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### Overview

This bill, if enacted, would establish Minnesota as a member of the Interstate Medical Licensure Compact. This would permit multistate practice for physicians and osteopaths.

#### Section

**1 Interstate medical licensure compact.** Creates § 147.38.

**Article 1. Purpose.** Provides that the purpose of the compact is to create portability of a medical license and ensure patient safety. Requires physicians to practice under the jurisdiction of the licensing board of the state in which the patient is located.

**Article 2. Definitions.** Defines terms as they are used in the compact: “bylaws,” “commissioner,” “conviction,” expedited license,” “interstate commission,” “license,” “medical practice act,” “member board,” “member state,” “practice of medicine,” “physician,” “offense,” “rule,” “state,” “state of principal license.”

**Article 3. Eligibility.** Requires a physician to meet the requirements listed in the definition of “physician” in article 2 in order to receive an expedited license to practice under the compact. Provides that if the physician does not meet these requirements, the physician may receive a license to practice in a member state if the physician meets the licensing requirements in that state.

**Article 4. Designation of state of principal license.** Requires a physician to designate a member state as the state of principal license in order to register for an

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expedited license through the compact. Requires the physician to have a full and unrestricted license in that state among other requirements.

**Article 5. Application and issuance of expedited licensure.** Paragraph (a) requires a physician seeking licensure under the compact to apply for an expedited license with the licensing board of the member state selected by the physician as the state of principal license.

Paragraph (b) requires the member board to determine whether the physician is eligible for expedited licensure and issue a letter to the Interstate Commission verifying or denying the physician's eligibility. Requires the member board to conduct a fingerprint-based criminal background check of the applicant. The applicant may appeal the determination of eligibility to the board where the application was filed.

Paragraph (c) provides that physicians eligible for licensure under the compact must complete the registration process and pay applicable fees.

Paragraph (d) requires the member board to issue an expedited license to eligible physicians. This license permits the physician to practice in the issuing state.

Paragraph (e) provides that an expedited license shall be treated like a full and unrestricted license within the member state.

Paragraph (f) states that an expedited license must be terminated if a physician fails to maintain a license in the state of principal license.

Paragraph (g) authorizes the Interstate Commission to develop rules regarding the application process.

**Article 6. Fees for expedited licensure.** Allows a member state to impose a fee for issuing and renewing an expedited license. Authorizes the Interstate Commission to develop rules.

**Article 7. Renewal and continued participation.** Paragraphs (a) and (b) list the requirements a physician must meet in order to renew an expedited license.

Paragraph (c) requires the Interstate Commission to collect renewal fees and distribute the fees to the applicable member state board.

Paragraph (d) instructs the member state board to renew the license upon receipt of the fees.

Paragraph (e) instructs the Interstate Commission to distribute physician information collected during the renewal process to all member boards.

Paragraph (f) authorizes the Interstate Commission to develop rules.

**Article 8. Coordinated information system.** Paragraph (a) requires the Interstate Commission to have a database of all licensed physicians and physicians who have applied for licensure.

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Paragraph (b) requires member boards to report public actions or complaints against physicians with an expedited license to the Interstate Commission.

Paragraph (c) requires member boards to report disciplinary and investigatory information determined as necessary and proper by rule of the Interstate Commission.

Paragraph (d) allows member boards to report nonpublic complaint or disciplinary information not required by paragraph (c).

Paragraph (e) requires member boards to share disciplinary or complaint information upon request of another member board.

Paragraph (f) requires all information shared under this article to be maintained as confidential, filed under seal, and used only for investigatory or disciplinary matters.

Paragraph (g) authorizes the Interstate Commission to develop rules.

**Article 9. Joint investigations.** Paragraph (a) classifies licensure and disciplinary records as investigative.

Paragraph (b) allows member boards to conduct joint investigations.

Paragraph (c) requires a member state to enforce a subpoena issued by another member state.

Paragraph (d) allows member boards to share information related to investigations.

Paragraph (e) allows any member state to investigate allegations of violations of practice acts in other member states in which a physician holds a license to practice.

**Article 10. Disciplinary actions.** Paragraph (a) provides that disciplinary action taken by one member board may result in disciplinary action by other member boards.

Paragraph (b) provides that if a physician's license in the state of principal license is revoked, suspended, surrendered, or relinquished in lieu of discipline, then all licenses issued by member boards shall be placed on the same status. If the state of principal license reinstates the physician's license, the license issued in any other state remains encumbered until that state takes action to reinstate the license.

Paragraph (c) provides that if a physician's license in a state other than that of principal license is revoked, suspended, surrendered, or relinquished in lieu of discipline, then licenses issued by other member boards shall be suspended automatically for 90 days to permit the boards to investigate the basis for the action.

Paragraph (d) provides that if disciplinary action is taken by a member board, any other member board may deem the action conclusive and may impose the same or lesser sanctions or pursue separate disciplinary action under that state's practice act.

**Article 11. Interstate medical licensure compact commission.** Paragraph (a) creates the Interstate Commission.

Paragraph (b) states that the purpose of the commission is to carry out the interstate compact.

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Paragraph (c) provides that the commission is a joint agency of the member states and is empowered to carry out the powers and duties set out in the compact.

Paragraph (d) provides the membership of the commission.

Paragraph (e) requires the commission to meet at least once a year.

Paragraph (f) provides that meetings may be conducted by telecommunication or electronic communication.

Paragraph (g) provides that each commissioner participating in a meeting has one vote. A majority of commissioners constitutes a quorum.

Paragraph (h) requires the commission to provide public notice of meetings. Allows the commission to close a meeting upon a two-thirds vote under specified conditions.

Paragraph (i) requires the commission to keep minutes of its meetings.

Paragraph (j) requires the commission to make its records open to the public, to the extent not otherwise designated by the compact or its rules.

Paragraph (k) requires the commission to establish an executive committee.

Paragraph (l) allows the commission to establish other committees.

**Article 12. Powers and duties of the interstate commission.** Lists the commission's powers and duties.

**Article 13. Finance powers.** Paragraph (a) allows the commission to levy and collect an annual assessment from each member state.

Paragraph (b) prohibits the commission from incurring any debt prior to securing funds to cover the debt.

Paragraph (c) prohibits the commission from pledging the credit of a member state without authorization from that state.

Paragraph (d) provides that the commission is subject to an annual financial audit.

**Article 14. Organization and operation of the interstate commission.**

Paragraph (a) requires the commission to adopt bylaws.

Paragraph (b) requires the commission to elect officers.

Paragraph (c) provides that officers shall serve without remuneration from the commission.

Paragraph (d) provides civil immunity for officers and employees of the commission.

Paragraph (e) provides that the interstate commission is considered an instrumentality of the states and the limits of liability of the state apply to the executive director, employees, and representatives of the commission.

Paragraph (f) provides that the commission shall defend the executive director and its employees in civil actions,

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Paragraph (g) provides that representatives or employees of the commission cannot be held personally liable for settlement, judgment, or attorney fees and costs.

**Article 15. Rulemaking function of the interstate commission.** Grants the commission authority to promulgate rules pursuant to a rulemaking process that conforms to the Model State Administrative Procedures Act of 2010.

**Article 16. Oversight of interstate compact.** Requires the executive, legislative, and judicial branches of each member state to enforce the compact. Provides that the compact has the force of law but does not override the state's authority to regulate the practice of medicine. Provides that the commission has standing and is entitled to receive all service of process. States that failure to provide service of process to the commission renders a judgment void as to the commission and the compact.

**Article 17. Enforcement of interstate compact.** Paragraph (a) grants power to the commission to enforce the compact.

Paragraph (b) allows the commission to initiate legal action in the District Court for the District of Columbia or in the federal district where the commission has its primary office.

Paragraph (c) allows the commission to avail itself of remedies available under state law or professional regulation.

**Article 18. Default procedures.** Establishes the grounds for default, the actions that can be taken by the commission in response to a member state's default, and a member state's appeal rights.

**Article 19. Dispute resolution.** Allows the commission to attempt to resolve disputes.

**Article 20. Member states, effective date, and amendment.** Paragraph (a) provides that any state may become a member state.

Paragraph (b) requires enactment of the compact by a state for a state to become a member state. Requires at least seven states to enact the compact before it becomes effective.

Paragraph (c) allows governors of nonmember states to participate in commission activities, but on a nonvoting basis.

Paragraph (d) allows the commission to propose amendments to the compact for enactment by the member states.

**Article 21. Withdrawal.** Requires a state that wants to withdraw from the compact to repeal the state that enacted the compact statute. Provides that withdrawal is not effective until one year after the effective date of the repeal, and requires written notice of withdrawal from the withdrawing state to all member states. Establishes the procedure for reinstatement following withdrawal.

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**Article 22. Dissolution.** Provides that the compact dissolves when membership in the compact is reduced to one state.

**Article 23. Severability and construction.** Provides a severability clause.

**Article 24. Binding effect of compact and other laws.** Provides that the compact, its rules, and bylaws are binding on the member states and that laws in a member state in conflict with the compact are superseded to the extent of the conflict with the compact. Provides that nothing in the compact prevents enforcement of any state law that is not inconsistent with the compact.

- 2 Application of interstate medical licensure compact to existing laws.** Creates § 147.381. Paragraph (a) provides that the uniform rules of the compact are not subject to the rulemaking requirements of section 14.05 to 14.389.

Paragraph (b) provides that complaints against Minnesota licensed physicians under the expedited licensure process shall be handled by the investigative process in chapter 214.

Paragraph (c) provides that the data sharing requirements in the compact are authorized by the exchange of information in disciplinary actions provision in section 214.10, subdivision 8, paragraph (d)

Paragraph (d) states that physicians licensed under the expedited process are subject to the HIV, HBV, and HCV prevention provisions in chapter 214.

- 3 Effective date.** Provides that sections 1 and 2 are effective when the Interstate Medical Licensure Compact is adopted by at least six other states, but no sooner than July 1, 2015.