

Executive Director Report



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**Medical
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Licensing. Accountability. Leadership.

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This quarter I am going to touch on a growing trend in the healthcare licensing and regulation world: Interstate Licensing Compacts.

There is nothing inherently unusual about an interstate compact – it is simply an agreement between states to do or not do a certain thing. There are many instances of interstate compacts that, for example, govern regional transportation issues or access and use of natural resources. As a state enters into a compact, it cedes some of its individual sovereignty in return for the benefit of mutual cooperation with other states. On the licensing side of states' regulatory authority, one of the older compacts is the Driver License Compact. That compact allows states to freely exchange individuals' driver license information with each other in order to promote traffic safety.

The concept of a medical licensing compact was begun in earnest in 2013. One of the primary goals, if not the primary goal, was to make licensure in multiple states easier for allopathic and osteopathic physicians. With the assistance of the Federation of State Medical Boards and assorted state medical boards, the first drafts of the proposed legislation circulated in Fall 2014. For the Medical Commission, entry into the Interstate Medical Licensure Compact (IMLC) came in the form of House Bill 1337 in 2017. That bill adopted the IMLC legislation for allopathic and osteopathic physicians and the WMC staff began a crash course in how the IMLC works as well as what was going to be expected of the WMC on an on-going basis. Our colleagues with the Board of Osteopathic Medicine and Surgery did the same. In December 2017, the WMC issued its first IMLC license.

At its heart, the IMLC offers a great benefit for physicians. Applicants apply to their home state for a letter that establishes their licensing qualifications. These qualifications involve medical education, specialty certification, and results of licensing examinations as well as a criminal background check. Applicants also must not be under investigation at the time of their application or have disciplinary history from their home state. These basic qualifications are then sent to the IMLC Commission and then transmitted to other states where the applying physician wants to be licensed. As a receiving state, when an IMLC request comes through, all of the regular information that an initial license applicant would need to submit is already provided in a tidy electronic package that greatly reduces the timeline to receive a license.

As of 2023, the majority of states in the country either participate in the IMLC or are in the process

of implementing internal processes and procedures. Notably for Washington, the States of Oregon, California, and Alaska have not joined the IMLC and appear unlikely to do so in the near future.

As of the end of 2023, there were two bills that were pre-filed by legislators seeking to have Washington join the compact for licensing physician assistants (PA). The PA Compact is structured somewhat differently than the IMLC. Instead of the expedited licensure model that IMLC represents, the PA Compact adopted a legal structure more akin to what the Legislature adopted for physical therapists in 2017.

At the recent IMLC annual meeting, a fellow IMLC Commission member put it best: "IMLC is a technology operation." States still retain the authority to license and regulate as legislatures but for physicians many of the inefficiencies in the process of moving and/or practicing in different states have been knocked down. There is a growing consensus that licensing compacts for healthcare professionals are an essential part of healthcare in the United States.

