



Interstate Medical Licensure Compact

FY 2020 Annual Report

**Submitted by the Interstate Medical Licensure
Compact Commission**

Mark Spangler, Communications Committee Chair

Marschall Smith, Executive Director

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Summary of Activity – July 2019 to June 2020

The Interstate Medical Licensure Compact Commission (IMLCC) continued to experience an incredible period of growth and development during Fiscal Year 2020 (July 1, 2019 to June 30, 2020). During this time the application volume and number of licenses issued almost doubled compared to the previous fiscal year. The IMLCC completed and issued the audit reports from FY2018. The IMLCC webpage was completely re-designed and a significant effort to launch a major enhancement was started in March 2020.

Processing Volume

- 4,430 applications processed (2,698 in FY2019)
- 4,578 licenses issued (3,980 in FY2019)
- 3,260 licenses renewed (2,126 in FY2019)

Budget Report

The IMLCC FY2020 budget was approved at the April 30, 2019 meeting. The FY2020 budget was amended at the September 17, 2019 meeting in order to recognize funds made available to the IMLCC from a Health Resources and Services Administration (HRSA) grant. A copy of the original and amended budgets are available on the IMLCC webpage at <https://www.imlcc.org/imlc-commission/budgets/>

Executive Director Report

Last year was marked by expansive growth and this year has been marked by explosive growth. The IMLCC was well positioned to help physicians obtain licenses quickly when speed was needed to respond to the COVID-19 pandemic. The 10,000th license was issued using the IMLCC process in April 2020 – helping to celebrate our 3rd year of operation. And while the growth is important, our annual data study showed that response times are remaining constant. This year marked a significant step forward in fiscal accountability with the introduction of a remittance process to pay a member board their fees on a weekly basis, rather than relying on an invoice process from the member board. The annual conference in November 2019 included a successful launch the IMLCC's Strategic Plan, which was finalized and adopted at the May 2020 commission meeting. This was a significant year of growth.

States joining the IMLCC

- None
- Most of the legislative efforts were tabled or allowed to expire in committee as a result of the COVID-19 pandemic. Several states where the legislation was tabled have indicated that they intend to re-introduce the bill in the 2021 legislative session.

2019 Annual Meeting

The IMLCC held its fourth annual meeting in Las Vegas, Nevada on November 19, 2019. The IMLCC added a Committee day, where all the IMLCC Committees were able to meet the day

before the commission meeting. The Commission elected Commissioner Terranova (ME) as its chair, Commissioner Cousineau (NV) as Vice Chair, and Commissioner Farrelly (MD) as Treasurer. The meeting included a rulemaking hearing, that created IMLCC Rules Chapter 8 and 9. The minutes from the meeting can be found on the IMLCC webpage at <https://www.imlcc.org/imlc-commission/public-notices-agendas-and-minutes/>. The Alabama Board of Medical Examiners and Medical Licensure Commission of Alabama will host the 2020 annual meeting.

Other IMLCC Meetings

The Commission met in May 2020 to approve the FY2021 budget and hold an emergency rulemaking hearing amending IMLCC Rules, Chapter 5. The emergency rule allowed member boards to waive processing and response timeframes in the rules to assist physicians who were impacted by the COVID-19 pandemic. The Commission also met in September 2019 to amend the FY2020 budget. The Executive Committee met 11 times during the fiscal year and held 4 special meetings. Minutes from the meetings can be found on the IMLCC webpage at <https://www.imlcc.org/imlc-commission/public-notices-agendas-and-minutes/>

Rulemaking and Policy Development

The Commission made the following decisions regarding rules and policy development.

Rules adopted:

- IMLCC Rule – Chapter 8 – Rule on Notice to Licensees Upon Withdrawal or Termination of Membership in the Compact – November 19, 2020
- IMLCC Rule – Chapter 9 – Rule on Exemption from Disclosure of Records – November 19, 2020

Rules Amended:

- IMLCC Rule – Chapter 5 – Expedited Licensure – Emergency Rule May 12, 2020

Policies adopted:

- None

Advisory Opinions issued:

- None

Outreach and Educational Activities

The IMLCC Staff and Commissioners provided orientation training and onboarding instructions the following member boards:

- Oklahoma State Board of Osteopathic Examiners
- Oklahoma Medical Board
- Florida Office of Program Policy Analysis and Government Accountability

- Michigan Department of Licensing and Regulatory Affairs
- North Dakota Board of Medicine
- Louisiana State Board of Medical Examiners
- Vermont Board of Medical Practice
- Vermont Board of Osteopathic Physicians and Surgeons
- South Carolina Board of Medical Examiners
- Georgia Composite Medical Board
- Guam Board of Medical Examiners
- Kentucky Board of Medical Licensure
- Pennsylvania Board of Medicine
- Pennsylvania Board of Osteopathic Medicine

The IMLCC staff participated in the following outreach and educational activities during FY2020:

- Interstate Collaboration in Healthcare Monthly Conference Calls – July 2019 to June 2020
- IMLCC Licensing Staff Monthly Conference Calls – July 2019 June 2020
- Conference Call with MDLive – July 2019
- Compacts in Action on-line presentation – September 2019
- CSG – Occupational Licensing Consortium – September 2019
- Video presentation to the California Telehealth Coalition – October 2019
- Physician Assistant Compact Discussion hosted by CSG – November 2019
- South Carolina Senate – Medical Affairs Committee – January and February 2020
- South Carolina Medical Society – February 2020

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

November 19, 2019

MEETING MINUTES

Call to Order

Chair Simons (WI)

The Interstate Medical Licensure Compact Commission convened at approximately 10:36 AM Eastern time via conference call.

Roll Call

Secretary Smith

The roll was called, and a quorum was established.

Approval of the agenda

Chair Simons (WI)

An agenda for the meeting was presented by Chair Simons (WI).

MOTION

MOVED BY COMMISSIONER SPANGLER (WV), SECONDED BY COMMISSIONER NAGALA (ND), TO APPROVE THE AGENDA AS PRESENTED.

MOTION PASSED

UNANIMOUS

Approval of the minutes

Secretary Smith

The minutes from September 17, 2019 meeting was provided to the members prior to the meeting for their consideration.

MOTION

MOVED BY COMMISSIONER MARTINEZ (MN), SECONDED BY COMMISSIONER LAU (WI), TO APPROVE THE IMLCC COMMISSIONER MEETING MINUTES FROM SEPTEMBER 17, 2019.

MOTION PASSED

UNANIMOUS

Report from the Chair

Chair Simons (WI)

The chair started his report by thanking the commissioners for their work and efforts during the prior year, noting that each commissioner is a volunteer. Special thanks to Commissioner Martinez (MN) as the chair of the Rules & Administrative Procedures Committee, Commissioner Bohnenblust (WY) and Wanda Bowling, IT Project Manager, for work on the technology efforts, Commissioner Cousineau for his work as the IMLCC Treasurer, Past Chair Marquand (MT) for the Communication Committee's publication of the New Commissioner Handbook and Commissioner Terranova (ME) for taking over as the chair of the committee, and Commissioners McSorley (AZ), Zachariah (IL) and Farrelly (MD) for chairing important committees. The chair expressed his appreciation to Rick Masters, Legal Counsel, and Marschall Smith, Executive Director. A short summary of IMLCC successes are:

- 5 new member states joined
- 3,145 applications were processed, 3,809 licenses issued, and 2,832 licenses renewed
- The audit of FY2017 was finalized and a clean opinion rendered
- The Technology Committee's project work to advance the system
- The Personnel Committee for finalizing the Executive Director's contract
- The Communications Committee for preparing the 2019 Annual Report and its work on the IMLCC webpage redesign

- The Rules and Bylaws Committee which changed its name to Rules and Administrative Procedures and has prepared the draft Rules for Chapter 8 and 9 to be considered at this meeting.

Report from the Executive Director

Executive Director Smith

- The Commission has seen a period of incredible growth and expansion, which appears to be a trend that has not yet stabilized.
- The staffing direction has been to provide depth of positions and knowledge. The current level of 4 FTE is adequate to the work.
- The Commission moved to a new office space on November 14, 2019. The address is 5401 South Prince Street, Office 111, Littleton, Colorado 80120 with a general phone number of 303-997-9842. The established office hours are 11:00 am to 7:00 pm Eastern time.
- Concerns about the ability of member boards to access criminal background check information believed to have been resolved in September 2017 has re-emerged. Several new member boards have had their request for access to the information denied by the Federal Bureau of Investigations. The situation is being monitored and staff are working with the boards to resolve the concerns raised in the denial notifications.
- A strong on-boarding process for new member boards is being created and formalized. Finalizing the process is a key goal for the upcoming year.
- Based on preliminary discussions with legislative staff members, it appears that legislation to join the Compact will be introduced in 3 to 5 states.

Report from Legal Counsel

Rick Masters

- The IMLCC staff, along with legal counsel, have been presenting along with other compacts at national and state meetings regarding the benefits of states using compacts to accomplish a national licensing scheme while retaining regulatory control at the state level.
- The concern about the actions denying access to member boards by the FBI is being actively worked to find a resolution.
- The legal matter filed in US District Court, 19-cv-00924, has been amicably resolved and the case dismissed. Commissioners requested additional information, which involved receiving legal advice, resulting in the request to close the meeting in accordance with IMLCC Statute, Section 11, paragraph (h).

MOTION

MOVED BY COMMISSIONER CLEVELAND (MS), SECONDED BY COMMISSIONER MARX (UT), THAT MEETING BE CLOSED TO THE PUBLIC IN ORDER TO RECEIVE LEGAL ADVICE AS AUTHORIZED BY IMLCC STATUTE, SECTION 11, PARAGRAPH (H).

MOTION PASSED

UNANIMOUS

Meeting closed to the public

The meeting was closed from 10:47 am until 11:13 am Eastern Time. During this time the conference call connection was disabled until the resumption of the open meeting.

General discussion items

Chair Simons (WI)

- Commissioner Judd (TN) requested that a representative from HRSA make a presentation at the May 2020 meeting to discuss the HRSA grant that the IMLCC receives funding and efforts to include access to

rural and underserved communities. The matter was discussed with agreement that, if possible, the request should be made by the executive director on behalf of the Commission.

MOTION

MOVED BY COMMISSIONER JUDD (TN) AND SECONDED BY COMMISSIONER TERRANOVA (ME), INSTRUCTING THE EXECUTIVE DIRECTOR TO EXTEND AN INVITATION TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) TO PARTICIPATE IN A FUTURE COMMISSION MEETING.

MOTION PASSED

UNANIMOUS

- General discussion item #1 - The authority granted and Commissioner expectations of the executive committee as it relates to actions taken on behalf of the Commission. The commissioners discussed the provisions of the IMLCC Statute, Bylaws and Rules as it related to the authority provided in addition to discussion documents provided prior to the meeting. The commissioners were in agreement that the matter requires further consideration and that the Rules and Administrative Procedures Committee should be charged with developing the appropriate vehicle, be it a rule or policy, that would provide guidance to the executive committee on this matter.

MOTION

MOVED BY COMMISSIONER SPANGLER (WV) AND SECONDED BY COMMISSIONER FARRELLY (MD), THAT THE COMMISSIONERS OF THE INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION, THROUGH THE RULES AND ADMINISTRATIVE PROCEDURES COMMITTEE, SHOULD DEVELOP A DRAFT DOCUMENT OUTLINING THE COMMISSIONER'S EXPECTATIONS OF THE EXECUTIVE COMMITTEE WHEN IT IS CONSIDERING TAKING ACTION ON BEHALF OF THE COMMISSION AS PROVIDED IN THE IMLCC STATUTE AND BYLAWS, ESPECIALLY AS IT RELATES TO INITIATING LEGAL ACTION. THE DRAFT DOCUMENT SHOULD BE PREPARED FOR CONSIDERATION AT A FUTURE COMMISSION MEETING.

MOTION PASSED

UNANIMOUS

- General discussion item #2 - An apparent conflict between the IMLCC Statute and Rules as it relates to the requirement for a physician to maintain their relationship with the chosen State of Principal License. The Commissioners discussed the IMLCC Statute, Section 5(f) and 7(a)(1) and IMLCC Rules, Chapter 4, paragraph 4.5 and the discussion document prepared by the Rules and Administrative Procedures Committee, that was provided prior to the meeting. The discussion document provided three (3) possible options. The Commissioners agreed that a conflict did exist and that the best resolution was to accept recommendation #2, to delete IMLCC Rules, Chapter 4, paragraph 4.5.

MOTION

MOVED BY COMMISSIONER TERRANOVA (ME) AND SECONDED COMMISSIONER MCSORLEY (AZ) THAT IMLCC RULE CHAPTER 4, PARAGRAPH 4.5 BE DELETED.

POINT OF ORDER

A POINT OF ORDER WAS MADE REGARDING IF THIS ACTION COULD BE TAKEN AT THIS TIME. THE COMMISSIONERS WERE ADVISED BY THE EXECUTIVE DIRECTOR THAT THE ACTION HAD BEEN APPROPRIATELY NOTICED AND THE MOTION COULD BE CONSIDERED.

MOTION PASSED

UNANIMOUS

Committee reports

- Audit Committee - Commissioner Zachariah (IL)
 - The audit of FY2018 was initiated
 - The committee will start its work when the auditor has prepared the initial draft documents
 - The committee is also considering expanding its scope to include a review of staffing positions and their ability to fulfill the obligations of the commission
- Budget Committee - Commissioner Cousineau (NV)
 - The committee is reviewing the insurance needs of the commission and will include move from a self-insured status to being insured by a 3rd party as appropriate. The executive director has been charged with completing this task no later than January 2020 for calendar year 2020 and beyond.
- Communications Committee - Commissioner Terranova (ME)
 - The IMLCC webpage redesign is nearing completion and has been a major focus of the committee.
 - The FSMB survey has been sent and member boards are encouraged to complete, then return it as soon as possible.
- Personnel Committee - Commissioner McSorley (AZ)
 - The committee has seven (7) recommendations for consideration by the commissioners:
 - The executive director should locate and consult with a qualified employment attorney to address questions regarding staffing.
 - A job description should be developed for each staff position and provided to the committee. Background checks should be required for staff members.
 - The executive director should provide a monthly update to all commissioners regarding activities in the prior month, including a report on data, trends, stats in key areas, and personnel availability.
 - A quarterly performance evaluation for the executive director for 2020, with a semi-annual evaluation in 2021 and beyond. A performance evaluation from all commissioners will be conducted annually.
 - The executive director and IT project manager should establish and follow a regular meeting schedule to discuss project and goals.
 - The commission should host a licensing summit, inviting processing and front-line member board staff.
 - The executive director should establish a chain of command and decision-making authority for commission staff to ensure continuation of service and action during periods of absence.
- Technology Committee - Commissioner Bohnenblust (WY)
 - An update on the system development and improvement was provided during the Committee Day luncheon

- Rules and Administrative Procedures Committee - Commissioner Martinez (MN)
 - The committee has worked on the IMLCC Rule Chapter 8 and 9, which will be part of the rulemaking hearing.
 - In 2020, the committee intends to concentrate its work on:
 - Reviewing and assessing the rules for improvement, deletion, or modification
 - Dispute resolution clarification
 - Reviewing administrative procedures

Election of officers
Executive Director Smith

Elections for the officers of the Commission were held in accordance with IMLCC Bylaws, Article III, Section 1. A call for nominations was held for each position, discussion held, nominations were then closed, and nominations voted on by members as separate actions.

- CHAIR
 Commissioner Bohnenblust (WY) nominated Commissioner Terranova (ME) to the position of IMLCC Chair. The nomination was seconded by Commissioner Cousineau (NV). The nomination was accepted and discussion held. No other nominations were put forward.
- MOTION
 MOVED BY COMMISSIONER CLEVELAND (MS), SECONDED BY COMMISSIONER GALL (IA) TO CLOSE NOMINATIONS
- MOTION PASSED
 UNANIMOUS
- VOTE
 BY ACCLAMATION COMMISSIONER TERRANOVA (ME) WAS ELECTED TO THE POSITION OF CHAIR.
- VICE CHAIR
 Commissioner Lawler (ID) nominated Commissioner Cousineau (NV) to the position of IMLCC Vice Chair. The nomination was seconded by Commissioner Martinez (MN). The nomination was accepted and discussion held. No other nominations were put forward.
- MOTION
 MOVED BY COMMISSIONER O'NEIL (AL), SECONDED BY COMMISSIONER ROMANCO (IA) TO CLOSE NOMINATIONS
- MOTION PASSED
 UNANIMOUS
- VOTE
 BY ACCLAMATION COMMISSIONER COUSINEAU (NV) WAS ELECTED TO THE POSITION OF VICE CHAIR.
- TREASURER
 Commissioner Bohnenblust (WY) nominated Commissioner Farrelly (MD) to the position of IMLCC Treasurer. The nomination was seconded by Commissioner Smith (MD). The nomination was accepted and discussion held. No other nominations were put forward.
- MOTION
 MOVED BY COMMISSIONER LAWLER (ID), SECONDED BY COMMISSIONER CLEVELAND (MS) TO CLOSE NOMINATIONS
- MOTION PASSED
 UNANIMOUS
- VOTE
 BY ACCLAMATION COMMISSIONER FARRELLY (MD) WAS ELECTED TO THE POSITION OF TREASURER.

Rulemaking Hearing
Commissioner Martinez (MN)

At 1:00 PM Eastern time, the commission was called order for the purpose of rulemaking as authorized by IMLCC Statute, Section 15. The rulemaking hearing was noticed and opportunity for comment was done in accordance with IMLCC Rules, Chapter 1. Each of the proposed rules were discussed and additional opportunity for comments from commissioners and the public were provided during the consideration of each proposed rule, then each rule was voted on by separate action. A copy of each of the proposed rules were provided prior to the meeting and are intended to create IMLCC Rule Chapter 8 and IMLCC Rule Chapter 9.

MOTION #1

MOVED BY THE RULES AND ADMINISTRATIVE PROCEDURES COMMITTEE, A MOTION BY A COMMITTEE DOES NOT REQUIRE A SECOND, TO CREATE IMLCC RULE CHAPTER 8 - RULE ON NOTICE OF LICENSES UPON WITHDRAWAL OR TERMINATION OF MEMBERSHIP IN THE COMPACT.

MOTION PASSED

UNANIMOUS

MOTION #2

MOVED BY THE RULES AND ADMINISTRATIVE PROCEDURES COMMITTEE, A MOTINO BY A COMMITTEE DOES NOT REQUIRE A SECOND, TO CREATE IMLCC RULE CHAPTER 9 - RULE ON EXEMPTION FROM DISCLOSURE OF RECORDS.

MOTION PASSED

UNANIMOUS

Presentation on Strategic Planning
Commissioner Cousineau (NV) and Monica Revoczi, Interaction Consulting, International, Inc.

Commissioner Cousineau and Ms. Revoczi made a presentation on the strategic planning process and its importance in the development of an organization. After the presentation, Ms. Revoczi facilitated a discussion about regarding developing a vision and strategic plan for the commission, gathered key goals and outlined commissioner expectations as the process moved forward. The commissioners determined that a special committee be formed and charged with developing a strategic plan for the commission.

Establishment of a Strategic Planning Committee
Chair Simons

The commission determined in accordance with IMLCC Bylaws, Article VII, that a committee should be formed for the purpose of developing a strategic plan. Commissioner Cousineau (NV) was selected to chair the committee and charged with establishing meetings and creating a draft strategic plan for consideration at the May 2020 commission meeting.

Notice of the scheduled 2020 commission meetings
Executive Director Smith

A schedule of meetings for the commission in 2020 was provided prior to the meeting and will be published on the IMLCC webpage.

Notice of the scheduled 2020 executive committee meetings
Executive Director Smith

A schedule of meetings for the executive committee in 2020 was provided prior to the meeting and will be published on the IMLCC webpage.

2020 annual meeting location
Executive Director Smith

The member state of Alabama has agreed to host the November 2020 Annual meeting.

Adjournment
Chair Simons (WI)

There being no further business, the meeting was adjourned at approximately 2:53 PM Eastern Time.

Interstate Medical Licensure Compact Commission

Roster of Commissioners – June 2020




<p>ALABAMA</p> 	<p>Commissioner Patrick J. O’Neill, MD</p> <p><i>Budget Committee Member</i></p>	<p>Commissioner Karen Silas</p> <p><i>Audit Committee Member</i> <i>Strategic Planning Committee Member</i></p>
<p>ARIZONA</p> 	<p>Commissioner Justin Bohall</p> <p><i>Rules & Administrative Procedures Committee Member</i></p>	<p>Commissioner Patricia McSorley</p> <p><i>Personnel Committee Chair</i> <i>Executive Committee Member</i></p>
<p>COLORADO</p> 	<p>Commissioner Donald Lefkowitz, MD</p> <p><i>Budget Committee Member</i></p>	<p>Commissioner Lorey Bratten</p> <p><i>Technology Committee Member</i></p>
<p>DISTRICT OF COLUMBIA</p> 	<p>Commissioner Frank Meyers, JD</p> <p><i>Technology Committee Member</i></p>	<p>Commissioner Vikisha Fripp</p> <p><i>Rules & Administrative Procedures Committee Member</i></p>

<p>GEORGIA</p> 	<p>Appointment Pending</p>	<p>Appointment Pending</p>
<p>GUAM</p> 	<p>Commissioner Kia Rahmani, MD <i>Personnel Committee Member</i></p>	<p>Appointment Pending</p>
<p>IDAHO</p> 	<p>Commissioner Anne Lawler <i>Audit Committee Chair</i> <i>Executive Committee Member</i> <i>Strategic Planning Committee Member</i></p>	<p>Commissioner Erich W. Garland <i>Rules & Administrative Procedures Committee Member</i></p>
<p>ILLINOIS</p> 	<p>Commissioner Cecilia Abundis <i>Communications Committee Member</i></p>	<p>Appointment Pending</p>
<p>IOWA</p> 	<p>Commissioner Mary Jo Romanco <i>Communications Committee Member</i></p>	<p>Commissioner Warren Gall <i>Rules & Administrative Procedures Committee Member</i></p>
<p>KANSAS</p> 	<p>Commissioner Kim Templeton <i>Audit Committee Member</i></p>	<p>Appointment Pending</p>

<p>KENTUCKY</p> 	<p>Commissioner Michael S. Rodman</p> <p><i>Communications Committee Member</i></p>	<p>Commissioner Richard Whitehouse, Esq.</p> <p><i>Technology Committee Member</i></p>
<p>MAINE</p> 	<p>Commissioner Timothy (Tim) E. Terranova</p> <p><i>IMLCC Chair</i> <i>Executive Committee Member</i> <i>Communications Committee Member</i></p>	<p>Commissioner Susan E. Strout</p> <p><i>Personnel Committee Member</i></p>
<p>MARYLAND</p> 	<p>Commissioner Christine A. Farrelly</p> <p><i>IMLCC Treasurer</i> <i>Budget Committee Chair</i> <i>Executive Committee Member</i> <i>Rules & Administrative Procedures Committee Member</i></p>	<p>Commissioner Ellen Douglas Smith</p> <p><i>Technology Committee Member</i></p>
<p>MICHIGAN</p> 	<p>Commissioner Kim Gaedeke</p> <p><i>Technology Committee</i></p>	<p>Commissioner Michael Chafty, MD</p> <p><i>Personnel Committee</i></p>
<p>MINNESOTA</p> 	<p>Commissioner Ruth Martinez</p> <p><i>Rules & Administrative Procedures Committee Chair</i> <i>Executive Committee Member</i></p>	<p>Commissioner John (Jake) Manahan</p> <p><i>Technology Committee Member</i></p>
<p>MISSISSIPPI</p> 	<p>Commissioner Kenneth Cleveland, MD</p> <p><i>Budget Committee Member</i> <i>Strategic Planning Committee Member</i></p>	<p>Commissioner Wm. David McClendon, Jr., MD</p> <p><i>Personnel Committee Member</i></p>

<p>MONTANA</p> 	<p>Commissioner James Burkholder, MD</p> <p><i>Rules & Administrative Procedures Committee Member</i></p>	<p>Appointment Pending</p>
<p>NEBRASKA</p> 	<p>Commissioner Jesse Cushman</p> <p><i>Technology Committee Chair Executive Committee Member</i></p>	<p>Commissioner Todd Stull, MD</p> <p><i>Communications Committee Member</i></p>
<p>NEW HAMPSHIRE</p> 	<p>Commissioner Michael Barr, MD</p> <p><i>Technology Committee Member</i></p>	<p>Appointment Pending</p>
<p>NEVADA</p> 	<p>Commissioner Edward Cousineau, JD</p> <p><i>IMLCC Vice Chair Executive Committee Member Strategic Planning Committee Chair</i></p>	<p>Commissioner Sandy Reed</p> <p><i>Personnel Committee Member</i></p>
<p>NORTH DAKOTA</p> 	<p>Commissioner McDonald</p> <p><i>Technology Committee Member</i></p>	<p>Commissioner Nagala</p> <p><i>Personnel Committee Member</i></p>
<p>OKLAHOMA</p> 	<p>Commissioner Aquino</p> <p><i>Communications Committee Member</i></p>	<p>Appointment Pending</p>

<p>PENNSYLVANIA</p> 	<p>Appointment Pending</p>	<p>Appointment Pending</p>
<p>SOUTH DAKOTA</p> 	<p>Commissioner Margaret Hansen</p> <p><i>Rules & Administrative Procedures Committee Member</i></p>	<p>Appointment Pending</p>
<p>TENNESSEE</p> 	<p>Commissioner Angela Lawrence</p> <p><i>Audit Committee Member</i></p>	<p>Commissioner Penny Judd</p> <p><i>Budget Committee Member</i> <i>Strategic Planning Committee Member</i></p>
<p>UTAH</p> 	<p>Commissioner Larry Marx</p> <p><i>Rules & Administrative Procedures Committee Member</i></p>	<p>Appointment Pending</p>
<p>VERMONT</p> 	<p>Commissioner David Herlihy</p> <p><i>Committee Assignment Pending</i></p>	<p>Appointment Pending</p>
<p>WASHINGTON</p> 	<p>Commissioner Melanie deLeon</p> <p><i>Audit Committee Member</i> <i>Strategic Planning Committee Member</i></p>	<p>Commissioner Lisa Galbraith, D.O.</p> <p><i>Budget Committee Member</i></p>

<p>WEST VIRGINIA</p> 	<p>Commissioner Tiffany Thymius, D.O.</p> <p><i>Budget Committee Member</i></p>	<p>Commissioner Mark A. Spangler</p> <p><i>Communications Committee Chair</i> <i>Executive Committee Member</i></p>
<p>WISCONSIN</p> 	<p>Appointment Pending</p>	<p>Appointment Pending</p>
<p>WYOMING</p> 	<p>Commissioner Kevin Bohnenblust</p> <p><i>Technology Committee Member</i></p>	<p>Appointment Pending</p>

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON NOTICE TO LICENSEES UPON WITHDRAWAL OR TERMINATION OF MEMBERSHIP IN THE COMPACT

ADOPTED: November 19, 2019

EFFECTIVE: November 19, 2019

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

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

8.1 Authority

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

8.2 Definitions

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

“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.

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

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

8.3 Notice from Withdrawing State

- a) Within 90 days from enactment of a statute withdrawing a member state from the Compact, the withdrawing state shall send notices, pursuant to this rule, to licensees who have been licensed in the withdrawing state through the compact and licensees who list the withdrawing state as their state of principal of license.
- b) The notice from the withdrawing state to licensees who have been licensed through the Compact in the withdrawing state, shall inform the licensees that they will not be able to renew their withdrawing state’s license through the Compact. The notice shall provide information concerning other methods to apply for licensure and/or renewal in the withdrawing state.

- c) The notice to licensees whose state of principal license is the withdrawing 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 withdrawing 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) Upon notice from the withdrawing state of the enactment of a statute withdrawing a member state from the Compact, the Commission shall update its website to notify all applicants of the withdrawing state's withdrawal from the Commission. The website shall provide notice to applicants that the licenses will terminate upon the effective date of withdrawal and shall list the effective date of withdrawal.

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

8.6 Immunity from Suit and Liability for Termination

A defaulting state that is terminated 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 defaulting state's termination from the compact.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON EXEMPTION FROM DISCLOSURE OF RECORDS

ADOPTED: November 19, 2019

EFFECTIVE: November 19, 2019

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

Chapter 9 – Exemption from Disclosure of Records

9.1 Authority

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

9.2 Exemption from disclosure or inspection of Commission Records

- a) The following Commission records shall be exempt from public inspection or disclosure:
 - 1) The following physician information:
 - i) personal identifying information;
 - ii) personal contact information;
 - iii) answers to criminal or disciplinary questions;
 - iv) fiscal or payment information;
 - v) disciplinary records; and
 - vi) test scores and test results.
 - 2) The following internal Commission records:

- i) personnel records of Commission staff;
- ii) commission personnel practice and procedures;
- iii) matters specifically exempted from disclosure by federal statute
- iv) trade secrets, commercial, or financial information that is privileged or confidential;
- v) censures and accusations of a crime;
- vi) personal information where disclosure would constitute an unwarranted invasion of personal privacy;
- vii) investigative records compiled for law enforcement purposes;
- viii) that specifically relate to a civil action or other legal proceeding;
- ix) closed session records related to any of the above topics
- x) records that contain legal advice or attorney-client communications or attorney work product; and
- xi) confidential mediation or arbitration documents.

b) After consultation with counsel, the full Commission may designate records not designated exempt under section (a) to be confidential and not available to the public for inspection.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON EXPEDITED LICENSURE

ADOPTED: OCTOBER 3, 2016

EFFECTIVE: OCTOBER 3, 2016

AMENDED: FEBRUARY 22, 2017, MAY 22, 2017, JUNE 27, 2017, NOVEMBER 17, 2017, MAY 12, 2020

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

1. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on February 22, 2017, in an emergency rule-making action pursuant to administrative rule Chapter 1.
2. Section 5.2 (ee) was amended by the Interstate Commission on May 22, 2017.
3. Section 5.8 was adopted by the Interstate Commission on May 22, 2017.
4. Section 5.5(2)(b)(2) was adopted by the Interstate Commission on June 27, 2017, through the regular rule-making process pursuant to administrative rule Chapter 1.
5. Sections 5.2, 5.4(1)(c) and 5.5(1) were amended by the Interstate Commission on November 17, 2017.
6. Section 5.9 was adopted by the Interstate Commission on May 12, 2020, in an emergency rule-making action pursuant to administrative rule Chapter 1.

Chapter 5 - Expedited licensure

5.1 Authority

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

5.2 Definitions.

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

- (a) *“Accreditation Council for Graduate Medical Education (ACGME)”* means the non-governmental organization responsible for the accreditation of graduate medical education (GME) programs within the jurisdiction of the United States of America and its territories and possessions.
- (b) *“Action related to nonpayment of fees related to a license”* means adverse action taken against a physician seeking licensure through the Compact by a medical licensing agency in any state, federal, or foreign jurisdiction due to late payment or non-payment of a medical license fee.
- (c) *“Active investigation”* means an investigation related to a physician seeking licensure through the Compact by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction for issues that have not been resolved.
- (d) *“American Board of Medical Specialties (ABMS)”* means a non-profit organization comprising 24 certifying boards that develop and implement professional standards for the certification of physicians in their declared medical/surgical specialty.
- (e) *“American Osteopathic Association (AOA)”* means the representative organization for osteopathic physicians (DOs) in the United States. AOA is the accrediting body for educational programs at osteopathic medical schools and postgraduate training for graduates of osteopathic medical schools in the United States. AOA is also the umbrella organization for osteopathic medical specialty boards in the United States.
- (f) *“American Osteopathic Association’s Bureau of Osteopathic Specialists”* means the certifying body for the approved specialty boards of the American Osteopathic Association, which certifies osteopathic physicians in their various specialties or fields of practice.
- (g) *“Applicant”* means a physician who seeks expedited licensure through the Interstate Medical Licensure Compact.
- (h) *“Compact”* means the Interstate Medical Licensure Compact.
- (i) *“Commission on Osteopathic College Accreditation (COCA)”* means a commission of the AOA that establishes, maintains, and applies accreditation standards and procedures for COMs.
- (j) *“Comprehensive Osteopathic Medical Licensing Examination (COMLEX)”* means the examination series administered by the National Board of Osteopathic Medical Examiners that assesses the medical knowledge and clinical skills of osteopathic physicians.
- (k) *“Conviction”* means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilty or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board. Conviction means a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions,

preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States of any crime that is a felony.

- (l) *“Coordinated information system”* means the database established and maintained by the Interstate Commission as set forth in the Compact.
- (m) *“Crime of moral turpitude”* means an act, whether or not related to the practice of medicine, of baseness, vileness or the depravity contrary to accepted and customary rule, right, and duty between human beings.
- (n) *“Criminal background check”* means a state and federal criminal background investigation of an applicant for expedited licensure by means of fingerprinting or other biometric data checks. The completed report and information shall be obtained prior to licensure of the applicant. The applicant shall pay for the background check.
- (o) *“Criminal offense”* means a violation of a law with possible penalties of a term in jail or prison, and/or a fine.
- (p) *“Discipline by a licensing agency in any state, federal, or foreign jurisdiction”* means discipline reportable to the National Practitioner Data Bank.
- (q) *“Education Commission for Foreign Medical Graduates (ECFMG)”* means the entity that certifies international medical graduates for entry into U.S. graduate medical education.
- (r) *“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. Expedited does not refer to the speed of the process by which the state of principal license qualifies an applicant for expedited licensure.
- (s) *“Federation of State Medical Boards’ Federation Credentials Verification Service (FCVS)”* means a centralized, uniform system operated by the Federation of State Medical Boards for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials.
- (t) *“Felony”* means the category or description of a crime defined in the jurisdiction where the crime is committed. Where not otherwise defined in state statute, a felony is a charge which is punishable by a minimum penalty of 12 months of incarceration.
- (u) *“Graduate medical education”* means an ACGME- or AOA-approved specialty or subspecialty program that achieves ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. A one-year transitional internship or a one-year rotating internship does not qualify as graduate medical education required in Compact Section 2(k)(3) or this chapter.
- (v) *“Gross misdemeanor”* means a category or description of a crime defined in the jurisdiction where the crime is committed. If the jurisdiction does not have a gross misdemeanor category or description, the crime is a charge which is punishable by a minimum penalty of 6 months of incarceration.
- (w) *“International Medical Education Directory”* means the World Directory of Medical Schools, a public database of worldwide medical schools. The directory is a collaborative product of the Foundation for Advancement of International Medical

Education and Research and the World Federation for Medical Education.

- (x) *“Interstate Commission”* means the Interstate Medical Licensure Compact Commission.
- (y) *“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 process set forth in the Compact.
- (z) *“Liaison Committee on Medical Education (LCME)”* means an entity that provides accreditation to medical education programs in the United States and Canada as a voluntary, peer-reviewed process of quality assurance that determines whether the medical education program meets established standards.
- (aa) *“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.
- (bb) *“Member state”* means a state that has enacted the Compact.
- (cc) *“Offense”* means a felony, gross misdemeanor, or crime of moral turpitude.
- (dd) *“Predecessor examination”* means a generally accepted national medical licensure examination issued prior to the administration of USMLE or COMLEX, combination examinations and state licensure board examinations administered prior to 1974.
- (ee) *“Primary source verification”* means verification of the authenticity of documents with the original source that issued the document or original source verification by another jurisdiction’s physician licensing agency or original source verification by an entity approved by the Interstate Commission including, but not limited to, FCVS, ECFMG, or the AOA profile.
- (ff) *“Service fee”* means fees that may be assessed by the Interstate Commission, or a member state, or both, to handle and process an application for a letter of qualification, or the issuance of a license through the Compact, or the renewal of a license through the Compact. A service fee is not a license fee for the issuance of a license or the renewal of a license.
- (gg) *“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.
- (hh) *“United States Medical Licensing Examination (USMLE)”* means the examination series for medical licensure in the United States administered by the National Board of Medical Examiners.

5.3 Delegation of expedited licensure responsibilities

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

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

5.4 Eligibility for expedited licensure

- (1) An applicant must meet the following requirements to receive an expedited license under the terms and provisions of the Compact:
 - (a) Is a graduate of a medical school accredited by the LCME, the COCA, or a medical school listed in the international medical education directory or its equivalent.
 - (b) Passed each component, level or step of the USMLE or COMLEX licensing examination within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes.
 - (c) Successfully completed graduate medical education approved by the ACGME or the AOA. "Completed" means graduated from an ACGME- or AOA-approved specialty or subspecialty program that results in ABMS or AOA board eligibility status. ACGME- or AOA-approved means the program is accredited by the ACGME or the AOA. 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.
 - (d) Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.
 - (e) Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board.
 - (f) Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.
 - (g) Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.
 - (h) Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.
 - (i) Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

5.5 Expedited licensure process

- (1) An applicant 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.
 - (b) Submit an online application to the designated state of principal license through the coordinated information system.
 - (c) Submit to the state of principal license a completed fingerprint packet or other biometric data check sample approved by the state of principal license.
 - (d) Submit to the state of principal license a sworn statement by the applicant attesting to the truthfulness and accuracy of all information provided by the applicant.
 - (e) Pay the nonrefundable service fees required by the state of principal license and the Interstate Commission.
- (2) When an application is received by the state of principal license through the Interstate Commission:
 - (a) The Interstate Commission shall use information from its database to facilitate the application, which shall be reviewed by the applicant's designated state of principal license.
 - (b) The designated state of principal license shall:
 - I. Evaluate the applicant's eligibility for expedited licensure;
 - II. Perform a criminal background check pursuant to Public Law 92-544 as required by terms and provisions of the Compact; and
 - 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.
 - (c) 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

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

5.8 Renewal and continued participation

- (1) Not less than 90 days prior to the expiration of a license issued through the Compact, the member board that issued the license shall notify the physician by e-mail of the pending expiration of the license and provide information on the process to renew the license, and a link to the Interstate Commission's web page to start the renewal process. The e-mail notice shall be sent to the address specified in rule 2.2. The physician is responsible for renewing the license prior to its expiration. Failure of the physician to receive a renewal notice does not relieve the physician of responsibility for renewing the license through the Interstate Commission. The physician shall update the information provided on the online renewal application within 30 days of any change of information provided on the application.
- (2) The physician shall complete an online renewal application on a form provided by the Interstate Commission which shall include collection of information required in Section 7 of the Compact and such other information as required by the Interstate Commission.
- (3) The Interstate Commission may collect a service fee from the physician for renewal of a license issued through the Compact. The Interstate Commission shall retain 100 percent of this service fee for renewal of a license.

- (4) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board during a member state's licensing renewal period.
- (5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew the physician's license.
- (6) After the license is renewed the member board may collect and act upon additional information from the physician related to that state's specific requirements for license renewal.
- (7) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.
- (8) A physician who seeks to renew a license issued through the Compact after its expiration date may be subject to any and all penalties, terms and conditions for licensure renewal established by the member state that issued the license.

5.9 Emergency Rule Regarding COVID-19 State of Emergency Rule Waiver of Timeframes

- (1) This rule is effective retroactive to the March 9, 2020, declaration of a national emergency by the President of the United States in response to the COVID-19 pandemic. At such time, each Board or Executive Committee of the Commission has the authority to temporarily waive enforcement of the timeframes of the Commission's rules which are not statutorily required.
- (2) Such waiver would be justified based upon:
 - (a) The degree of disruption of procedures or timeframes regulating the movement of physicians under the applicable provisions of the Compact, which is the basis for the waiver;
 - (b) The degree of benefit (or detriment) of such waiver to the physician and/or public health; and
 - (c) The anticipated duration of the emergency.
- (3) The length of any waiver would be subject to the length of the national/state emergency declaration or one hundred and eighty (180) days from the date of promulgation, subject to one extension of equal length, or preemptively concluded by a majority vote of the Commission, whichever first occurs.



Board of Commissioners and Management Interstate
Medical Licensure Compact Commission Littleton,
Colorado

In planning and performing our audit of the Interstate Medical Licensure Compact Commission (IMLCC), which are comprised of the statement of net position as of June 30, 2018, and the related statements of revenues, expenses and changes in net position and cash flows for the period ending June 30, 2018, and the related notes to the financial statements, in accordance with auditing standards generally accepted in the United States of America, we considered the entity's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we do not express an opinion on the effectiveness of the entity 's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and, therefore, material weaknesses or significant deficiencies may exist that were not identified. In addition, because of inherent limitations in internal control, including the possibility of management override of controls, misstatements due to fraud or error may occur and not be detected by such controls. However, as discussed below, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis.

Material weaknesses

We consider the following deficiencies in the entity's internal control to be material weaknesses.

1. **Internal Controls Over Financial Reporting** -The original trial balance that was provided to CLA contained material errors that included fund balance not rolling to the prior year audited statements, as well as a material understatement of license fee expense and payables to state boards. During our audit procedures with IMLCC over this original trial balance we discovered that the general ledger and trial balance did not include all of the fiscal year 2018 activity. As a result, our audit was delayed while IMLCC went through the fiscal year 2018 transactions in order to ensure that all activity was recorded in the general ledger in order to provide a complete general ledger and trial balance. In the original trial balance received fund balance did not roll to the 2017 audited statements by approximately \$90,000. Once the fourth and final trial balance was obtained from IMLCC, the liabilities and expenses had increased by approximately \$200,000 compared to the original trial balance that was provided for the audit.

2. **Adjusting Entry** - To assist with start-up expenses for IMLCC, the Federation of State Medical Boards (FSMB) utilized federal grant funds to make payments on-behalf of IMLCC for expenses incurred during the period ending June 30, 2018. GASB Statement No. 24, *Accounting and Financial Reporting for Certain Grants and Other Financial Assistance*, requires governments to recognize revenue and expenses for on-behalf payments. Revenue should equal the amounts that third party recipients have received and expenses should equal the amounts recognized as revenue. As a result, an adjusting journal entry was made for \$158,989 to recognize the payments made by the FSMB on-behalf of IMLCC.

Financial Statement Preparation

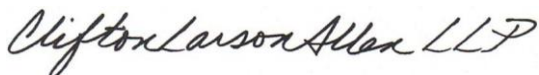
The Board of Commissioners and management share the ultimate responsibilities for IMLCC's internal control system. While it is acceptable to outsource various accounting functions, the responsibility for internal control cannot be outsourced. This condition increases the possibility that a misstatement of IMLCC's financial statements could occur and not be prevented or detected by IMLCC 's internal control.

IMLCC engages CLA to assist in preparing its financial statements and accompanying disclosures. While it is acceptable for CLA to assist in the preparation of the financial statements, as independent auditors, CLA cannot be considered part of IMLCC's internal control system. IMLCC should design a comprehensive review procedure to ensure that the financial statements, including disclosures, are complete and accurate.

We will review the status of these comments during our next audit engagement. We have already discussed many of these comments and suggestions with various entity personnel, and we will be pleased to discuss them in further detail at your convenience, to perform any additional study of these matters, or to assist you in implementing the recommendations.

* * *

This communication is intended solely for the information and use of management, Board of Commissioners, and others within the entity, and is not intended to be, and should not be, used by anyone other than these specified parties.



CliftonLarsonAllen LLP

Broomfield,
Colorado
June 3, 2020



Board of Commissioners
Interstate Medical Licensure Compact
Commission Littleton, Colorado

We have audited the financial statements of the Interstate Medical Licensure Compact Commission (IMLCC), which comprised the statement of net position as of June 30, 2018, and the related statements of revenues, expenses and change in net position and cash flows for the year ended June 30, 2018, and the related notes to the financial statements and have issued our report dated June 3, 2020. We have previously communicated to you information about our responsibilities under auditing standards generally accepted in the United States of America, as well as certain information related to the planned scope and timing of our audit. Professional standards also require that we communicate to you the following information related to our audit.

Significant audit findings

Qualitative aspects of accounting practices

Accounting policies

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by the IMLCC are described in Note 1 to the financial statements.

No new accounting policies were adopted and the application of existing policies was not changed during the year ended June 30, 2018.

We noted no transactions entered into by the entity during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected. There were no accounting estimates affecting the financial statements which were particularly sensitive or required substantial judgments by management.

Financial statement disclosures

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. There were no particularly sensitive financial statement disclosures.

The financial statement disclosures are neutral, consistent, and clear.

Difficulties encountered in performing the audit

The completion of our audit was delayed primarily due to significant reconciliation issues identified through the audit relating to fund balance, liabilities, and expenses, and other material account balances that required our assistance to resolve. This required extensive work to be performed outside the scope of the audit. A summary of the corrected misstatements are attached to this letter and also summarized in a separate letter dated June 3, 2020, communicating internal control related matters identified during the audit.

Uncorrected misstatements

Professional standards require us to accumulate all misstatements identified during the audit, other than those that are clearly trivial, and communicate them to the appropriate level of management. The attached schedule summarizes uncorrected misstatements of the financial statements.

Corrected misstatements

The attached schedule summarizes all misstatements (material and immaterial) detected as a result of audit procedures that were corrected by management.

Disagreements with management

For purposes of this letter, a disagreement with management is a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditors' report. No such disagreements arose during our audit.

Management representations

We have requested certain representations from management that are included in the attached management representation letter dated June 3, 2020.

Management consultations with other independent accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the entity's financial statements or a determination of the type of auditors' opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Significant issues discussed with management prior to engagement

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to engagement as the entity's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our engagement.

Other audit findings or issues

We have provided a separate letter to you dated June 3, 2020, communicating internal control related matters identified during the audit.

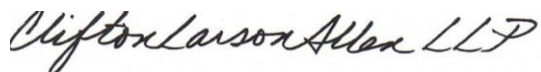
Other information in documents containing audited financial statements

With respect to the required supplementary information (RSI) accompanying the financial statements, we made certain inquiries of management about the methods of preparing the RSI, including whether the RSI has been measured and presented in accordance with prescribed guidelines, whether the methods of measurement and preparation have been changed from the prior period and the reasons for any such changes, and whether there were any significant assumptions or interpretations underlying the measurement or presentation of the RSI. We compared the RSI for consistency with management's responses to the foregoing inquiries, the basic financial statements, and other knowledge obtained during the audit of the basic financial statements. Because these limited procedures do not provide sufficient evidence, we did not express an opinion or provide any assurance on the RSI.

Our auditors' opinion, the audited financial statements, and the notes to financial statements should only be used in their entirety. Inclusion of the audited financial statements in a document you prepare, such as an annual report, should be done only with our prior approval and review of the document.

* * *

This communication is intended solely for the information and use of the Board of Commissioners and management of the Interstate Medical Licensure Compact Commission and is not intended to be, and should not be, used by anyone other than these specified parties.



CliftonLarsonAllen LLP

Broomfield,
Colorado
June 3, 2020

INTERSTATE MEDICAL LICENSURE COMPACT
COMMISSION FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
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INDEPENDENT AUDITORS' REPORT

Board of Commissioners
Interstate Medical Licensure Compact Commission
Littleton, Colorado

Report on the Financial Statements

We have audited the accompanying financial statements of the Interstate Medical Licensure Compact Commission as of and for the year ended June 30, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

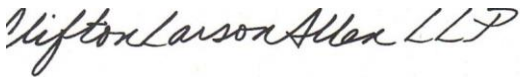
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Interstate Medical Licensure Compact Commission as of June 30, 2018, and the respective changes in financial position and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters*Required Supplementary Information*

Management has omitted the management's discussion and analysis that accounting principles generally accepted in the United States of America require to be presented to supplement the basic financial statements. Such missing information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. Our opinion on the basic financial statements is not affected by this missing information.

A handwritten signature in cursive script that reads "CliftonLarsonAllen LLP".**CliftonLarsonAllen LLP**

Broomfield,
Colorado
June 3, 2020

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
STATEMENT OF NET POSITION
JUNE 30, 2018

ASSETS

Current Assets:

Cash and Cash Equivalents	\$ 769,362
Accounts Receivable	9,168
Prepaid Assets	6,900
Total Current Assets	<u>785,430</u>
Total Assets	<u>785,430</u>

LIABILITIES

Current Liabilities:

Accounts Payable	373,748
Total Current Liabilities	<u>373,748</u>
Total Liabilities	373,748

NET POSITION

Restricted	63,004
Unrestricted	<u>348,678</u>
Total Net Position	<u>\$411,682</u>

See accompanying Notes to Financial Statements

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
STATEMENT OF REVENUES, EXPENSES AND CHANGE IN NET POSITION
JUNE 30, 2018

OPERATING REVENUES

Licensing Fees	\$ 1,797,882
Miscellaneous	<u>4,973</u>
Total Operating Revenues	<u>1,802,855</u>

OPERATING EXPENSES

License Fees	1,292,492
Professional Services	100,805
Bank Charges & Fees	53,332
Travel	1,267
Office Supplies	754
Other Operating	8,818
Total Operating Expenses	<u>1,457,468</u>

Net Operating Income 345,387

NONOPERATING REVENUES (EXPENSES)

Intergovernmental Revenue	191,577
Intergovernmental Expenses	(191,577)
Interest	<u>152</u>
Total Nonoperating Revenues (Expenses)	<u>152</u>

CHANGE IN NET POSITION

345,539

Net Position - BEGINNING OF YEAR

66,143

NET POSITION - END OF YEAR

\$ 411,682

See accompanying Notes to Financial Statements

**INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
STATEMENT OF CASH FLOWS
FOR THE PERIOD FROM JULY 1, 2017
TO JUNE 30, 2018**

CASH FLOWS FROM OPERATING ACTIVITIES

Receipts from Customers and Users	\$ 1,802,855
Payments to Vendors and Customers	{1,187,488}
Net Cash Provided by Operating Activities	615,367

CASH FLOWS FROM NONCAPITAL FINANCING ACTIVITIES

Interest Income	<u>152</u>
Net Cash Provided by Noncapital Financing Activities	152

NET CHANGE IN CASH AND CASH EQUIVALENTS

615,519

Cash and Cash Equivalents - Beginning of Year

153,843

CASH AND CASH EQUIVALENTS - END OF YEAR

\$ 769,362

**RECONCILIATION OF OPERATING INCOME TO NET CASH
FROM OPERATING ACTIVITIES**

Operating Income	\$ 345,387
Adjustments to Reconcile Operating Income to Net Cash Provided by Operating Activities:	
Effect of Changes in Operating Assets and Liabilities:	
Accounts Payable	286,048
Prepaid Assets	(6,900)
Accounts Receivable	{9,168}
Total Adjustments	<u>269,980</u>

NET CASH FROM OPERATING ACTIVITIES

\$ 615,367

See accompanying Notes to Financial Statements

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
NOTES TO FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

NOTE 1 REPORTING ENTITY

The Interstate Medical Licensure Compact Commission (IMLCC) was established on October 27, 2015, pursuant to the terms of the Interstate Medical Licensure Compact (the Compact). IMLCC was established as a body corporate to fulfill the objectives of the Compact, through a means of joint cooperative action amount Member States to develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards, and provide a streamlined process that allows physicians to become licensed in multiple states, thereby enhancing the portability of a medical license and ensuring the safety of patients.

The IMLCC Membership is comprised as provided by the Compact. Each Member State is limited to two appointed voting representatives. The appointees are the Commissioners of the Member State. A detail listing of Member States and IMLCC Membership can be found at IMLCC.org.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The basic financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP). The Governmental Accounting Standards Board (GASB) is the standard-setting body for establishing governmental accounting and financial reporting principles. IMLCC accounts for its operations as an enterprise fund. The significant accounting policies are described herein.

Measurement Focus, Basis of Accounting and Basis of Presentation

IMLCC's financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Under this method, revenues are recorded when earned and expenses are recorded when the liabilities are incurred, regardless of the timing of related cashflows.

IMLCC distinguishes operating revenues and expenses from nonoperating items. Operating revenues and expenses generally result from providing services and producing and delivering goods in connection with the principal ongoing operations. All revenues and expenses not meeting this definition are reported as nonoperating revenues and expenses.

Cash and Cash Equivalents

Cash and cash equivalents are considered to be cash on hand, demand deposits and short- term investments with an original maturity of three months or less from the date of acquisition.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
NOTES TO FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Net Position

Net position is classified in the following categories:

Restricted Net Position - This category presents external restrictions imposed by creditors, granters, contributors or laws or regulation of other governments and restriction imposed by law through constitutional provisions or enabling legislation. IMLCC had no items which were classified as restricted net position.

Unrestricted Net Position - This category represents the net position of IMLCC, which is not restricted for any project or other purpose.

When both restricted and unrestricted resources are available for use, it is the IMLCC's policy to use restricted resources first, then unrestricted resources as they are needed.

Revenue Recognition

Licensing fee revenues are derived from applications fees charged by IMLCC to physicians who are seeking to become licensed in a State that is a member of the Interstate Medical Licensure Compact. These charges are initially collected by the IMLCC and a portion is subsequent remitted to the individual State for which a license was issued. IMLCC recognizes the licensing fees as operating revenue on the accrual basis of accounting.

Intergovernmental revenues are received from the Federation of State Medical Boards (FSMB) Foundation. The Foundation provides support for projects associated with the Interstate Medical Licensure Compact. The purpose of the grant program is to support the Compact, its Commission, and state medical and osteopathic boards in their readiness to participate in the Compact. IMLCC recognizes the grant revenue as nonoperating revenue on the accrual basis of accounting.

NOTE 3 CASH AND CASH EQUIVALENTS

IMLCC maintains all of its cash with one financial institution in accordance with IMLCC policies. The carrying amount of the deposit was \$769,362 and the bank balance was \$769,362 as of June 30, 2018. Of the \$769,362 held with one financial institution \$519,362 was not covered by the Federal Depository Insurance Corporation (FDIC).

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION
NOTES TO FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2018

NOTE 4 RELATED PARTY TRANSACTIONS-ON-BEHALF PAYMENTS

For the fiscal year ended June 30, 2018, IMLCC received on-behalf payments from the Federation of State Medical Boards (FSMB) in the amount of \$149,821. Payments consisted of expenses incurred for legal services, technology and other operating expenditures during the initial fiscal year for IMLCC. This balance is recorded within intergovernmental revenues and grant expenses on the Statement of Revenues, Expenses and Changes in Net Position.

NOTE 5 COMMITMENTS AND CONTINGENCIES

IMLCC does not have any pending litigation or legal claims that would have a materially adverse effect on the financial position of IMLCC.