A long sought-after pathway for medical doctors to treat patients across state lines moved one step closer to reality with the inaugural meeting of the Interstate Medical Licensure Compact Commission—or IMLC—held Oct. 27-28 in Chicago.

As the 22 commissioners from 11 states convened the first meeting of the commission, they were both excited and realistic about the work that lay ahead.

“It is not often that an event deserves to be called historic, but I believe the gathering of the IMLC Commission qualifies,” said Ian Marquand, chairman of the Interstate Medical Licensure Commission and executive officer of the Montana Board of Medical Examiners.

Since 2013, the Federation of State Medical Boards has worked with its nationwide membership, The Council of State Governments’ National Center for Interstate Compacts, and other state-based and national organizations to develop language, introduce legislation and successfully pass into law the Interstate Medical Licensure Compact.

“All of us on the commission have prepared for our role in this new chapter of medical licensure and regulations, so have our respective state boards,” said Marquand.

Since being introduced, the compact has garnered widespread support. The compact has been endorsed by the American Medical Association, the American Osteopathic Association, the American Academy of Pediatrics, the American Academy of Family Physicians, and several other national, regional and state-based organizations, as well by a bi-partisan coalition of United States senators.

The IMLC serves as the governing body for the implementation and execution of the Interstate Medical Licensure Compact, which was created, in part, to expedite the licensing of physicians seeking to practice medicine in multiple states as a means to increase patient access to providers.

“The purpose of the compact provides a clearly articulated and consistent desire to create a streamlined approach to licensure portability and clearly defines that practice is where the patient is,” said Mark Bowden, executive director of the Iowa Board of Medicine and one of Iowa’s two commissioners on the commission.

“Only about 6 percent of America’s doctors are licensed to practice in three or more states,” said Lisa Robin, chief advocacy officer for the Federation of State Medical Boards, or FSMB. With an estimated doctor shortage of more than 51,000 by the year 2025, FSMB estimates that about 80 percent of
doctors across the nation would be eligible for an expedited license under the compact.

The compact addresses a growing nationwide concern about patient access to providers yet also maintains and complements the state-based system of regulation, which has a proven track record of ensuring the safe delivery of health care to millions of Americans.

“This is an exciting time and a historic moment for state-based medical regulation,” said Dr. Brian Zachariah of Illinois, treasurer for the compact commission and medical coordinator for the Illinois Department of Financial and Professional Regulation. “Implementation of the Interstate Medical Licensure Compact will lower barriers to telehealth and other multistate and interstate medical practices thus improving care and access to care for patients nationwide.”

Among new consumer protection safeguards enacted by the compact is the sharing of data regarding disciplinary and investigative actions taken against doctors who have been issued licenses under the compact. Under the compact language, any disciplinary action taken may not only be shared by the states within the compact, but the licensee may be subject to the same or lesser sanctions by member states in which they are licensed.

“The language (of the compact) presents a positive and constructive definition for the practice of medicine and sets the bar high for standards, expectations and accountability,” said Bowden. Diana Shepherd, secretary of the commission and executive director of the Osteopathic Medical Board of West Virginia, summed up the feelings of the commissioners. “It is exciting just to be a part of the implementation process of the IMLC.”

At the October meeting, the commissioners adopted interim bylaws, elected officers and developed a committee structure. Their next meeting will be held Dec. 18 in Salt Lake City.

Since being introduced in state legislatures across the nation in January, 11 states have passed legislation to formally join the compact. Currently, there are nine more states that have introduced the legislation for consideration and more states are expected to introduce the legislation in 2016. The Interstate Medical Licensure Compact Commission:

**ALABAMA**
Dr. William E. Goetter, M.D.
Dr. George C. Smith, Sr., M.D.

**IDAHO**
Ms. Anne Lawler, J.D., R.N.
Dr. Robert Ward, M.D.

**ILLINOIS**
Secretary Bryan Schneider
Dr. Brian Zachariah, M.D. (Treasurer)

**IOWA**
Mr. Mark Bowden
Ms. Diane Clark

**MINNESOTA**
Ms. Ruth Martinez
Dr. Jon Thomas, M.D. (Vice-Chair)

**MONTANA**
Dr. James Feist, M.D.
Mr. Ian Marquand (Chair)

NEVADA
Mr. Edward Cousineau
Ms. Barbara Longo

SOUTH DAKOTA
Dr. Mary Carpenter, M.D.
Ms. Margaret Hansen

UTAH
Dr. Kenneth Schaecher, M.D.
Mr. Mark Steinangel

WEST VIRGINIA
Mr. Robert C. Knittle
Ms. Diana Shepard (Secretary)

Additional Resources:
The Council of State Governments’ National Center for Interstate Compacts- www.csg.org/ncic
The Association of State and Provincial Psychology Boards- www.asppb.org
The Annals of Family Medicine- www.annfammed.org
The Federation of State Medical Boards- www.fsmb.org
Rural Assistance Center- www.raconline.org

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