A State Collaboration
Interstate Medical Licensure
Compact Commission

The Expedited Pathway To Medical Licensure

Expedite Access

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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.

What Is It?

A Governmental Instrumentality

IMLCC Is A Governmental Instrumentality
A Federally Designated Entity

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

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

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

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

IMLCC History

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.

November 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**

November 2025

Commissioners & Rules Policies

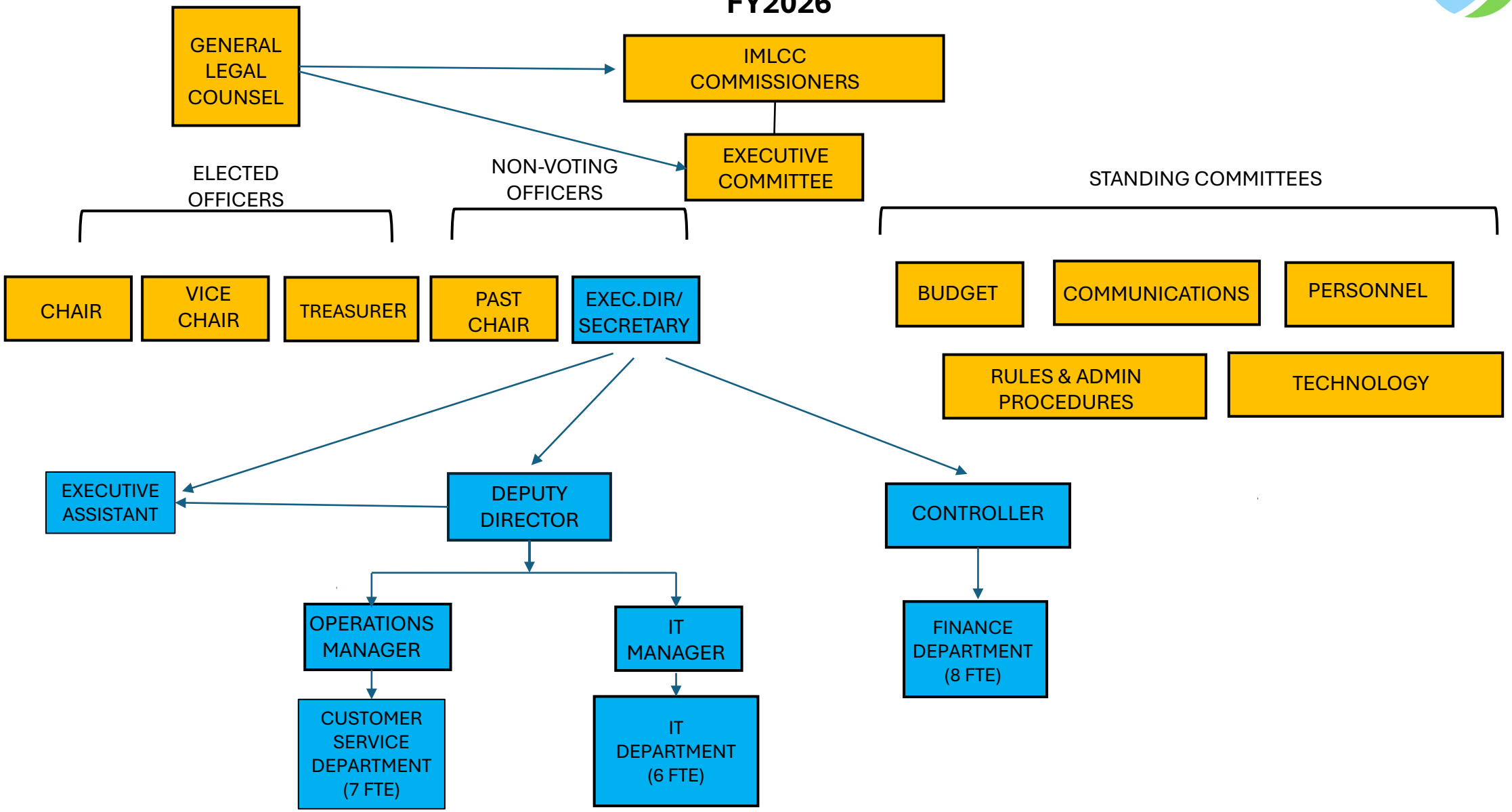
COMMISSIONERS: There are 88 IMLCC Commissioners, 2 appointed in the manner determined by each member jurisdiction. Each commissioner serves on one committee.

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

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

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

IMLCC COMMISSIONERS, COMMITTEES AND STAFF ORGANIZATION CHART FY2026



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 & Credentialling 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

- Arizona
  - 3,910– total new licenses issued
  - 1,684 or 43% – issued via the Compact process
- Utah
  - 1,181 – total new licenses issued
  - 753 or 63% – issued via the Compact process
- Colorado
  - 3,782 – total new licenses issued
  - 1,236 or 32% – issued via the Compact process
- Texas
  - 6,787 – total new licenses issued
  - 1,767 or 26% - 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 for100% 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.

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IMLCC Process & Participation

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

Compact Eligibility Steps

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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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