ACHI
INSPIRING HEALTHY ACTS

INTERSTATE MEDICAL LICENSURE COMPACT

Considerations for Arkansas

Introduction

As states seek to improve access to health care in rural areas and address physician shortages, one available option is to participate in collaborative initiatives that facilitate the mobility and availability of healthcare professionals across state lines.

Under their inherent authority to protect the health, safety, and welfare of their residents, states set professional standards of conduct and licensure rules for healthcare professionals through legislatively authorized boards. States also may enter into interstate licensure compacts, which provide a framework for healthcare professionals to practice across state lines under shared rules and policies. The Interstate Medical Licensure Compact (IMLC) is a compact specifically for physicians, making it simpler for them to obtain licensure to practice in multiple states. As of 2024, the IMLC includes 39 states, the District of Columbia, and the U.S. Territory of Guam (see Figure 1).[1]

In 2017, the Arkansas General Assembly passed a law directing the Arkansas State Medical Board to evaluate the practicality of Arkansas joining the IMLC.[2] The board ultimately recommended against joining, citing the state's recent improvements in licensing speed, the potential loss of the board's decision-making authority, the compact's inflexibility, and the need for legislative changes. Given the evolving healthcare landscape and the adoption of the IMLC by surrounding states, Arkansas may need to revisit the potential benefits and implications of joining the compact.

This explainer provides an overview of the IMLC, an examination of the Arkansas State Medical Board's 2017 report, and discussion of legislative changes required to join the compact.

FIGURE 1: GROWTH IN IMLC PARTICIPATION FROM 2017[3] TO 2024.[4]

2017

2024

IMLC legislation introduced
IMLC member state serving as a state of principal license (SPL) processing applications and issuing licenses*
IMLC member state issuing licenses but not serving as an SPL
IMLC passed; implementation in process or delayed
Not participating

*See the section below for more information on SPL

The Interstate Medical Licensure Compact

The IMLC aims to modernize and streamline the way physicians are licensed across multiple states. Originating in discussions among U.S. state medical boards in 2013, the compact emerged in response to the growing need for a more efficient licensure process, particularly in the age of remote care and with demand increasing for healthcare access in underserved areas.[1]

FIGURE 2: APPLICATIONS PROCESSED AND LICENSES ISSUED BY MEMBER STATES THROUGH THE IMLC PROCESS.

Applications processed
Licenses issued

Source: IMLC Annual Report FY2023

The IMLC facilitates a voluntary, expedited pathway to licensure for eligible physicians, allowing them to apply for licenses in multiple states through one application process, rather than navigating the individual requirements of each state separately. This process aims to reduce the wait time and administrative burden on physicians seeking to practice in more than one state.

1401 W. Capitol Avenue
Suite 300, Victory Building
Little Rock. Arkansas

501-526-2244
achi@achi.net
achi.net

Eligibility for the IMLC requires a physician to hold a full, unrestricted medical license in a member state that serves as the physician's state of principal license (SPL). The SPL can be the state where the physician's primary residence is, where the physician practices medicine, where the physician's employer is located, or where the physician files federal income taxes. The SPL plays the primary role in evaluating whether a physician is eligible for expedited licensure under the compact.

After the SPL verifies an applicant's eligibility for the IMLC, the SPL issues a letter of qualification. This letter, along with the core data set[a] of the applicant, is submitted to the IMLC Commission, an independent body composed of representatives from each participating state.[5] The commission then maintains this data in a coordinated information system and distributes the core data set to all member states where the applicant seeks licensure. Licenses issued through the compact are granted by individual states, which retain authority to regulate of the practice of medicine within their borders.

To join the IMLC, states must enact legislation authorizing participation and committing to the compact's principles and processes.

Concerns and Considerations for Arkansas

In 2017, the Arkansas State Medical Board conducted an analysis of the feasibility and implications of joining the IMLC. The board's report highlighted several concerns:

EFFICIENCY OF EXISTING LICENSURE PROCESS

The report noted that Arkansas had already taken steps to streamline its licensure process and questioned the added value of joining the IMLC.

For both Arkansas and the IMLC, the federal criminal background check process was the primary factor extending the licensure timeline, potentially taking several weeks to complete.[6] The IMLC's model statute requires a criminal background check to verify eligibility to participate in the IMLC, which could conflict with an Arkansas law specifying that criminal background checks can only be conducted for new licensees and renewals.[7]

---

[a] The core data set is a collection of a physician's professional and personal details required for applying, renewing, or holding an expedited license under the IMLC. It encompasses a wide range of information, from basic identification and contact details to educational, certification, and licensure specifics.

According to the board's report, another challenge is that federal law dictates that criminal history information for licensees can only be retained by the state licensing agency and cannot be shared with IMLC. Some states have struggled to obtain necessary background check approvals, which has impeded the full implementation of compacts.[8] However, federal efforts like the proposed SHARE Act[b] aim to overcome these barriers.[9]

LOSS OF CONTROL OVER LICENSURE

According to the board's report, joining the IMLC would mean the Arkansas State Medical Board could not conduct investigations or make autonomous decisions regarding applicants seeking expedited licensure through the compact.

The IMLC's process is designed to facilitate easier cross-state practice for physicians, which inherently requires some level of uniformity and shared standards among member states. This uniformity means that once a physician is deemed eligible by the physician's SPL and has passed the necessary background checks and verifications, other member states are expected to accept the physician's eligibility without conducting their own investigations or assessments.

While some states appreciate the efficiency, others have expressed concerns regarding the loss of direct control over licensure decisions. However, there have been few reported issues directly attributed to this loss of control, suggesting that the IMLC's processes are generally effective in ensuring that only qualified physicians are granted expedited licensure.[10]

The IMLC has mechanisms in place, such as the ability to share disciplinary information and actions taken against physicians, that help maintain a level of oversight and public protection consistent with states' individual standards.

VERIFICATION AND DOCUMENTATION CONCERNS

According to the board's report, for a state that is not a physician's SPL, the expedited process under the IMLC would not include verification of qualifications such as the physician's education, training, experience, licensure, or certifications prior to licensure. Additionally, IMLC's model statute prohibits qualifications, including education and exam results, from being re-

---

[b] The proposed SHARE Act aims to streamline and address inconsistencies in the process for states conducting background checks through the FBI for interstate compact licensure. This legislative effort seeks to clarify the FBI's role in providing criminal history information for compact applicants while reinforcing the privacy of the information.

verified if already confirmed by the physician's SPL. This could potentially delay the state-required credentialing processes — the verification of a physician's qualifications to provide care — due to the lack of required documentation.

The Arkansas State Medical Board utilizes the Centralized Credentials Verification Service (CCVS) to collect credentialing information needed by credentialing and healthcare organizations. Arkansas law requires the board to provide any collected credentialing information, if authorized by the individual, within 15 business days upon request.[11] Credentialing organizations in Arkansas are required to seek credentialing information from the board if available.

For Arkansas applicants, enrollment in the CCVS is automatic upon licensure approval.[12] Arkansas applicants can verify credentials through the Federal Credentials Verification Service, a system that is used by the Federation of State Medical Boards to streamline licensure across states and is recognized by the IMLC.[6]

To address the challenges identified in the board's report, Arkansas could explore legislative or regulatory changes to align the state's credentialing requirements with the IMLC's expedited licensure process.

Conclusion

With most states, including those surrounding Arkansas, now participating in the IMLC, Arkansas has an opportunity to reassess its options. Deliberations on whether to join the IMLC should be informed by weighing the benefits of streamlined multi-state licensure against the need to maintain state autonomy, control over licensure processes, and compliance with existing credentialing mandates. Policymakers should also consider what legislative action and technological enhancements may be required to join the IMLC. A strategic approach could enhance Arkansas's licensure accessibility, aligning with a broader goal of delivering patient-centered care across state lines to improve access to care in rural areas and address physician shortages.

References

[1] Interstate Medical Licensure Compact. *A faster pathway to physician licensure*. Retrieved March 6, 2024, from https://www.imlcc.org/a-faster-pathway-to-physician-licensure/

[2] Arkansas State Medical Board. *Report of analysis*. Retrieved March 6, 2024, from https://www.arkleg.state.ar.us/Home/FTPDocument?path=%2FAssembly%2FMeeting+Attachments%2F430%2F235%2FExh+D-State+Medical+Board.pdf

[3] Interstate Medical Licensure Compact. (2017, December 8). *The IMLC*. https://web.archive.org/web/20171208014350/www.imlcc.org/

[4] Interstate Medical Licensure Compact. *U.S. state participation in the compact*. Retrieved March 6, 2024, from https://www.imlcc.org/

[5] Interstate Medical Licensure Compact Commission. (2021, November 16). *Rule on information practices*. https://www.imlcc.org/wp-content/uploads/2021/12/IMLCC-Rule-Chapter-2-Administrative-Rule-on-Information-Practices-Amended-November-16-2021.pdf

[6] Arkansas State Medical Board. *Frequently asked questions*. Retrieved March 6, 2024, from https://www.armedicalboard.org/faq.aspx?type=1

[7] Ark. Code Ann. § 17-95-306

[8] Ward, K. (2023). SHARE Act introduced to streamline implementation of state licensure compacts. *Journal of Nursing Regulation. 14*(2), 63–64.

[9] Minix, G. (2024, January 25). *SHARE Act a viable solution to licensure compact barrier*. The Council of State Governments. https://www.csg.org/2024/01/25/federal-solution-introduced-to-resolve-barrier-for-occupational-licensure-compacts/

[10] Interstate Medical Licensure Compact. (2023, December 22). *FY2023 annual report*. https://www.imlcc.org/wp-content/uploads/2023/12/IMLCC-Annual-Report-FY2023-Final-Version-12-22-23.pdf

[11] Ark. Code Ann. § 17-95-107.

[12] Arkansas State Medical Board. *Physician licensure information packet*. Retrieved March 6, 2024, from https://www.armedicalboard.org/Professionals/pdf/MD_AppPack.pdf