THE COMPACT

OPINION NO. 02-2017

AUTHORITY: The Executive Committee issues this advisory opinion under authority of the Interstate Medical Licensure Compact Commission.

- **Compact Section 12c** - “(The commission shall) Issue, upon the request of a member state or member board, advisory opinions concerning the meaning or interpretation of the compact, its bylaws, rules, and actions.”
- **Compact Section 11k** - “ ... The Executive committee shall have the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during periods when the Interstate Commission is not in session.”

ISSUE: Requirements for designating a state of principal license for the purposes of registration for expedited licensure through the Interstate Medical Licensure Compact.

- **Compact Section 4a** - Requires that a physician possesses a full and unrestricted license to practice in the state the physician designates as the state of principal license at the time the physician applies for a letter of qualification. In addition, the physician must be able to demonstrate one of the following conditions:
 - **Compact Section 4a(1)** - the state is the primary residence of the physician;
 - **Compact Section 4a(2)** - the state is where at least 25 percent of the physician’s practice of medicine occurs;
 - **Compact Section 4a(3)** - the state is the location of the physician’s employer;

- **Compact Section 4a(4)** - the state is the physician's residence for purposes of federal income tax.

QUESTION: Is a physician who resided or practiced medicine in a member state in the past year, but is neither residing or practicing in that state at the time the physician applies for a letter of qualification, eligible to designate that state as the state of principal license, pursuant to **Section 4** of the Compact?

ADVISORY OPINION: An applicant for a letter of qualification for expedited licensure through the Interstate Medical Licensure Compact must designate a Compact member state as a state of principal license, pursuant to **Section 4** of the Compact. The applicant must meet one of the state of principal license eligibility requirements when the application for a letter of qualification is reviewed by the designated state of principal license's medical board. Member boards shall apply these requirements contemporaneously.

The state of principal license's medical board has the weighty responsibility to determine if the applicant is eligible for licensure through the Compact. Consequently, the state of principal license is expected to have active and meaningful connections to the applicant for a letter of qualification for the purposes of local accountability. These connections are expressed in the present tense in **Section 4a** of the Compact. When an applicant applies for a letter of qualification, the applicant must attest that a requirement identified in **Section 4a** is met at the time of the application is reviewed by the designated state of principal license. The state of principal license may verify through independent sources that the applicant's attestation is valid, or ask the physician to provide appropriate documentation.

Section 4b of the Compact asserts that a physician may re-designate a member state as a state of principal license.

Section 4c of the Compact grants the Interstate Commission authority to write rules to facilitate re-designation of another member state as the state of principal license. This implies that if the applicant is determined to be eligible for licensure through the Compact and is licensed through the Compact, then the applicant must continuously meet a requirement in **Section 4a** to maintain the state of principal license designated at the time of the application for the letter of qualification. If the physician no longer can lawfully designate a state as the state of principal license, then the physician must designate another member state.

(It is possible that an applicant may no longer meet requirements to maintain the designed member state as the state of principal license and the applicant is unable to designate another member state. This circumstance -- what it means if a physician licensed through the compact no longer has a state of principal license -- could be addressed through rulemaking, pursuant to **Section 4c** of the Compact.)

Regarding the requirement expressed in **Section 4a(2)**, the physician's attestation may be verified by the state medical board of the designated state of principal license to ascertain that at least 25 percent of the physician's practice is in the designated state of principal license at the time that the letter of qualification application is reviewed by the designated state of principal license.

APPLICABILITY: This opinion applies to all member states in their capacity as a state of principal license in determining if an applicant is eligible for licensure through the Compact.

EFFECTIVE DATE: This opinion is effective upon issuance by the Executive Committee of the Interstate Medical Licensure Compact Commission (June 13, 2017).