



Arizona Telemedicine Policy Symposium

Two Years of Expedited Medical Licensure
What Has Been the Regulatory Impact?

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Background

- **Discussions started at the Federation of State Medical Boards (FSMB) in January 2013**
- **Compact began issuing licenses in April 2017**
- **Arizona joined the Compact upon adoption of legislation in 2016
A.R.S. § 32-3241**

Compact Licensure an Expedited Pathway

Developed to address the following concerns in the evolving practice of medicine:

1. Telemedicine and improved access to care in rural areas
2. Increased mobility of physicians given the availability of positions in diverse geographical locations
3. The need for an expeditious route for licensing outside of state licensing boards
4. Increase in corporate owned healthcare institutions
5. Avoidance of federal medical license

Purpose of the Compact

- The sole purpose of the Compact is to provide an additional, expedited, pathway to licensure for physicians with exemplary practice histories. Participants in the Compact will be strictly voluntary for both physicians and state boards of medical and/or osteopathic licensure. The Compact treats all physicians equally without preference for specialty. Any physician from a Compact state who meets the qualifications of the Compact will be eligible for licensure in any other Compact state and responsible for obeying all statutory laws and administrative rules of the state.

Current Member States

- 29 states, 1 district and 1 territory passed the legislation
 - 42 member boards – MD only, DO only and combined MD/DO
- 23 states active
 - 22 states acting as SPL
 - 1 states issuing licenses only
- 6 States, DC and Guam working to go active
 - 4 with an anticipated date
 - 4 with no date selected
- States with active legislation – NJ
- See imlcc.org for latest updates

Future state board participation:

- The following states, districts, and territories have passed legislation to be part of the compact, but implementation has been delayed. Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the respective state boards:
 - District of Columbia
 - Georgia
 - Guam
 - Kentucky
 - Michigan
 - Oklahoma
 - Pennsylvania
 - Vermont

Compact Licenses Issued:

- **April 2017 to June 2017**
 - 125 applications
 - 81 licenses
- **July 2017 to June 2018**
 - 1,447 applications
 - 2,220 licenses
- **July 2018 to June 2019**
 - 2,698 applications
 - 3,980 licenses
- **July 2019 to August 2019**
 - 620 applications
 - Extrapolated to 3,720 for FY
 - 709 licenses
 - Extrapolated to 4,254 for FY

Compact Licenses Issued in Arizona

- Compact License issued to applicants from another state presenting a LOQ:

2017 – 30

2018 – 147

2019 – 88

265

- Letters of Qualification issued to licensed Arizona physicians to obtain a license in another Compact state:

2017 – 49

2018 – 199

2019 – 181

429

Data & Stats

April 2019 Sample of Completed Applications

A review of 2,544 Letters of Qualification (LOQ) issued reveal the following trends:

Letters of Qualification issued by Compact member boards

Member Board	Count
Alabama Board of Medical Examiners	134
Arizona Medical Board	286
Arizona Osteopathic Board	24
Colorado Medical Board	333
Idaho Board of Medicine	55
Illinois Department of Financial and Professional Regulation	345
Iowa Board of Medicine	141
Kansas State Board of Healing Arts	112
Maine Board of Osteopathic Licensure	1
Maine Board of Licensure in Medicine	53
Mississippi Board of Medical Licensure	47
Montana Board of Medical Examiners	67
Nebraska Board of Medicine and Surgery	59
Nevada Board of Osteopathic Medicine	14
Nevada Board of Medical Examiners	51
New Hampshire Board of Medicine	47
South Dakota Board of Medical and Osteopathic Examiners	94
Utah Division of Occupational and Professional Licensing	16
Washington Board of Osteopathic Medicine	11
Washington Medical Commission	203
West Virginia Board of Medicine	33
West Virginia Osteopathic Board	14
Wisconsin Medical Examining Board	333
Wyoming Board of Medicine	71
Total	2,544

Compact Process



Apply at : www.imlcc.org

Additional cost for each state license.

Arizona \$500

State of Principal License

- Determined by one of the following:
 - a. Your primary residence is in the SPL
 - b. At least 25% of your practice of medicine occurs in SPL
 - c. Your employer is located in SPL
 - d. You use the SPL as your state residence for U.S. Federal income tax purposes

Standards to Obtain Compact License

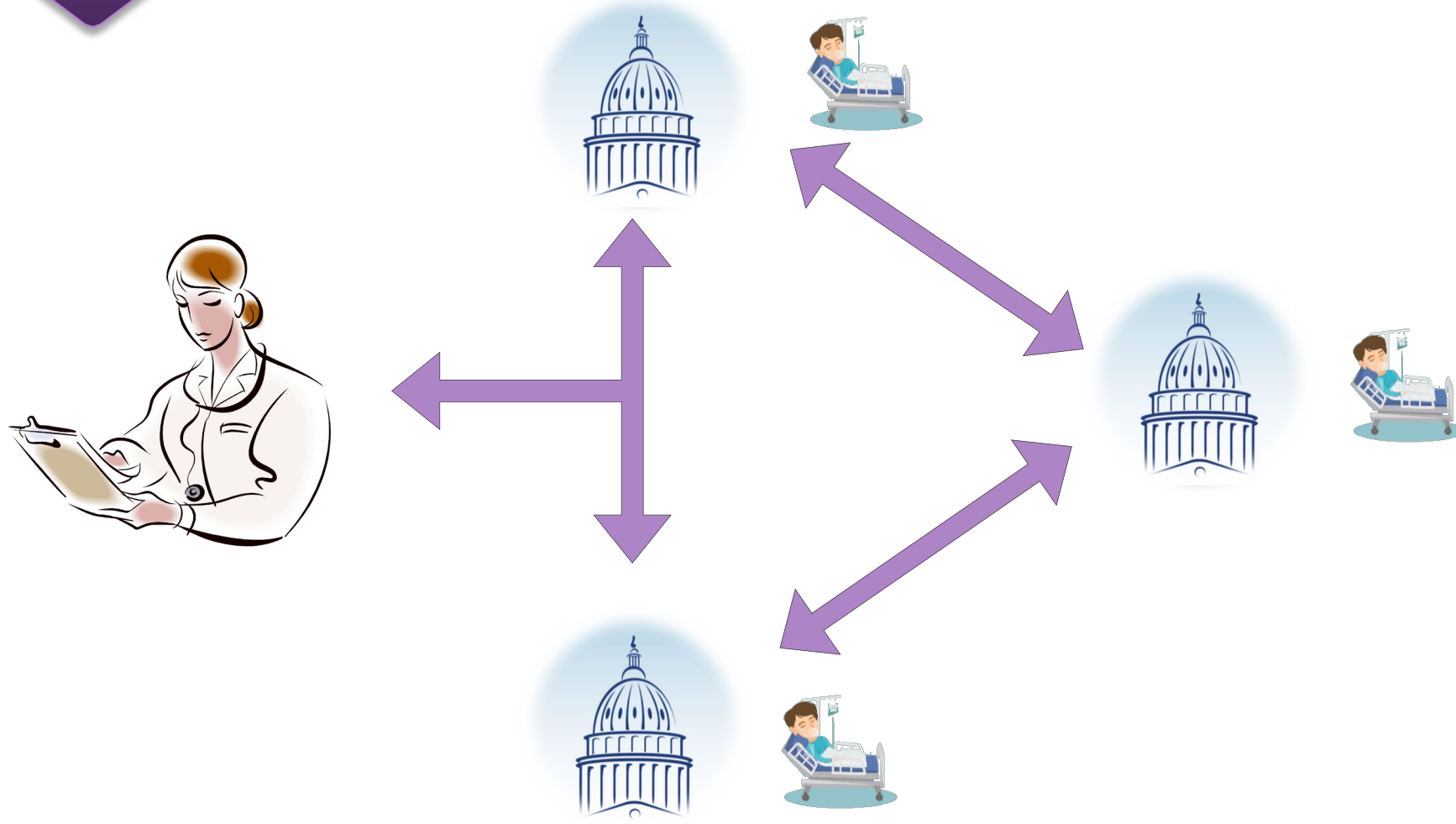
- Medical School Accreditation: LCME, COCA, IMED
- 3 attempts at USMLE or COMLEX-USA
- GME accreditation by ACGME or AOA
- ABMS or AOA-BOS including time-unlimited certificates
- No prior convictions or criminal activity
- No history of licensure actions
- Clean DEA history
- No active investigations
- **Must pass FBI Criminal Background Check**

Compact Process



- Expedited License Process
- After issuance of state license, licensee must follow the Medical Practice Act of each state where a license is held

Compact Complaint Adjudication



Regulatory Impact

- Provides for license portability
- Provides expedited licensure process with reduced licensing time frames
- Meets need of Telemedicine
 - Increases access to health care in rural areas
 - Satisfies the needs of Teleradiologists
- Recognizes corporate owned healthcare institutions
- Has states looking for additional ways to expedite licensing such as the newly implemented Universal Recognition License



Interstate Medical Licensure Compact

- Questions?
- Thank you