



EXHIBIT D

ARKANSAS STATE MEDICAL BOARD

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December 1, 2017

The Honorable Asa Hutchinson
Governor of Arkansas
State Capitol
Little Rock, AR 72201

Dear Gov. Hutchinson and Committee Members:

Enclosed please find the Report of Analysis relating to Act 424 of the 2017 Regular Session as well as the Interstate Medical Licensure Compact Rules referenced in the report. Act 424 required the Arkansas State Medical Board to determine the practicality of enacting the Interstate Medical Licensure Compact in Arkansas. In making its recommendation, the Board utilized a committee consisting of a Board member, outside interested parties affiliated with four hospitals/integrated health systems, Board staff, and the Board attorney. At the conclusion of the analysis, it is the opinion of the Board and the committee that Arkansas should not join the Compact at this time.

A full discussion of the analysis is contained in the enclosed report, but a summary is as follows:

1. Over the past year, the Arkansas State Medical Board has taken significant steps to shorten the time period for licensure in the State of Arkansas while at the same time maintaining the legislatively mandated CCVS timelines for producing credentialing profiles for physicians; therefore, physicians are able to get licensed and credentialed in timely manners.
2. If Arkansas were to join the Compact, the Board must license those persons seeking expedited licensure through the Compact; the Board would have no decision making authority and could not conduct any investigation into the applicant.
3. At no point during the expedited licensing process would the Arkansas State Medical Board obtain any verifications supporting the applicant's qualifications. Any verifications would be obtained post-licensure.
4. The Compact legislation cannot be altered and the Compact rules would not be subject to review by the Arkansas State Legislature.
5. Legislation would be required to increase CCVS timelines to allow time for direct source verifications to be obtained and to allow for FBI background checks to be conducted on those seeking to utilize Arkansas as the State of Principal Licensure.

Members of the committee and I are available to discuss the findings at your convenience. Thank you for the opportunity to conduct this analysis.

Sincerely,

Karen D. Whatley
Executive Director

REPORT OF ANALYSIS

TO: The Honorable Asa Hutchinson, Governor of the State of Arkansas
The House Committee on Public Health, Welfare, and Labor
The Senate Committee on Public Health, Welfare, and Labor

FROM: Karen Whatley, Executive Director, Arkansas State Medical Board

DATE: December 1, 2017

RE: Act 424 of the 2017 Regular Session

Pursuant to Act 424 of the 2017 Regular Session, the Arkansas State Medical Board (hereinafter “the Board”), in conjunction with a committee consisting of Board staff, the Board attorney, and outside interested parties affiliated with four hospitals/integrated health systems and UAMS, conducted an analysis of the Interstate Medical Licensure Compact (hereinafter “the Compact” or “IMLC”) to determine the practicality of enacting the Compact in Arkansas given the “statutory, regulatory, and licensing processes governing the practice of medicine in Arkansas.”¹ This report is in response to that legislation.

As set forth in the legislation, the analysis included:

- (A) An assessment of whether participation in the compact is likely to shorten the time period for medical licensure in the State of Arkansas;
- (B) A fiscal impact statement;
- (C) An assessment of whether the compact would conflict with the purposes and operations of the state-sponsored Centralized Credentials Verification Service; and
- (D) Information on the experiences of other states that have joined the compact.

¹ The committee consisted of Veryl Hodges, D.O., Member, Arkansas State Medical Board; Austin Gaines, Vice-President, Government Relations, Mercy Arkansas; Phillip Gilmore, CEO, Ashley County Medical Center; Pope L. Moseley, M.D., Dean, College of Medicine, UAMS; Ray Montgomery, President/CEO, Unity Health; Kevin O’Dwyer, Board Attorney, Arkansas State Medical Board; Juli Carlson, Regulatory Department, Arkansas State Medical Board; Laurel Mills, Licensing Supervisor, Arkansas State Medical Board; Rosetta Toles, C CVS Program Manager, Arkansas State Medical Board; and Karen Whatley, Executive Director, Arkansas State Medical Board.

Background

The Compact began in 2013/2014; the IMLC Commission was seated in 2015; and “expedited” licenses utilizing the Compact process were first issued in April 2017. The Compact remains in the process of drafting rules, regulations, policies and procedures.

The Compact promotes a “voluntary expedited path to licensure.” This occurs by a physician selecting a state of principal license (SPL) which will determine whether the physician meets the Compact licensure requirements and which will conduct a new criminal background check.²

As set forth in Rule 5.4 of the Compact, in order to meet the requirements for expedited licensure pursuant to the Compact, the applicant must:

1. Be a graduate of a medical school accredited by the LCME, the COCA, or a medical school listed in the international medical education directory or its equivalent;
2. Have passed each component, level or step of the USMLE or COMLEX licensing examination within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes;
3. Have successfully completed graduate medical education approved by the ACGME or the AOA;³
4. Hold specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA’s Bureau of Osteopathic Specialists;⁴

² State of principal license means a state, which is a member of the Compact, where a physician holds a license to practice medicine and which the physician designates for purposes of registration and participation in the Compact (IMLC Rule 5.2ff). A state qualifies as an SPL if the physician’s primary residence is in that state; at least 25% of his/her practice occurs in that state; his/her employer is located in that state; or the physician uses that state as the state of residence for U.S. federal income tax purposes.

³ “Completed” means participation in an ACGME or AOA postgraduate training that achieves ABMS or AOA board eligibility status.

⁴ The specialty certification does not have to be maintained once the initial eligibility determination is made.

5. Possess a full and unrestricted license to engage in the practice of medicine issued by a member board;
6. Have never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense of a court of appropriate jurisdiction;
7. Have never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal or foreign jurisdiction, excluding actions related to nonpayment of fees;
8. Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration; and
9. Is not under investigation by a licensing agency or law enforcement authority in any state, federal or foreign jurisdiction.

If the physician meets the requirements, the SPL will issue a “letter of qualification” to the physician. At that point, the physician may select Compact member states (hereinafter “member states”) in which he/she wishes to be licensed and submit the appropriate fees to the Compact.⁵ The Compact then submits the letter of qualification to the member state along with a core data set.⁶ No verifications supporting the information contained in the core data set is provided to the member state. At the time the letter of qualification and core data set are provided, the member state is *required* to issue an expedited license to the applicant without

⁵ The fees include the member state licensing fee and a processing fee. All fees are paid to the Compact. The Compact will forward the appropriate fees to the member states within thirty days.

⁶ The core data set is a set of information about the applicant and contains the applicant’s name, address, date of birth, gender, telephone number, email address, social security number, and National Provider Identifier Number; medical degree conferred (MD/DO); medical school attended including year of completion; residency program including year of completion; licensing exam and number of attempts to pass each step/level; specialty board with expiration date; and SPL license number, date of issuance, expiration date and license status (IMLC Rule 2.2).

conducting any further investigation. Neither the board staff nor the board members of the member state will have any input into whether the license should be issued.

Assessment 1: Whether participation in the Compact will shorten the time period for medical licensure in the State of Arkansas.

The Compact asserts that once the SPL issues the letter of qualification and the applicant chooses a member state from which to request licensure, the expedited license is issued quickly; however, the length of time it takes for the SPL to issue the letter of qualification varies by state and in many instances is dependent on the length of time it takes to receive the completed criminal background check packet from the applicant and how long it takes to obtain the fingerprint results.⁷ This is no different from the licensure process in Arkansas when applicants are slow in returning the completed fingerprint cards and authorization documents and in obtaining the necessary verifications. In Arkansas, once the criminal background check packets are returned, the turn-around-time to obtain both the state and federal results is usually less than one week.

At the time the legislation requiring the Board to analyze whether to join the Compact was drafted, the average time for licensure in Arkansas was in excess of 72 days. Over the past year, the Board has taken significant steps to decrease the time period between an application being received at the Board and a license being issued. As of October 5, 2017, the average turn-around-time from application received to license issued was 37 days. In some instances, licenses have been issued in less than 21 days. This period includes the time necessary to obtain all verifications; send and receive background check information; investigate derogatory information; and allow the Board members to review the information and vote on licensure. The length of time to obtain an expedited license would not be much shorter than the current turn-

⁷ The applicant has up to 60 days to submit all requested material to the SPL. If the information is not provided in the 60 day period, the application is deemed withdrawn (IMLC Rule 5.6).

around-time in Arkansas as the average time period for the SPL to conduct its investigation has been stated to be between three and six weeks not including the time necessary to transfer the letter of qualification to the member state for the expedited license to issue.

Even if a licensee obtains an expedited license through the Compact, the licensing process may not be completed. With certain applicants, there may be the need to convert the IMLC license to a non-compact license after licensure. The Compact has stated it sees this as needed possibility, but at this time the Compact has not drafted rules regarding conversion of licenses.

Another issue arises if a physician loses his status in the SPL. If that occurs, all expedited licenses are vacated. For example, if a physician is licensed in Wyoming and uses Wyoming as his SPL and then moves to California, which is not a Compact state, all of his Compact licenses are voided. This will require action by each member state. Even if a physician moves to a state which is a member of the Compact, there is no process in place to transfer his/her SPL to that state; therefore, it appears each member state must void the Compact license and the applicant must start the expedited licensure process from the beginning. One IMLC member stated this was raised as a potential concern early in the Compact discussions but the IMLC commissioners "kicked it down the road." The Compact now has to address the issue but it is unsure how to proceed.

This information is provided to highlight that even if the expedited license is issued quickly, the entire process may have to begin on more than one occasion. If a physician receives an active unlimited license by meeting the Arkansas licensing requirements and going through the Arkansas licensure process rather than the Compact process, there will be no need to void licenses.

Assessment 2: The fiscal impact to the Arkansas State Medical Board.

At the time an applicant applies to the Compact, he/she must pay \$700 to the IMLC. A portion of the fee, \$300, is remitted to the SPL for the work to be performed to issue the letter of qualification. Once the letter of qualification issues, the applicant selects the Compact member states from which to request licensure. At that point, the applicant is required to pay \$100 and the member state's licensure fee to the IMLC.⁸

In addition to fees charged by the Compact, the Compact allows for the Board to charge full application and renewal fees for those seeking to be licensed in this manner; therefore, there should not be a loss of revenue if Arkansas joins the Compact.⁹ Depending on the number of physicians who request letters of qualification or expedited licenses, the Board may have to employ additional personnel to conduct the SPL investigations; issue the letters of qualification; and issue the expedited licenses. The Board's IT department will need to expend time and resources to create a new database to house the Compact license information as the issuance and renewal of those licenses is different than the issuance and renewal of Board licenses.

Any documentation the Board needs from the applicant such as Board Authorization and Releases; Attestations; or acknowledgment that the applicant has read the Arkansas Medical Practices Act must be gathered after licensure as the rules of the Compact do not allow the member states to solicit information from the applicant prior to licensure. The Compact does not limit the amount of information a member state can require licensees to provide *after* a Compact license is issued. Gathering documents post-licensure which are normally gathered during the

⁸ At the time of renewal, the licensee must pay the state license renewal fee and \$25 to the IMLC. As with the licensure fees, the letter of qualification fee and the renewal fee are forwarded to the member state board within thirty days.

⁹ All fees are paid to the IMLC and the IMLC is required to forward the fees to the member states within thirty days; therefore, the member states will issue and renew licenses prior to the licensure/renewal fees being received by the member states.

application process will result in additional duties to be performed by the Board staff and may require additional personnel.

Assessment 3: Whether the Compact conflicts with the purposes and operations of the state-sponsored Centralized Credentials Verification Service.

If Arkansas becomes a member of the Compact and receives a letter of qualification from an SPL, it must issue a license to the applicant. No investigation into the physician's background would be conducted by the Board. Further, no documentation from the SPL will be received.¹⁰ As the documentation will not be received, the Centralized Credentials Verification Service (CCVS) must obtain direct source verifications from a variety of entities prior to a credentialing profile being released. This documentation includes medical school verifications; post-graduate training verifications; exam verifications; work history verifications; licensure verifications; all certifications; military verifications if applicable; primary practice information; specialty information; time gap explanations; medical malpractice information; visa or proof of citizenship; name change documents; and any necessary explanations. Currently, all of this information is gathered during the licensing process. While physicians may get licensed quickly by utilizing the Compact, the lack of documentation available at the time of licensure may result in a delay in credentialing.

Currently, CCVS has a statutorily mandated 15 business day turn-around-time to complete all initial credentialing profiles. *See*, A.C.A. § 17-95-107(d)(1). Since no verifications will have been received prior to the expedited license being issued, that 15 day time period will need to be legislatively increased in order to allow CCVS the necessary time to obtain all the

¹⁰ Discussions with Compact personnel revealed that the SPL will never be required to send the paperwork which supports the core data set to the member state at any point.

verifications required to complete the credentialing profiles. This legislation would need to be promulgated and passed by the Legislature during its next Regular Session.

Assessment 4: Information on the experiences of other states that have joined the Compact.

According to the IMLC website (www.imlcc.org), there are twelve (12) states which serve as an SPL and a member state; five (5) states which are member states but are not SPLs;¹¹ five (5) states in which the IMLC has passed but implementation has been delayed; four (4) states in which Compact legislation has been introduced; and 29 states and territories which have not joined the Compact.¹² The 22 states which have joined the Compact represent 29 of the 70 Medical and Osteopathic Boards in the United States. Many medical board directors from participating states were the directors who helped form the Compact; however, there are some executive directors who are skeptical about the longevity of the Compact due in part to the fact that all rules have not been drafted to address concerns which have been raised for a number of years.

Staff members from some of the member states have indicated their biggest apprehension is being able to trust that other states are doing their due diligence at the time of initial licensure and when the letter of qualification is issued. Concern is raised that some states do not obtain direct source verifications at the time of initial licensure and are not required to obtain those records when determining whether a letter of qualification should issue.

The Executive Director of the Arkansas State Medical Board had a lengthy conversation with Kevin Bohnenblust, the Executive Director of the Wyoming Board of Medicine, regarding the IMLC. Mr. Bohnenblust is a proponent of the IMLC but he appreciated the apprehension

¹¹ These are states which cannot conduct criminal background checks. This will be discussed in more detail below.

¹² Of the 29 non-participating states and territories, Arkansas is the only state which has been asked to study the legislation.

states may have with the legislation and understands Arkansas is different than other states due to the state mandated CCVS.

Other Considerations

In addition to the four areas the Legislature wished to have reviewed, there are other factors which should be considered. In the event Arkansas does join the Compact, Legislation must be passed to allow for the increased turn-around-time for CCVS and to change the language in A.C.A. § 17-95-306, the law which allows the Board to conduct criminal background checks.

Section 17-95-306 of the Arkansas Code, only allows the Board to conduct criminal background checks (CBCs) for new licensees and for renewals; the current statute does not allow for CBCs to be conducted for any other purpose. Specifically, the wording of the Arkansas law would not allow CBCs for persons seeking a letter of qualification. A number of Compact states have addressed similar issues and have been denied use of the CBCs by the Federal Bureau of Investigation. In the event Arkansas joins the Compact, new legislation is required in order to allow the Board, as an SPL, to conduct these CBCs.

One concern raised by the committee involved the difference in the definition of investigation from state to state. At the time the IMLC began, the definition of investigation was left deliberately broad because, according to one IMLC proponent, the definitions used by the various state medical boards are “all over the board.” This can be addressed by rule, but defining the term does not appear to be on the IMI.C’s agenda at any point in the near future. One requirement of eligibility for the expedited license through the Compact is that a physician cannot have any disciplinary action against his/her license and is not under investigation in any state in which he/she is licensed. During the process utilized prior to issuance of the letter of qualification, the SPL does not reach out to the various states in which the applicant is licensed

to see if the applicant meets this requirement. Instead, the SPL relies on the attestation completed by the physician. The only verification of prior action may be through a National Practitioner Databank Report or a Federation of State Medical Boards report which will only show past board action which was reported, not current investigations or unreported action.

As stated above, if an SPL issues a letter of qualification, the member state *must* issue a license. The member state's medical board will have no decision making authority regarding whether a license is issued. This appears different from the nursing compact Arkansas utilizes. Sue Tedford, the Executive Director of the Arkansas State Board of Nursing, stated that simply because one member of the nursing compact issues a license to an applicant, Arkansas is not mandated to issue a license. Therefore, the Nursing Board still maintains some autonomy and control over who receives a license in Arkansas.

In order to become a member of the Compact, Arkansas must pass the IMLC legislation. The language in the current IMLC legislation cannot be altered during the legislative process. Further, the rules governing the Compact are promulgated by the IMLC and are not subject to state legislative review or approval by the Arkansas State Medical Board. Under the IMLC rules definitions, "rule" is defined in part as having "the force and effect of statutory law in a member state" (IMLC Rule 1.1). Further, the Compact specifically states that all laws in a member state in conflict with the Compact are superseded to the extent of the conflict (Section 24 IMLC Legislation). This may conflict with the recent sunset law passed by the Arkansas State Legislature (see Act 781) and infringes on the sovereignty of the Arkansas General Assembly in promulgating laws, rules and regulations.

Conclusion

After reviewing all information concerning the current status of the Compact; the limitations of the legislation; and meeting to discuss the issues to be assessed as set forth in the legislation, it is the opinion of the Committee that Arkansas should not join the Interstate Medical Licensure Compact at this time.¹³ One member of the committee specifically stated, “the Arkansas General Assembly and the Arkansas State Medical Board are responsible for the regulatory environment in which the delivery of medical services takes place Both entities are dedicated to the best interest of the community, are responsible to the citizens and have been flexible in adjusting the rules of practice to balance consumer protection with technology based delivery modes. . . . [A]ny dilution of the role of the legislature of the Medical Board is not in the best interest of the state.”

¹³ The Arkansas State Medical Board and the Committee are open to continued analysis as the IMLC progresses, more rules are promulgated, and more expedited licenses are issued.

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INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON RULEMAKING

ADOPTED: JUNE 24, 2016

EFFECTIVE: JUNE 24, 2016

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER): _____

CHAPTER 1 - Rulemaking functions of the Interstate Medical Licensure Compact Commission

Pursuant to Section 15 of the Interstate Medical Licensure Compact (IMLC), the IMLC Commission shall promulgate reasonable rules in order to effectively and efficiently achieve the purposes of the IMLC. This rule shall become effective upon adoption by the IMLC Commission.

1.1 Definition

“Rule” means a written statement by the IMLC Commission promulgated pursuant to Section 12 of the IMLC that is of general applicability, implements, interprets, or prescribes a policy or provision of the compact, or an organizational, procedural, or practice requirement of the IMLC Commission, and has the force and effect of statutory law in a member state, and includes the amendment, repeal, or suspension of an existing rule.

1.2 Rule action. The IMLC Commission may establish, amend, repeal or suspend a rule.

1.3 Rule adoption. All rule actions shall be adopted by a majority vote.

1.4 Rulemaking. Rules deemed appropriate for the operations of the IMLC Commission shall be made pursuant to a rulemaking process that substantially conforms to the model state administrative procedure act of 2010 and subsequent amendments thereto.

a. Proposed rule action shall be submitted to the IMLC Commission Bylaws and Rules Committee as follows:

(1) Any Commissioner may submit a proposed rule action for referral to the Bylaws and Rules Committee during a meeting of the IMLC Commission. The proposed rule action must be made in the form of a motion and approved by a majority vote.

(2) A standing committee of the IMLC Commission may propose a rule action anytime by a majority vote of that committee.

b. The Bylaws and Rules Committee shall prepare drafts of all proposed rule actions and provide the draft to all IMLC Commissioners for review and comments. All written comments received by the Bylaws and Rules Committee on proposed rule actions shall be posted on the IMLC Commission's website upon receipt. After considering comments received, the Bylaws and Rules Committee shall prepare a final draft of the proposed rule action for consideration by the IMLC Commission not later than the next the next scheduled meeting of the IMLC Commission.

c. Prior to adoption of a rule action by the IMLC Commission, the text of the proposed rule action shall be published by the Bylaws and Rules Committee not later than thirty days prior to the meeting at which the vote is scheduled, on the IMLC Commission's website and in any other official publication that may be designated by the IMLC Commission for the publication of its rules and rule actions. In addition to the text of the proposed rule action, the reason for the proposed rule action shall be provided.

d. Each proposed rule action shall state:

(1) The place, time, and date of the scheduled public hearing;

(2) The manner in which interested persons may submit notice to the IMLC Commission of their intention to attend the public hearing and any written comments; and

(3) The name, position, physical and electronic mail address, telephone, and telefax number of the person to whom interested persons may respond with notice of their attendance and written comments.

e. Every public hearing shall be conducted in a manner guaranteeing each person who wishes to comment a fair and reasonable opportunity to comment. No transcript of the public hearing is required, unless a written request for a transcript is made, in which case the person or entity making the request shall pay for the transcript. A recording may be made in lieu of a transcript under the same terms and conditions as a transcript. This subrule shall not preclude the IMLC Commission from making a transcript or recording of the public hearing if it chooses to do so.

f. Nothing in this rule shall be construed as requiring a separate hearing on each rule. Rule actions may be grouped for the convenience of the IMLC Commission at hearings required by this rule.

g. Following the scheduled hearing date, or by the close of business on the scheduled hearing date if the hearing was not held, the IMLC Commission shall consider all written and oral comments received.

h. The IMLC Commission shall, by a majority vote, take final action on the proposed rule action and shall determine the effective date of the rule action, if any, based on the rulemaking record and the full text of the rule action.

i. Not later than thirty days after a rule is adopted, any interested person may file a petition for judicial review of the rule in the United States district court of the District of Columbia or in the federal district court where the IMLC Commission's principal office is located. If the court finds that the IMLC Commission's action is not supported by substantial evidence, as defined in the

model state administrative procedure act of 2010 and subsequent amendments thereto in the rulemaking record, the court shall hold the rule unlawful and set it aside.

j. Upon determination that an emergency exists, the IMLC Commission may promulgate an emergency rule action that shall become effective immediately upon adoption, provided that the usual rulemaking procedures provided in the compact and in this rule shall be retroactively applied to the rule as soon as reasonably possible, in no event later than ninety days after the effective date of the rule. An emergency rule is one that must be made effective immediately in order to:

- (1) Meet an imminent threat to public health, safety, or welfare;
- (2) Prevent a loss of federal or state funds;
- (3) Meet a deadline for the promulgation of an administrative rule that is established by federal law or rule.

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON INFORMATION PRACTICES

ADOPTED: DECEMBER 14, 2016

EFFECTIVE: DECEMBER 14, 2016

AMENDED: FEBRUARY 22, 2017

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

1. Section 2.6, Federal criminal records check information, was adopted by the Interstate Commission on February 22, 2017, in an emergency rule-making action. As an emergency rule, Section 2.6 may remain effective for not longer than 180 days from date of adoption.

2.0 Information Practices.

2.1 Authority. This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact. This rule shall become effective upon adoption by the Interstate Commission.

2.2 Definitions.

“Coordinated information system” means the database established and maintained by the Interstate Commission as set forth in the Compact.

“Core data set” means a set of information about an applicant for a letter of qualification for expedited licensure through the Compact or a set of information about a physician who is issued an expedited license through the Compact or renews an expedited license through the Compact.

The core data set shall include:

1. Eligibility for expedited licensure through the Compact;
2. Full legal name;
3. Other name(s) used, previously or currently;
4. Gender;

5. Date of birth;
6. National Provider Identifier Number;
7. Social security number;
8. Address of record;
9. Telephone number of record;
10. E-mail address delegated by applicant to receive correspondence;
11. Medical degree conferred;
12. Medical school, including year of completion, and verification of accreditation;
13. Residency program, including year of completion, and verification of accreditation;
14. Specialty board certification, including date of issue and expiration date, if any;
15. The license number, date of issue, and expiration date of the full, unrestricted medical license issued by state of principal license;
16. The license number, date of issue, and expiration date of the expedited license issued by a member state;
17. The license number, date of issue, and expiration date of the license renewed by a member state.

"Expedited license" means a full and unrestricted medical license promptly issued by a member state to an eligible applicant through the process set forth in the Compact and its administrative rules.

"Letter of qualification" means a notification issued by a state of principal license that expresses an applicant's eligibility or ineligibility for expedited licensure through the processes set forth in the Compact and its administrative rules.

2.3 Collection and dissemination of core data set.

2.3(1) The core data set is collected from the applicant by the state of principal license through the expedited licensure process set forth in administrative rule 5.5.

- a. The state of principal license shall submit an applicant's core data set to the Interstate Commission when the state of principal license issues a letter of qualification, verifying or denying the applicant's eligibility for expedited licensure through the compact.
- b. The Interstate Commission shall maintain an applicant's core data set in a coordinated information system established and maintained by the Interstate Commission.
- c. The Interstate Commission shall distribute an applicant's core data set to all member states that issue an expedited license to the applicant.
- d. The Interstate Commission shall make available to any member state the core data set of an applicant for a letter of qualification or a physician who is issued an expedited license through the Compact.

2.3(2) A member state, using a form provided by the Interstate Commission, shall collect, verify and provide to the Interstate Commission the following information for inclusion in the core data set for each physician who is issued an expedited license by the member state:

- a. The license number, date of issue, and expiration date of the full, unrestricted medical license issued by the member state.

2.4 Maintenance of core data set.

2.4(1) The accuracy of information maintained in a core data set, to the extent it is possible to achieve accuracy through the expedited licensure process and licensure renewal process, shall be the responsibility of member states.

- a. A state of principal license or any member state shall verify and submit to the Interstate Commission an amendment to correct a core data set of an applicant for a letter of

qualification of a physician who is issued an expedited license through the Compact.

Upon receipt of information from a member state to correct core data, the Interstate Commission shall disseminate a notice to all member states that a core data set has been amended.

2.5 Availability of information in coordinated information system.

2.5(1) The Interstate Commission is prohibited by the Compact from providing any and all licensure, complaint, disciplinary and investigatory information maintained in the coordinated information system, including a core data set, to any individual, entity or organization other than a member state board.

2.6 Federal criminal records check information.

2.6(1) Communication between a member board and the Interstate Commission and communication between member boards regarding verification of physician eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member board under Public Law 92-544 pursuant to Section 1 of the Compact and rules 5.5(1) "c" and 5.5(2) "b" (2).

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON INFORMATION PRACTICES

ADOPTED: DECEMBER 14, 2016

EFFECTIVE: DECEMBER 14, 2016

AMENDED: FEBRUARY 22, 2017

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

1. Section 2.6, Federal criminal records check information, was adopted by the Interstate Commission on February 22, 2017, in an emergency rule-making action. As an emergency rule, Section 2.6 may remain effective for not longer than 180 days from date of adoption.

2.0 Information Practices.

2.1 Authority. This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact. This rule shall become effective upon adoption by the Interstate Commission.

2.2 Definitions.

"Coordinated information system" means the database established and maintained by the Interstate Commission as set forth in the Compact.

"Core data set" means a set of information about an applicant for a letter of qualification for expedited licensure through the Compact or a set of information about a physician who is issued an expedited license through the Compact or renews an expedited license through the Compact.

The core data set shall include:

1. Eligibility for expedited licensure through the Compact;
2. Full legal name;
3. Other name(s) used, previously or currently;
4. Gender;

5. Date of birth;
6. National Provider Identifier Number;
7. Social security number;
8. Address of record;
9. Telephone number of record;
10. E-mail address delegated by applicant to receive correspondence;
11. Medical degree conferred;
12. Medical school, including year of completion, and verification of accreditation;
13. Residency program, including year of completion, and verification of accreditation;
14. Specialty board certification, including date of issue and expiration date, if any;
15. The license number, date of issue, and expiration date of the full, unrestricted medical license issued by state of principal license;
16. The license number, date of issue, and expiration date of the expedited license issued by a member state;
17. The license number, date of issue, and expiration date of the license renewed by a member state.

"Expedited license" means a full and unrestricted medical license promptly issued by a member state to an eligible applicant through the process set forth in the Compact and its administrative rules.

"Letter of qualification" means a notification issued by a state of principal license that expresses an applicant's eligibility or ineligibility for expedited licensure through the processes set forth in the Compact and its administrative rules.

2.3 Collection and dissemination of core data set.

2.3(1) The core data set is collected from the applicant by the state of principal license through the expedited licensure process set forth in administrative rule 5.5.

- a. The state of principal license shall submit an applicant's core data set to the Interstate Commission when the state of principal license issues a letter of qualification, verifying or denying the applicant's eligibility for expedited licensure through the compact.
- b. The Interstate Commission shall maintain an applicant's core data set in a coordinated information system established and maintained by the Interstate Commission.
- c. The Interstate Commission shall distribute an applicant's core data set to all member states that issue an expedited license to the applicant.
- d. The Interstate Commission shall make available to any member state the core data set of an applicant for a letter of qualification or a physician who is issued an expedited license through the Compact.

2.3(2) A member state, using a form provided by the Interstate Commission, shall collect, verify and provide to the Interstate Commission the following information for inclusion in the core data set for each physician who is issued an expedited license by the member state:

- a. The license number, date of issue, and expiration date of the full, unrestricted medical license issued by the member state.

2.4 Maintenance of core data set.

2.4(1) The accuracy of information maintained in a core data set, to the extent it is possible to achieve accuracy through the expedited licensure process and licensure renewal process, shall be the responsibility of member states.

- a. A state of principal license or any member state shall verify and submit to the Interstate Commission an amendment to correct a core data set of an applicant for a letter of

qualification of a physician who is issued an expedited license through the Compact. Upon receipt of information from a member state to correct core data, the Interstate Commission shall disseminate a notice to all member states that a core data set has been amended.

2.5 Availability of information in coordinated information system.

2.5(1) The Interstate Commission is prohibited by the Compact from providing any and all licensure, complaint, disciplinary and investigatory information maintained in the coordinated information system, including a core data set, to any individual, entity or organization other than a member state board.

2.6 Federal criminal records check information.

2.6(1) Communication between a member board and the Interstate Commission and communication between member boards regarding verification of physician eligibility for licensure through the Compact shall not include any information received from the Federal Bureau of Investigation relating to a federal criminal records check performed by a member board under Public Law 92-544 pursuant to Section I of the Compact and rules 5.5(1) "c" and 5.5(2) "b" (2).

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON FEES

ADOPTED: DECEMBER 14, 2016

EFFECTIVE: DECEMBER 14, 2016

AMENDED: MAY 22, 2017

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER): _____

1. Section 3.2 "service fee" was amended by the Interstate Commission on May 22, 2017.
2. Section 3.4 caption fine was amended by the Interstate Commission on May 22, 2017.
3. Section 3.4(3) was adopted by the Interstate Commission on May 22, 2017

3.0 Fees.

3.1 Authority. This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact. This rule shall become effective upon adoption by the Interstate Commission.

3.2 Definitions

"Letter of qualification" means a notification issued by a state of principal license that expresses an applicant's eligibility or ineligibility for expedited licensure through the process set forth in the Compact.

"License fee" means the fee a member board establishes for an expedited license issued through the Compact.

"Service fee" means fees that may be assessed by the Interstate Commission, or a member state, or both, to handle and process an application for a letter of qualification, or the issuance of a license through the Compact, or the renewal of a license through the Compact. A service fee is not a license fee for the issuance of a license or the renewal of a license.

3.3 Delegation of collection and disbursement of fees

3.4(3) A non-refundable service fee of \$25.00 shall be assessed to the physician for each license renewed through the Compact.

- a. Payment shall be made by electronic means to the Interstate Commission. 100 percent of this service fee shall be deposited in the Interstate Commission's general fund.

3.5 Licensure fee

3.5(1) An applicant who is qualified for expedited licensure through the Compact shall pay to the Interstate Commission a non-refundable licensure fee for each expedited license issued through the Compact to the applicant by a member board.

- a. The member board shall establish the fee for an expedited license.
- b. The Interstate Commission shall remit to the member board no less frequently than once every 30 days 100 percent of the licensure fee collected by the Interstate Commission for an expedited license issued through the Compact by that member board.

3.6 Insufficient funds; failed payments

3.6(1) A non-refundable service fee of \$100.00 shall be imposed on an individual who submits a payment to the Interstate Commission for service or application fees without sufficient funds in the payer's account. 100 percent of the fee shall be deposited in the Interstate Commission's general fund to cover costs incurred in attempting to process failed payment transaction(s).

INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

RULE ON EXPEDITED LICENSURE

ADOPTED: OCTOBER 3, 2016

EFFECTIVE: OCTOBER 3, 2016

AMENDED: FEBRUARY 22, 2017, MAY 22, 2017

AMENDMENT HISTORY (LIST WHEN AMENDED AND CITE SECTION NUMBER):

1. Section 5.5(2) "b" (2) was adopted by the Interstate Commission on February 22, 2017, in an emergency rule-making action. As an emergency rule, Section 5.5(2) "b" (2) may remain effective for not longer than 180 days from date of adoption.
2. Section 5.2 "ee" was amended by the Interstate Commission on May 22, 2017.
3. Section 5.3 was adopted by the Interstate Commission on May 22, 2017.

5.0 Expedited licensure.

5.1 Authority. This chapter is promulgated by the Interstate Commission pursuant to the Interstate Medical Licensure Compact. The rule shall become effective upon adoption by the Interstate Commission.

5.2 Definitions. In addition to the definitions set forth in the Interstate Medical Licensure Compact, as used in these rules, the following definitions will apply:

- a. *"Accreditation Council for Graduate Medical Education (ACGME)"* means the non-governmental organization responsible for the accreditation of graduate medical education (GME) programs within the jurisdiction of the United States of America and its territories and possessions.
- b. *"Action related to nonpayment of fees related to a license"* means adverse action taken against a physician seeking licensure through the Compact by a medical licensing agency in any state, federal, or foreign jurisdiction due to late payment or non-payment of a medical license fee.

- c. *"Active investigation"* means an investigation related to a physician seeking licensure through the Compact by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction for issues that have not been resolved.
- d. *"American Board of Medical Specialties (ABMS)"* means a non-profit organization comprising 24 certifying boards that develop and implement professional standards for the certification of physicians in their declared medical/surgical specialty.
- e. *"American Osteopathic Association (AOA)"* means the representative organization for osteopathic physicians (DOs) in the United States. AOA is the accrediting body for educational programs at osteopathic medical schools and postgraduate training for graduates of osteopathic medical schools in the United States. AOA is also the umbrella organization for osteopathic medical specialty boards in the United States.
- f. *"American Osteopathic Association's Bureau of Osteopathic Specialists"* means the certifying body for the approved specialty boards of the American Osteopathic Association, which certifies osteopathic physicians in their various specialties or fields of practice.
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- g. *"Applicant"* means a physician who seeks expedited licensure through the Interstate Medical Licensure Compact.
- h. *"Compact"* means the Interstate Medical Licensure Compact.
- i. *"Commission on Osteopathic College Accreditation (COCA)"* means a commission of the AOA that establishes, maintains, and applies accreditation standards and procedures for COMs.
- j. *"Comprehensive Osteopathic Medical Licensing Examination (COMLEX)"* means the examination series administered by the National Board of Osteopathic Medical

Examiners that assesses the medical knowledge and clinical skills of osteopathic physicians.

- k. *"Conviction"* means a finding by a court that an individual is guilty of a criminal offense through adjudication, or entry of a plea of guilty or no contest to the charge by the offender. Evidence of an entry of a conviction of a criminal offense by the court shall be considered final for purposes of disciplinary action by a member board. Conviction *means* a plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States of any crime that is a felony.
- l. *"Coordinated information system"* means the database established and maintained by the Interstate Commission as set forth in the Compact.
- m. *"Crime of moral turpitude"* means an act, whether or not related to the practice of medicine, of baseness, vileness or the depravity contrary to accepted and customary rule, right, and duty between human beings.
- n. *"Criminal background check"* means a state and federal criminal background investigation of an applicant for expedited licensure by means of fingerprinting or other biometric data checks. The completed report and information shall be obtained prior to licensure of the applicant. The applicant shall pay for the background check.
- o. *"Criminal offense"* means a violation of a law with possible penalties of a term in jail or prison, and/or a fine.
- p. *"Discipline by a licensing agency in any state, federal, or foreign jurisdiction"* means discipline reportable to the National Practitioner Data Bank.

- q. "*Education Commission for Foreign Medical Graduates (ECFMG)*" means the entity that certifies international medical graduates for entry into U.S. graduate medical education.
- r. "*Expedited license*" means a full and unrestricted medical license promptly issued by a member state to an eligible applicant through the process set forth in the Compact. Expedited does not refer to the speed of the process by which the state of principal license qualifies an applicant for expedited licensure.
- s. "*Federation of State Medical Boards' Federation Credentials Verification Service (FCVS)*" means a centralized, uniform system operated by the Federation of State Medical Boards for state medical boards to obtain a verified, primary-source record of a physician's core medical credentials.
- t. "*Felony*" means the category or description of a crime defined in the jurisdiction where the crime is committed. Where not otherwise defined in state statute, a felony is a charge which is punishable by a minimum penalty of 12 months of incarceration.
- u. "*Gross misdemeanor*" means a category or description of a crime defined in the jurisdiction where the crime is committed. If the jurisdiction does not have a gross misdemeanor category or description, the crime is a charge which is punishable by a minimum penalty of 6 months of incarceration.
- v. "*International Medical Education Directory*" means the World Directory of Medical Schools, a public database of worldwide medical schools. The directory is a collaborative product of the Foundation for Advancement of International Medical Education and Research and the World Federation for Medical Education.
- w. "*Interstate Commission*" means the Interstate Medical Licensure Compact Commission.
- x. "*Letter of qualification*" means a notification issued by a state of principal license that

expresses an applicant's eligibility or ineligibility for expedited licensure through the process set forth in the Compact.

- y. *"Liaison Committee on Medical Education (LCME)"* means an entity that provides accreditation to medical education programs in the United States and Canada as a voluntary, peer-reviewed process of quality assurance that determines whether the medical education program meets established standards.
- z. *"Member board"* means a state agency in a member state that acts in the sovereign interests of the state by protecting the public through licensure, regulation, and education of physicians as directed by the state government.
 - aa. *"Member state"* means a state that has enacted the Compact.
 - bb. *"Offense"* means a felony, gross misdemeanor, or crime of moral turpitude.
 - cc. *"Predecessor examination"* means a generally accepted national medical licensure examination issued prior to the administration of USMLE or COMLEX, combination examinations and state licensure board examinations administered prior to 1974.
 - dd. *"Primary source verification"* means verification of the authenticity of documents with the original source that issued the document or original source verification by another jurisdiction's physician licensing agency or original source verification by an entity approved by the Interstate Commission including, but not limited to, FCVS, ECFMG, or the AOA profile.
 - ee. *"Service fee"* means fees that may be assessed by the Interstate Commission, or a member state, or both, to handle and process an application for a letter of qualification, or the issuance of a license through the Compact, or the renewal of a license through the Compact. A service fee is not a license fee for the issuance of a license or the renewal of a license.

ff. "State of principal license" means a member state where a physician holds a license to practice medicine and which has been designated as such by the physician for purposes of registration and participation in the Compact.

gg. "United States Medical Licensing Examination (USMLE)" means the examination series for medical licensure in the United States administered by the National Board of Medical Examiners.

5.3 Delegation of expedited licensure responsibilities.

5.3(1) Member states are deemed to have delegated and assigned to the Interstate Commission the following responsibilities in the expedited licensure process:

- a. The Interstate Commission shall provide member states an online application for use by applicants seeking expedited licensure through their designated state of principal license.
- b. The Interstate Commission shall use information from a coordinated information system to facilitate an application for review by the applicant's designated state of principal license.

- c. The Interstate Commission shall provide and administer a process to collect service fees and licensure fees from the applicant and remit these fees to the member boards and the Interstate Commission.

5.4 Eligibility for expedited licensure.

5.4(1) An applicant must meet the following requirements to receive an expedited license under the terms and provisions of the Compact:

- a.* Is a graduate of a medical school accredited by the LCME, the COCA, or a medical school listed in the international medical education directory or its equivalent.
- b.* Passed each component, level or step of the USMLE or COMLEX licensing examination within three attempts, or any of its predecessor examinations accepted by a state medical board as an equivalent examination for licensure purposes.
- c.* Successfully completed graduate medical education approved by the ACGME or the AOA. "Completed" means participation in an ACGME or AOA postgraduate training that achieves ABMS or AOA board eligibility status.
- d.* Holds specialty certification or a time-unlimited specialty certificate recognized by the ABMS or the AOA's Bureau of Osteopathic Specialists. The specialty certification or a time-unlimited specialty certificate does not have to be maintained once a physician is initially determined to be eligible for expedited licensure through the Compact.
- e.* Possesses a full and unrestricted license to engage in the practice of medicine issued by a member board.
- f.* Has never been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction.
- g.* Has never held a license authorizing the practice of medicine subjected to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to nonpayment of fees related to a license.
- h.* Has never had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

- i.* Is not under active investigation by a licensing agency or law enforcement authority in any state, federal, or foreign jurisdiction.

5.5 Expedited licensure process.

5.5 (1) An applicant shall:

- a.* Designate a state of principal license.
- b.* Submit an online application to the designated state of principal license through the coordinated information system.
- c.* Submit to the state of principal license a completed fingerprint packet or other biometric data check sample approved by the state of principal license.
- d.* Submit to the state of principal license a sworn statement by the applicant attesting to the truthfulness and accuracy of all information provided by the applicant.
- e.* Pay the nonrefundable service fees required by the state of principal license and the Interstate Commission.

5.5 (2) When an application is received by the state of principal license through the Interstate Commission:

- a.* The Interstate Commission shall use information from its database to facilitate the application, which shall be reviewed by the applicant's designated state of principal license.
- b.* The designated state of principal license shall:
 - 1)* Evaluate the applicant's eligibility for expedited licensure;
 - 2)* Perform a criminal background check pursuant to Public Law 92-544 as required by terms and provisions of the Compact; and

3) Issue a letter of qualification to the applicant and the Interstate Commission, verifying or denying the applicant's eligibility.

5.5 (3) Upon receipt of a letter verifying the applicant is eligible for expedited licensure, the applicant shall:

- a. Complete the registration process established by the Interstate Commission.
- b. Identify the member state(s) for which expedited licensure is requested.
- c. Pay the non-refundable licensure fee required by the member board(s) and any additional service fee required by the Interstate Commission.

5.5 (4) Upon receipt of all licensure fees required, and receipt of the information from the application, including the letter of qualification, the member board(s) shall promptly issue a full and unrestricted license(s) to the applicant, and provide information regarding that license to the Interstate Commission to maintain in its coordinated information system.

- a. An expedited license shall be valid for a period consistent with the licensure period in the member state and in the same manner as required for other physicians holding a full and unrestricted license within the member state.

5.6 Expedited licensure application cycle.

5.6(1) An application for expedited licensure shall be considered open from the date the application form is received by the state of principal license.

- a. If the applicant does not submit all requested materials within 60 days after the application is opened, then the application shall be deemed to have been withdrawn. The applicant must reapply and submit a new application, a new nonrefundable application service fees as determined by the state of principal license and the Interstate Commission.

- b. A letter of qualification is valid for 365 days from its date of issuance to request expedited licensure in a member state. There shall be no waiver of this time limit.
- c. A physician who has been issued a letter of qualification by a state of principal license attesting the physician is qualified for expedited licensure through the Compact may apply for a new letter of qualification after 365 days from issuance of the initial letter of qualification. Upon request for a new letter of qualification, a physician will not be required to demonstrate current specialty board certification.

5.7 Appeal of the determination of eligibility.

5.7(1) The applicant may appeal a determination of eligibility for licensure within 30 days of issuance of the letter of qualification to the member state where the application was filed and shall be subject to the law of that state.

5.8 Renewal and continued participation.

5.8(1) Not less than 90 days prior to the expiration of a license issued through the Compact, the member board that issued the license shall notify the physician by e-mail of the pending expiration of the license and provide information on the process to renew the license, and a link to the Interstate Commission's web page to start the renewal process. The e-mail notice shall be sent to the address specified in rule 2.2. The physician is responsible for renewing the license prior to its expiration. Failure of the physician to receive a renewal notice does not relieve the physician of responsibility for renewing the license through the Interstate Commission. The physician shall update the information provided on the online renewal application within 30 days of any change of information provided on the application.

5.8(2) The physician shall complete an online renewal application on a form provided by the Interstate Commission which shall include collection of information required in Section 7 of the Compact and such other information as required by the Interstate Commission.

5.8(3) The Interstate Commission may collect a service fee from the physician for renewal of a license issued through the Compact. The Interstate Commission shall retain 100 percent of this service fee for renewal of a license.

5.8(4) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board during a member state's licensing renewal period.

5.8(5) Upon receipt of any renewal fees collected in rule 5.8(4), a member board shall renew the physician's license.

5.8(6) After the license is renewed the member board may collect and act upon additional information from the physician related to that state's specific requirements for license renewal.

5.8(7) Physician information collected by the Interstate Commission during the renewal process will be distributed to all member boards.

5.8(8) A physician who seeks to renew a license issued through the Compact after its expiration date may be subject to any and all penalties, terms and conditions for licensure renewal established by the member state that issued the license.