

**COUNCIL OF THE DISTRICT OF COLUMBIA  
COMMITTEE OF THE WHOLE  
COMMITTEE REPORT**

1350 Pennsylvania Avenue, NW, Washington, DC 20004

**DRAFT**

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**TO:** All Councilmembers

**FROM:** Chairman Phil Mendelson  
Committee of the Whole

**DATE:** February 6, 2018

**SUBJECT:** Report on Bill 22-177, the “Interstate Medical Licensure Compact Enactment Act of 2018”

The Committee of the Whole, to which Bill 22-177, the “Interstate Medical Licensure Compact Enactment Act of 2018” was referred, reports favorably thereon, with amendments, and recommends approval by the Council.

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**I. BACKGROUND AND NEED**

Bill 22-177, the “Interstate Medical Licensure Compact Enactment Act of 2018” was introduced by Councilmember Vincent C. Gray on March 7, 2017.<sup>1</sup> The purpose of Bill 22-177 is to authorize the Mayor, on behalf of the District, to enter the Interstate Medical Licensure Compact (“Compact”). The Compact allows for an expedited pathway to licensure for qualified physicians who wish to practice in multiple states. Furthermore, the Compact sets the qualifications for licensure and outlines the process for physicians to apply and receive licenses in

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<sup>1</sup> The title of the bill has been updated to reflect that the bill was introduced in 2017 but is being considered by the Council in 2018. Moreover, since the Council is enacting an agreement and not approving the Compact the title was amended by replacing the term “approval” with the term “enactment”. It should be noted that the title is being updated from the title of the bill when it was approved by the Committee on Health.

states where they are not currently licensed.<sup>2</sup> As of November 2017, twenty-two states have enacted the Compact.<sup>3</sup>

Once the District joins the Compact, a physician seeking licensure through the Compact would be able to apply for an expedited license through the District of Columbia Board of Medicine (“Board”). The Board would be required to evaluate the physician and issue a qualification letter, either approving or denying the physician’s eligibility, to the Interstate Medical Licensure Compact Commission (“Commission”).<sup>4</sup> In order to be deemed qualified a physician must: (1) possesses an unrestricted license to practice medicine; (2) possess a specialty certification; (3) have no disciplinary actions against his or her medical license; (4) have no discipline related to controlled substances; (5) not be under investigation; (6) have passed the United States Medical Licensing Examination or the Comprehensive Osteopathic Medical Licensing Examination; and (7) have successfully completed a graduate medical education program.<sup>5</sup>

After the Board deems the physician is qualified, he or she would be required to complete a registration process established by the Commission to receive a license in another member state. Once the physician has meet all the requirements required by the Commission, the member board of the member state would be required to issue an expedited license to the physician to practice medicine in that state consistent with the state’s laws and regulations. The expedited license is valid for a period consistent with the licensure period in the member state that issued the expedited license.

As a member of the Compact, the Board would be required to issue an expedited license to a physician from another member state that is deemed eligible by the state’s member board and the Commission. A physician that receives an expedited license must pay the District for the cost of the license and must adhere to the District’s laws and regulations as it relates to the practice of medicine. It is important to note that the Compact contains the necessary safeguards and requirements to ensure that out of state physicians are qualified to practice medicine in the District and to provide the needed protections to patients.<sup>6</sup> Moreover, the District government would have the authority to take disciplinary actions against physicians who endanger District residents.

According to the American Medical Association, the purpose of the Compact is to address physician shortages due to the influx of new patients as a result of the Affordable Care Act and to

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<sup>2</sup> Frequently Asked Questions, Interstate Medical Licensure Compact, <http://www.imlcc.org/faqs/> (last visited January 31, 2018).

<sup>3</sup> Laura Kuiper, Senior Director, Government Relations, Kaiser Permanente of the Mid-Atlantic States, Inc, Testimony Submitted for the Record, 1, December 6, 2017.

<sup>4</sup> The Commission oversees the administration of the Compact. In addition, the Commission has the authority to: enforce and require compliance with the provisions of the Compact; establish bylaws for the Compact; and issue rules to ensure the proper operation of the Compact and the Commission.

<sup>5</sup> Issue Brief: Interstate Medical Licensure Compact, American Medical Association, <https://www.ama-assn.org/sites/default/files/media-browser/specialty%20group/arc/fsmb-interstate-medical-licensure-compact-issue-brief.pdf> (last visited January 31, 2018).

<sup>6</sup> Justin Palmer, Vice President, District of Columbia Hospital Association, Testimony before the DC Council Committee of the Whole and the Committee of the Health, 2, December 6, 2017.

increase access to health care for individuals through the use of telemedicine.<sup>7</sup> Telemedicine is the use of interactive audio, video, or other electronic means to diagnose, consult, or treat patients. Telemedicine has been effective in providing health care access to residents in hard-to-reach patient populations, such as rural communities. Urban areas, such as the District, are using telemedicine services to meet the needs of residents. A barrier to the practice of telemedicine is the time-consuming licensing process and the Compact intends to remove that obstacle by making it easy for physicians to obtain a license to practice in multiple states.<sup>8</sup>

At the hearing on Bill 22-177, many of the witnesses testified how the bill was necessary to expand the practice of telemedicine in the District. They also discussed how telemedicine would help improve access to care for District residents, especially District residents living in underserved communities. Mr. Vincent Keane of Unity Health Care, provided that his organization is “focused on expanding the use of telehealth to bring enhanced specialty care to our clinics, particularly in the fields of dermatology, ophthalmology, mental health, oncology, among others.”<sup>9</sup> Dr. Vikisha Fripp, who is Vice-Chairperson of the Board, stated that adopting the bill can help address the issues District residents face in obtaining access to quality healthcare.<sup>10</sup>

Bill 22-177 is necessary because it builds on the Council’s work to expand telemedicine services in the District. In 2013, the Council approved the Telehealth Reimbursement Act of 2013<sup>11</sup> which required health insurance coverage and Medicaid reimbursement for telemedicine services. In the Fiscal Year 2018 budget, the Council authorized the Director of the Department of Health Care Finance to award: (1) 4 grants of at least \$50,000 to facilitate the development and application of telehealth services to health care providers and residents in Wards 7 and 8; and (2) award 2 grants of at least \$75,000 to facilitate the development and application of telehealth services to homeless shelters or public housing projects.<sup>12</sup> The next step is to make it easier for physicians to provide telemedicine services in the District, which is what Bill 22-177 intends to accomplish.

### *Amendments*

Bill 22-177 was sequentially referred to the Committee on Health. In acting first, the Committee on Health made minimal amendments. The Committee of the Whole (“COW”) is offering changes to the bill as introduced and as reported out of the Committee on Health.

### *Appointments to the Compact*

As introduced, Bill 22-177 provided that a member state would be required to appoint two Commissioners who shall serve as voting representatives on the Commission. In addition, if a

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<sup>7</sup> *Supra* note 5.

<sup>8</sup> *Id.*

<sup>9</sup> Vincent Keane, President and CEO, Unity Health Care, Testimony before the DC Council Committee of the Whole and the Committee of the Health, 2, December 6, 2017.

<sup>10</sup> Vikisha Fripp, Vice-Chairperson, District of Columbia Board of Medicine, Testimony before the DC Council Committee of the Whole and the Committee of the Health, 3, December 6, 2017.

<sup>11</sup> (D.C. Law 20-26; D.C. Official Code § 31-3861 *et seq.*).

<sup>12</sup> Section 5032(b) of the Fiscal Year 2018 Budget Support Act of 2017, effective December 13, 2017 (D.C. Law 22-33; D.C. Official Code § 7-771.01 *et seq.*).

Commissioner cannot attend a meeting the member state would be allowed to delegate voting authority to another person. All individuals appointed to the Commission or serving as an alternate must either be members or staff of their state's member board.

The Committee believes that the Commissioners that are nominated to the Commission should be subject to Council confirmation. It is standard practice for the Council to confirm appointments to interstate compacts. Moreover, the Committee believes that since the Commission handles issues as it relates to the health and safety of District residents, any Commissioner appointed to the Commission should be subject to a review by the Council. Allowing for Council review will bring more sunlight, transparency, accountability to the process of nominating and appointing Commissioners to the Commission.

The Committee Print approved by the Committee on Health would allow the Council to confirm the two Commissioners nominated by the Mayor pursuant to the District's Confirmation Act.<sup>13</sup> A Commissioner's confirmation resolution would be subject to a 45-day review by the Council and if the Council does not affirmatively disapprove the resolution the resolution would be deemed approved. The Committee expanded this provision by requiring the two Commissioners and an alternate Commissioner to be confirmed by the Council. The alternate Commissioner will be granted voting authority if a Commissioner cannot show up to a Commission meeting. Finally, the Committee made a conforming amendment to the District's Confirmation Act.<sup>14</sup>

### *Criminal Background Checks*

At the hearing on Bill 22-177, Ms. Melissa Millar from the Community of Hope raised an issue as it relates to criminal background checks. She indicated that the Federal Bureau of Investigation ("FBI") has indicated to some member states of the Compact that their state's enabling statute did not have the necessary language and specificity to process requests for criminal background checks.<sup>15</sup> Ms. Millar also provided that if the District has the same issue it will not be able to serve as a physician's principal state for licensing purposes.<sup>16</sup>

The Committee reviewed this matter and has determined the District would not have this issue since the Department of Health already processes criminal background checks for physicians who receive licenses to practice medicine in the District that meet the requirements of the Compact. Pursuant to the Licensed Health Professional Criminal Background Check Amendment Act of 2006, the District's Department of Health ("DOH") is required to obtain a criminal background check from the U.S. Department of Justice or from a private agency.<sup>17</sup> However, for clarity purposes the bill has been amended to specify that DOH would be responsible for conducting the background checks for physicians that list the District as their principal state for licensing

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<sup>13</sup> See Section 2(f) of the Confirmation Act of 1978, effective March 3, 1979 (D.C. Law 2-142; D.C. Official Code § 1-523.01(f)).

<sup>14</sup> *Id.*

<sup>15</sup> Melissa Millar, Director of Policy and Advocacy, Community of Hope, Testimony before the DC Council Committee of the Whole and the Committee of the Health, 1, December 6, 2017.

<sup>16</sup> *Id.*

<sup>17</sup> (D.C. Law 16-222; D.C. Official Code 3-1205.22).

purposes. As introduced, the bill required a state's member board to conduct a criminal background check.

The Committee recommends approval of Bill 22-177 as it will help provide the resources to promote the use and growth of telemedicine services in the District. Supporting telemedicine services is important as it is an innovative way to provide health care services to District resident who need it most.

## II. LEGISLATIVE CHRONOLOGY

- March 7, 2017 Bill 22-177, the "Interstate Medical Licensure Compact Approval Act of 2018" is introduced by Councilmember Gray.
- March 7, 2017 Bill 22-177 is sequentially referred to the Committee on Health and the Committee of the Whole.
- March 10, 2017 Notice of Intent to Act on Bill 22-177 is published in the *DC Register*.
- October 27, 2017 Notice of Public Hearing on Bill 22-177 is published in the *DC Register*.
- December 6, 2017 A Joint Public Hearing is held on Bill 22-177 by the Committee of the Whole and the Committee on Health.
- January 16, 2018 The Committee on Health marks up Bill 22-177.
- February 6, 2018 The Committee of the Whole marks up Bill 22-177.

## III. POSITION OF THE EXECUTIVE

Frank Meyers, Executive Director, Board of Medicine and Board of Chiropractic, Health Regulation and Licensing Administration, Department of Health, testified on behalf of the Executive in support of Bill 22-177. His testimony is summarized below.

## IV. COMMENTS OF ADVISORY NEIGHBORHOOD COMMISSIONS

The Committee received no testimony or comments from Advisory Neighborhood Commissions on Bill 22-177.

## V. SUMMARY OF TESTIMONY

The Committee of the Whole held a public hearing on Bill 22-177 on Wednesday, December 6, 2017. The testimony summarized below is from that hearing. Copies of written testimony are attached to this report.

***Dr. Vikisha Fripp, Vice-Chairperson, District of Columbia Board of Medicine (“Board”)***, testified on behalf of the Board in support of Bill 22-177. Dr. Fripp testified that the Compact will provide a number of benefits for District residents, most notably by supporting the expansion of telemedicine in the District through an expedited licensure process.

***Melissa Millar, Director of Policy and Advocacy, Community of Hope***, testified in support of Bill 22-177 but raised two issues with respect to criminal background checks. First, she advised the Council should ensure that the District’s laws are sufficient in order to allow the District to properly process requests for criminal background checks as required by the Compact. Second, she asked the Council to review the District’s criminal background checks process to look for ways to improve the coordination and ideally reduce the time and costs for private entities who are obligated to perform criminal background checks pursuant to their contracts with the District.

***Dr. Carla Sandy, Kaiser Permanente and the Medical Society of the District of Columbia***, in support of Bill 22-177 because it would assist physicians working for Kaiser Permanente by: 1) Making it easier for physicians to be licensed in the District, Maryland, and Virginia; 2) Creating a better environment for use of Kaiser’s nationally recognized experts and specialists; 3) Allowing Kaiser to have already licensed professionals available in the event of major disasters, or a serious shortage of physicians in one state; and 4) Supporting Kaiser’s emphasis on telehealth.

***Dr. Humayun J. Chaudhry, President and CEO, Federation of State Medical Boards***, testified in support of Bill 22-177. He stated that the bill would expand access to healthcare, streamline the licensing process for physicians, and facilitate the practice of telemedicine for physicians and states that plan to participate in the Compact.

***Justin Palmer, Vice President, Government Relations, District of Columbia Hospital Association***, testified in support of Bill 22-177. He testified that the legislation can improve access to care in the District of Columbia by allowing physicians from other states to apply for medical licensure in the District in an expedited manner. In turn, this would provide patients and health facilities in the District with timely access to additional qualified physicians.

***Vincent Keane, President and CEO, Unity Health Care***, testified in support of Bill 22-177 as it would provide Unity Health Care with the opportunity to seek specialty providers outside of the District to serve its patients through the use of telehealth. Unity Health Care is focused on expanding the use of telehealth to address the acute shortages of specialty care in underserved communities.

***Frank Meyers, Executive Director, Board of Medicine and Board of Chiropractic, Health Regulation and Licensing Administration, Department of Health***, testified on behalf of

the Executive in support of Bill 22-177. Mr. Meyers believes the bill has several benefits to include creating an expedited process for qualified physicians of getting licensed in multiple states by eliminating the need for duplicative reviews and documentation. He added that Bill 22-177 would be beneficial for telehealth practitioners. He concluded by stating the bill would benefit residents seeking medical care by allowing qualified health care professionals to more efficiently serve the needs of District residents.

### **Testimony Submitted for the Record**

*Laurie Kuiper, Senior Director, Government Relations, Kaiser Permanente of the Mid-Atlantic States, Inc.*, wrote in support of Bill 22-177 because it would make it quicker and easier for physicians to obtain licenses, and that will improve: accessibility to treatment and health outcomes for District residents.

## **VI. IMPACT ON EXISTING LAW**

Bill 22-177 is a freestanding bill and has no impact on existing law.

## **VII. FISCAL IMPACT**

The attached **February X, 2018** fiscal impact statement from the District's Chief Financial Officer states that funds are sufficient in the FY 2018 through FY 2021 budget and financial plan to implement Bill 22-177.

## **VIII. SECTION-BY-SECTION ANALYSIS**

<u>Section 1</u>	States the short title of Bill 22-177.
<u>Section 2</u>	Authorizes the Mayor to enter into the Compact.
<i>Section 1</i>	States the purpose of the Compact.
<i>Section 2</i>	Provides the definitions for the Compact.
<i>Section 3</i>	Provides that a physician must meet certain eligibility requirements to receive an expedited license.
<i>Section 4</i>	Requires a physician to designate a state that participates in the Compact as the state of principal licenses for purposes of registration for expedited licensure.
<i>Section 5</i>	Lays out the application process for a physician to receive an expedited license. In addition, it provides that the member board of the state selected by the state of principal license of the physician shall evaluate whether a

physician is eligible for an expedited license.

- Section 6* Allows a member state to charge a fee for the issuance or renewal of an expedited license.
- Section 7* Provides that a physician seeking to renew an expedited license shall complete a renewal process with the Interstate Commission. In order to be eligible to have their expedite license renewed the physician must: maintain a license to practice medicine; shall not have been convicted of a crime; has not had any disciplinary action taken against him or her; and has not had his or her license suspended or revoked by a state or the DEA.
- Section 8* Requires the Interstate Commission to establish and maintain a database of all physicians licensed or who have applied for an expedited license.
- Section 9* Allows member boards to participate together in joint investigates of licensed physicians. A subpoena issued by a member board would be enforceable in other member states.
- Section 10* Provides that if a disciplinary action is taken by any member board against a physician then the physician could be subject to discipline by other member boards that belong to the Compact. Additionally, if a physician's license is suspended by a member board in the physician's state of principal license than any other member board shall place the physician's license on the same status.
- Section 11* Establishes the Interstate Medical Licensure Compact Commission to provide for the administration of the Compact. Every state that belongs to the Compact are required to appoint two Commissioners to the Interstate Commission.
- Section 12* Provides for the powers and duties of the Interstate Commission. The Interstate Commission is granted the authority to: enforce compliance with Compact provisions; promulgate rules; establish and maintain offices that shall be headed by an Executive Director; establish a budget and make expenditures; and report annually to the members states concerning activities of the Interstate Commission.
- Section 13* Grants the Interstate Commission the authority to levy on and collect an annual assessment from each member state to cover the costs of the Interstate Commission. The Interstate Commission's finances would be subject to a yearly financial audit.
- Section 14* Requires the Interstate Commission to adopt bylaws to govern its conduct. In addition, the Interstate Commission would be required to appoint a Chairperson, a Vice-Chairperson, and a treasurer. Finally, officers and

employees of the Interstate Commission shall be immune from suit and liability if their actions were not due to intentional or willful and wanton misconduct.

*Section 15* Provides that the Interstate Commission shall promulgate rules pursuant to the Model State Administrative Procedure Act of 2010 to achieve the purposes of the Compact.

*Section 16* Provides that the executive, legislative, and judicial branches of the governments in each member state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate the Compact's purposes and intent.

*Section 17* Authorizes the Interstate Commission to enforce the provisions and rules of the Compact. Furthermore, the Interstate Commission would be allowed, by a majority vote of the Commissioners, to initiate legal action.

*Section 18* Provides the procedures if a member state were to default.

*Section 19* Authorizes the Interstate Commission to resolve disputes which are subject to the Compact between which may arise among member states or member boards.

*Section 20* Provides that any state may become a member state of the Compact. In addition, any amendments to the Compact shall not be effective until it is enacted into law by all the member states.

*Section 21* Provides the procedures if a member state wants to withdraw from the Compact.

*Section 22* Requires the Compact to dissolve if the membership is reduced to one-member state.

*Section 23* Provides a severability and rules of construction clause.

*Section 24* States that all laws in a member state that conflict with the Compact are superseded and that all lawful actions of the Interstate Commission are binding upon the member states.

Section 3 Authorizes the Mayor to appoint two commissioners and one alternate commissioner to represent the District on the Compact. Also, the Department of Health is authorized to conduct the criminal background checks that are required by the Compact.

Section 4 Amends the Confirmation Act of 1978 by requiring the Mayor's appointments to the Compact be subject to a 45-day review by the Council.

Section 5                      Adopts the Fiscal Impact Statement.

Section 6                      Establishes the effective date (standard 30-day congressional review language).

## **IX. COMMITTEE ACTION**

## **X. ATTACHMENTS**

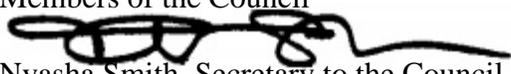
1. Bill 22-177 as introduced.
2. Written Testimony.
3. Fiscal Impact Statement for Bill 22-177.
4. Legal Sufficiency Determination for Bill 22-177.
5. Committee Print for Bill 22-177.

**COUNCIL OF THE DISTRICT OF COLUMBIA**  
**1350 Pennsylvania Avenue, N.W.**  
**Washington D.C. 20004**

Memorandum

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To : Members of the Council

From :   
Nyasha Smith, Secretary to the Council

Date : March 07, 2017

Subject : Referral of Proposed Legislation

Notice is given that the attached proposed legislation was introduced in the Legislative Meeting on Tuesday, March 7, 2017. Copies are available in Room 10, the Legislative Services Division.

TITLE: "Interstate Medical Licensure Compact Approval Act of 2017", B22-0177

INTRODUCED BY: Councilmember Gray

CO-SPONSORED BY: Councilmembers Nadeau, Cheh, Evans, and Bonds

The Chairman is referring this legislation sequentially to the Committee on Health and the Committee of the Whole.

Attachment

cc: General Counsel  
Budget Director  
Legislative Services

  
Councilmember Vincent C. Gray

1  
2  
3  
4  
5  
6 A BILL  
7  
8  
9

10 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
11  
12

13 To authorize the Mayor to join the Interstate Medical Licensure Compact; to provide for the  
14 eligibility of physicians to receive an expedited medical license; to determine the  
15 application procedures to receive an expedited license; to impose fees for the issuance of  
16 an expedited license; to provide for the renewal of an expedited license; to require the  
17 establishment of a database of physicians who have applied for an expedited license; to  
18 provide for the conduct of joint investigations; to provide for disciplinary actions against  
19 physicians granted an expedited license; to establish the Interstate Medical Licensure  
20 Compact Commission; to authorize the Mayor to appoint commissioners to the  
21 Commission; to define the powers and duties of the Commission; to provide for the  
22 operations of the Commission; to provide for the oversight of the Commission; to  
23 authorize the Commission to enforce rules and provisions of the Compact; to provide for  
24 the resolutions of disputes among Commission members; and to outline the criteria and  
25 procedures for withdrawal from the compact.  
26

27 BE IT ENACTED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
28 act may be cited as the "Interstate Medical Licensure Compact Approval Act of 2017".

29 Sec. 2. Definitions.

30 For the purpose of this act, the term:

31 (1) "Bylaws" means those bylaws established by the Interstate Commission pursuant to  
32 Section 12 for its governance, or for directing and controlling its actions and conduct.

33 (2) "Commissioner" means the voting representative appointed by each member board  
34 pursuant to Section 12.

35 (3) "Conviction" means a finding by a court that an individual is guilty of a criminal  
36 offense through adjudication, or entry of a plea of guilt or no contest to the charge by the

37 offender. Evidence of an entry of a conviction of a criminal offense by the court shall be  
38 considered final for purposes of disciplinary action by a member board.

39 (4) "Expedited License" means a full and unrestricted medical license granted by a  
40 member state to an eligible physician through the process set forth in the Compact.

41 (5) "Interstate Commission" means the interstate commission created pursuant to Section  
42 12.

43 (6) "License" means authorization by a state for a physician to engage in the practice of  
44 medicine, which would be unlawful without the authorization.

45 (7) "Medical Practice Act" means laws and regulations governing the practice of  
46 allopathic and osteopathic medicine within a member state.

47 (8) "Member Board" means a state agency in a member state that acts in the sovereign  
48 interests of the state by protecting the public through licensure, regulation, and education of  
49 physicians as directed by the state government.

50 (9) "Member State" means a state that has enacted the Compact.

51 (10) "Practice of Medicine" means the clinical prevention, diagnosis, or treatment of  
52 human disease, injury, or condition requiring a physician to obtain and maintain a license in  
53 compliance with the Medical Practice Act of a member state.

54 (11) "Physician" means any person who:

55 (A) Is a graduate of a medical school accredited by the Liaison Committee on  
56 Medical Education, the Commission on Osteopathic College Accreditation, or a medical school  
57 listed in the International Medical Education Directory or its equivalent;

58 (B) Passed each component of the United States Medical Licensing Examination

59 (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA)  
60 within three attempts, or any of its predecessor examinations accepted by a state medical board as  
61 an equivalent examination for licensure purposes;

62 (C) Successfully completed graduate medical education approved by the  
63 Accreditation Council for Graduate Medical Education or the American Osteopathic Association;

64 (D) Holds specialty certification or a time-unlimited specialty certificate  
65 recognized by the American Board of Medical Specialties or the American Osteopathic  
66 Association's Bureau of Osteopathic Specialists;

67 (E) Possesses a full and unrestricted license to engage in the practice of medicine  
68 issued by a member board;

69 (F) Has never been convicted, received adjudication, deferred adjudication,  
70 community supervision, or deferred disposition for any offense by a court of appropriate  
71 jurisdiction;

72 (G) Has never held a license authorizing the practice of medicine subjected to  
73 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action  
74 related to non-payment of fees related to a license;

75 (H) Has never had a controlled substance license or permit suspended or revoked  
76 by a state or the United States Drug Enforcement Administration; and

77 (I) Is not under active investigation by a licensing agency or law enforcement  
78 authority in any state, federal, or foreign jurisdiction.

79 (12) "Offense" means a felony, gross misdemeanor, or crime of moral turpitude.

80 (13) "Rule" means a written statement by the Interstate Commission promulgated

81 pursuant to Section 13 of the Compact that is of general applicability, implements, interprets, or  
82 prescribes a policy or provision of the Compact, or an organizational, procedural, or practice  
83 requirement of the Interstate Commission, and has the force and effect of statutory law in a  
84 member state, and includes the amendment, repeal, or suspension of an existing rule.

85 (14) "State" means any state, commonwealth, district, or territory of the United States.

86 (15) "State of Principal License" means a member state where a physician holds a license  
87 to practice medicine and which has been designated as such by the physician for purposes of  
88 registration and participation in the Compact.

89 Sec. 3. The Mayor is authorized to join the Interstate Medical Licensure Compact to  
90 expedite the licensing of physicians seeking to practice medicine in multiple states and to share  
91 information with other member states to significantly streamline the licensing process.

92 Sec. 4. Eligibility.

93 (a) A physician must meet the eligibility requirements as defined in section 2(11) of this  
94 Act to receive an expedited license under the terms and provisions of the Compact.

95 (b) A physician who does not meet the requirements of section 2(11) of this Act may  
96 obtain a license to practice medicine in a member state if the individual complies with all laws  
97 and requirements, other than the Compact, relating to the issuance of a license to practice  
98 medicine in that state.

99 Sec. 5. Designation of State of Principal License.

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

103 (1) the state of primary residence for the physician, or

104 (2) the state where at least 25% of the practice of medicine occurs, or  
105 (3) the location of the physician's employer, or  
106 (4) if no state qualifies under paragraph (1), paragraph (2), or paragraph (3) of this  
107 subsection, the state designated as state of residence for purpose of federal income tax.

108 (b) A physician may redesignate a member state as state of principal license at any time,  
109 as long as the state meets the requirements in subsection (a) of this section.

110 (c) The Interstate Commission is authorized to develop rules to facilitate redesignation of  
111 another member state as the state of principal license.

112 Sec. 6. Application and issuance of expedited licensure.

113 (a) A physician seeking licensure through the Compact shall file an application for an  
114 expedited license with the member board of the state selected by the physician as the state of  
115 principal license.

116 (b) Upon receipt of an application for an expedited license, the member board within the  
117 state selected as the state of principal license shall evaluate whether the physician is eligible for  
118 expedited licensure and issue a letter of qualification, verifying or denying the physician's  
119 eligibility, to the Interstate Commission.

120 (1) Static qualifications, which include verification of medical education, graduate  
121 medical education, results of any medical or licensing examination, and other qualifications as  
122 determined by the Interstate Commission through rule, shall not be subject to additional primary  
123 source verification where already primary source verified by the state of principal license.

124 (2) The member board within the state selected as the state of principal license  
125 shall, in the course of verifying eligibility, perform a criminal background check of an applicant,  
126 including the use of the results of fingerprint or other biometric data checks compliant with the

127 requirements of the Federal Bureau of Investigation, with the exception of federal employees who  
128 have suitability determination in accordance with U.S. C.F.R. §731.202.

129 (3) Appeal on the determination of eligibility shall be made to the member state  
130 where the application was filed and shall be subject to the law of that state.

131 (c) Upon verification in subsection (b) of this section, physicians eligible for an expedited  
132 license shall complete the registration process established by the Interstate Commission to receive  
133 a license in a member state selected pursuant to subsection (a) of this section, including the  
134 payment of any applicable fees.

135 (d) After receiving verification of eligibility under subsection (b) of this section and any  
136 fees under subsection (c) of this section, a member board shall issue an expedited license to the  
137 physician. This license shall authorize the physician to practice medicine in the issuing state  
138 consistent with the Medical Practice Act and all applicable laws and regulations of the issuing  
139 member board and member state.

140 (e) An expedited license shall be valid for a period consistent with the licensure period in  
141 the member state and in the same manner as required for other physicians holding a full and  
142 unrestricted license within the member state.

143 (f) An expedited license obtained through the Compact shall be terminated if a physician  
144 fails to maintain a license in the state of principal licensure for a non-disciplinary reason, without  
145 redesignation of a new state of principal licensure.

146 (g) The Interstate Commission is authorized to develop rules regarding the application  
147 process, including payment of any applicable fees, and the issuance of an expedited license.

148 Sec. 7. Fees for expedited licensure.

149 (a) A member state issuing an expedited license authorizing the practice of medicine in

150 that state may impose a fee for a license issued or renewed through the Compact.

151 (b) The Interstate Commission is authorized to develop rules regarding fees for expedited  
152 licenses.

153 Sec. 8. Renewal and continued participation.

154 (a) A physician seeking to renew an expedited license granted in a member state shall  
155 complete a renewal process with the Interstate Commission if the physician:

156 (1) Maintains a full and unrestricted license in a state of principal license;

157 (2) Has not been convicted, received adjudication, deferred adjudication,  
158 community supervision, or deferred disposition for any offense by a court of appropriate  
159 jurisdiction;

160 (3) Has not had a license authorizing the practice of medicine subject to discipline  
161 by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to  
162 non-payment of fees related to a license; and

163 (4) Has not had a controlled substance license or permit suspended or revoked by  
164 a state or the United States Drug Enforcement Administration.

165 (b) Physicians shall comply with all continuing professional development or continuing  
166 medical education requirements for renewal of a license issued by a member state.

167 (c) The Interstate Commission shall collect any renewal fees charged for the renewal of a  
168 license and distribute the fees to the applicable member board.

169 (d) Upon receipt of any renewal fees collected in subsection (c) of this section, a member  
170 board shall renew the physician's license.

171 (e) Physician information collected by the Interstate Commission during the renewal

172 process will be distributed to all member boards.

173 (f) The Interstate Commission is authorized to develop rules to address renewal of  
174 licenses obtained through the Compact.

175 Sec. 9. Coordinated information system.

176 (a) The Interstate Commission shall establish a database of all physicians licensed, or  
177 who have applied for licensure, under section 6 of this Act.

178 (b) Notwithstanding any other provision of law, member boards shall report to the  
179 Interstate Commission any public action or complaints against a licensed physician who has  
180 applied or received an expedited license through the Compact.

181 (c) Member boards shall report disciplinary or investigatory information determined as  
182 necessary and proper by rule of the Interstate Commission.

183 (d) Member boards may report any non-public complaint, disciplinary, or investigatory  
184 information not required by subsection (c) of this section to the Interstate Commission.

185 (e) Member boards shall share complaint or disciplinary information about a physician  
186 upon request of another member board.

187 (f) All information provided to the Interstate Commission or distributed by member  
188 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary  
189 matters.

190 (g) The Interstate Commission is authorized to develop rules for mandated or  
191 discretionary sharing of information by member boards.

192 Sec. 10. Joint Investigations.

193 (a) Licensure and disciplinary records of physicians are deemed investigative.

194 (b) In addition to the authority granted to a member board by its respective Medical  
195 Practice Act or other applicable state law, a member board may participate with other member  
196 boards in joint investigations of physicians licensed by the member boards.

197 (c) A subpoena issued by a member state shall be enforceable in other member states.

198 (d) Member boards may share any investigative, litigation, or compliance materials in  
199 furtherance of any joint or individual investigation initiated under the Compact.

200 (e) Any member state may investigate actual or alleged violations of the statutes  
201 authorizing the practice of medicine in any other member state in which a physician holds a  
202 license to practice medicine.

203 Sec. 11. Disciplinary actions.

204 (a) Any disciplinary action taken by any member board against a physician licensed  
205 through the Compact shall be deemed unprofessional conduct which may be subject to discipline  
206 by other member boards, in addition to any violation of the Medical Practice Act or regulations in  
207 that state.

208 (b) If a license granted to a physician by the member board in the state of principal license  
209 is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all licenses issued  
210 to the physician by member boards shall automatically be placed, without further action  
211 necessary by any member board, on the same status. If the member board in the state of principal  
212 license subsequently reinstates the physician's license, a license issued to the physician by any  
213 other member board shall remain encumbered until that respective member board takes action to  
214 reinstate the license in a manner consistent with the Medical Practice Act of that state.

215 (c) If disciplinary action is taken against a physician by a member board not in the state of  
216 principal license, any other member board may deem the action conclusive as to matter of law

217 and fact decided, and:

218 (1) Impose the same or lesser sanction(s) against the physician so long as such  
219 sanctions are consistent with the Medical Practice Act of that state; or

220 (2) Pursue separate disciplinary action against the physician under its respective  
221 Medical Practice Act, regardless of the action taken in other member states.

222 (d) If a license granted to a physician by a member board is revoked, surrendered or  
223 relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any  
224 other member board(s) shall be suspended, automatically and immediately without further action  
225 necessary by the other member board(s), for ninety (90) days upon entry of the order by the  
226 disciplining board, to permit the member board(s) to investigate the basis for the action under the  
227 Medical Practice Act of that state. A member board may terminate the automatic suspension of  
228 the license it issued prior to the completion of the ninety (90) day suspension period in a manner  
229 consistent with the Medical Practice Act of that state.

230 Sec. 12. Interstate Medical Licensure Compact Commission.

231 (a) The member states hereby create the "Interstate Medical Licensure Compact  
232 Commission".

233 (b) The purpose of the Interstate Commission is the administration of the Interstate  
234 Medical Licensure Compact, which is a discretionary state function.

235 (c) The Interstate Commission shall be a body corporate and joint agency of the member  
236 states and shall have all the responsibilities, powers, and duties set forth in the Compact, and such  
237 additional powers as may be conferred upon it by a subsequent concurrent action of the respective  
238 legislatures of the member states in accordance with the terms of the Compact.

239 (d) The Interstate Commission shall consist of two voting representatives appointed by

240 each member state who shall serve as Commissioners. The Mayor is authorized to appoint these  
241 two voting representatives to the Interstate Commission. In states where allopathic and  
242 osteopathic physicians are regulated by separate member boards, or if the licensing and  
243 disciplinary authority is split between multiple member boards within a member state, the  
244 member state shall appoint one representative from each member board. A Commissioner shall  
245 be a(n):

- 246 (1) Allopathic or osteopathic physician appointed to a member board;
- 247 (2) Executive director, executive secretary, or similar executive of a member  
248 board; or
- 249 (3) Member of the public appointed to a member board.

250 (e) The Interstate Commission shall meet at least once each calendar year. A portion of  
251 this meeting shall be a business meeting to address such matters as may properly come before the  
252 Commission, including the election of officers. The chairperson may call additional meetings and  
253 shall call for a meeting upon the request of a majority of the member states.

254 (f) The bylaws may provide for meetings of the Interstate Commission to be conducted by  
255 telecommunication or electronic communication.

256 (g) Each Commissioner participating at a meeting of the Interstate Commission is entitled  
257 to one vote. A majority of Commissioners shall constitute a quorum for the transaction of  
258 business, unless a larger quorum is required by the bylaws of the Interstate Commission. A  
259 Commissioner shall not delegate a vote to another Commissioner. In the absence of its  
260 Commissioner, a member state may delegate voting authority for a specified meeting to another  
261 person from that state who shall meet the requirements of subsection (d) of this section.

262 (h) The Interstate Commission shall provide public notice of all meetings and all meetings

263 shall be open to the public. The Interstate Commission may close a meeting, in full or in portion,  
264 where it determines by a two-thirds vote of the Commissioners present that an open meeting  
265 would be likely to:

266 (1) Relate solely to the internal personnel practices and procedures of the Interstate  
267 Commission;

268 (2) Discuss matters specifically exempted from disclosure by federal statute;

269 (3) Discuss trade secrets, commercial, or financial information that is privileged or  
270 confidential;

271 (4) Involve accusing a person of a crime, or formally censuring a person;

272 (5) Discuss information of a personal nature where disclosure would constitute a  
273 clearly unwarranted invasion of personal privacy;

274 (6) Discuss investigative records compiled for law enforcement purposes; or

275 (7) Specifically relate to the participation in a civil action or other legal  
276 proceeding.

277 (i) The Interstate Commission shall keep minutes which shall fully describe all matters  
278 discussed in a meeting and shall provide a full and accurate summary of actions taken, including  
279 record of any roll call votes.

280 (j) The Interstate Commission shall make its information and official records, to the  
281 extent not otherwise designated in the Compact or by its rules, available to the public for  
282 inspection.

283 (k) The Interstate Commission shall establish an executive committee, which shall include  
284 officers, members, and others as determined by the bylaws. The executive committee shall have

285 the power to act on behalf of the Interstate Commission, with the exception of rulemaking, during  
286 periods when the Interstate Commission is not in session. When acting on behalf of the Interstate  
287 Commission, the executive committee shall oversee the administration of the Compact including  
288 enforcement and compliance with the provisions of the Compact, its bylaws and rules, and other  
289 such duties as necessary.

290 (l) The Interstate Commission may establish other committees for governance and  
291 administration of the Compact.

292 Sec. 13. Powers and duties of the interstate commission.

293 The Interstate Commission shall have the duty and power to:

294 (a) Oversee and maintain the administration of the Compact;

295 (b) Promulgate rules which shall be binding to the extent and in the manner provided for  
296 in the Compact;

297 (c) Issue, upon the request of a member state or member board, advisory opinions  
298 concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

299 (d) Enforce compliance with Compact provisions, the rules promulgated by the Interstate  
300 Commission, and the bylaws, using all necessary and proper means, including but not limited to  
301 the use of judicial process;

302 (e) Establish and appoint committees including, but not limited to, an executive  
303 committee as required by section 12 of this Act, which shall have the power to act on behalf of  
304 the Interstate Commission in carrying out its powers and duties;

305 (f) Pay, or provide for the payment of the expenses related to the establishment,  
306 organization, and ongoing activities of the Interstate Commission;

- 307 (g) Establish and maintain one or more offices;
- 308 (h) Borrow, accept, hire, or contract for services of personnel;
- 309 (i) Purchase and maintain insurance and bonds;
- 310 (j) Employ an executive director who shall have such powers to employ, select or appoint  
311 employees, agents, or consultants, and to determine their qualifications, define their duties, and  
312 fix their compensation;
- 313 (k) Establish personnel policies and programs relating to conflicts of interest, rates of  
314 compensation, and qualifications of personnel;
- 315 (l) Accept donations and grants of money, equipment, supplies, materials and services,  
316 and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest  
317 policies established by the Interstate Commission;
- 318 (m) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,  
319 improve or use, any property, real, personal, or mixed;
- 320 (n) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of any  
321 property, real, personal, or mixed;
- 322 (o) Establish a budget and make expenditures;
- 323 (p) Adopt a seal and bylaws governing the management and operation of the Interstate  
324 Commission;
- 325 (q) Report annually to the legislatures and governors of the member states concerning the  
326 activities of the Interstate Commission during the preceding year. Such reports shall also include  
327 reports of financial audits and any recommendations that may have been adopted by the Interstate  
328 Commission;

329 (r) Coordinate education, training, and public awareness regarding the Compact, its  
330 implementation, and its operation;

331 (s) Maintain records in accordance with the bylaws;

332 (t) Seek and obtain trademarks, copyrights, and patents; and

333 (u) Perform such functions as may be necessary or appropriate to achieve the purposes of  
334 the Compact.

335 Sec. 14. Finance powers.

336 (a) The Interstate Commission may levy on and collect an annual assessment from each  
337 member state to cover the cost of the operations and activities of the Interstate Commission and  
338 its staff. The total assessment must be sufficient to cover the annual budget approved each year  
339 for which revenue is not provided by other sources. The aggregate annual assessment amount  
340 shall be allocated upon a formula to be determined by the Interstate Commission, which shall  
341 promulgate a rule binding upon all member states.

342 (b) The Interstate Commission shall not incur obligations of any kind prior to securing the  
343 funds adequate to meet the same.

344 (c) The Interstate Commission shall not pledge the credit of any of the member states,  
345 except by, and with the authority of, the member state.

346 (d) The Interstate Commission shall be subject to a yearly financial audit conducted by a  
347 certified or licensed public accountant and the report of the audit shall be included in the annual  
348 report of the Interstate Commission.

349 Sec. 15. Organization and operation of the interstate commission.

350 (a) The Interstate Commission shall, by a majority of Commissioners present and voting,

351 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes  
352 of the Compact within twelve (12) months of the first Interstate Commission meeting.

353 (b) The Interstate Commission shall elect or appoint annually from among its  
354 Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such  
355 authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's  
356 absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate  
357 Commission.

358 (c) Officers selected in subsection (b) of this section shall serve without remuneration  
359 from the Interstate Commission.

360 (d) The officers and employees of the Interstate Commission shall be immune from suit  
361 and liability, either personally or in their official capacity, for a claim for damage to or loss of  
362 property or personal injury or other civil liability caused or arising out of, or relating to, an actual  
363 or alleged act, error, or omission that occurred, or that such person had a reasonable basis for  
364 believing occurred, within the scope of Interstate Commission employment, duties, or  
365 responsibilities; provided that such person shall not be protected from suit or liability for damage,  
366 loss, injury, or liability caused by the intentional or willful and wanton misconduct of such  
367 person.

368 (1) The liability of the executive director and employees of the Interstate  
369 Commission or representatives of the Interstate Commission, acting within the scope of such  
370 person's employment or duties for acts, errors, or omissions occurring within such person's state,  
371 may not exceed the limits of liability set forth under the constitution and laws of that state for  
372 state officials, employees, and agents. The Interstate Commission is considered to be an  
373 instrumentality of the states for the purposes of any such action. Nothing in this subsection shall

374 be construed to protect such person from suit or liability for damage, loss, injury, or liability  
375 caused by the intentional or willful and wanton misconduct of such person.

376 (2) The Interstate Commission shall defend the executive director, its employees,  
377 and subject to the approval of the attorney general or other appropriate legal counsel of the  
378 member state represented by an Interstate Commission representative, shall defend such Interstate  
379 Commission representative in any civil action seeking to impose liability arising out of an actual  
380 or alleged act, error or omission that occurred within the scope of Interstate Commission  
381 employment, duties or responsibilities, or that the defendant had a reasonable basis for believing  
382 occurred within the scope of Interstate Commission employment, duties, or responsibilities,  
383 provided that the actual or alleged act, error, or omission did not result from intentional or willful  
384 and wanton misconduct on the part of such person.

385 (3) To the extent not covered by the state involved, member state, or the Interstate  
386 Commission, the representatives or employees of the Interstate Commission shall be held  
387 harmless in the amount of a settlement or judgment, including attorney's fees and costs, obtained  
388 against such persons arising out of an actual or alleged act, error, or omission that occurred within  
389 the scope of Interstate Commission employment, duties, or responsibilities, or that such persons  
390 had a reasonable basis for believing occurred within the scope of Interstate Commission  
391 employment, duties, or responsibilities, provided that the actual or alleged act, error, or omission  
392 did not result from intentional or willful and wanton misconduct on the part of such persons.

393 Sec. 16. Rulemaking functions of the interstate commission.

394 (a) The Interstate Commission shall promulgate reasonable rules in order to effectively  
395 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event  
396 the Interstate Commission exercises its rulemaking authority in a manner that is beyond the scope

397 of the purposes of the Compact, or the powers granted hereunder, then such an action by the  
398 Interstate Commission shall be invalid and have no force or effect.

399 (b) Rules deemed appropriate for the operations of the Interstate Commission shall be  
400 made pursuant to a rulemaking process that substantially conforms to the “Model State  
401 Administrative Procedure Act” of 2010, and subsequent amendments thereto.

402 (c) Not later than thirty (30) days after a rule is promulgated, any person may file a  
403 petition for judicial review of the rule in the United States District Court for the District of  
404 Columbia or the federal district where the Interstate Commission has its principal offices,  
405 provided that the filing of such a petition shall not stay or otherwise prevent the rule from  
406 becoming effective unless the court finds that the petitioner has a substantial likelihood of  
407 success. The court shall give deference to the actions of the Interstate Commission consistent  
408 with applicable law and shall not find the rule to be unlawful if the rule represents a reasonable  
409 exercise of the authority granted to the Interstate Commission.

410 Sec. 17. Oversight of interstate compact.

411 (a) The executive, legislative, and judicial branches of state government in each member  
412 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate  
413 the Compact’s purposes and intent. The provisions of the Compact and the rules promulgated  
414 hereunder shall have standing as statutory law but shall not override existing state authority to  
415 regulate the practice of medicine.

416 (b) All courts shall take judicial notice of the Compact and the rules in any judicial or  
417 administrative proceeding in a member state pertaining to the subject matter of the Compact  
418 which may affect the powers, responsibilities or actions of the Interstate Commission.

419 (c) The Interstate Commission shall be entitled to receive all service of process in any

420 such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure  
421 to provide service of process to the Interstate Commission shall render a judgment or order void  
422 as to the Interstate Commission, the Compact, or promulgated rules.

423           Sec. 18. Enforcement of interstate compact.

424           (a) The Interstate Commission, in the reasonable exercise of its discretion, shall enforce  
425 the provisions and rules of the Compact.

426           (b) The Interstate Commission may, by majority vote of the Commissioners, initiate legal  
427 action in the United States District Court for the District of Columbia, or, at the discretion of the  
428 Interstate Commission, in the federal district where the Interstate Commission has its principal  
429 offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and  
430 bylaws, against a member state in default. The relief sought may include both injunctive relief  
431 and damages. In the event judicial enforcement is necessary, the prevailing party shall be  
432 awarded all costs of such litigation including reasonable attorney's fees.

433           (c) The remedies herein shall not be the exclusive remedies of the Interstate Commission.  
434 The Interstate Commission may avail itself of any other remedies available under state law or the  
435 regulation of a profession.

436           Sec. 19. Default procedures.

437           (a) The grounds for default include, but are not limited to, failure of a member state to  
438 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and  
439 bylaws of the Interstate Commission promulgated under the Compact.

440           (b) If the Interstate Commission determines that a member state has defaulted in the  
441 performance of its obligations or responsibilities under the Compact, or the bylaws or  
442 promulgated rules, the Interstate Commission shall:

443 (1) Provide written notice to the defaulting state and other member states, of the  
444 nature of the default, the means of curing the default, and any action taken by the Interstate  
445 Commission. The Interstate Commission shall specify the conditions by which the defaulting  
446 state must cure its default; and

447 (2) Provide remedial training and specific technical assistance regarding the  
448 default.

449 (c) If the defaulting state fails to cure the default, the defaulting state shall be terminated  
450 from the Compact upon an affirmative vote of a majority of the Commissioners and all rights,  
451 privileges, and benefits conferred by the Compact shall terminate on the effective date of  
452 termination. A cure of the default does not relieve the offending state of obligations or liabilities  
453 incurred during the period of the default.

454 (d) Termination of membership in the Compact shall be imposed only after all other  
455 means of securing compliance have been exhausted. Notice of intent to terminate shall be given  
456 by the Interstate Commission to the governor, the majority and minority leaders of the defaulting  
457 state's legislature, and each of the member states.

458 (e) The Interstate Commission shall establish rules and procedures to address licenses and  
459 physicians that are materially impacted by the termination of a member state, or the withdrawal  
460 of a member state.

461 (f) The member state which has been terminated is responsible for all dues, obligations,  
462 and liabilities incurred through the effective date of termination including obligations, the  
463 performance of which extends beyond the effective date of termination.

464 (g) The Interstate Commission shall not bear any costs relating to any state that has been  
465 found to be in default or which has been terminated from the Compact, unless otherwise mutually

466 agreed upon in writing between the Interstate Commission and the defaulting state.

467 (h) The defaulting state may appeal the action of the Interstate Commission by petitioning  
468 the United States District Court for the District of Columbia or the federal district where the  
469 Interstate Commission has its principal offices. The prevailing party shall be awarded all costs of  
470 such litigation including reasonable attorney's fees.

471 Sec. 20. Dispute resolution.

472 (a) The Interstate Commission shall attempt, upon the request of a member state, to  
473 resolve disputes which are subject to the Compact and which may arise among member states or  
474 member boards.

475 (b) The Interstate Commission shall promulgate rules providing for both mediation and  
476 binding dispute resolution as appropriate.

477 Sec. 21. Member states, effective date and amendment.

478 (a) Any state is eligible to become a member state of the Compact.

479 (b) The Compact shall become effective and binding upon legislative enactment of the  
480 Compact into law by no less than seven (7) states. Thereafter, it shall become effective and  
481 binding on a state upon enactment of the Compact into law by that state.

482 (c) The governors of non-member states, or their designees, shall be invited to participate  
483 in the activities of the Interstate Commission on a non-voting basis prior to adoption of the  
484 Compact by all states.

485 (d) The Interstate Commission may propose amendments to the Compact for enactment  
486 by the member states. No amendment shall become effective and binding upon the Interstate  
487 Commission and the member states unless and until it is enacted into law by unanimous consent  
488 of the member states.

489           Sec. 22. Withdrawal.

490           (a) Once effective, the Compact shall continue in force and remain binding upon each and  
491 every member state; provided that a member state may withdraw from the Compact by  
492 specifically repealing the statute which enacted the Compact into law.

493           (b) Withdrawal from the Compact shall be by the enactment of a statute repealing the  
494 same, but shall not take effect until one (1) year after the effective date of such statute and until  
495 written notice of the withdrawal has been given by the withdrawing state to the governor of each  
496 other member state.

497           (c) The withdrawing state shall immediately notify the chairperson of the Interstate  
498 Commission in writing upon the introduction of legislation repealing the Compact in the  
499 withdrawing state.

500           (d) The Interstate Commission shall notify the other member states of the withdrawing  
501 state's intent to withdraw within sixty (60) days of its receipt of notice provided under subsection  
502 (c).

503           (e) The withdrawing state is responsible for all dues, obligations and liabilities incurred  
504 through the effective date of withdrawal, including obligations, the performance of which extend  
505 beyond the effective date of withdrawal.

506           (f) Reinstatement following withdrawal of a member state shall occur upon the  
507 withdrawing state reenacting the Compact or upon such later date as determined by the Interstate  
508 Commission.

509           (g) The Interstate Commission is authorized to develop rules to address the impact of the  
510 withdrawal of a member state on licenses granted in other member states to physicians who  
511 designated the withdrawing member state as the state of principal license.

512           Sec. 23. Dissolution.

513           (a) The Compact shall dissolve effective upon the date of the withdrawal or default of the  
514 member state which reduces the membership in the Compact to one (1) member state.

515           (b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be  
516 of no further force or effect, and the business and affairs of the Interstate Commission shall be  
517 concluded and surplus funds shall be distributed in accordance with the bylaws.

518           Sec. 24. Severability and construction.

519           (a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence,  
520 or provision is deemed unenforceable, the remaining provisions of the Compact shall be  
521 enforceable.

522           (b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

523           (c) Nothing in the Compact shall be construed to prohibit the applicability of other  
524 interstate compacts to which the states are members.

525           Sec. 25. Binding effect of compact and other laws.

526           (a) Nothing herein prevents the enforcement of any other law of a member state that is not  
527 inconsistent with the Compact.

528           (b) All laws in a member state in conflict with the Compact are superseded to the extent of  
529 the conflict.

530           (c) All lawful actions of the Interstate Commission, including all rules and bylaws  
531 promulgated by the Commission, are binding upon the member states.

532           (d) All agreements between the Interstate Commission and the member states are binding  
533 in accordance with their terms.

534 (e) In the event any provision of the Compact exceeds the constitutional limits imposed  
535 on the legislature of any member state, such provision shall be ineffective to the extent of the  
536 conflict with the constitutional provision in question in that member state.

537 Sec. 26. Fiscal impact statement.

538 The Council adopts the fiscal impact statement in the committee report as the fiscal  
539 impact statement required by section 602(c)(3) of the District of Columbia Home Rule Act,  
540 approved December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(3)).

541 Sec. 27. Effective date.

542 This act shall take effect following approval by the Mayor (or in the event of veto  
543 by the Mayor, action by the Council to override the veto), a 30-day period of congressional  
544 review as provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved  
545 December 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the  
546 District of Columbia Register.

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**Government of the District of Columbia**



**Department of Health**

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Testimony of  
Vikisha Fripp, MD, FACS  
Vice – Chairperson  
District of Columbia Board of Medicine

Public Hearing on B22-0177  
The “Interstate Medical Licensure Compact Approval Act of 2017”

Before the  
Committee on Health  
Vincent C. Gray, Chairperson

Wednesday, December 6, 2017  
John A. Wilson Building, Room 500  
9:30 a.m.

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Good morning Chairman Gray, members of the Committee on Health, residents and advocates. I am Dr. Vikisha Fripp, Vice – Chairperson of the District of Columbia Board of Medicine. I am pleased to offer testimony on behalf of the Board of Medicine on Bill 22-0177, the “Interstate Medical Licensure Compact Approval Act of 2017.”

The Board of Medicine (Board) is responsible for the licensure and regulation of physicians who practice in the District of Columbia. In addition to physicians, the Board also licenses physician assistants, physicians-in-training, acupuncturists, anesthesiology assistants, naturopaths, polysomnographers, surgical assistants, and trauma technologists. In total the Board regulates over 13,000 healthcare professionals, of which nearly 11,000 are physicians. The Board of Medicine takes its responsibilities seriously, and takes pride in the work of its staff and the Department of Health in ensuring that all applications are reviewed in a timely manner and only those individuals who are competent and safe to practice in the District receive a license. With that in mind, the Board would like to express its support of this bill and is excited for the opportunities that joining the Interstate Medical Licensure Compact (Compact) will bring to the District and its residents.

The Interstate Medical Licensure Compact Approval Act of 2017 authorizes the Mayor to join the Interstate Medical Licensure Compact, also referred to as “the Compact”, and which provides for the expedited medical licensure of

physicians who meet certain eligibility requirements. These requirements include having graduated from an accepted medical school; passed the necessary examination; successfully completed an accepted graduate medical education program; obtained board certification at the time of initial licensure; and have no restrictions on their license and prescribing authority or adverse criminal history. Once an applicant is deemed qualified for Compact licensure by a state medical board, that applicant can then obtain a license in any other Compact state in an expedited manner.

Joining the Compact will have a number of benefits for residents of the District, most notably by supporting the expansion of telemedicine in DC through an expedited licensure process. As this committee has routinely pointed out, there are parts of the District where residents are having trouble obtaining access to quality health care. The Compact can assist in addressing this issue by expediting the process of licensure by removing the need for duplicate documentation or a secondary review of credentials, which will be a benefit to practitioners of telemedicine that currently are required to go through duplicative and prolonged application processes for each jurisdiction they practice in. Membership in the Compact streamlines this process because each applicant will have already undergone stringent review by a sister board in another Compact state who is legally required to hold all applicants to the same high standards of licensure. I

want to stress that while this new expedited process for licensure will only apply to the most qualified practitioners, those who are not qualified through the Compact will still receive expedient and thorough review of their applications so they are not unduly delayed in entering practice in the District. Currently Board staff works diligently to review and issue licenses as quickly as possible, which for most applicants means they can obtain a license within four (4) to six (6) weeks of submission of an application.

Thank you for allowing me to submit this testimony on behalf of the entire Board of Medicine. It is a pleasure and an honor to serve on the Board with my colleagues, Dr. Preetha Iyengar, Dr. Lawrence Manning, Dr. Jeffrey Smith, Dr. Kelly Ann Colden, Dr. Vikisha Fripp, Dr. David Wessel, Dr. Joshua Wind, and consumer members Mr. Thomas Dawson. Esq., Mr. Terrence Straub, Mr. Thomas Smith, and Mr. Archie Rich, Esq.

I am happy to respond to questions at this time.



**Testimony before the Committee of the Whole and the Committee on Health  
Hearing on B22-177, the "Interstate Medical Licensure Compact Approval Act of 2017"  
December 6, 2017**

Good morning Chairpersons Mendelson and Gray, and members and staff of the Committee of the Whole and the Committee on Health. My name is Melissa Millar, and I am the Director of Policy and Advocacy at Community of Hope. We are a non-profit that, in 2016, provided services to prevent and end homelessness for 1,000 DC families and provided healthcare for 10,000 patients. Thank you for the opportunity to testify today.

The bill under consideration would establish the Interstate Medical Licensure Compact Commission and eligibility requirements for physicians to receive or renew an expedited medical license and for sharing information with other Compact member states. The overall goals are to expedite licensing of physicians seeking to practice medicine in multiple states and to share information to significantly streamline the licensing process. If this bill is approved, the result should hasten medical professionals receiving a medical license to practice in the District. We support increasing the number of providers generally and harder-to-fill providers specifically.

However, we would like to bring to the Council's attention two related but distinct issues with respect to criminal background checks (CBCs).

First, the legislation notes that Compact member Boards within the state serving as a provider's principal license state, in the course of verifying eligibility for an expedited license, should perform a criminal background check. This includes the results of fingerprints or biometric data checks compliant with FBI requirements. Yet, on the homepage of the Interstate Medical Licensure Compact<sup>1</sup>, it notes the "FBI Issue". Multiple states, upon joining the Compact, were told by the FBI that their state's enabling statute did not have the necessary language and specificity required to process requests for criminal background checks. Further, until that issue is resolved, a member state can't serve as a licensee's Compact "principal state".

We recognize that it is more likely that the District would rely on other Member states, acting as a licensee's principal state, to verify practitioner eligibility so that providers can be licensed in the District, versus a District Board verifying eligibility for another Member state. But since this issue has arisen in other jurisdictions, to the point where the functional launch of the Compact was delayed until early this year, we urge the Council to ensure that the District's underlying

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<sup>1</sup> <http://www.imlcc.org/>

laws are sufficient to meet the Compact's obligations, should the District join. We also note that we encounter long waits for Controlled Dangerous Substances (CDS) certificate approvals and Drug Enforcement Agency (DEA) clearances on providers from other jurisdictions. These are necessary to allow the prescription of controlled substances in the District. Other jurisdictions combine these processes, but in the District they are separate, costly, and time consuming. We invite the Council to investigate this process further to see if streamlining can be accomplished.

Second, Community of Hope, as a homeless services provider, would like to share our challenges with the criminal background check process on potential and existing employees in "safety sensitive" positions. Safety sensitive positions are those where an employee has direct contact with children and youth, is entrusted with a child's care or custody, and whose performance may affect a child's health, safety, or welfare. Per our contract with The Community Partnership, we must conduct criminal background checks on potential hires and existing Housing programs employees, and the amount of time involved is lengthy.

The criminal background check process, as outlined in District statutory, regulatory and policy guidance for entities that contract with District government, are at odds with each other. The Metropolitan Police Department (MPD), per both law and regulation, *should* serve as the State Identification Bureau and assist contracted private entities by providing services with fingerprinting and background checks. However, it *does not* provide these services for entities such as Community of Hope, in fact only providing these services for a very limited pool of entities, and further, an MPD police clearance would only review DC-specific information.

The FBI will conduct a national criminal background check, taking approximately 12-14 weeks to complete; however, the FBI also states that background check requests *should not* be made by an organization or employer, which is similar to its argument against the Compact. Third-party FBI "channelers", who assist in the fingerprinting and paperwork filing aspect of CBCs, also carry the caveat that their services should not be used for employment purposes. This months' long process can stretch even longer if the fingerprint card, provided by a fingerprint service, cannot be accurately read or is deemed illegible. In this case, applicants or employees need to redo their fingerprints, at a cost, and resubmit, resetting the clock for processing by months.

We feel that joining the Interstate Medical Licensure Compact should increase the number of available practitioners for both in-person and telemedicine visits, advancing health care access for District residents, assuming the absence of potential barriers. As for existing barriers, we invite Council to review more closely existing processes for CDS and DEA approvals, and for ways to improve coordination and ideally reduce the time and costs for private entities who are obligated to perform CBCs pursuant to their contracts with the District. Thank you for the opportunity to testify today; I am happy to answer any questions.



**District of Columbia  
Hospital Association**

1152 15<sup>th</sup> Street, NW • Suite 900 • Washington, DC 20005-1723  
Tel: (Office) 202/682-1581 • Fax: 202/371-8151 • Web: [www.dcha.org](http://www.dcha.org)

**Testimony before the  
Council of the District of Columbia  
Committee of the Whole & the Committee on Health**

**B22-177, Interstate Medical Licensure Compact Approval Act of 2017 and**

\* \* \*

**Presented by  
Justin Palmer  
Vice President, Government Relations  
December 6, 2017**

Good morning Chairman Mendelson, Chairman Gray, and members of the Council. My name is Justin Palmer, and I am the Vice President of Government Relations for the District of Columbia Hospital Association (DCHA). I appreciate the opportunity to present testimony on the Interstate Medical Licensure Compact Approval Act of 2017.

As introduced, this legislation would authorize the Mayor to join the Interstate Medical Licensure Compact, in which physicians apply to practice medicine in other compact states in an expedited fashion. Currently, 22 states and the 29 medical and osteopathic boards in those states are members of the compact. The District of Columbia Hospital Association is supportive of this legislation for numerous reasons.

The Compact has the opportunity to improve access to care in the District of Columbia by allowing physicians from other states to apply for medical licensure in the District in an expedited manner. We believe this expedited approval will provide patients and health facilities with timely access to additional qualified physicians to help bolster the already comprehensive services available in the District. This legislation is critical for systems

spanning multiple states by allowing physicians to travel between states to provide care in the District or to provide care through telehealth.

Importantly, it also provides needed protections to patients and participating states. Safeguards and requirements in the Compact would ensure that approved out of state physicians are fully qualified to practice in the District. It is important to note that the right of state boards of medicine to regulate the practice of medicine are protected and actions taken against a physician's license in one state, can also be taken in other states. In some cases, actions are taken automatically.

Finally, though this legislation allows for the expedited licensing for physicians, DCHA encourages the Council and the Department of Health to continue exploring reciprocity agreements between District licensure boards and licensure boards in other states. This would help District providers recruit health professionals and help them receive licenses quickly. While we recognize there are fiscal conditions preventing the consideration of the nursing compact, we believe reciprocity offers a substantial path to protect the public and streamline the licensure process.

Thank you for allowing me to testify today and I am happy to answer any questions you may have.

Council of the District of Columbia  
Committee of the Whole & Committee on Health  
Chairman Phil Mendelson & Chairperson Vincent C. Gray  
B22-0177 – “Interstate Medical Licensure Compact Approval Act of 2017”  
December 6, 2017

Testimony of Vincent Keane, President & CEO  
Unity Health Care

Good morning, Chairman Mendelson and Chairperson Gray. My name is Vincent Keane, and I am the President and CEO of Unity Health Care. I am pleased to be here today to testify in support of Bill 22-0177, the “Interstate Medical Licensure Compact Approval Act of 2017,” which was authored by Councilmember Gray and Co-sponsored by Councilmembers Nadeau, Cheh, Evans, and Bonds.

Founded in 1985, Unity is the largest provider of primary care in the District of Columbia, caring for more than 100,000 patients per year with more than 600,000 annual return visits. As a Federally Qualified Health Center, Unity provides a range of comprehensive health services, including: internal medicine, pediatrics, family practice, obstetrics/gynecological medicine, dental services, mental health services, substance abuse services, and numerous specialty services.

From Unity’s beginning, as the Health Care for the Homeless Project, we have been committed to bringing high-quality health care to the District’s medically underserved – in the communities where they live! Our mission, however, is complicated by the difficulty we have in recruiting physicians, especially specialists.

Unity enthusiastically supports Bill 22-0177, as an important tool in expanding the pool of physicians eligible to treat our patients. Specifically, the Interstate Medical Licensure Compact (“IMLC”), which has been adopted by 22 states<sup>1</sup>, offers states the opportunity to create a streamlined system for the expedited licensure of qualified physicians who would like to practice in multiple states.

One of the principal benefits of the IMLC will be the facilitation of telehealth services. While telehealth is often associated with connecting rural communities to urban and suburban health care providers, Unity believes there are tremendous untapped opportunities to use telehealth to connect residents of underserved urban communities to providers as well. For residents of the communities that we serve, the lack of transportation, coupled with

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<sup>1</sup> Arizona, Alabama, Colorado, Idaho, Illinois, Iowa, Kansas, Maine, Mississippi, Minnesota, Montana, Nebraska, Nevada, New Hampshire, Pennsylvania, South Dakota, Tennessee, Utah, Washington, West Virginia, Wisconsin, and Wyoming,

complications associated with personal mobility, child care and work schedules, can serve as insurmountable barriers to accessing health care across town.

In the District, underserved communities suffer from acute shortages of specialty care. As documented in the Department of Health's "*District of Columbia Health Systems Plan 2017*," these shortages are especially severe in the East End. To address this urgent situation, Unity is focused on expanding the use of telehealth to bring enhanced specialty care to our clinics, particularly in the fields of dermatology, ophthalmology, mental health, oncology, among others.

Bill 22-0177 will provide Unity with the opportunity to seek specialty providers from outside of the District, if necessary, to serve our patients through the use of telehealth. For example, it is entirely foreseeable that FQHCs, through the National Association of Community Health Centers, will develop national networks of specialty providers, capable of serving more than one clinic, using telehealth.

Importantly, Bill 22-0177 builds on other exciting telehealth initiatives championed by Chairperson Gray, including the "Telehealth Medicaid Expansion Act of 2017," which seeks to expand reimbursement for additional FFS Medicaid services (including store-and-forward asynchronous services and remote patient monitoring) and the funding of telehealth grants as part of the FY2018 budget. When combined, these initiatives are transforming the District into a national leader in the use of technology to improve health outcomes for our medically underserved.

#### Conclusion

Thank you for providing me with an opportunity to testify today. I would be happy to answer any questions that you may have.

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Government of the District of Columbia



**Department of Health**

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Testimony of

Frank Meyers, JD  
Executive Director  
Board of Medicine and Board of Chiropractic  
Health Regulation and Licensing Administration  
Department of Health

Public Hearing on

B22- 177, the he "Interstate Medical Licensure Compact Approval Act of 2017"

Committee of the Whole  
Phil Mendelson, Chairman

Committee on Health  
Vincent C. Gray, Chairperson

December 6, 2017  
John A. Wilson Building, Room 500

9:30 a.m.

Good morning, Chairman Gray and members of the Committee on Health. I am Frank Meyers, Executive Director of the Board of Medicine and Board of Chiropractic in the Health Regulation and Licensing Administration (HRLA) within the District of Columbia Department of Health (DOH). On behalf of Mayor Bowser and DOH Director, Dr. LaQuandra Nesbitt, I am pleased to offer testimony in support of Bill 22-177, the “Interstate Medical Licensure Compact Act of 2017.”

Bill 22-177 authorizes the Mayor to join the Interstate Medical Licensure Compact, or “the Compact,” and provides for the expedited medical licensure of physicians who meet certain eligibility requirements and seek to practice medicine in multiple states. These requirements include graduation from an accredited medical school; passage of the necessary examination; successful completion of an accepted graduate medical education program; being board certified at the time of initial licensure; and having no restrictions on one’s license and prescribing authority or adverse criminal history. Once an applicant is deemed qualified for Compact licensure by a member state medical board, that applicant can then obtain a license in any other Compact state in an expedited manner.

Bill 22-177 has several benefits for medical professionals seeking licensure in the District. Most notably, it would expedite the process for qualified physicians of getting licensed in multiple states by eliminating the need for duplicative reviews and documentation. The Compact establishes reciprocity, of sorts, between member states of the Compact, whereby review by a board in one jurisdiction is considered and taken into account when reviewing the licensure applications of highly qualified medical professionals in another. Expedited review of licensure and removal of any redundancies will ease the process for qualified physicians – especially those who desire licensure in multiple states.

Currently, 23 boards across 19 states<sup>1</sup> belong to the Compact. West Virginia, Pennsylvania, and New Hampshire are the closest jurisdictions to the District of Columbia. Certification through the Compact lasts a year, and renewals are required every year after that. Compact licensure is an avenue to obtain a medical license, but it does not usurp existing state licensing requirements. Therefore, those who submit applications for licensure through the Compact must go through one or more state licensure processes. The average time for a physician to gain a license in the District is a four (4) to six (6) week process.

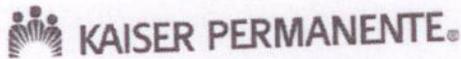
In addition, Bill 22-177 also authorizes the District to form the Interstate Compact Commission, which will establish and enforce rules of the Compact. This would provide additional potential benefits. The Interstate Commission will review applications, set standards for the dissemination of information to member states, consider appeals, and set fees for expedited review of applications. The Department of Health believes this will complement the work of the Board of Medicine and aid in streamlining the existing licensure review process so that timelines are shortened, and physicians who practice in different jurisdictions may more easily do so. The Compact process will be especially beneficial for physicians who want to be licensed in multiple states and for telehealth practitioners.

In conclusion, Bill 22-177 will benefit physicians and residents seeking medical care from qualified, licensed doctors. The Department of Health supports the efforts to make this process for licensure in more than one state less cumbersome for highly qualified physicians, allowing qualified health care professionals to more efficiently serve the needs of District residents. The Department of Health looks forward to continuing to work with the Council on

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<sup>1</sup> <https://imlcc.org/support-contacts/>

this and other similar pieces of legislation that create greater efficiencies while promoting the safety and wellbeing of the public's health. Thank you for the opportunity to testify. I am available to answer any questions you may have.



Mid-Atlantic Permanente Medical Group, P.C.  
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

**SUPPORT B22-177**  
**Interstate Medical Licensure Compact Approval Act of 0217**

December 6, 2017

Committee of the Whole  
Council of the District of Columbia  
Suite 410  
John A. Wilson Building  
1350 Pennsylvania Avenue, N.W.  
Washington, D.C. 20004

Re: B22-177 *Interstate Medical Licensure Compact Approval Act of 2017*

Dear Chairman Mendelson and Councilmember Gray:

Thank you for the opportunity to provide written testimony in support of B22-177, the *Interstate Medical Licensure Compact Approval Act of 2017*. Kaiser Permanente of the Mid-Atlantic States region provides and coordinates complete health care services for over 700,000 members through 32 medical office buildings in the District of Columbia, Maryland, and Virginia. Kaiser Permanente is a total health organization composed of Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc. and the Mid-Atlantic Permanente Medical Group, P.C., an independent medical group that is comprised of approximately 1,500 physicians who provide or arrange care for patients throughout the area, and Kaiser Foundation Hospitals which contracts with community hospitals for the provision of hospital services to our patients.

In 2013, the Federation of State Medical Boards organized a team of state medical board representatives and experts from the Council on State Governments to develop and draft a framework for an Interstate Medical Licensure Compact – a new licensing option under which qualified physicians could seek to practice in multiple states through expedited licensure. B22-177 would adopt this model legislation in the District of Columbia.

Under the Compact, participating state medical boards retain their licensing and disciplinary authority but agree to share information and processes that are essential to the licensing and regulation of physicians who practice across state borders. The goal of the Compact is to significantly reduce barriers to the process of gaining licensure in multiple states at a time when telemedicine and access to health care is growing.

As of November 2017, twenty-two states have enacted the compact: Alabama, Arizona, Colorado, Idaho, Illinois, Iowa, Kansas, Maine, Minnesota, Mississippi, Montana, Nebraska, Nevada, New Hampshire, Pennsylvania, South Dakota, Tennessee, Utah, Washington, West Virginia, Wisconsin, and Wyoming. In addition to the District of Columbia, three states have introduced

legislation to consider adopting the model language. We expect Maryland to follow suit and introduce legislation that would adopt the Compact in their 2018 General Assembly session.

Kaiser Permanente supports B22-177 and believes it would assist our physicians in several critical ways:

- In Kaiser's multi-state regions, the Compact would make it easier for our physicians to be licensed in all jurisdictions without separate state application processes. Currently, a physician with Kaiser's Permanente Medical Group who wishes the practice in the District, Maryland, and Virginia would be required to go through three separate application processes.
- The Compact would create a better environment for use of Kaiser's nationally recognized experts and specialists.
- In the event of major disasters, or of serious shortages in one state, the Compact would allow Kaiser to have already licensed practitioners available for short-term needs or exceptional circumstances.
- The Compact fits in well with Kaiser's emphasis on telehealth, and our strong interest in centers of excellence.

It is important to note that the Compact would not affect the authority of the District's Board of Medicine, nor would it impact the District's laws and regulations concerning the practice of medicine. It is a supplemental way to make cross-state licensing easier, but leaves state laws and regulations to the existing state authority.

We believe that making physician licensing quicker and easier by joining the Compact will help improve accessibility to physicians in the District. This in turn would provide District residents with the potential for greater opportunities for health and prevention. Having greater access to physicians increases the likelihood that individuals will get treatment for acute and chronic conditions and this would help improve health outcomes for District residents.

There are more than 200 existing interstate compacts currently in place on dozens of subjects, including taxation, surplus lines insurance, juveniles and nursing licensure. The Interstate Medical Licensure Compact language was drafted with the experience of those models in mind.

Kaiser Permanente supports B22-177 and requests a favorable Committee vote.

Thank you for your time and consideration. Please do not hesitate to contact me at 301-816-6480 or [Laurie.Kuiper@KP.org](mailto:Laurie.Kuiper@KP.org), if you have any questions or require additional information.

Sincerely,

Laurie Kuiper  
Senior Director, Government Relations  
Kaiser Permanente of the Mid-Atlantic States, Inc.

101 East Jefferson Street  
Rockville, Maryland 20852

1 **DRAFT COMMITTEE PRINT**  
2 Committee of the Whole  
3 February 6, 2018  
4  
5  
6

7 A BILL

8  
9 22-177  
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12 IN THE COUNCIL OF THE DISTRICT OF COLUMBIA  
13 \_\_\_\_\_  
14

15 To enact into law and enter the Interstate Medical Licensure Compact with other member  
16 jurisdictions to permit physicians to obtain an expedited license to practice medicine in  
17 member jurisdictions, to set forth procedures for a physician to apply to receive an  
18 expedited license, to impose fees for the issuance of an expedited license, to provide for  
19 the renewal of an expedited license, to require the establishment of a database of  
20 physicians who have applied for an expedited license, to provide for the conduct of joint  
21 investigations by boards of medicine in member jurisdictions, to provide for disciplinary  
22 actions against physicians granted an expedited license, to establish the Interstate Medical  
23 Licensure Compact Commission, to define the powers and duties of the Commission, to  
24 provide for the operations of the Commission, to provide for the oversight of the  
25 Commission, to authorize the Commission to enforce rules and provisions of the  
26 Compact, to provide for the resolutions of disputes among member jurisdictions, and to  
27 outline the criteria and procedures for withdrawal from the Compact; to authorize the  
28 Mayor to appoint commissioners to the Commission and the Department of Health to  
29 conduct criminal background checks on behalf of the District of Columbia Board of  
30 Medicine; and to make a conforming amendment to the Confirmation Act of 1978.

31  
32 BE IT ENACTED BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this  
33 act may be cited as the “Interstate Medical Licensure Compact Enactment Act of 2018”.

34 Sec. 2. The Interstate Medical Licensure Compact is enacted into law and entered into by  
35 the District of Columbia with all other jurisdictions legally joining therein in the form  
36 substantially as follows:

37 “Sec. 1. Purpose.

38 “In order to strengthen access to health care, and in recognition of the advances in the  
39 delivery of health care, the member states of the Interstate Medical Licensure Compact

40 (“Compact”) have allied in common purpose to develop a comprehensive process that  
41 complements the existing licensing and regulatory authority of state medical boards, provides a  
42 streamlined process that allows physicians to become licensed in multiple states, thereby  
43 enhancing the portability of a medical license and ensuring the safety of patients. The Compact  
44 creates another pathway for licensure and does not otherwise change a state's existing medical  
45 practice act. The Compact also adopts the prevailing standard for licensure and affirms that the  
46 practice of medicine occurs where the patient is located at the time of the physician-patient  
47 encounter, and therefore, requires the physician to be under the jurisdiction of the state medical  
48 board where the patient is located. State medical boards that participate in the Compact retain  
49 the jurisdiction to impose an adverse action against a license to practice medicine in that state  
50 issued to a physician through the procedures in the Compact.

51 “Sec. 2. Definitions.

52 “For the purpose of this act, the term:

53 “(1) “Bylaws” means those bylaws established by the interstate commission pursuant to  
54 section 11 of the Compact for its governance, or for directing and controlling its actions and  
55 conduct.

56 “(2) “Commissioner” means the voting representative appointed by each member board  
57 pursuant to section 12 of the Compact.

58 “(3) “Conviction” means a finding by a court that an individual is guilty of a criminal  
59 offense through adjudication, or entry of a plea of guilt or no contest to the charge by the  
60 offender. Evidence of an entry of a conviction of a criminal offense by the court shall be  
61 considered final for purposes of disciplinary action by a member board.

62           “(4) “Expedited license” means a full and unrestricted medical license granted by a  
63 member state to an eligible physician through the process set forth in the Compact.

64           “(5) “Interstate commission” means the interstate commission created pursuant to Section  
65 11 of the Compact.

66           “(6) “License” means authorization by a state for a physician to engage in the practice of  
67 medicine, which would be unlawful without the authorization.

68           “(7) “Medical practice act” means laws and regulations governing the practice of  
69 allopathic and osteopathic medicine within a member state.

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

73           “(9) “Member state” means a state that has enacted the Compact.

74           “(10) “Practice of medicine” means the clinical prevention, diagnosis, or treatment of  
75 human disease, injury, or condition requiring a physician to obtain and maintain a license in  
76 compliance with the medical practice act of a member state.

77           “(11) “Physician” means any person who:

78                   “(A) Is a graduate of a medical school accredited by the Liaison Committee on  
79 Medical Education, the Commission on Osteopathic College Accreditation, or a medical school  
80 listed in the International Medical Education Directory or its equivalent;

81                   “(B) Passed each component of the United States Medical Licensing Examination  
82 (“USMLE”) or the Comprehensive Osteopathic Medical Licensing Examination (“COMLEX-  
83 USA”) within 3 attempts, or any of its predecessor examinations accepted by a state medical  
84 board as an equivalent examination for licensure purposes;

85                   “(C) Successfully completed graduate medical education approved by the  
86 Accreditation Council for Graduate Medical Education or the American Osteopathic  
87 Association;

88                   “(D) Holds specialty certification or a time-unlimited specialty certificate  
89 recognized by the American Board of Medical Specialties or the American Osteopathic  
90 Association's Bureau of Osteopathic Specialists;

91                   “(E) Possesses a full and unrestricted license to engage in the practice of medicine  
92 issued by a member board;

93                   “(F) Has never been convicted, received adjudication, deferred adjudication,  
94 community supervision, or deferred disposition for any offense by a court of appropriate  
95 jurisdiction;

96                   “(G) Has never held a license authorizing the practice of medicine subjected to  
97 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action  
98 related to non-payment of fees related to a license;

99                   “(H) Has never had a controlled substance license or permit suspended or revoked  
100 by a state or the United States Drug Enforcement Administration; and

101                   “(I) Is not under active investigation by a licensing agency or law enforcement  
102 authority in any state, federal, or foreign jurisdiction.

103                   “(12) “Offense” means a felony, gross misdemeanor, or crime of moral turpitude.

104                   “(13) “Rule” means a written statement by the interstate commission promulgated  
105 pursuant to section 12 of the Compact that is of general applicability, implements, interprets, or  
106 prescribes a policy or provision of the Compact, or an organizational, procedural, or practice

107 requirement of the interstate commission, and has the force and effect of statutory law in a  
108 member state, and includes the amendment, repeal, or suspension of an existing rule.

109 “(14) “State” means any state, commonwealth, district, or territory of the United States.

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

113 “Sec. 3. Eligibility.

114 “(a) A physician must meet the eligibility requirements as defined in section 2 of the  
115 Compact to receive an expedited license under the terms and provisions of the Compact.

116 “(b) A physician who does not meet the requirements of section 2 of the Compact may  
117 obtain a license to practice medicine in a member state if the individual complies with all laws  
118 and requirements, other than the Compact, relating to the issuance of a license to practice  
119 medicine in that state.

120 “Sec. 4. Designation of state of principal license.

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

124 “(1) The state of primary residence for the physician;

125 “(2) The state where at least 25% of the practice of medicine occurs;

126 “(3) The location of the physician’s employer; or

127 “(4) If no state qualifies under paragraph (1), (2), or (3) of this subsection, the  
128 state designated as state of residence for purpose of federal income tax.

129           “(b) A physician may redesignate a member state as state of principal license at any time,  
130 as long as the state meets the requirements in subsection (a) of this section.

131           “(c) The interstate commission is authorized to develop rules to facilitate redesignation of  
132 another member state as the state of principal license.

133           “Sec. 5. Application and issuance of expedited licensure.

134           “(a) A physician seeking licensure through the Compact shall file an application for an  
135 expedited license with the member board of the state selected by the physician as the state of  
136 principal license.

137           “(b) Upon receipt of an application for an expedited license, the member board within the  
138 state selected as the state of principal license shall evaluate whether the physician is eligible for  
139 expedited licensure and issue a letter of qualification, verifying or denying the physician’s  
140 eligibility, to the interstate commission.

141           “(1) Static qualifications, which include verification of medical education,  
142 graduate medical education, results of any medical or licensing examination, and other  
143 qualifications as determined by the interstate commission through rule, shall not be subject to  
144 additional primary source verification where already primary source verified by the state of  
145 principal license.

146           “(2) The member board within the state selected as the state of principal license  
147 shall, in the course of verifying eligibility, perform a criminal background check of an applicant,  
148 including the use of the results of fingerprint or other biometric data checks compliant with the  
149 requirements of the Federal Bureau of Investigation, with the exception of federal employees  
150 who have suitability determination in accordance with 5 C.F.R. § 731.202.

151                   “(3) Appeal on the determination of eligibility shall be made to the member state  
152 where the application was filed and shall be subject to the laws of that state.

153                   “(c) Upon verification in subsection (b) of this section, physicians eligible for an  
154 expedited license shall complete the registration process established by the interstate commission  
155 to receive a license in a member state selected pursuant to subsection (a) of this section,  
156 including the payment of any applicable fees.

157                   “(d) After receiving verification of eligibility under subsection (b) of this section and any  
158 fees under subsection (c) of this section, a member board shall issue an expedited license to the  
159 physician. This license shall authorize the physician to practice medicine in the issuing state  
160 consistent with the medical practice act and all applicable laws and regulations of the issuing  
161 member board and member state.

162                   “(e) An expedited license shall be valid for a period consistent with the licensure period  
163 in the member state and in the same manner as required for other physicians holding a full and  
164 unrestricted license within the member state.

165                   “(f) An expedited license obtained through the Compact shall be terminated if a physician  
166 fails to maintain a license in the state of principal licensure for a nondisciplinary reason, without  
167 redesignation of a new state of principal licensure.

168                   “(g) The interstate commission is authorized to develop rules regarding the application  
169 process, including payment of any applicable fees, and the issuance of an expedited license.

170                   “Sec. 6. Fees for expedited licensure.

171                   “(a) A member state issuing an expedited license authorizing the practice of medicine in  
172 that state may impose a fee for a license issued or renewed through the Compact.

173           “(b) The interstate commission is authorized to develop rules regarding fees for expedited  
174 licenses.

175           “Sec. 7. Renewal and continued participation.

176           “(a) A physician seeking to renew an expedited license granted in a member state shall  
177 complete a renewal process with the interstate commission if the physician:

178                   “(1) Maintains a full and unrestricted license in a state of principal license;

179                   “(2) Has not been convicted, received adjudication, deferred adjudication,  
180 community supervision, or deferred disposition for any offense by a court of appropriate  
181 jurisdiction;

182                   “(3) Has not had a license authorizing the practice of medicine subject to  
183 discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action  
184 related to nonpayment of fees related to a license; and

185                   “(4) Has not had a controlled substance license or permit suspended or revoked by  
186 a state or the United States Drug Enforcement Administration.

187           “(b) Physicians shall comply with all continuing professional development or continuing  
188 medical education requirements for renewal of a license issued by a member state.

189           “(c) The interstate commission shall collect any renewal fees charged for the renewal of a  
190 license and distribute the fees to the applicable member board.

191           “(d) Upon receipt of any renewal fees collected in subsection (c) of this section, a  
192 member board shall renew the physician's license.

193           “(e) Physician information collected by the interstate commission during the renewal  
194 process will be distributed to all member boards.

195           “(f) The interstate commission is authorized to develop rules to address renewal of  
196 licenses obtained through the Compact.

197           “Sec. 8. Coordinated information system.

198           “(a) The interstate commission shall establish a database of all physicians licensed, or  
199 who have applied for licensure, under section 5 of the Compact.

200           “(b) Notwithstanding any other provision of law, member boards shall report to the  
201 interstate commission any public action or complaints against a licensed physician who has  
202 applied or received an expedited license through the Compact.

203           “(c) Member boards shall report disciplinary or investigatory information determined as  
204 necessary and proper by rule of the interstate commission.

205           “(d) Member boards may report any nonpublic complaint, disciplinary, or investigatory  
206 information not required by subsection (c) of this section to the interstate commission.

207           “(e) Member boards shall share complaint or disciplinary information about a physician  
208 upon request of another member board.

209           “(f) All information provided to the interstate commission or distributed by member  
210 boards shall be confidential, filed under seal, and used only for investigatory or disciplinary  
211 matters.

212           “(g) The interstate commission is authorized to develop rules for mandated or  
213 discretionary sharing of information by member boards.

214           “Sec. 9. Joint investigations.

215           “(a) Licensure and disciplinary records of physicians are deemed investigative.

216           “(b) In addition to the authority granted to a member board by its respective medical  
217 practice act or other applicable state law, a member board may participate with other member  
218 boards in joint investigations of physicians licensed by the member boards.

219           “(c) A subpoena issued by a member state shall be enforceable in other member states.

220           “(d) Member boards may share any investigative, litigation, or compliance materials in  
221 furtherance of any joint or individual investigation initiated under the Compact.

222           “(e) Any member state may investigate actual or alleged violations of the statutes  
223 authorizing the practice of medicine in any other member state in which a physician holds a  
224 license to practice medicine.

225           “Sec. 10. Disciplinary actions.

226           “(a) Any disciplinary action taken by any member board against a physician licensed  
227 through the Compact shall be deemed unprofessional conduct which may be subject to discipline  
228 by other member boards, in addition to any violation of the medical practice act or regulations in  
229 that state.

230           “(b) If a license granted to a physician by the member board in the state of principal  
231 license is revoked, surrendered or relinquished in lieu of discipline, or suspended, then all  
232 licenses issued to the physician by member boards shall automatically be placed, without further  
233 action necessary by any member board, on the same status. If the member board in the state of  
234 principal license subsequently reinstates the physician’s license, a license issued to the physician  
235 by any other member board shall remain encumbered until that respective member board takes  
236 action to reinstate the license in a manner consistent with the medical practice act of that state.

237           “(c) If disciplinary action is taken against a physician by a member board not in the state  
238 of principal license, any other member board may deem the action conclusive as to matter of law  
239 and fact decided, and:

240                   “(1) Impose the same or lesser sanction(s) against the physician so long as such  
241 sanctions are consistent with the medical practice act of that state; or

242                   “(2) Pursue separate disciplinary action against the physician under its respective  
243 medical practice act, regardless of the action taken in other member states.

244           “(d) If a license granted to a physician by a member board is revoked, surrendered or  
245 relinquished in lieu of discipline, or suspended, then any license(s) issued to the physician by any  
246 other member board(s) shall be suspended, automatically and immediately without further action  
247 necessary by the other member board(s), for 90 days upon entry of the order by the disciplining  
248 board, to permit the member board(s) to investigate the basis for the action under the medical  
249 practice act of that state. A member board may terminate the automatic suspension of the license  
250 it issued prior to the completion of the 90 day suspension period in a manner consistent with the  
251 medical practice act of that state.

252           “Sec. 11. Interstate medical licensure compact commission.

253           “(a) The member states hereby create the “Interstate Medical Licensure Compact  
254 Commission”.

255           “(b) The purpose of the interstate commission is the administration of the Compact,  
256 which is a discretionary state function.

257           “(c) The interstate commission shall be a body corporate and joint agency of the member  
258 states and shall have all the responsibilities, powers, and duties set forth in the Compact, and

259 such additional powers as may be conferred upon it by a subsequent concurrent action of the  
260 respective legislatures of the member states in accordance with the terms of the Compact.

261 “(d) The interstate commission shall consist of 2 voting representatives appointed by each  
262 member state who shall serve as Commissioners. In states where allopathic and osteopathic  
263 physicians are regulated by separate member boards, or if the licensing and disciplinary authority  
264 is split between multiple member boards within a member state, the member state shall appoint  
265 one representative from each member board. A Commissioner shall be:

266 “(1) An allopathic or osteopathic physician appointed to a member board;

267 “(2) An executive director, executive secretary, or similar executive of a member  
268 board; or

269 “(3) A member of the public appointed to a member board.

270 “(e) The interstate commission shall meet at least once each calendar year. A portion of  
271 this meeting shall be a business meeting to address such matters as may properly come before the  
272 commission, including the election of officers. The chairperson may call additional meetings  
273 and shall call for a meeting upon the request of a majority of the member states.

274 “(f) The bylaws may provide for meetings of the interstate commission to be conducted  
275 by telecommunication or electronic communication.

276 “(g) Each commissioner participating at a meeting of the interstate commission is entitled  
277 to one vote. A majority of commissioners shall constitute a quorum for the transaction of  
278 business, unless a larger quorum is required by the bylaws of the interstate commission. A  
279 commissioner shall not delegate a vote to another commissioner. In the absence of its  
280 commissioner, a member state may delegate voting authority for a specified meeting to another  
281 person from that state who shall meet the requirements of subsection (d) of this section.

282           “(h) The interstate commission shall provide public notice of all meetings and all  
283 meetings shall be open to the public. The interstate commission may close a meeting, in full or  
284 in portion, where it determines by a two-thirds vote of the commissioners present that an open  
285 meeting would be likely to:

286                   “(1) Relate solely to the internal personnel practices and procedures of the  
287 interstate commission;

288                   “(2) Discuss matters specifically exempted from disclosure by federal statute;

289                   “(3) Discuss trade secrets, commercial, or financial information that is privileged  
290 or confidential;

291                   “(4) Involve accusing a person of a crime, or formally censuring a person;

292                   “(5) Discuss information of a personal nature where disclosure would constitute a  
293 clearly unwarranted invasion of personal privacy;

294                   “(6) Discuss investigative records compiled for law enforcement purposes; or

295                   “(7) Specifically relate to the participation in a civil action or other legal  
296 proceeding.

297           “(i) The interstate commission shall keep minutes which shall fully describe all matters  
298 discussed in a meeting and shall provide a full and accurate summary of actions taken, including  
299 record of any roll call votes.

300           “(j) The interstate commission shall make its information and official records, to the  
301 extent not otherwise designated in the Compact or by its rules, available to the public for  
302 inspection.

303           “(k) The interstate commission shall establish an executive committee, which shall  
304 include officers, members, and others as determined by the bylaws. The executive committee

305 shall have the power to act on behalf of the interstate commission, with the exception of  
306 rulemaking, during periods when the interstate commission is not in session. When acting on  
307 behalf of the interstate commission, the executive committee shall oversee the administration of  
308 the Compact including enforcement and compliance with the provisions of the Compact, its  
309 bylaws and rules, and other such duties as necessary.

310 “(1) The interstate commission may establish other committees for governance and  
311 administration of the Compact.

312 “Sec. 12. Powers and duties of the interstate commission.

313 “The interstate commission shall have the duty and power to:

314 “(1) Oversee and maintain the administration of the Compact;

315 “(2) Promulgate rules which shall be binding to the extent and in the manner provided for  
316 in the Compact;

317 “(3) Issue, upon the request of a member state or member board, advisory opinions  
318 concerning the meaning or interpretation of the Compact, its bylaws, rules, and actions;

319 “(4) Enforce compliance with Compact provisions, the rules promulgated by the  
320 interstate commission, and the bylaws, using all necessary and proper means, including but not  
321 limited to the use of judicial process;

322 “(5) Establish and appoint committees including, but not limited to, an executive  
323 committee as required by section 11 of the Compact, which shall have the power to act on behalf  
324 of the interstate commission in carrying out its powers and duties;

325 “(6) Pay, or provide for the payment of the expenses related to the establishment,  
326 organization, and ongoing activities of the interstate commission;

327 “(7) Establish and maintain one or more offices;

328           “(8) Borrow, accept, hire, or contract for services of personnel;

329           “(9) Purchase and maintain insurance and bonds;

330           “(10) Employ an executive director who shall have such powers to employ, select or  
331 appoint employees, agents, or consultants, and to determine their qualifications, define their  
332 duties, and fix their compensation;

333           “(11) Establish personnel policies and programs relating to conflicts of interest, rates of  
334 compensation, and qualifications of personnel;

335           “(12) Accept donations and grants of money, equipment, supplies, materials and services,  
336 and to receive, utilize, and dispose of it in a manner consistent with the conflict of interest  
337 policies established by the interstate commission;

338           “(13) Lease, purchase, accept contributions or donations of, or otherwise to own, hold,  
339 improve or use, any property, real, personal, or mixed;

340           “(14) Sell, convey, mortgage, pledge, lease, exchange, abandon, or otherwise dispose of  
341 any property, real, personal, or mixed;

342           “(15) Establish a budget and make expenditures;

343           “(16) Adopt a seal and bylaws governing the management and operation of the interstate  
344 commission;

345           “(17) Report annually to the legislatures and governors of the member states concerning  
346 the activities of the interstate commission during the preceding year. Such reports shall also  
347 include reports of financial audits and any recommendations that may have been adopted by the  
348 interstate commission;

349           “(18) Coordinate education, training, and public awareness regarding the Compact, its  
350 implementation, and its operation;

351           “(19) Maintain records in accordance with the bylaws;  
352           “(20) Seek and obtain trademarks, copyrights, and patents; and  
353           “(21) Perform such functions as may be necessary or appropriate to achieve the purposes  
354 of the Compact.

355           “Sec. 13. Finance powers.

356           “(a) The interstate commission may levy on and collect an annual assessment from each  
357 member state to cover the cost of the operations and activities of the interstate commission and  
358 its staff. The total assessment must be sufficient to cover the annual budget approved each year  
359 for which revenue is not provided by other sources. The aggregate annual assessment amount  
360 shall be allocated upon a formula to be determined by the interstate commission, which shall  
361 promulgate a rule binding upon all member states.

362           “(b) The interstate commission shall not incur obligations of any kind prior to securing  
363 the funds adequate to meet the same.

364           “(c) The interstate commission shall not pledge the credit of any of the member states,  
365 except by, and with the authority of, the member state.

366           “(d) The interstate commission shall be subject to a yearly financial audit conducted by a  
367 certified or licensed public accountant and the report of the audit shall be included in the annual  
368 report of the interstate commission.

369           “Sec. 14. Organization and operation of the interstate commission.

370           “(a) The interstate commission shall, by a majority of commissioners present and voting,  
371 adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes  
372 of the Compact within 12 months of the first interstate commission meeting.

373           “(b) The interstate commission shall elect or appoint annually from among its  
374 commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such  
375 authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's  
376 absence or disability, the vice-chairperson, shall preside at all meetings of the interstate  
377 commission.

378           “(c) Officers selected in subsection (b) of this section shall serve without remuneration  
379 from the interstate commission.

380           “(d)(1) The officers and employees of the interstate commission shall be immune from  
381 suit and liability, either personally or in their official capacity, for a claim for damage to or loss  
382 of property or personal injury or other civil liability caused or arising out of, or relating to, an  
383 actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis  
384 for believing occurred, within the scope of interstate commission employment, duties, or  
385 responsibilities, provided that such person shall not be protected from suit or liability for  
386 damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of  
387 such person.

388           “(2) The liability of the executive director and employees of the interstate  
389 commission or representatives of the interstate commission, acting within the scope of such  
390 person's employment or duties for acts, errors, or omissions occurring within such person's state,  
391 may not exceed the limits of liability set forth under the constitution and laws of that state for  
392 state officials, employees, and agents. The interstate commission is considered to be an  
393 instrumentality of the states for the purposes of any such action. Nothing in this paragraph shall  
394 be construed to protect such person from suit or liability for damage, loss, injury, or liability  
395 caused by the intentional or willful and wanton misconduct of such person.

396                   “(3) The interstate commission shall defend the executive director, its employees,  
397 and subject to the approval of the attorney general or other appropriate legal counsel of the  
398 member state represented by an interstate commission representative, shall defend such interstate  
399 commission representative in any civil action seeking to impose liability arising out of an actual  
400 or alleged act, error, or omission that occurred within the scope of interstate commission  
401 employment, duties, or responsibilities, or that the defendant had a reasonable basis for believing  
402 occurred within the scope of interstate commission employment, duties, or responsibilities,  
403 provided that the actual or alleged act, error, or omission did not result from intentional or willful  
404 and wanton misconduct on the part of such person.

405                   “(4) To the extent not covered by the state involved, member state, or the  
406 interstate commission, the representatives or employees of the interstate commission shall be  
407 held harmless in the amount of a settlement or judgment, including attorney’s fees and costs,  
408 obtained against such persons arising out of an actual or alleged act, error, or omission that  
409 occurred within the scope of interstate commission employment, duties, or responsibilities, or  
410 that such persons had a reasonable basis for believing occurred within the scope of interstate  
411 commission employment, duties, or responsibilities, provided that the actual or alleged act, error,  
412 or omission did not result from intentional or willful and wanton misconduct on the part of such  
413 persons.

414                   “Sec. 15. Rulemaking functions of the interstate commission.

415                   “(a) The interstate commission shall promulgate reasonable rules in order to effectively  
416 and efficiently achieve the purposes of the Compact. Notwithstanding the foregoing, in the event  
417 the interstate commission exercises its rulemaking authority in a manner that is beyond the scope

418 of the purposes of the Compact, or the powers granted hereunder, then such an action by the  
419 interstate commission shall be invalid and have no force or effect.

420 “(b) Rules deemed appropriate for the operations of the interstate commission shall be  
421 made pursuant to a rulemaking process that substantially conforms to the “Model State  
422 Administrative Procedure Act” of 2010, and subsequent amendments thereto.

423 “(c) Not later than 30 days after a rule is promulgated, any person may file a petition for  
424 judicial review of the rule in the United States District Court for the District of Columbia or the  
425 federal district where the interstate commission has its principal offices, provided that the filing  
426 of such a petition shall not stay or otherwise prevent the rule from becoming effective unless the  
427 court finds that the petitioner has a substantial likelihood of success. The court shall give  
428 deference to the actions of the interstate commission consistent with applicable law and shall not  
429 find the rule to be unlawful if the rule represents a reasonable exercise of the authority granted to  
430 the interstate commission.

431 “Sec. 16. Oversight of interstate compact.

432 “(a) The executive, legislative, and judicial branches of state government in each member  
433 state shall enforce the Compact and shall take all actions necessary and appropriate to effectuate  
434 the Compact’s purposes and intent. The provisions of the Compact and the rules promulgated  
435 hereunder shall have standing as statutory law but shall not override existing state authority to  
436 regulate the practice of medicine.

437 “(b) All courts shall take judicial notice of the Compact and the rules in any judicial or  
438 administrative proceeding in a member state pertaining to the subject matter of the Compact  
439 which may affect the powers, responsibilities or actions of the interstate commission.

440           “(c) The interstate commission shall be entitled to receive all service of process in any  
441 such proceeding, and shall have standing to intervene in the proceeding for all purposes. Failure  
442 to provide service of process to the interstate commission shall render a judgment or order void  
443 as to the interstate commission, the Compact, or promulgated rules.

444           “Sec. 17. Enforcement of interstate compact.

445           “(a) The interstate commission, in the reasonable exercise of its discretion, shall enforce  
446 the provisions and rules of the Compact.

447           “(b) The interstate commission may, by majority vote of the commissioners, initiate legal  
448 action in the United States District Court for the District of Columbia, or, at the discretion of the  
449 interstate commission, in the federal district where the interstate commission has its principal  
450 offices, to enforce compliance with the provisions of the Compact, and its promulgated rules and  
451 bylaws, against a member state in default. The relief sought may include both injunctive relief  
452 and damages. In the event judicial enforcement is necessary, the prevailing party shall be  
453 awarded all costs of such litigation including reasonable attorney’s fees.

454           “(c) The remedies herein shall not be the exclusive remedies of the interstate commission.  
455 The interstate commission may avail itself of any other remedies available under state law or the  
456 regulation of a profession.

457           “Sec. 18. Default procedures.

458           “(a) The grounds for default include, but are not limited to, failure of a member state to  
459 perform such obligations or responsibilities imposed upon it by the Compact, or the rules and  
460 bylaws of the interstate commission promulgated under the Compact.

461           “(b) If the interstate commission determines that a member state has defaulted in the  
462 performance of its obligations or responsibilities under the Compact, or the bylaws or  
463 promulgated rules, the interstate commission shall:

464                   “(1) Provide written notice to the defaulting state and other member states, of the  
465 nature of the default, the means of curing the default, and any action taken by the interstate  
466 commission. The interstate commission shall specify the conditions by which the defaulting  
467 state must cure its default; and

468                   “(2) Provide remedial training and specific technical assistance regarding the  
469 default.

470           “(c) If the defaulting state fails to cure the default, the defaulting state shall be terminated  
471 from the Compact upon an affirmative vote of a majority of the commissioners and all rights,  
472 privileges, and benefits conferred by the Compact shall terminate on the effective date of  
473 termination. A cure of the default does not relieve the offending state of obligations or liabilities  
474 incurred during the period of the default.

475           “(d) Termination of membership in the Compact shall be imposed only after all other  
476 means of securing compliance have been exhausted. Notice of intent to terminate shall be given  
477 by the interstate commission to the governor, the majority and minority leaders of the defaulting  
478 state's legislature, and each of the member states.

479           “(e) The interstate commission shall establish rules and procedures to address licenses  
480 and physicians that are materially impacted by the termination of a member state, or the  
481 withdrawal of a member state.

482           “(f) The member state which has been terminated is responsible for all dues, obligations,  
483 and liabilities incurred through the effective date of termination including obligations, the  
484 performance of which extends beyond the effective date of termination.

485           “(g) The interstate commission shall not bear any costs relating to any state that has been  
486 found to be in default or which has been terminated from the Compact, unless otherwise  
487 mutually agreed upon in writing between the interstate commission and the defaulting state.

488           “(h) The defaulting state may appeal the action of the interstate commission by  
489 petitioning the United States District Court for the District of Columbia or the federal district  
490 where the interstate commission has its principal offices. The prevailing party shall be awarded  
491 all costs of such litigation including reasonable attorney’s fees.

492           “Sec. 19. Dispute resolution.

493           “(a) The interstate commission shall attempt, upon the request of a member state, to  
494 resolve disputes which are subject to the Compact and which may arise among member states or  
495 member boards.

496           “(b) The interstate commission shall promulgate rules providing for both mediation and  
497 binding dispute resolution as appropriate.

498           “Sec. 20. Member states, effective date and amendment.

499           “(a) Any state is eligible to become a member state of the Compact.

500           “(b) The Compact shall become effective and binding upon legislative enactment of the  
501 Compact into law by no less than 7 states. Thereafter, it shall become effective and binding on a  
502 state upon enactment of the Compact into law by that state.

503           “(c) The governors of nonmember states, or their designees, shall be invited to participate  
504 in the activities of the interstate commission on a nonvoting basis prior to adoption of the  
505 Compact by all states.

506           “(d) The interstate commission may propose amendments to the Compact for enactment  
507 by the member states. No amendment shall become effective and binding upon the interstate  
508 commission and the member states unless and until it is enacted into law by unanimous consent  
509 of the member states.

510           “Sec. 21. Withdrawal.

511           “(a) Once effective, the Compact shall continue in force and remain binding upon each  
512 and every member state; provided that a member state may withdraw from the Compact by  
513 specifically repealing the statute which enacted the Compact into law.

514           “(b) Withdrawal from the Compact shall be by the enactment of a statute repealing the  
515 same, but shall not take effect until one year after the effective date of such statute and until  
516 written notice of the withdrawal has been given by the withdrawing state to the governor of each  
517 other member state.

518           “(c) The withdrawing state shall immediately notify the chairperson of the interstate  
519 commission in writing upon the introduction of legislation repealing the Compact in the  
520 withdrawing state.

521           “(d) The interstate commission shall notify the other member states of the withdrawing  
522 state’s intent to withdraw within 60 days of its receipt of notice provided under subsection (c) of  
523 this section.

524           “(e) The withdrawing state is responsible for all dues, obligations, and liabilities incurred  
525 through the effective date of withdrawal, including obligations, the performance of which extend  
526 beyond the effective date of withdrawal.

527           “(f) Reinstatement following withdrawal of a member state shall occur upon the  
528 withdrawing state reenacting the Compact or upon such later date as determined by the interstate  
529 commission.

530           “(g) The interstate commission is authorized to develop rules to address the impact of the  
531 withdrawal of a member state on licenses granted in other member states to physicians who  
532 designated the withdrawing member state as the state of principal license.

533           “Sec. 22. Dissolution.

534           “(a) The Compact shall dissolve effective upon the date of the withdrawal or default of  
535 the member state which reduces the membership in the Compact to one member state.

536           “(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall  
537 be of no further force or effect, and the business and affairs of the interstate commission shall be  
538 concluded and surplus funds shall be distributed in accordance with the bylaws.

539           “Sec. 23. Severability and construction.

540           “(a) The provisions of the Compact shall be severable, and if any phrase, clause,  
541 sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall  
542 be enforceable.

543           “(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

544           “(c) Nothing in the Compact shall be construed to prohibit the applicability of other  
545 interstate compacts to which the states are members.

546           “Sec. 24. Binding effect of compact and other laws.

547           “(a) Nothing herein prevents the enforcement of any other law of a member state that is  
548 not inconsistent with the Compact.

549           “(b) All laws in a member state in conflict with the Compact are superseded to the extent  
550 of the conflict.

551           “(c) All lawful actions of the interstate commission, including all rules and bylaws  
552 promulgated by the commission, are binding upon the member states.

553           “(d) All agreements between the interstate commission and the member states are binding  
554 in accordance with their terms.

555           “(e) In the event any provision of the Compact exceeds the constitutional limits imposed  
556 on the legislature of any member state, such provision shall be ineffective to the extent of the  
557 conflict with the constitutional provision in question in that member state.”.

558           Sec. 3. (a) The Mayor is authorized to appoint, with the advice and consent of the  
559 Council pursuant to section 2(f) of the Confirmation Act of 1978, effective March 3, 1979, (D.C.  
560 Law 2-142; D.C. Official Code § 1-523.01(f)), 2 commissioners to the Interstate Medical  
561 Licensure Compact Commission, pursuant to section 11(d) of the Interstate Medical Licensure  
562 Compact (“Compact”), enacted and entered into pursuant to section 2, and one alternate  
563 commissioner, who may exercise voting authority in the absence of one of the District’s  
564 commissioners, pursuant to section 11(g) of the Compact.

565           (b) The Department of Health is authorized to conduct the criminal background checks  
566 required to be conducted by the District of Columbia Board of Medicine by section 5(b)(2) of the  
567 Compact.

568           Sec. 4. Section 2(f) of the Confirmation Act of 1978, effective March 3, 1979, (D.C. Law  
569 2-142; D.C. Official Code § 1-523.01(f)), is amended as follows:

570 (a) Paragraph (54) is amended by striking the phrase “; and” and inserting a semicolon in  
571 its place.

572 (b) Paragraph (55) is amended by striking the period and inserting a semicolon in its  
573 place.

574 (c) Paragraph (56) is amended by striking the period and inserting the phrase “; and” in  
575 its place.

576 (d) A new paragraph (57) is added to read as follows:

577 “(57) The Interstate Medical Licensure Compact Commission established by section 2 of  
578 the Interstate Medical Licensure Compact Enactment Act of 2018, as approved by the  
579 Committee on Health on January 16, 2018 (Bill 22-177).”.

580 Sec. 5. Fiscal impact statement.

581 The Council adopts the fiscal impact statement in the committee report as the fiscal  
582 impact statement required by section 4a of the General Legislative Procedures Act of 1975,  
583 approved October 16, 2006 (120 Stat. 2038; D.C. Official Code § 1-301.47a).

584 Sec. 6. Effective date.

585 This act shall take effect following approval by the Mayor (or in the event of veto by the  
586 Mayor, action by the Council to override the veto), a 30-day period of congressional review as  
587 provided in section 602(c)(1) of the District of Columbia Home Rule Act, approved December  
588 24, 1973 (87 Stat. 813; D.C. Official Code § 1-206.02(c)(1)), and publication in the District of  
589 Columbia Register.