Minnesota physicians who use telemedicine technologies are among those expected to benefit when the new Interstate Medical Licensure Compact (IMLC) becomes operational in January. The compact promises to streamline the process for physicians who wish to obtain licensure in a state in which they’re currently not licensed.

Minnesota joined with seven other states when it passed a law enacting the compact in 2015. Since then, another nine states have come on board. Each of the 17 compact member states has two appointed representatives to serve on the compact’s commission. Representing Minnesota are Ruth Martinez, executive director of the Board of Medical Practice, and board member Jon Thomas, MD. For the last year, the commissioners have been meeting regularly to figure out how the compact will work, and what technical and human resources it will need.

“Basically, we’re developing the structure to support the process,” Thomas says. In the future, the commission will oversee the compact.

Just how the licensure process will work is starting to become clear. The compact will function as a pass-through entity, not a license-granting entity. Physicians will request that their principal state of licensure (typically their home state) verify that they meet the qualifications of the compact, then designate the states in which they seek to be licensed. The principal state of licensure will certify to the compact commission that the candidate meets the standards for interstate licensure (has a license in their principal state, is board certified, has had no disciplinary actions and can pass a criminal background check). The physician pays the appropriate fees, and the designated states issue the licenses. All of this will occur through an online portal, and the compact will facilitate the transactions, information sharing, and collecting and disseminating of fees.

**A surprise from the FBI**

Participating in the compact will affect how each state’s licensing board does its work. So in Minnesota, the Board of Medical Practice is preparing for change, looking at its systems and processes and discussing such technicalities as how it will track physicians who are licensed through the compact and what it will charge them for licensure. A grant from the U.S. Health Resources and Services Administration is supporting this work.

Things were progressing smoothly until early July, when Martinez received a copy of a letter from an FBI official in West Virginia declaring that Minn-
Minnesota’s law enacting the compact does not meet federal requirements with regard to background checks. Unbeknownst to Martinez, the local office of the Bureau of Criminal Affairs asked the FBI to review the new law. “It was a surprise,” she says of the letter and the FBI’s determination, which potentially could derail the compact process. Two other compact states, Montana and Nevada, have received similar letters from the FBI.

Martinez contacted an attorney from the National Center for Interstate Compacts, who assured her the FBI had reached its conclusions based on misguided assumptions, one of which was that the compact was a private entity. Martinez sent a letter requesting that the FBI reconsider the matter. “What we’re really trying to do is correct the erroneous conclusions before this takes off and affects every other state in the compact,” she says.

Ian Marquand, chairperson of the IMLC Commission, says the commission may take up the matter as well with help from the National Crime Prevention and Privacy Compact Council, a group that facilitates sharing of information between the federal and state governments. The goal, he says, would be “to reach a mutually acceptable solution with the FBI.”

Moving forward
Both Marquand and Martinez say the issue is not preventing them from working on the compact. “We are assuming that we’re going to get this corrected and that it will happen quickly,” Martinez says. And both say they’re on track for having the compact operational in January. “It’s not a date set by a rule or policy,” Marquand explains. “It’s a date set as a target for ourselves.”

Thomas, who has been lobbying for an expedited licensing process for years, is of two minds when it comes to the pace of progress they’re making. “We’re not behind,” he says, adding, “although I wish we could have started issuing licenses in July.”

– CARMEN PEOTA

For more information
To learn more about the Interstate Medical Licensure Compact, go to www.licenseportability.org. Among the site’s offerings:

- an interactive map showing which states have joined the compact
- a video explaining how the compact will work
- answers to frequently asked questions
- model legislation