



**A State Collaboration**  
**Interstate Medical Licensure**  
**Compact Commission**

# **The Expedited Pathway To Medical Licensure**



# What Do We Do?

It's Simple...In Theory

Available for:

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

**An expedited process for a full, unrestricted license to practice medicine – issued through the member state's board of registration or physician licensing authority and subject to that state's medical practice act.**

# Milestones



## **In 2013 There Were Big Questions**

**Is state-based licensure still appropriate? Should We Create a National License? Are state-based frameworks critical to patient care in specific populations? It was clear that portability required a different process and we needed to think outside-the-box.**

## **In 2015 The IMLCC Was Established**

**A Compact Was The Solution. Participation would be optional. State medical boards could retain their right to control the state's medical practice act. And a data conduit could be built to unify and accelerate the application process across all participating states. States passed legislation authorizing their state to join the Compact and adopting the provisions of the Compact.**

## **In 2017 We Became Operational**

**IMLCC created, tested and implemented the System. We started processing physician applications.**

## **In 2019 COVID19**

**Everyone Witnessed Just How Valuable Expedited Licensing Can Be In A National Crisis. The Compact provided the right answer/solution at the difficult time.**

October 2025

# 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**



**175,000+  
Licenses**



**49,000+  
Physician Members**



**100,000+  
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**
- **38 member jurisdictions active & full participation**
- **3 member jurisdictions participating by issuing licenses only**
- **3 member jurisdictions actively implementing but not yet participating**

# Why Are We Here?



## To Extend The Reach of Physicians And Accelerate Patient Access To Care

- **Physician Portability Eases The National Physician Shortage**
- **The Compact Expedites The Licensure Process**  
(7-10 Days on Average after pre-qualification)
- **Simplifies Licensure & Credentialing**  
Allowing Physicians To Focus On Patient Care

## To Expedite The Physician Licensing Process Through A Shared Technology Solution

- **Patient Access To Care Is Paramount**
- **The Compact Increases Access To Care for Patients In Rural & Underserved Communities**
- **Compact Physicians Report That Multi-State Licensure Allows A Significant Percentage Of Their Time To Be Dedicated To Rural & Underserved Communities**



# Impact on States

## 2024 - New License volume – New England

- **Connecticut**
  - 3,183 – total new licenses issued
  - 698 or 22% – issued via the Compact process
- **Maine –**
  - 1,301 – total new licenses issued
  - 532 or 49% – issued via the Compact process
- **New Hampshire –**
  - 1,908 – total new licenses issued
  - 664 or 35% – issued via the Compact process
- **Vermont –**
  - 997 – total new licenses issued
  - 521 or 62% - issued via the Compact process

## Physician Area of Practice – Physician reported

- 49.18% for Direct Patient Care
- 41.29% for Telemedicine
- 6.55% for Other/Administrative
- 1.75% for Teaching
- 1.22% for Research

## Physician Practice in Rural and Underserved Areas – Physician reported

- 4.25% of licenses obtained for 100% patient care provided in rural/underserved areas
- 5.89% of licenses obtained for between 75% and 100% patient care provided in rural/underserved areas
- 10.25% of licenses obtained for between 50% and 75% patient care provided in rural/underserved areas
- 33.82% of licenses obtained for between 25% and 50% patient care provided in rural/underserved areas
- 45.80% of license obtained for less than 25% patient care provided in rural/underserved areas

# IMLCC in the Post Dobbs Decision World



**The Interstate Medical Licensure Compact Commission (“IMLCC” and “Compact”) 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.**

**IMLCC Model Statute, Section 1: “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.”**

**Simply stated, under the IMLCC scope of practice provisions a physician who attempts to perform an abortion or gender affirming care where it is prohibited is subject to be disciplined to the extent that state’s regulatory board wishes to pursue it. That same physician who performs abortions or gender affirming care under a license issued by a state which permits such care to a patient is protected against other states attempting to impose discipline on physicians providing such care to a patient located in that state at the time of treatment under those scope of practice provisions.**

**Accordingly, IMLCC member states are better able to protect their physicians, and the patients whom they treat by the enactment of the Compact.**

Expedite  Access

# **IMLCC Process & Participation**

**Enough Background. Now, To The Actual Service We Provide.**



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# Compact Eligibility Steps

## Step #1 – State of Principal License selection requirements

HOLD a full, unrestricted medical license in 1 of the 38 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, 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



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## 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**

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# Questions?

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