Expedite Access

A State Collaboration
Interstate Medical Licensure
Compact Commission

The Expedited Pathway To Medical Licensure

Expedite Access

What Do We Do? It's Simple...in Theory

A State Collaboration
Interstate Medical Licensure Compact Commission

The Interstate Medical Licensure Compact Commission is founded on the principal that each state has the sovereign right, pursuant to the Tenth (10th) Amendment to the U.S. Constitution, to define what constitutes the practice of medicine by physicians authorized to practice in that state.

Available for:

- **Doctors of Osteopathy (DO)**
- **Doctors of Medicine (MD)**

An expedited process for a full, unrestricted license to practice medicine – subject to that state's medical practice act.

What Is It?

A Governmental Instrumentality

IMLCC Is A Governmental Instrumentality
A Federally Designated Entity

A Compact Is A Legal Agreement Between States/Territories/District of Columbia

Each Member State (or jurisdiction) has passed legislation granting its state official permission to participate in the Compact. This involves sharing licensing data, collaborations between State Licensing Boards and the IMLCC, and providing two state representatives on the IMLCC Board of Commissioners.

A Compact Is A Constitutionally Permitted Federalist Idea Under the Compact Clause Of the U.S. Constitution

Ensuring that states have the right to create collaborative agreements that are mutually beneficial, and to ensure that the best interests of all communities involved can be fully considered and represented at the state level without the involvement of the federal government.

February 2026

IMLCC Today

Nearly One Quarter of All New Physician Licenses Come Through The Compact System

According to a newly released independent study, the Compact process is twice as effective in bringing more physicians to a state than any other action.

– Deyo, Ghosh, Plemmons, "*Access to Care and Physician-Practice Growth after the Interstate Medical Licensure Compact*"

44 Member Jurisdictions

180,000+ Licenses

54,000+ Physician Members

110,000+ LOQs

- **44 member jurisdictions – 42 states plus the District of Columbia plus the Territory of Guam**
  - **57-member license issuing boards – some states have separate MD and DO boards**
- **39 member jurisdictions active & full participation**
- **3 member jurisdictions participating by issuing licenses only**
- **2 member jurisdictions actively implementing but not yet participating**

February 2026

Commissioners & Rules Policies

COMMISSIONERS: There are 88 IMLCC Commissioners, 2 appointed in the manner determined by each member jurisdiction. Each commissioner serves on one committee.

RULES & POLICIES: There are currently ten (10) IMLCC Rules and (11) Policies in effect.

- IMLC Rule – Chapter 1 – Rule on Rulemaking – Adopted June 2016
- IMLC Rule – Chapter 2 – Administrative Rule on Information Practices – Amended November 2021
- IMLC Rule – Chapter 3 – Administrative Rule on Fees – Amended May 2025
- IMLC Rule – Chapter 4 – State of Principal Licensure – Amended May 2025
- IMLC Rule – Chapter 5 – Expedited Licensure – Amended May 2025
- IMLC Rule – Chapter 6 – Coordinated Information System, Joint Investigations, and Disciplinary Actions – Amended November 2023
- IMLC Rule – Chapter 7 – Rule on Compliance and Enforcement – Amended November 2021
- IMLC Rule – Chapter 8 – Rule on Notice of Licenses Upon Withdrawal or Termination of Membership in the Compact – Adopted November 2019
- IMLC Rule – Chapter 9 – Rule on Exemption from Disclosure of Records – Amended November 2019
- IMLC Rule – Chapter 10 – Rule on Annual Assessment – Adopted November 2020

- IMLC Policy #1 – Policy on Policies – Amended July 2024
- IMLC Policy #2 – Policy on Conflicts of Interest – Amended April 2024
- IMLC Policy #3 – Rescinded March 2021
- IMLC Policy #4 – Policy on Annual Report- Amended April 2024
- IMLC Policy #5 – Policy on IMLCC Reserve Funds – Adopted May 2018
- IMLC Policy #6 – Policy on Records and Information Requests – Adopted September 2018
- IMLC Policy #7 – Policy on Changes to IMLCC webpage – Adopted November 2020
- IMLC Policy #8 – Policy on Capital Assets – Adopted November 2020
- IMLC Policy #9 – Policy on Investment Strategies – Amended November 2021
- IMLC Policy #10 – Policy on Reimbursement for Staff Travel and Official Functions – Adopted February 2022
- IMLC Policy #11 – Policy on Ex-officio Members – Adopted March 2023
- IMLC Policy #12 – Policy on Procurement – Amended July 2024

IMLCC has 13 Bylaws which define our governance structure

IMLCC Q & A – Shield Law issues

IMPORTANT CONSIDERATIONS

#1 - IMLCC is a voluntary licensure process. Physicians are able to decide which process works best for them - IMLCC or the traditional state-based process.

#2 - Member states have taken action to notify physicians about options their state board will provide to protect physicians' ability to practice. Example is the Washington Medical Commission periodically provides information to physicians, especially those practicing OB-GYN, that they have the option to convert their license obtained via the IMLCC to a traditional process license.

#3 - No member boards have reported a need to take actions to provide Shield Law protections for physicians licensed in their state via the IMLCC process.

#4 - No Joint Investigations have been formed regarding the provision of reproductive or gender affirming care.

#5 – The IMLCC Model Statute preserves the sovereign authority of each state to control and regulate the practice of medicine for its citizens. The public protections regarding investigations, subpoena enforcement, and sharing of disciplinary information are protected and controlled.

#6 – No physicians have been disciplined for actions governed by another state's medical practice act.

Level Setting

- **Since the Dobbs Decision – states have increasing expressed concern about protecting physicians licensed in their state to practice in accordance with their Medical Practice Act.**

- **The IMLCC has taken action to protect the sovereign right of EACH member board to regulate the practice of medicine.**
  - December 2023 – IMLCC published a White Paper on how participating in the IMLCC strengthens protections for physicians licensed in their state. Some highlights:
    - "The Compact also adopts the prevailing standard for licensure and affirms that the practice of medicine occurs where the patient is located at the time of the physician-patient encounter, and therefore, requires the physician to be under the jurisdiction of the state medical board where the patient is located." (See IMLC Model Statute Section 1).
    - The Full Faith and Credit Clause of the U.S. Constitution contained in Art. IV, Section 1. imposes the requirement that states respect the laws and judgments of other states
    - The success of this approach by the IMLCC can be found in the continued support of member boards with diametrically opposite views on the political approach to women's health care options, gender affirming care, and access to competent care. License application volume continues to increase in all of IMLCC member states which is a significant indication that the physicians, who are acutely aware that they are on the 'tip of the spear,' trust the IMLCC's requirements and the state law protections provided in the IMLCC statute and rules.

  - **Here is the link: https://imlcc.com/wp-content/uploads/2023/12/IMLCC-Analysis-of-Protection-of-Licensees-Under-Scope-of-Practice-Provisions-FINAL-12-1-2023-1.pdf**

IMLCC Q & A – Shield Law issues

Active Legislation in Massachusetts

House Bill 2393

Co-Sponsors Representative Decker and Representative Saunders

Introduced 2/27/2025

Link to the bill – https://malegislature.gov/Bills/194/HD3377

January 8, 2026 – Email conversation with legal counsel for the Joint Committee on Public Health regarding amendments to ensure that the MA Shield Law's protections remain in place.

*****It is important to note that no other member states have determined that they must create statutory exceptions related to Shield Laws in the IMLCC model statutory language.*****

IMLCC Q & A – General

- What is the distribution of licenses per individual physicians?
  - Average number of licenses obtained per physician = 4
  - Percentage of licenses obtained
    - 1 or 2 = 62%
    - 3 to 7 = 24%
    - 7 or more = 14%
- What are the average application processing times?
  - Average number of days from initial application to Letter of Qualification (LOQ) issued:
    - 37 days with 52% obtained in 30 days or less
  - Average number of days from LOQ issued to all requested licenses issued:
    - 20 days with 51% obtained in 7 days or less
- Does a physician need to satisfy CME requirements for each issuing state or for the IMLCC?
  - Physicians are required to comply with all continuing education requirements of EACH member state from whom they have obtained a license. [IMLC Model Statute, Section 7, paragraph (b)]
  - Member states develop a renewal process with IMLCC staff that is unique to their state board.

IMLCC Q & A – General

- What are the costs?
  - LOQ application fee = $700
    - $400 to the IMLCC
    - $300 to the SPL
  - License fee = Variable
    - Actual cost established by the member board to obtain a license
    - PLUS $0 to the IMLCC if the Initial Selection of States
    - PLUS $100 to the IMLCC if a request subsequent to the Initial Selection of States (Additional Selection of States)
  - Renewal = Variable
    - Actual cost established by the member board to renew a license
    - $25.00 to the IMLCC for each renewal application
  - Redesignation of the State of Principal License - $0

IMLCC Q & A – General

- What is the pathway for foreign trained physicians through the IMLCC?
  - There are 9 eligibility requirements to participate in the IMLCC process, specific to this question are these 4 requirements:
    - Must be a graduate of a medical school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a medical school listed in the International Medical Education Directory or its equivalent;
    - Passed each component of the United State Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
    - Successfully completed graduate medical education approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association;
    - Holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists;

Compact Eligibility Steps

A State Collaboration
Interstate Medical Licensure Compact Commission

Step #1 – State of Principal License selection requirements

HOLD a full, unrestricted medical license in 1 of the 39 member jurisdictions that are full and active participants: (AL, AZ, CO, DC, DE, FL, GA, GU, IA, ID, IL, IN, KS, KY, LA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NV, OH, OK, PA, SD, TN, TX, UT, WA, WI, WV, WY)

MEET at least one of the four following requirements:

- Principal residence is in the SPL
- At least 25% of practice of medicine occurs in the SPL
- Employer is located in the SPL
- The SPL is the state of residence for U.S. federal income tax purposes

Compact Eligibility Steps

A State Collaboration
Interstate Medical Licensure
Compact Commission

Step #2 – The 9 Common Standards

1. Medical School Accreditation: LCME, COCA, IMED
2. No more than 3 attempts at USMLE or COMLEX-USA steps
3. Graduate Medical Education accreditation by ACGME or AOA
4. ABMS or AOA-BOS including time-unlimited certificates
5. No prior convictions or criminal activity
6. No history of licensure actions
7. Clean DEA history
8. No active investigations
9. **Must pass FBI Criminal Background Check**

Expedite Access

A State Collaboration
Interstate Medical Licensure
Compact Commission

Questions?

- **Marschall Smith – Executive Director**
  - **303-898-1144 – Cell phone**
  - **imlccexecutivedirector@imlcc.net**