H.3101 Interstate Medical Licensure Compact

H. 3101 gives control of state Licensing function of physicians to the Federation of State Medical Boards (Federation), a nongovernmental body with no governing authority, and the Interstate Medical Licensure Compact Commission (IMLCC) it has created. By passing H.3101, the General Assembly:

Eliminates State Control over Licensing.
- Currently, LLR has a process for licensing persons with out-of-state licenses. This process is quick unless there is a red flag on the application, in which case a member must go before the S.C. Board of Medical Examiners (BME) at the South Carolina Department of Labor, Licensing and Regulation (LLR). With the Federation, if a Senator had a constituent problem, LLR cannot assist.

Eliminates General Assembly Input on Fees and Assessments.
- Compact provides that the Federation sets and implements application fees with ZERO input or approval from the General Assembly.
- The federation can levy and collect annual assessments from member states to cover its operations and activities and its staff again, with ZERO input or approval from the General Assembly.

Compact Law PREEMPTS State law. Legislation provides that “all laws in a member state in conflict with the Compact are superseded to the extent of the conflict.”
- SC requires one-year residency minimum. The Compact does not require any residency.
- SC Physicians are not required to have a specialty. Last year the General Assembly passed a statute that SC physicians are not required to participate in Maintenance of Certification to prove they have maintained a specialty (§40-47-38). However, the Compact requires a physician to have a specialty to participate in the Compact. Thus, SC physicians will be required to have a specialty and subsequently a Maintenance of Certification to participate in the Compact.
- Provides state subpoenas are now enforceable from another member state to the BME.

Compromises Patient Safety
- If another state licenses a physician incorrectly, the physician can get a license through the compact in SC. For example, DC failed to provide background checks for its licensees. The Compact licensed these members in other states based on the DC License.

Disadvantageous SC Physicians.
- As SC physicians are not required to have a specialty, physicians in other states will have easier access to the Compact over SC physicians. Changes the SC rules by requiring SC physicians to maintain a specialty in order to get a Federation Board license to practice in other states.

Increased Insurance Reserve Fund Costs.
- Easier rules will allow more out-of-state hires with potentially lesser standards. Insurance at state hospitals will cover these out-of-state physicians hired for their programs. South Carolina state coffers will cover these out-of-state physicians at our state hospitals for tort claims and medical malpractice issues.

Withdrawal of Compact is not Immediate
- First, repeal legislation.
- Second, required to remain in for one year after repeal of legislation.