

RULE ON COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

ADOPTED: November 16, 2018

AMENDED: November 8, 2022

EFFECTIVE: November 16, 2018; As amended November 8, 2022

REVIEWED:

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

- 1. Section 6.5, paragraphs (a), (b)(1), (g) and (h), amended to reflect statutory requirements – November 8, 2022**
- 2. Section 6.6, was added – November 8, 2022**
- 3. Section 6.1, Added IMLCC Statute, Section 1 to the Authority section – November 14, 2023**
- 4. Section 6.1, Amended “Confidential and filed under seal”- November 14, 2023**
- 5. Section 6.1, Deleted “Member Board” and State of principal license” – November 14, 2023**
- 6. Section 6.4, Added introductory paragraph to replace paragraph “a” and sequenced the subsequent paragraphs – November 14, 2023**
- 7. Section 6.4, amended paragraphs “g”, “h”, and “i” to clarify the requirements of member boards and limiting the scope to physicians who utilized the Compact process – November 14, 2023**
- 8. Section 6.5, amended paragraphs “a”, “c”, and “g” to clarify the authority from the IMLC Statute – November 14, 2023**
- 9. General grammatical changes to create conformity in language – November 14, 2023**

CHAPTER 6 – COORDINATED INFORMATION SYSTEM, JOINT INVESTIGATIONS AND DISCIPLINARY ACTIONS

6.1 Authority

This chapter is promulgated by the Interstate Commission pursuant to the Interstate

Medical Licensure Compact Sections 1, 8, 9, 10 and 15. The rule shall become effective upon adoption by the Interstate Commission.

6.2 Definitions

In addition to the definitions set forth in the Interstate Medical Licensure Compact, Section 2, as used in these rules, the following definitions apply:

“Applicant” means a physician who seeks expedited licensure through the Interstate Medical Licensure Compact. See Rule 5.2(g).

“Confidential and filed under seal” means all information and documents required to be shared in compliance with Compact Law, Section 8(f) shall be sent in an envelope or sent through an encrypted service and may not be discoverable in civil litigation, re-disclosed voluntarily or pursuant to a Freedom of Information Act or Public Information Act, produced pursuant to civil or criminal subpoena, except that such information may be used for the purpose of investigating and taking disciplinary action and may be disclosed as part of any public disciplinary action resulting from the investigation.

“Compact physician” means a physician who has obtained a license through the Compact.

“Coordinated information system” means the database established and maintained by the Interstate Commission as set forth in the Compact. See Rule 2.2.

“Disciplining Board” means a member Board that imposes discipline upon a Compact physician.

“Investigative, litigation or compliance materials” means licensure records, disciplinary records, litigation records, application records, and compliance records for a Compact physician, but does not mean criminal history record information in accordance with Rule 2.6.

“Joint investigation” means an investigation involving multiple member Boards.

“Lead investigative Board” means a member Board chosen to coordinate a joint investigation.

“Medical Practice Act” means a member state’s practice act governing the practice of medicine.

“Necessary and proper disciplinary and investigatory information” means:

1. The type of action:
 - a. complaint;
 - b. charge;

- c. non-final public action;
 - d. final public action; or
 - e. non-public action;
2. Date action was taken;
3. Whether the action results in the removal of the physician's Compact license, such as a suspension, revocation, surrender or relinquishment in lieu of discipline;
4. Whether the action is to initiate a joint investigation;
5. Name of Board, Agency, or Entity that took the action specified in this report; and
6. Current Status and changes in status of any action:
 - a. investigation continuing;
 - b. charges issued, but no final action taken;
 - c. final action issued pending appeal;
 - d. final action with all judicial remedies exhausted;
 - e. closed without resulting discipline.

“Nonpublic complaint” means allegations that a physician violated a state’s Medical Practice Act that have not been made public.

“Nonpublic complaint resolution” means a non-disciplinary board action, advisory letter, letter of education, letter of concern, nonpublic disposition agreement, nonpublic consent order, corrective action agreement, or any other type of nonpublic actions taken by a member Board.

“Public action” means disciplinary actions, disciplinary fines, reprimands, probations, conditions or restrictions on a licensee, suspensions, summary suspensions, cease and desist orders, revocations, denials of licensure, or any other type of action taken by a member Board that is public.

“Public complaint” means a public charging document or allegations that a physician violated a state’s Medical Practice Act that have been made public by a member Board.

“Share information” means that a member Board shall disclose the relevant information to the Interstate Commission or other member Board.

6.3 Coordinated Information System

- a. The Interstate Commission shall establish a database of all applicants and Compact physicians. The database will contain the core data set and necessary and proper disciplinary or investigatory information. The database will be available for all member boards to report and query information, as appropriate.

- b. Each member board shall report the name, NPI number, and all necessary and proper disciplinary or investigatory information of a public complaint or public action on a form provided by the Interstate Commission to the Interstate Commission as soon as reasonably possible, but no later than 10 business days after a public complaint or public action against an applicant or Compact physician has been entered. The member board shall attach a copy of the public complaint or public action.
- c. Each member board shall submit an updated report to the Interstate Commission upon changes to the status of any reported action.
- d. When the Commission receives notice of a final public action by a member board, the Commission shall notify the member boards for all other member boards where the disciplined Compact physician is licensed.
- e. Each member board may disclose any nonpublic complaint or nonpublic complaint resolution to the Interstate Commission.
- f. On request of another member board, each member board shall share the requested information from an investigative file as soon as reasonably possible, and that information shall be confidential and filed under seal.
- g. All information provided to the Coordinated Information System and documents obtained or shared through Compact Sections 8 or 9 or Rule 6.3(e) are confidential and filed under seal and may only be used by member boards for investigations or during disciplinary processes and may be made public in disciplinary actions but may not be redisclosed to any person or non-member board.

6.4 Joint Investigations

A member board may participate with other member boards in joint investigations of a Compact applicant or physician that holds a license issued pursuant to the Compact process.

- a. Upon initiating a joint investigation, the lead investigative board shall notify the Interstate Commission of the joint investigation and inform the Interstate Commission which member boards are part of the joint investigation. The Interstate Commission shall notify any other member boards where the Compact physician is licensed of the identity of the individual under investigation and the contact information for the lead investigative board.

- b. In a joint investigation, the lead investigative board may be the member board in the member state where the alleged conduct occurred, the board that initiated the joint investigation, or any member board chosen by the participating member boards to be the lead investigative board.
- c. The lead investigative board shall direct the investigation and update the participating member boards upon any significant developments in the investigation.
- d. The lead investigative board may request the other member boards participating in the joint investigation to conduct investigatory tasks in their own states.
- e. A non-lead investigative board may continue its own investigation but shall keep the lead investigative board apprised of its investigatory actions and shall coordinate its actions with the lead investigative board.
- f. During a joint investigation, a subpoena issued by a member board shall be enforceable in other member states participating in that joint investigation for a Compact applicant or physician that holds a license issued pursuant to the Compact process in the state to which the subpoena is directed.
- g. During a joint investigation, should an individual or entity refuse to comply with the enforceable subpoena, the member board that issued the subpoena may request the local member board to issue a subpoena on the investigating member board's behalf. The local member board shall issue such a subpoena and shall share the resulting information with the investigating member board.
- h. All member boards participating in a joint investigation shall share investigative information, litigation, or compliance materials upon request of any member board where the Compact physician holds a license obtained or used pursuant to the Compact process.
- i. Any member board may investigate actual or alleged violations of a statute authorizing the practice of medicine in any other member state in which a physician holds a license to practice medicine. The investigating member board shall contact the other member board and inform them about the investigation prior to initiating the investigation in that state. Upon conclusion of the investigation, the investigating member board shall inform the other member board about the results of the investigation.
- j. The final outcome or disposition of any joint investigation shall be reported to the Interstate Commission by the lead investigative board.

6.5 Disciplinary Actions

- a. As provided in Section 10a of the Interstate Medical Licensure Compact, any disciplinary action by a disciplining board shall be considered unprofessional conduct and may be a basis for discipline by other member boards. This includes any action that does not have a corresponding ground by the other member board's Medical Practice Act or in addition to any other specific violation of the Medical Practice Act in the other member state.
- b. Any member board, including the state of principal license, may:
 - (1) Administratively take reciprocal action against a compact physician who was disciplined by a disciplining board. The administrative reciprocal action of the disciplinary board is deemed conclusive as to matters of law and fact, and a member board may impose the same or lesser sanction that is consistent with the Medical Practice Act of that state;
 - (2) Pursue disciplinary action in accordance with the member board's Medical Practice Act against a Compact physician who was disciplined by a disciplining board. The action of the disciplinary board is deemed conclusive as to matters of law and fact and a member board may impose a more severe sanction; or
 - (3) Take no action.
- c. As provided in Section 10d of the Interstate Medical Licensure Compact, if a license issued by a member board through the Compact is revoked, surrendered, suspended or relinquished in lieu of discipline, then the member board shall notify the Interstate Commission as soon as reasonably possible, but no later than 5 business days from the date of the action and shall send a copy of the action to the Interstate Commission.
- d. The Interstate Commission shall immediately notify all other member boards that have licensed the physician and shall send a copy of the action to the other member boards.
- e. Upon receipt of notice from the Interstate Commission of an action taken by the state of principal license, the other member boards shall immediately place the Compact physician on the same status as the state of principal license.

- f. If the state of principal license reinstates the disciplined Compact physician's license, it shall notify the Interstate Commission that the suspension has been terminated as soon as reasonably possible, but no later than 5 business days after the suspension has ended. The Interstate Commission shall immediately notify the other member boards. Those member boards shall reinstate the license in accordance with the Medical Practice Act of that state.
- g. Upon receipt of notice from the Interstate Commission that a license granted to a physician by a member board other than the state of principal license is revoked, surrendered, suspended or relinquished in lieu of discipline, then any license(s) issued by any member board(s), including the state of principal license, shall be automatically and immediately suspended by the other member board(s) for 90 calendar days on entry of the order of the disciplining board to permit the member board to investigate under the Medical Practice Act of that state.
- h. Within 90 calendar days of the suspension, as established in paragraph (g) above, one of the following may occur:
 - (1) a state of principal license may terminate the suspension of the license;
 - (2) a non-state of principal license member board other than the state of principal license may terminate the suspension if the state of principal license has already terminated the suspension;
 - (3) any member board may impose reciprocal discipline or pursue reciprocal discipline pursuant to Rule 6.5(b) or (c); or
 - (4) any member board may continue the suspension until the member board that initially took the action has taken a final action.

6.6 State Authority regarding Disciplinary Actions

A member board authorized or required to impose an automatic licensing action against a Compact physician, under IMLC Statute, Section 10(b) and (d), may immediately terminate, reverse, or rescind such automatic action pursuant to the Medical Practice Act of that state.