



## **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Law PREEMPTS State law.** Legislation provides that “all laws in a member state in conflict with the Compact are superseded to the extent of the conflict.”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.