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Proposed Committee Substitute by the Committee on Appropriations
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to health care; amending s. 394.4615, F.S.; requiring a service provider to furnish and provide access to clinical records within a specified timeframe after receiving a request for such records; providing a conditional requirement that such records be furnished in the manner chosen by the requester; authorizing the service provider to charge a reasonable cost associated with reproducing such records; providing for a special service charge under specified conditions; amending s. 395.3025, F.S.; requiring a licensed facility to furnish and provide access to patient records within a specified timeframe after receiving a request for such records; providing a conditional requirement that such records be furnished in the manner chosen by the requester; authorizing the licensed facility to charge a reasonable cost associated with reproducing such records; providing for a special service charge under specified conditions; revising provisions relating to the appropriate disclosure of patient records without consent; amending s. 397.501, F.S.; requiring a service provider to furnish and provide access to records within a specified timeframe after receiving a request from an individual or an individual's legal representative; defining the term "legal representative"; providing a conditional requirement



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28 that such records be furnished in the manner chosen by
29 the requester; authorizing the service provider to
30 charge a reasonable cost associated with reproducing
31 such records; providing for a special service charge
32 under specified conditions; amending s. 400.145, F.S.;
33 requiring a nursing home facility to furnish and
34 provide access to records within a specified timeframe
35 after receiving a request; providing a conditional
36 requirement that such records be furnished in the
37 manner chosen by the requester; authorizing the
38 nursing home facility to charge a reasonable cost
39 associated with reproducing such records; providing
40 for a special service charge under specified
41 conditions; amending s. 456.057, F.S.; requiring
42 certain licensed health care practitioners to furnish
43 and provide access to copies of reports and records
44 within a specified timeframe after receiving a request
45 from a patient or a patient's legal representative;
46 authorizing such licensed health care practitioners to
47 impose reasonable terms necessary to preserve such
48 reports and records; defining the term "legal
49 representative"; authorizing such licensed health care
50 practitioners to charge a reasonable cost associated
51 with reproducing such reports and records; providing
52 for a special service charge under specified
53 conditions; amending s. 395.1012, F.S.; requiring a
54 licensed hospital to provide specified information and
55 data relating to patient safety and quality measures
56 to a patient under certain circumstances or to any



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57 person upon request; creating s. 395.1052, F.S.;

58 requiring a hospital to notify a patient's primary

59 care provider within a specified timeframe after the

60 patient's admission; requiring a hospital to inform a

61 patient, upon admission, of the option to request

62 consultation between the hospital's treating physician

63 and the patient's primary care provider or specialist

64 provider; requiring a hospital to notify a patient's

65 primary care provider of the patient's discharge and

66 provide specified information and records to the

67 primary care provider within a specified timeframe

68 after discharge; amending s. 395.301, F.S.; requiring

69 a licensed facility, upon placing a patient on

70 observation status, to immediately notify the patient

71 of such status using a specified form; requiring that

72 such notification be documented in the patient's

73 medical records and discharge papers; amending s.

74 395.1055, F.S.; authorizing the reimbursement of per

75 diem and travel expenses to members of the pediatric

76 cardiac technical advisory panel, established within

77 the Agency for Health Care Administration; revising

78 panel membership to include certain alternate at-large

79 members; providing term limits for voting members;

80 providing immunity from civil and criminal liabilities

81 to members of the panel; requiring the Secretary of

82 Health Care Administration to consult the panel for

83 advisory recommendations on certain certificate of

84 need applications; authorizing the secretary to

85 request announced or unannounced site visits to any



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86 existing pediatric cardiac surgical centers or
87 facilities seeking licensure as a pediatric cardiac
88 surgical center through the certificate of need
89 process; providing a process for the appointment of
90 physician experts to a site visit team; requiring each
91 member of a site visit team to submit a report to the
92 panel; requiring the panel to discuss such reports and
93 present an advisory opinion to the secretary;
94 providing requirements for an on-site inspection;
95 requiring the Surgeon General of the Department of
96 Health to provide specified reports to the secretary;
97 amending s. 624.27, F.S.; expanding the scope of
98 direct primary care agreements, which are renamed
99 "direct health care agreements"; conforming provisions
100 to changes made by the act; creating s. 627.42393,
101 F.S.; prohibiting certain health insurers from
102 employing step-therapy protocols under certain
103 circumstances; defining the term "health coverage
104 plan"; clarifying that a health insurer is not
105 required to take specific actions regarding
106 prescription drugs; amending s. 641.31, F.S.;
107 prohibiting certain health maintenance organizations
108 from employing step-therapy protocols under certain
109 circumstances; defining the term "health coverage
110 plan"; clarifying that a health maintenance
111 organization is not required to take specific actions
112 regarding prescription drugs; amending s. 409.973,
113 F.S.; prohibiting Medicaid managed care plans from
114 employing step-therapy protocols under certain



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115 circumstances; creating s. 627.4303, F.S.; defining
116 the term "health insurer"; prohibiting limitations on
117 price transparency with patients in contracts between
118 health insurers and health care providers; prohibiting
119 a health insurer from requiring an insured to make a
120 certain payment for a covered service under certain
121 circumstances; creating s. 456.4501, F.S.;
122 implementing the Interstate Medical Licensure Compact
123 in this state; providing for an interstate medical
124 licensure process; providing requirements for
125 multistate practice and telemedicine practice;
126 providing effective dates.

127
128 Be It Enacted by the Legislature of the State of Florida:

129
130 Section 1. Present subsections (3) through (11) of section
131 394.4615, Florida Statutes, are redesignated as subsections (5)
132 through (13), respectively, and new subsections (3) and (4) are
133 added to that section, to read:

134 394.4615 Clinical records; confidentiality.—

135 (3) (a) Within 14 working days after receiving a request
136 made in accordance with paragraphs (2) (a), (b), or (c), a
137 service provider must furnish applicable clinical records in its
138 possession.

139 (b) If a service provider maintains a system of electronic
140 health records as defined in s. 408.051, the service provider
141 shall furnish the requested records in the manner chosen by the
142 requester, which may include paper documents, electronic format,
143 access through a web-based patient portal, or submission through



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144 a patient's electronic personal health record.

145 (4) The service provider may charge a requester no more
146 than the reasonable costs of reproducing the clinical records,
147 including reasonable staff time.

148 (a) The reasonable costs of reproducing copies of written
149 or typed documents or reports, in any format or medium, may not
150 exceed \$1 per page for the first 25 pages and 25 cents per page
151 for all pages thereafter.

152 (b) The reasonable costs of reproducing X-rays and other
153 forms of images shall be the actual costs. Actual costs shall be
154 the sum of the cost of the material and supplies used to
155 duplicate the record and the labor and overhead costs associated
156 with the duplication.

157 (c) If the nature or volume of the clinical records
158 requested to be copied requires extensive use of information
159 technology resources or extensive clerical or supervisory
160 assistance by personnel of the service provider, or both, the
161 service provider may charge, in addition to the charges imposed
162 under paragraphs (a) and (b), a special service charge, which
163 shall be reasonable and shall be based on the cost incurred for
164 such extensive use of information technology resources or the
165 labor cost of the personnel providing the service which is
166 actually incurred by the service provider or attributable to the
167 service provider for the clerical and supervisory assistance
168 required, or both.

169 (d) The charges established in this subsection apply to all
170 records furnished, whether directly from a service provider or
171 from a copy service acting on behalf of the service provider.
172 However, a patient whose records are copied or searched for the



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173 purpose of continuing to receive care is not required to pay a
174 charge for copying or for the search.

175 Section 2. Subsection (1) and paragraph (e) of subsection
176 (4) of section 395.3025, Florida Statutes, are amended to read:
177 395.3025 Patient and personnel records; copies;
178 examination.-

179 (1) (a) Any licensed facility shall, upon written request,
180 and only after discharge of the patient, furnish, in a timely
181 manner as provided in paragraph (b), without delays for legal
182 review, to any person admitted therein for care and treatment or
183 treated thereat, or to any such person's guardian, curator, or
184 personal representative, or in the absence of one of those
185 persons, to the next of kin of a decedent or the parent of a
186 minor, or to anyone designated by such person in writing, a true
187 and correct copy of all patient records, including X rays, and
188 insurance information concerning such person, which records are
189 in the possession of the licensed facility, provided the person
190 requesting such records agrees to pay a charge as provided in
191 paragraph (d).

192 (b) Within 14 working days after receiving a request made
193 in accordance with paragraph (a), a licensed facility must
194 furnish applicable patient records in its possession.

195 (c) If a licensed facility maintains a system of electronic
196 health records as defined in s. 408.051, the licensed facility
197 shall furnish the requested records in the manner chosen by the
198 requester, which may include paper documents, electronic format,
199 access through a web-based patient portal, or submission through
200 a patient's electronic personal health record.

201 (d) The licensed facility may charge a requester no more



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202 than the reasonable costs of reproducing the patient records,
203 including reasonable staff time.

204 1. The reasonable costs of reproducing copies of written or
205 typed documents or reports, in any format or medium, may not
206 exceed \$1 per page for the first 25 pages and 25 cents per page
207 for all pages thereafter.

208 2. The reasonable costs of reproducing X-rays and other
209 forms of images shall be the actual costs. Actual costs shall be
210 the sum of the cost of the material and supplies used to
211 duplicate the record and the labor and overhead costs associated
212 with the duplication.

213 3. If the nature or volume of the patient records requested
214 to be copied requires extensive use of information technology
215 resources or extensive clerical or supervisory assistance by
216 personnel of the licensed facility, or both, the licensed
217 facility may charge, in addition to the charges imposed under
218 subparagraphs 1. and 2., a special service charge, which shall
219 be reasonable and shall be based on the cost incurred for such
220 extensive use of information technology resources or the labor
221 cost of the personnel providing the service which is actually
222 incurred by the licensed facility or attributable to the
223 licensed facility for the clerical and supervisory assistance
224 required, or both.

225 4. The charges established in this paragraph ~~The exclusive~~
226 ~~charge for copies of patient records may include sales tax and~~
227 ~~actual postage, and, except for nonpaper records that are~~
228 ~~subject to a charge not to exceed \$2, may not exceed \$1 per~~
229 ~~page. A fee of up to \$1 may be charged for each year of records~~
230 ~~requested. These charges shall apply to all records furnished,~~



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231 whether directly from the facility or from a copy service acting
232 ~~providing these services~~ on behalf of the facility. However, a
233 patient whose records are copied or searched for the purpose of
234 continuing to receive ~~medical~~ care is not required to pay a
235 charge for copying or for the search.

236 (e) If a person authorized to receive copies of patient
237 records under paragraph (a) requests to examine the licensed
238 facility's original records pertaining to the patient, the
239 licensed facility shall, within 10 working days after receiving
240 such a request, provide such person with access to examine such
241 original records, microforms, or other suitable reproductions of
242 such records in its possession. A licensed facility may impose
243 any reasonable terms necessary to ensure ~~further allow any such~~
244 ~~person to examine the original records in its possession, or~~
245 ~~microforms or other suitable reproductions of the records, upon~~
246 ~~such reasonable terms as shall be imposed to assure that the~~
247 records will not be damaged, destroyed, or altered.

248 (4) Patient records are confidential and may ~~must~~ not be
249 disclosed without the consent of the patient or his or her legal
250 representative; ~~however, but~~ appropriate disclosure may be made
251 without such consent to:

252 (e) The department ~~agency~~ upon subpoena issued pursuant to
253 s. 456.071, but the records obtained thereby must be used solely
254 for the purpose of the department ~~agency~~ and the appropriate
255 professional board in its investigation, prosecution, and appeal
256 of disciplinary proceedings. If the department ~~agency~~ requests
257 copies of the records, the facility shall charge no more than
258 its actual copying costs, including reasonable staff time. The
259 records must be sealed and must not be available to the public



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260 pursuant to s. 119.07(1) or any other statute providing access
261 to records, nor may they be available to the public as part of
262 the record of investigation for and prosecution in disciplinary
263 proceedings made available to the public by the department
264 ~~agency~~ or the appropriate regulatory board. However, the
265 department ~~agency~~ must make available, upon written request by a
266 practitioner against whom probable cause has been found, any
267 such records that form the basis of the determination of
268 probable cause.

269 Section 3. Present paragraphs (a) through (j) of subsection
270 (7) of section 397.501, Florida Statutes, are redesignated as
271 paragraphs (d) through (m), respectively, and new paragraphs
272 (a), (b), and (c) are added to that subsection, to read:

273 397.501 Rights of individuals.—Individuals receiving
274 substance abuse services from any service provider are
275 guaranteed protection of the rights specified in this section,
276 unless otherwise expressly provided, and service providers must
277 ensure the protection of such rights.

278 (7) RIGHT TO ACCESS TO AND CONFIDENTIALITY OF INDIVIDUAL
279 RECORDS.—

280 (a)1. Within 14 working days after receiving a written
281 request from an individual or an individual's legal
282 representative, a service provider shall furnish a true and
283 correct copy of all records pertaining to that individual in the
284 possession of the service provider.

285 2. For the purpose of this subsection, the term "legal
286 representative" means an individual's legal guardian or, if the
287 individual is younger than 18 years old, the individual's parent
288 or legal guardian.



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289 3. If a service provider maintains a system of electronic
290 health records as defined in s. 408.051, the service provider
291 shall furnish the requested records in the manner chosen by the
292 requester, which may include paper documents, electronic format,
293 access through a web-based patient portal, or submission through
294 an individual's electronic personal health record.

295 (b) A service provider may charge the requester no more
296 than the reasonable costs of reproducing the records, including
297 reasonable staff time.

298 1. The reasonable costs of reproducing copies of written or
299 typed documents or reports, in any format or medium, may not
300 exceed \$1 per page for the first 25 pages and 25 cents per page
301 for all pages thereafter.

302 2. The reasonable costs of reproducing X-rays and such
303 other kinds of records shall be the actual costs. Actual costs
304 are the sum of the cost of the material and supplies used to
305 duplicate the records and the labor and overhead costs
306 associated with the duplication.

307 3. If the nature or volume of the records requested to be
308 copied requires extensive use of information technology
309 resources or extensive clerical or supervisory assistance by
310 personnel of the service provider, or both, the service provider
311 may charge, in addition to the charges imposed under
312 subparagraphs 1. and 2., a special service charge, which shall
313 be reasonable and shall be based on the cost incurred for such
314 extensive use of information technology resources or the labor
315 cost of the personnel providing the service which is actually
316 incurred by the service provider or attributable to the service
317 provider for the clerical and supervisory assistance required,



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318 or both.

319 4. The charges established in this paragraph apply to all
320 records furnished, whether directly from a service provider or
321 from a copy service acting on behalf of the service provider.
322 However, an individual whose records are copied or searched for
323 the purpose of continuing to receive care is not required to pay
324 a charge for copying or for the search.

325 (c) Within 10 working days after receiving a request from
326 an individual or an individual's legal representative to examine
327 the service provider's original records pertaining to that
328 individual, a service provider shall provide access to examine
329 such original records, microforms, or other suitable
330 reproductions of such records in its possession. A service
331 provider may impose any reasonable terms necessary to ensure
332 that the records will not be damaged, destroyed, or altered.

333 Section 4. Subsections (1) and (4) of section 400.145,
334 Florida Statutes, are amended to read:

335 400.145 Copies of records of care and treatment of
336 resident.—

337 (1) Upon receipt of a written request that complies with
338 the federal Health Insurance Portability and Accountability Act
339 of 1996 (HIPAA) and this section, a nursing home facility shall
340 furnish to a competent resident, or to a representative of that
341 resident who is authorized to make requests for the resident's
342 records under HIPAA or subsection (2), copies of the resident's
343 paper and electronic records that are in possession of the
344 facility. Such records must include any medical records and
345 records concerning the care and treatment of the resident
346 performed by the facility, except for progress notes and



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347 consultation report sections of a psychiatric nature. The
348 facility shall provide copies of the requested records according
349 to the timeframe requirements of 42 C.F.R. s. 483.10(g)(2)(ii)
350 for within 14 working days after receipt of a request relating
351 to a current resident or within 30 working days after receipt of
352 a request relating to a former resident.

353 (4) (a) After receiving a request made in accordance with
354 subsections (1)-(3), a nursing home facility must furnish
355 applicable records in its possession in accordance with the
356 timeframe requirements of subsection (1) and the provisions of
357 this subsection.

358 (b) If a nursing home facility maintains a system of
359 electronic health records as defined in s. 408.051, the facility
360 shall furnish the requested records in the manner chosen by the
361 requester, which may include paper documents, electronic format,
362 or access through a web-based portal.

363 (c) The nursing home facility may charge a requester no
364 more than the reasonable costs of reproducing the records,
365 including reasonable staff time.

366 1. The reasonable costs of reproducing copies of written or
367 typed documents or reports, in any format or medium, may not
368 exceed \$1 per page for the first 25 pages and 25 cents per page
369 for all pages thereafter.

370 2. The reasonable costs of reproducing X-rays and other
371 forms of images shall be the actual costs. Actual costs shall be
372 the sum of the cost of the material and supplies used to
373 duplicate the record and the labor and overhead costs associated
374 with the duplication.

375 3. If the nature or volume of the records requested to be



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376 copied requires extensive use of information technology
377 resources or extensive clerical or supervisory assistance by
378 personnel of the nursing home facility, or both, the facility
379 may charge, in addition to the charges imposed under
380 subparagraphs 1. and 2., a special service charge, which shall
381 be reasonable and shall be based on the cost incurred for such
382 extensive use of information technology resources or the labor
383 cost of the personnel providing the service which is actually
384 incurred by the facility or attributable to the facility for the
385 clerical and supervisory assistance required, or both.

386 4. The charges established in this paragraph apply to all
387 records furnished, whether directly from a nursing home facility
388 or from a copy service acting on behalf of the facility.
389 However, a resident whose records are copied or searched for the
390 purpose of continuing to receive care is not required to pay a
391 charge for copying or for the search

392 (d) Within 10 working days after receiving a request from a
393 person who is authorized to act on behalf of a resident to
394 examine the nursing home facility's original records pertaining
395 to the resident, the facility shall provide access to examine
396 such original records, microforms, or other suitable
397 reproductions of such records in its possession. A facility may
398 impose any reasonable terms necessary ~~A nursing home facility~~
399 ~~may charge a reasonable fee for the copying of resident records.~~
400 ~~Such fee may not exceed \$1 per page for the first 25 pages and~~
401 ~~25 cents per page for each additional page. The facility shall~~
402 ~~allow a person who is authorized to act on behalf of the~~
403 ~~resident to examine the original records, microfilms, or other~~
404 ~~suitable reproductions of the records in its possession upon any~~



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405 ~~reasonable terms imposed by the facility~~ to ensure that the
406 records are not damaged, destroyed, or altered.

407 Section 5. Subsections (6) and (17) of section 456.057,
408 Florida Statutes, are amended to read:

409 456.057 Ownership and control of patient records; report or
410 copies of records to be furnished; disclosure of information.-

411 (6) (a) Any health care practitioner licensed by the
412 department or a board within the department who makes a physical
413 or mental examination of, or administers treatment or dispenses
414 legend drugs to, any person shall, upon written request of such
415 person or the person's legal representative, furnish, within 14
416 working days after such request ~~in a timely manner, without~~
417 ~~delays for legal review~~, copies of all reports and records
418 relating to such examination or treatment, including X-rays *
419 ~~rays~~ and insurance information. If the health care practitioner
420 maintains a system of electronic health records as defined in s.
421 408.051, the health care practitioner shall furnish the
422 requested records in the manner chosen by the requester, which
423 may include paper documents, electronic format, access through a
424 web-based patient portal, or submission through a patient's
425 electronic personal health record.

426 (b) Within 10 working days after receiving a written
427 request by a patient or the patient's legal representative to
428 examine the health care practitioner's original reports and
429 records pertaining to the patient, a health care practitioner
430 must provide access to examine such original reports and
431 records, or microforms or other suitable reproductions of the
432 reports and records in the health care practitioner's
433 possession. The health care practitioner may impose any



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434 reasonable terms necessary to ensure that the reports and
435 records will not be damaged, destroyed, or altered.

436 (c) For the purposes of this subsection, the term "legal
437 representative" means a patient's legal guardian or, if the
438 patient is younger than 18 years old, the patient's parent or
439 legal guardian.

440 (d) ~~However,~~ When a patient's psychiatric, chapter 490
441 psychological, or chapter 491 psychotherapeutic records are
442 requested by the patient or the patient's legal representative,
443 the health care practitioner may provide a report of examination
444 and treatment in lieu of copies of records. Upon a patient's
445 written request, complete copies of the patient's psychiatric
446 records shall be provided directly to a subsequent treating
447 psychiatrist. The furnishing of such report or copies ~~may shall~~
448 not be conditioned upon payment of a fee for services rendered.

449 (17) A licensed health care practitioner may charge the
450 requester no more than the reasonable costs of reproducing the
451 reports and records, including reasonable staff time.

452 (a) The reasonable costs of reproducing copies of written
453 or typed documents or reports, in any format or medium, may not
454 exceed \$1 per page for the first 25 pages and 25 cents per page
455 for all pages thereafter.

456 (b) The reasonable costs of reproducing X-rays and such
457 other kinds of records shall be the actual costs. Actual costs
458 are the sum of the cost of the material and supplies used to
459 duplicate the record and the labor and overhead costs associated
460 with the duplication.

461 (c) If the nature or volume of the records requested to be
462 copied requires extensive use of information technology



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463 resources or extensive clerical or supervisory assistance by
464 personnel of the health care practitioner, or both, the health
465 care practitioner may charge, in addition to the charges imposed
466 under paragraphs (a) and (b), a special service charge, which
467 shall be reasonable and shall be based on the cost incurred for
468 such extensive use of information technology resources or the
469 labor cost of the personnel providing the service which is
470 actually incurred by the health care practitioner or
471 attributable to the health care practitioner for the clerical
472 and supervisory assistance required, or both.

473 (d) The charges established in this subsection apply to all
474 reports and records furnished, whether directly from a health
475 care practitioner or from a copy service providing such services
476 on behalf of the health care practitioner. However, a patient
477 whose reports and records are copied or searched for the purpose
478 of continuing to receive medical care is not required to pay a
479 charge for copying or for the search ~~A health care practitioner~~
480 ~~or records owner furnishing copies of reports or records or~~
481 ~~making the reports or records available for digital scanning~~
482 ~~pursuant to this section shall charge no more than the actual~~
483 ~~cost of copying, including reasonable staff time, or the amount~~
484 ~~specified in administrative rule by the appropriate board, or~~
485 ~~the department when there is no board.~~

486 Section 6. Subsection (3) is added to section 395.1012,
487 Florida Statutes, to read:

488 395.1012 Patient safety.—

489 (3) (a) Each hospital shall provide to any patient upon
490 admission, upon scheduling of nonemergency care, or prior to
491 treatment, written information on a form created by the agency



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492 that contains the following information available for the
493 hospital for the most recent year and the statewide average for
494 all hospitals related to the following quality measures:

- 495 1. The rate of hospital-acquired infections;
496 2. The overall rating of the Hospital Consumer Assessment
497 of Healthcare Providers and Systems survey; and
498 3. The 15-day readmission rate.

499 (b) A hospital must also provide the written information
500 specified in paragraph (a) to any person upon request.

501 (c) The information required by this subsection must be
502 presented in a manner that is easily understandable and
503 accessible to the patient and must also include an explanation
504 of the quality measures and the relationship between patient
505 safety and the hospital's data for the quality measures.

506 Section 7. Section 395.1052, Florida Statutes, is created
507 to read:

508 395.1052 Patient access to primary care and specialty
509 providers; notification.—A hospital shall:

510 (1) Notify each patient's primary care provider, if any,
511 within 24 hours after the patient's admission to the hospital.

512 (2) Inform a patient immediately upon admission that he or
513 she may request to have the hospital's treating physician
514 consult with the patient's primary care provider or specialist
515 provider, if any, when developing the patient's plan of care.
516 Upon the patient's request, the hospital's treating physician
517 shall make reasonable efforts to consult with the patient's
518 primary care provider or specialist provider when developing the
519 patient's plan of care.

520 (3) Notify the patient's primary care provider, if any, of



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521 the patient's discharge from the hospital within 24 hours after
522 discharge.

523 (4) Provide the discharge summary and any related
524 information or records to the patient's primary care provider,
525 if any, within 14 days after the patient's discharge from the
526 hospital.

527 Section 8. Subsection (3) of section 395.301, Florida
528 Statutes, is amended to read:

529 395.301 Price transparency; itemized patient statement or
530 bill; patient admission status notification.—

531 (3) If a licensed facility places a patient on observation
532 status rather than inpatient status, the licensed facility must
533 immediately notify the patient of such status using the form
534 adopted under 42 C.F.R. s. 489.20 for Medicare patients or a
535 form adopted by agency rule for non-Medicare patients. Such
536 notification must ~~observation services shall~~ be documented in
537 the patient's medical records and discharge papers. The ~~patient~~
538 ~~or the patient's~~ survivor or legal guardian must ~~shall~~ be
539 notified of observation services through discharge papers, which
540 may also include brochures, signage, or other forms of
541 communication for this purpose.

542 Section 9. Present subsections (9) through (12) of section
543 395.1055, Florida Statutes, are amended, and new subsections
544 (10), (13), and (14) are added to that section, to read:

545 395.1055 Rules and enforcement.—

546 (9) The agency shall establish a pediatric cardiac
547 technical advisory panel, pursuant to s. 20.052, to develop
548 procedures and standards for measuring outcomes of pediatric
549 cardiac catheterization programs and pediatric cardiovascular



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550 surgery programs.

551 (a) Members of the panel must have technical expertise in
552 pediatric cardiac medicine, shall serve without compensation,
553 and may ~~not~~ be reimbursed for per diem and travel expenses.

554 (b) Voting members of the panel shall include: 3 at-large
555 members, and 3 alternate at-large members with different program
556 affiliations, including 1 cardiologist who is board certified in
557 caring for adults with congenital heart disease and 2 board-
558 certified pediatric cardiologists, neither of whom may be
559 employed by any of the hospitals specified in subparagraphs 1.-
560 10. or their affiliates, each of whom is appointed by the
561 Secretary of Health Care Administration, and 10 members, and an
562 alternate for each member, each of whom is a pediatric
563 cardiologist or a pediatric cardiovascular surgeon, each
564 appointed by the chief executive officer of the following
565 hospitals:

- 566 1. Johns Hopkins All Children's Hospital in St. Petersburg.
- 567 2. Arnold Palmer Hospital for Children in Orlando.
- 568 3. Joe DiMaggio Children's Hospital in Hollywood.
- 569 4. Nicklaus Children's Hospital in Miami.
- 570 5. St. Joseph's Children's Hospital in Tampa.
- 571 6. University of Florida Health Shands Hospital in
572 Gainesville.
- 573 7. University of Miami Holtz Children's Hospital in Miami.
- 574 8. Wolfson Children's Hospital in Jacksonville.
- 575 9. Florida Hospital for Children in Orlando.
- 576 10. Nemours Children's Hospital in Orlando.

577
578 Appointments made under subparagraphs 1.-10. are contingent upon



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579 the hospital's maintenance of pediatric certificates of need and
580 the hospital's compliance with this section and rules adopted
581 thereunder, as determined by the Secretary of Health Care
582 Administration. A member appointed under subparagraphs 1.-10.
583 whose hospital fails to maintain such certificates or comply
584 with standards may serve only as a nonvoting member until the
585 hospital restores such certificates or complies with such
586 standards. A voting member may serve a maximum of two 2-year
587 terms and may be reappointed to the panel after being retired
588 from the panel for a full 2-year term.

589 (c) The Secretary of Health Care Administration may appoint
590 nonvoting members to the panel. Nonvoting members may include:

- 591 1. The Secretary of Health Care Administration.
- 592 2. The Surgeon General.
- 593 3. The Deputy Secretary of Children's Medical Services.
- 594 4. Any current or past Division Director of Children's
595 Medical Services.
- 596 5. A parent of a child with congenital heart disease.
- 597 6. An adult with congenital heart disease.
- 598 7. A representative from each of the following
599 organizations: the Florida Chapter of the American Academy of
600 Pediatrics, the Florida Chapter of the American College of
601 Cardiology, the Greater Southeast Affiliate of the American
602 Heart Association, the Adult Congenital Heart Association, the
603 March of Dimes, the Florida Association of Children's Hospitals,
604 and the Florida Society of Thoracic and Cardiovascular Surgeons.

605 (d) The panel shall meet biannually, or more frequently
606 upon the call of the Secretary of Health Care Administration.
607 Such meetings may be conducted telephonically, or by other



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608 electronic means.

609 (e) The duties of the panel include recommending to the
610 agency standards for quality of care, personnel, physical plant,
611 equipment, emergency transportation, and data reporting for
612 hospitals that provide pediatric cardiac services.

613 (f) Beginning on January 1, 2020, and annually thereafter,
614 the panel shall submit a report to the Governor, the President
615 of the Senate, the Speaker of the House of Representatives, the
616 Secretary of Health Care Administration, and the State Surgeon
617 General. The report must summarize the panel's activities during
618 the preceding fiscal year and include data and performance
619 measures on surgical morbidity and mortality for all pediatric
620 cardiac programs.

621 (g) Members of the panel are immune from any civil or
622 criminal liability for events resulting from their good faith
623 performance of duties assigned to them by the Secretary of
624 Health Care Administration.

625 (10) The Secretary of Health Care Administration shall
626 consult the pediatric cardiac technical advisory panel for an
627 advisory recommendation on all certificate of need applications
628 to establish pediatric cardiac surgical centers.

629 (11)~~(10)~~ Based on the recommendations of the pediatric
630 cardiac technical advisory panel ~~in subsection (9)~~, the agency
631 shall adopt rules for pediatric cardiac programs which, at a
632 minimum, include:

633 (a) Standards for pediatric cardiac catheterization
634 services and pediatric cardiovascular surgery including quality
635 of care, personnel, physical plant, equipment, emergency
636 transportation, data reporting, and appropriate operating hours



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637 and timeframes for mobilization for emergency procedures.

638 (b) Outcome standards consistent with nationally
639 established levels of performance in pediatric cardiac programs.

640 (c) Specific steps to be taken by the agency and licensed
641 facilities when the facilities do not meet the outcome standards
642 within a specified time, including time required for detailed
643 case reviews and the development and implementation of
644 corrective action plans.

645 (12)~~(11)~~ A pediatric cardiac program shall:

646 (a) Have a pediatric cardiology clinic affiliated with a
647 hospital licensed under this chapter.

648 (b) Have a pediatric cardiac catheterization laboratory and
649 a pediatric cardiovascular surgical program located in the
650 hospital.

651 (c) Have a risk adjustment surgical procedure protocol
652 following the guidelines established by the Society of Thoracic
653 Surgeons.

654 (d) Have quality assurance and quality improvement
655 processes in place to enhance clinical operation and patient
656 satisfaction with services.

657 (e) Participate in the clinical outcome reporting systems
658 operated by the Society of Thoracic Surgeons and the American
659 College of Cardiology.

660 (13) (a) The Secretary of Health Care Administration may
661 request announced or unannounced site visits to any existing
662 pediatric cardiac surgical center or facility seeking licensure
663 as a pediatric cardiac surgical center through the certificate
664 of need process, to ensure compliance with this section and
665 rules adopted hereunder.



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666 (b) At the request of the Secretary of Health Care
667 Administration, the pediatric cardiac technical advisory panel
668 shall recommend in-state physician experts to conduct an on-site
669 visit. The Secretary may also appoint up to two out-of-state
670 physician experts.

671 (c) A site visit team shall conduct an on-site inspection
672 of the designated hospital's pediatric medical and surgical
673 programs, and each member shall submit a written report of his
674 or her findings to the panel. The panel shall discuss the
675 written reports and present an advisory opinion to the Secretary
676 of Health Care Administration which includes recommendations and
677 any suggested actions for correction.

678 (d) Each on-site inspection must include all of the
679 following:

680 1. An inspection of the program's physical facilities,
681 clinics, and laboratories.

682 2. Interviews with support staff and hospital
683 administrators.

684 3. A review of:

685 a. Randomly selected medical records and reports,
686 including, but not limited to, advanced cardiac imaging,
687 computed tomography, magnetic resonance imaging, cardiac
688 ultrasound, cardiac catheterization, and surgical operative
689 notes.

690 b. The program's clinical outcome data submitted to the
691 Society of Thoracic Surgeons and the American College of
692 Cardiology pursuant to s. 408.05(3)(k).

693 c. Mortality reports from cardiac-related deaths that
694 occurred in the previous year.



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695 d. Program volume data from the preceding year for
696 interventional and electrophysiology catheterizations and
697 surgical procedures.

698 (14) The Surgeon General shall provide quarterly reports to
699 the Secretary of Health Care Administration consisting of data
700 from the Children's Medical Services' critical congenital heart
701 disease screening program for review by the advisory panel.

702 (15)~~(12)~~ The agency may adopt rules to administer the
703 requirements of part II of chapter 408.

704 Section 10. Section 624.27, Florida Statutes, is amended to
705 read:

706 624.27 Direct health primary care agreements; exemption
707 from code.—

708 (1) As used in this section, the term:

709 (a) "Direct health primary care agreement" means a contract
710 between a health primary care provider and a patient, a
711 patient's legal representative, or a patient's employer, which
712 meets the requirements of subsection (4) and does not indemnify
713 for services provided by a third party.

714 (b) "Health Primary care provider" means a health care
715 provider licensed under chapter 458, chapter 459, chapter 460,
716 ~~or~~ chapter 464, or chapter 466, or a health primary care group
717 practice, who provides health primary care services to patients.

718 (c) "Health Primary care services" means the screening,
719 assessment, diagnosis, and treatment of a patient conducted
720 within the competency and training of the health primary care
721 provider for the purpose of promoting health or detecting and
722 managing disease or injury.

723 (2) A direct health primary care agreement does not



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724 constitute insurance and is not subject to the Florida Insurance
725 Code. The act of entering into a direct health ~~primary~~ care
726 agreement does not constitute the business of insurance and is
727 not subject to the Florida Insurance Code.

728 (3) A health ~~primary~~ care provider or an agent of a health
729 ~~primary~~ care provider is not required to obtain a certificate of
730 authority or license under the Florida Insurance Code to market,
731 sell, or offer to sell a direct health ~~primary~~ care agreement.

732 (4) For purposes of this section, a direct health ~~primary~~
733 care agreement must:

734 (a) Be in writing.

735 (b) Be signed by the health ~~primary~~ care provider or an
736 agent of the health ~~primary~~ care provider and the patient, the
737 patient's legal representative, or the patient's employer.

738 (c) Allow a party to terminate the agreement by giving the
739 other party at least 30 days' advance written notice. The
740 agreement may provide for immediate termination due to a
741 violation of the physician-patient relationship or a breach of
742 the terms of the agreement.

743 (d) Describe the scope of health ~~primary~~ care services that
744 are covered by the monthly fee.

745 (e) Specify the monthly fee and any fees for health ~~primary~~
746 care services not covered by the monthly fee.

747 (f) Specify the duration of the agreement and any automatic
748 renewal provisions.

749 (g) Offer a refund to the patient, the patient's legal
750 representative, or the patient's employer of monthly fees paid
751 in advance if the health ~~primary~~ care provider ceases to offer
752 health ~~primary~~ care services for any reason.



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753 (h) Contain, in contrasting color and in at least 12-point
754 type, the following statement on the signature page: "This
755 agreement is not health insurance and the health primary care
756 provider will not file any claims against the patient's health
757 insurance policy or plan for reimbursement of any health primary
758 care services covered by the agreement. This agreement does not
759 qualify as minimum essential coverage to satisfy the individual
760 shared responsibility provision of the Patient Protection and
761 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not
762 workers' compensation insurance and does not replace an
763 employer's obligations under chapter 440."

764 Section 11. Effective January 1, 2020, section 627.42393,
765 Florida Statutes, is created to read:

766 627.42393 Step-therapy protocol.-

767 (1) A health insurer issuing a major medical individual or
768 group policy may not require a step-therapy protocol under the
769 policy for a covered prescription drug requested by an insured
770 if:

771 (a) The insured has previously been approved to receive the
772 prescription drug through the completion of a step-therapy
773 protocol required by a separate health coverage plan; and

774 (b) The insured provides documentation originating from the
775 health coverage plan that approved the prescription drug as
776 described in paragraph (a) indicating that the health coverage
777 plan paid for the drug on the insured's behalf during the 180
778 days immediately prior to the request.

779 (2) As used in this section, the term "health coverage
780 plan" means any of the following which previously provided or is
781 currently providing major medical or similar comprehensive



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782 coverage or benefits to the insured:

783 (a) A health insurer or health maintenance organization.

784 (b) A plan established or maintained by an individual
785 employer as provided by the Employee Retirement Income Security
786 Act of 1974, Pub. L. No. 93-406.

787 (c) A multiple-employer welfare arrangement as defined in
788 s. 624.437.

789 (d) A governmental entity providing a plan of self-
790 insurance.

791 (3) This section does not require a health insurer to add a
792 drug to its prescription drug formulary or to cover a
793 prescription drug that the insurer does not otherwise cover.

794 Section 12. Effective January 1, 2020, subsection (45) is
795 added to section 641.31, Florida Statutes, to read:

796 641.31 Health maintenance contracts.—

797 (45) (a) A health maintenance organization issuing major
798 medical coverage through an individual or group contract may not
799 require a step-therapy protocol under the contract for a covered
800 prescription drug requested by a subscriber if:

801 1. The subscriber has previously been approved to receive
802 the prescription drug through the completion of a step-therapy
803 protocol required by a separate health coverage plan; and

804 2. The subscriber provides documentation originating from
805 the health coverage plan that approved the prescription drug as
806 described in subparagraph 1. indicating that the health coverage
807 plan paid for the drug on the subscriber's behalf during the 180
808 days immediately prior to the request.

809 (b) As used in this subsection, the term "health coverage
810 plan" means any of the following which previously provided or is



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811 currently providing major medical or similar comprehensive
812 coverage or benefits to the subscriber:

813 1. A health insurer or health maintenance organization;

814 2. A plan established or maintained by an individual
815 employer as provided by the Employee Retirement Income Security
816 Act of 1974, Pub. L. No. 93-406;

817 3. A multiple-employer welfare arrangement as defined in s.
818 624.437; or

819 4. A governmental entity providing a plan of self-
820 insurance.

821 (c) This subsection does not require a health maintenance
822 organization to add a drug to its prescription drug formulary or
823 to cover a prescription drug that the health maintenance
824 organization does not otherwise cover.

825 Section 13. Present subsection (6) of section 409.973,
826 Florida Statutes, is redesignated as subsection (7), and a new
827 subsection (6) is added to that section, to read:

828 409.973 Benefits.—

829 (6) PROVISION OF PRESCRIPTION DRUG SERVICES.—

830 (a) A managed care plan may not require a step-therapy
831 approval process for a covered prescription drug requested by an
832 enrolled recipient if:

833 1. The recipient has been approved to receive the
834 prescription drug through the completion of a step-therapy
835 approval process required by a managed care plan in which the
836 recipient was previously enrolled under this part; and

837 2. The managed care plan in which the recipient was
838 previously enrolled has paid for the drug on the recipient's
839 behalf during the 180 days immediately before the request.



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840 (b) The agency shall implement paragraph (a) by amending
841 managed care plan contracts concurrent with the start of a new
842 capitation cycle.

843 Section 14. Section 627.4303, Florida Statutes, is created
844 to read:

845 627.4303 Price transparency in contracts between health
846 insurers and health care providers.-

847 (1) As used in this section, the term "health insurer"
848 means a health insurer issuing major medical coverage through an
849 individual or group policy or a health maintenance organization
850 issuing major medical coverage through an individual or group
851 contract.

852 (2) A health insurer may not limit a provider's ability to
853 disclose whether a patient's cost-sharing obligation exceeds the
854 cash price for a covered service in the absence of health
855 insurance coverage or the availability of a more affordable
856 service.

857 (3) A health insurer may not require an insured to make a
858 payment for a covered service in an amount that exceeds the cash
859 price of the service in the absence of health insurance
860 coverage.

861 Section 15. Section 456.4501, Florida Statutes, is created
862 to read:

863 456.4501 Interstate Medical Licensure Compact.-The
864 Interstate Medical Licensure Compact is hereby enacted into law
865 and entered into by this state with all other jurisdictions
866 legally joining therein in the form substantially as follows:

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868

SECTION 1



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PURPOSE

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870
871 In order to strengthen access to health care, and in
872 recognition of the advances in the delivery of health care, the
873 member states of the Interstate Medical Licensure Compact have
874 allied in common purpose to develop a comprehensive process that
875 complements the existing licensing and regulatory authority of
876 state medical boards, provides a streamlined process that allows
877 physicians to become licensed in multiple states, thereby
878 enhancing the portability of a medical license and ensuring the
879 safety of patients. The Compact creates another pathway for
880 licensure and does not otherwise change a state's existing
881 Medical Practice Act. The Compact also adopts the prevailing
882 standard for licensure and affirms that the practice of medicine
883 occurs where the patient is located at the time of the
884 physician-patient encounter, and therefore, requires the
885 physician to be under the jurisdiction of the state medical
886 board where the patient is located. State medical boards that
887 participate in the Compact retain the jurisdiction to impose an
888 adverse action against a license to practice medicine in that
889 state issued to a physician through the procedures in the
890 Compact.

SECTION 2

DEFINITIONS

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892
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894
895 In this compact:

896 (a) "Bylaws" means those bylaws established by the
897 Interstate Commission pursuant to Section 11 for its governance,



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898 or for directing and controlling its actions and conduct.

899 (b) "Commissioner" means the voting representative
900 appointed by each member board pursuant to Section 11.

901 (c) "Conviction" means a finding by a court that an
902 individual is guilty of a criminal offense through adjudication,
903 or entry of a plea of guilt or no contest to the charge by the
904 offender. Evidence of an entry of a conviction of a criminal
905 offense by the court shall be considered final for purposes of
906 disciplinary action by a member board.

907 (d) "Expedited License" means a full and unrestricted
908 medical license granted by a member state to an eligible
909 physician through the process set forth in the Compact.

910 (e) "Interstate Commission" means the interstate commission
911 created pursuant to Section 11.

912 (f) "License" means authorization by a state for a
913 physician to engage in the practice of medicine, which would be
914 unlawful without the authorization.

915 (g) "Medical Practice Act" means laws and regulations
916 governing the practice of allopathic and osteopathic medicine
917 within a member state.

918 (h) "Member Board" means a state agency in a member state
919 that acts in the sovereign interests of the state by protecting
920 the public through licensure, regulation, and education of
921 physicians as directed by the state government.

922 (i) "Member State" means a state that has enacted the
923 Compact.

924 (j) "Practice of medicine" means the diagnosis, treatment,
925 prevention, cure, or relieving of a human disease, ailment,
926 defect, complaint, or other physical or mental condition, by



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927 attendance, advice, device, diagnostic test, or other means, or
928 offering, undertaking, attempting to do, or holding oneself out
929 as able to do, any of these acts.

930 (k) "Physician" means any person who:

931 (1) Is a graduate of a medical school accredited by the
932 Liaison Committee on Medical Education, the Commission on
933 Osteopathic College Accreditation, or a medical school listed in
934 the International Medical Education Directory or its equivalent;

935 (2) Passed each component of the United States Medical
936 Licensing Examination (USMLE) or the Comprehensive Osteopathic
937 Medical Licensing Examination (COMLEX-USA) within three
938 attempts, or any of its predecessor examinations accepted by a
939 state medical board as an equivalent examination for licensure
940 purposes;

941 (3) Successfully completed graduate medical education
942 approved by the Accreditation Council for Graduate Medical
943 Education or the American Osteopathic Association;

944 (4) Holds specialty certification or a time-unlimited
945 specialty certificate recognized by the American Board of
946 Medical Specialties or the American Osteopathic Association's
947 Bureau of Osteopathic Specialists; however, the specialty
948 certification or a time-unlimited specialty certificate does not
949 have to be maintained once a physician is initially determined
950 to be eligible for expedited licensure through the Compact;

951 (5) Possesses a full and unrestricted license to engage in
952 the practice of medicine issued by a member board;

953 (6) Has never been convicted, received adjudication,
954 deferred adjudication, community supervision, or deferred
955 disposition for any offense by a court of appropriate



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956 jurisdiction;

957 (7) Has never held a license authorizing the practice of
958 medicine subjected to discipline by a licensing agency in any
959 state, federal, or foreign jurisdiction, excluding any action
960 related to non-payment of fees related to a license;

961 (8) Has never had a controlled substance license or permit
962 suspended or revoked by a state or the United States Drug
963 Enforcement Administration; and

964 (9) Is not under active investigation by a licensing agency
965 or law enforcement authority in any state, federal, or foreign
966 jurisdiction.

967 (1) "Offense" means a felony, high court misdemeanor, or
968 crime of moral turpitude.

969 (m) "Rule" means a written statement by the Interstate
970 Commission promulgated pursuant to Section 12 of the Compact
971 that is of general applicability, implements, interprets, or
972 prescribes a policy or provision of the Compact, or an
973 organizational, procedural, or practice requirement of the
974 Interstate Commission, and has the force and effect of statutory
975 law in a member state, if the rule is not inconsistent with the
976 laws of the member state. The term includes the amendment,
977 repeal, or suspension of an existing rule.

978 (n) "State" means any state, commonwealth, district, or
979 territory of the United States.

980 (o) "State of Principal License" means a member state where
981 a physician holds a license to practice medicine and which has
982 been designated as such by the physician for purposes of
983 registration and participation in the Compact.

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985 SECTION 3
986 ELIGIBILITY

987
988 (a) A physician must meet the eligibility requirements as
989 defined in Section 2(k) to receive an expedited license under
990 the terms and provisions of the Compact.

991 (b) A physician who does not meet the requirements of
992 Section 2(k) may obtain a license to practice medicine in a
993 member state if the individual complies with all laws and
994 requirements, other than the Compact, relating to the issuance
995 of a license to practice medicine in that state.

996
997 SECTION 4
998 DESIGNATION OF STATE OF PRINCIPAL LICENSE
999

1000 (a) A physician shall designate a member state as the state
1001 of principal license for purposes of registration for expedited
1002 licensure through the Compact if the physician possesses a full
1003 and unrestricted license to practice medicine in that state, and
1004 the state is:

- 1005 (1) the state of primary residence for the physician, or
1006 (2) the state where at least 25% of the practice of
1007 medicine occurs, or
1008 (3) the location of the physician's employer, or
1009 (4) if no state qualifies under subsection (1), subsection
1010 (2), or subsection (3), the state designated as state of
1011 residence for purpose of federal income tax.

1012 (b) A physician may redesignate a member state as state of
1013 principal license at any time, as long as the state meets the



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1014 requirements in subsection (a).

1015 (c) The Interstate Commission is authorized to develop
1016 rules to facilitate redesignation of another member state as the
1017 state of principal license.

1018

1019 SECTION 5

1020 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

1021

1022 (a) A physician seeking licensure through the Compact shall
1023 file an application for an expedited license with the member
1024 board of the state selected by the physician as the state of
1025 principal license.

1026 (b) Upon receipt of an application for an expedited
1027 license, the member board within the state selected as the state
1028 of principal license shall evaluate whether the physician is
1029 eligible for expedited licensure and issue a letter of
1030 qualification, verifying or denying the physician's eligibility,
1031 to the Interstate Commission.

1032 (i) Static qualifications, which include verification of
1033 medical education, graduate medical education, results of any
1034 medical or licensing examination, and other qualifications as
1035 determined by the Interstate Commission through rule, shall not
1036 be subject to additional primary source verification where
1037 already primary source verified by the state of principal
1038 license.

1039 (ii) The member board within the state selected as the
1040 state of principal license shall, in the course of verifying
1041 eligibility, perform a criminal background check of an
1042 applicant, including the use of the results of fingerprint or



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1043 other biometric data checks compliant with the requirements of
1044 the Federal Bureau of Investigation, with the exception of
1045 federal employees who have suitability determination in
1046 accordance with U.S. 5 CFR §731.202.

1047 (iii) Appeal on the determination of eligibility shall be
1048 made to the member state where the application was filed and
1049 shall be subject to the law of that state.

1050 (c) Upon verification in subsection (b), physicians
1051 eligible for an expedited license shall complete the
1052 registration process established by the Interstate Commission to
1053 receive a license in a member state selected pursuant to
1054 subsection (a), including the payment of any applicable fees.

1055 (d) After receiving verification of eligibility under
1056 subsection (b) and any fees under subsection (c), a member board
1057 shall issue an expedited license to the physician. This license
1058 shall authorize the physician to practice medicine in the
1059 issuing state consistent with the Medical Practice Act and all
1060 applicable laws and regulations of the issuing member board and
1061 member state.

1062 (e) An expedited license shall be valid for a period
1063 consistent with the licensure period in the member state and in
1064 the same manner as required for other physicians holding a full
1065 and unrestricted license within the member state.

1066 (f) An expedited license obtained through the Compact shall
1067 be terminated if a physician fails to maintain a license in the
1068 state of principal licensure for a non-disciplinary reason,
1069 without redesignation of a new state of principal licensure.

1070 (g) The Interstate Commission is authorized to develop
1071 rules regarding the application process, including payment of



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1072 any applicable fees, and the issuance of an expedited license.

1074 SECTION 6

1075 FEEES FOR EXPEDITED LICENSURE

1076
1077 (a) A member state issuing an expedited license authorizing
1078 the practice of medicine in that state, or the regulating
1079 authority of the member state, may impose a fee for a license
1080 issued or renewed through the Compact.

1081 (b) The Interstate Commission is authorized to develop
1082 rules regarding fees for expedited licenses. However, those
1083 rules shall not limit the authority of a member state, or the
1084 regulating authority of the member state, to impose and
1085 determine the amount of a fee under subsection (a).

1086
1087 SECTION 7

1088 RENEWAL AND CONTINUED PARTICIPATION

1089
1090 (a) A physician seeking to renew an expedited license
1091 granted in a member state shall complete a renewal process with
1092 the Interstate Commission if the physician:

1093 (1) Maintains a full and unrestricted license in a state of
1094 principal license;

1095 (2) Has not been convicted, received adjudication, deferred
1096 adjudication, community supervision, or deferred disposition for
1097 any offense by a court of appropriate jurisdiction;

1098 (3) Has not had a license authorizing the practice of
1099 medicine subject to discipline by a licensing agency in any
1100 state, federal, or foreign jurisdiction, excluding any action



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related to non-payment of fees related to a license; and
(4) Has not had a controlled substance license or permit
suspended or revoked by a state or the United States Drug
Enforcement Administration.
(b) Physicians shall comply with all continuing
professional development or continuing medical education
requirements for renewal of a license issued by a member state.
(c) The Interstate Commission shall collect any renewal
fees charged for the renewal of a license and distribute the
fees to the applicable member board.
(d) Upon receipt of any renewal fees collected in
subsection (c), a member board shall renew the physician's
license.
(e) Physician information collected by the Interstate
Commission during the renewal process will be distributed to all
member boards.
(f) The Interstate Commission is authorized to develop
rules to address renewal of licenses obtained through the
Compact.

SECTION 8

COORDINATED INFORMATION SYSTEM

(a) The Interstate Commission shall establish a database of
all physicians licensed, or who have applied for licensure,
under Section 5.
(b) Notwithstanding any other provision of law, member
boards shall report to the Interstate Commission any public
action or complaints against a licensed physician who has



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1130 applied or received an expedited license through the Compact.

1131 (c) Member boards shall report disciplinary or
1132 investigatory information determined as necessary and proper by
1133 rule of the Interstate Commission.

1134 (d) Member boards may report any non-public complaint,
1135 disciplinary, or investigatory information not required by
1136 subsection (c) to the Interstate Commission.

1137 (e) Member boards shall share complaint or disciplinary
1138 information about a physician upon request of another member
1139 board.

1140 (f) All information provided to the Interstate Commission
1141 or distributed by member boards shall be confidential, filed
1142 under seal, and used only for investigatory or disciplinary
1143 matters.

1144 (g) The Interstate Commission is authorized to develop
1145 rules for mandated or discretionary sharing of information by
1146 member boards.

1147
1148 SECTION 9

1149 JOINT INVESTIGATIONS

1150
1151 (a) Licensure and disciplinary records of physicians are
1152 deemed investigative.

1153 (b) In addition to the authority granted to a member board
1154 by its respective Medical Practice Act or other applicable state
1155 law, a member board may participate with other member boards in
1156 joint investigations of physicians licensed by the member
1157 boards.

1158 (c) A subpoena issued by a member state shall be



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1159 enforceable in other member states.

1160 (d) Member boards may share any investigative, litigation,
1161 or compliance materials in furtherance of any joint or
1162 individual investigation initiated under the Compact.

1163 (e) Any member state may investigate actual or alleged
1164 violations of the statutes authorizing the practice of medicine
1165 in any other member state in which a physician holds a license
1166 to practice medicine.

1167

1168 SECTION 10

1169 DISCIPLINARY ACTIONS

1170

1171 (a) Any disciplinary action taken by any member board
1172 against a physician licensed through the Compact shall be deemed
1173 unprofessional conduct which may be subject to discipline by
1174 other member boards, in addition to any violation of the Medical
1175 Practice Act or regulations in that state.

1176 (b) If a license granted to a physician by the member board
1177 in the state of principal license is revoked, surrendered or
1178 relinquished in lieu of discipline, or suspended, then all
1179 licenses issued to the physician by member boards shall
1180 automatically be placed, without further action necessary by any
1181 member board, on the same status. If the member board in the
1182 state of principal license subsequently reinstates the
1183 physician's license, a license issued to the physician by any
1184 other member board shall remain encumbered until that respective
1185 member board takes action to reinstate the license in a manner
1186 consistent with the Medical Practice Act of that state.

1187 (c) If disciplinary action is taken against a physician by



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1188 a member board not in the state of principal license, any other
1189 member board may deem the action conclusive as to matter of law
1190 and fact decided, and:

1191 (i) impose the same or lesser sanction(s) against the
1192 physician so long as such sanctions are consistent with the
1193 Medical Practice Act of that state;

1194 (ii) or pursue separate disciplinary action against the
1195 physician under its respective Medical Practice Act, regardless
1196 of the action taken in other member states.

1197 (d) If a license granted to a physician by a member board
1198 is revoked, surrendered or relinquished in lieu of discipline,
1199 or suspended, then any license(s) issued to the physician by any
1200 other member board(s) shall be suspended, automatically and
1201 immediately without further action necessary by the other member
1202 board(s), for ninety (90) days upon entry of the order by the
1203 disciplining board, to permit the member board(s) to investigate
1204 the basis for the action under the Medical Practice Act of that
1205 state. A member board may terminate the automatic suspension of
1206 the license it issued prior to the completion of the ninety (90)
1207 day suspension period in a manner consistent with the Medical
1208 Practice Act of that state.

1209

1210 SECTION 11

1211 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

1212

1213 (a) The member states hereby create the "Interstate Medical
1214 Licensure Compact Commission".

1215 (b) The purpose of the Interstate Commission is the
1216 administration of the Interstate Medical Licensure Compact,



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1217 which is a discretionary state function.

1218 (c) The Interstate Commission shall be a body corporate and
1219 joint agency of the member states and shall have all the
1220 responsibilities, powers, and duties set forth in the Compact,
1221 and such additional powers as may be conferred upon it by a
1222 subsequent concurrent action of the respective legislatures of
1223 the member states in accordance with the terms of the Compact.

1224 (d) The Interstate Commission shall consist of two voting
1225 representatives appointed by each member state who shall serve
1226 as Commissioners. In states where allopathic and osteopathic
1227 physicians are regulated by separate member boards, or if the
1228 licensing and disciplinary authority is split between multiple
1229 member boards within a member state, the member state shall
1230 appoint one representative from each member board. A
1231 Commissioner shall be a(n):

1232 (1) Allopathic or osteopathic physician appointed to a
1233 member board;

1234 (2) Executive director, executive secretary, or similar
1235 executive of a member board; or

1236 (3) Member of the public appointed to a member board.

1237 (e) The Interstate Commission shall meet at least once each
1238 calendar year. A portion of this meeting shall be a business
1239 meeting to address such matters as may properly come before the
1240 Commission, including the election of officers. The chairperson
1241 may call additional meetings and shall call for a meeting upon
1242 the request of a majority of the member states.

1243 (f) The bylaws may provide for meetings of the Interstate
1244 Commission to be conducted by telecommunication or electronic
1245 communication.



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1246 (g) Each Commissioner participating at a meeting of the
1247 Interstate Commission is entitled to one vote. A majority of
1248 Commissioners shall constitute a quorum for the transaction of
1249 business, unless a larger quorum is required by the bylaws of
1250 the Interstate Commission. A Commissioner shall not delegate a
1251 vote to another Commissioner. In the absence of its
1252 Commissioner, a member state may delegate voting authority for a
1253 specified meeting to another person from that state who shall
1254 meet the requirements of subsection (d).

1255 (h) The Interstate Commission shall provide public notice
1256 of all meetings and all meetings shall be open to the public.
1257 The Interstate Commission may close a meeting, in full or in
1258 portion, where it determines by a two-thirds vote of the
1259 Commissioners present that an open meeting would be likely to:

1260 (1) Relate solely to the internal personnel practices and
1261 procedures of the Interstate Commission;

1262 (2) Discuss matters specifically exempted from disclosure
1263 by federal statute;

1264 (3) Discuss trade secrets, commercial, or financial
1265 information that is privileged or confidential;

1266 (4) Involve accusing a person of a crime, or formally
1267 censuring a person;

1268 (5) Discuss information of a personal nature where
1269 disclosure would constitute a clearly unwarranted invasion of
1270 personal privacy;

1271 (6) Discuss investigative records compiled for law
1272 enforcement purposes; or

1273 (7) Specifically relate to the participation in a civil
1274 action or other legal proceeding.



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1275 (i) The Interstate Commission shall keep minutes which
1276 shall fully describe all matters discussed in a meeting and
1277 shall provide a full and accurate summary of actions taken,
1278 including record of any roll call votes.

1279 (j) The Interstate Commission shall make its information
1280 and official records, to the extent not otherwise designated in
1281 the Compact or by its rules, available to the public for
1282 inspection.

1283 (k) The Interstate Commission shall establish an executive
1284 committee, which shall include officers, members, and others as
1285 determined by the bylaws. The executive committee shall have the
1286 power to act on behalf of the Interstate Commission, with the
1287 exception of rulemaking, during periods when the Interstate
1288 Commission is not in session. When acting on behalf of the
1289 Interstate Commission, the executive committee shall oversee the
1290 administration of the Compact including enforcement and
1291 compliance with the provisions of the Compact, its bylaws and
1292 rules, and other such duties as necessary.

1293 (l) The Interstate Commission may establish other
1294 committees for governance and administration of the Compact.

1296 SECTION 12

1297 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

1299 The Interstate Commission shall have the duty and power to:

1300 (a) Oversee and maintain the administration of the Compact;

1301 (b) Promulgate rules which shall be binding to the extent
1302 and in the manner provided for in the Compact;

1303 (c) Issue, upon the request of a member state or member



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1304 board, advisory opinions concerning the meaning or
1305 interpretation of the Compact, its bylaws, rules, and actions;
1306 (d) Enforce compliance with Compact provisions, the rules
1307 promulgated by the Interstate Commission, and the bylaws, using
1308 all necessary and proper means, including but not limited to the
1309 use of judicial process;
1310 (e) Establish and appoint committees including, but not
1311 limited to, an executive committee as required by Section 11,
1312 which shall have the power to act on behalf of the Interstate
1313 Commission in carrying out its powers and duties;
1314 (f) Pay, or provide for the payment of the expenses related
1315 to the establishment, organization, and ongoing activities of
1316 the Interstate Commission;
1317 (g) Establish and maintain one or more offices;
1318 (h) Borrow, accept, hire, or contract for services of
1319 personnel;
1320 (i) Purchase and maintain insurance and bonds;
1321 (j) Employ an executive director who shall have such powers
1322 to employ, select or appoint employees, agents, or consultants,
1323 and to determine their qualifications, define their duties, and
1324 fix their compensation;
1325 (k) Establish personnel policies and programs relating to
1326 conflicts of interest, rates of compensation, and qualifications
1327 of personnel;
1328 (l) Accept donations and grants of money, equipment,
1329 supplies, materials and services, and to receive, utilize, and
1330 dispose of it in a manner consistent with the conflict of
1331 interest policies established by the Interstate Commission;
1332 (m) Lease, purchase, accept contributions or donations of,



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1333 or otherwise to own, hold, improve or use, any property, real,
1334 personal, or mixed;

1335 (n) Sell, convey, mortgage, pledge, lease, exchange,
1336 abandon, or otherwise dispose of any property, real, personal,
1337 or mixed;

1338 (o) Establish a budget and make expenditures;

1339 (p) Adopt a seal and bylaws governing the management and
1340 operation of the Interstate Commission;

1341 (q) Report annually to the legislatures and governors of
1342 the member states concerning the activities of the Interstate
1343 Commission during the preceding year. Such reports shall also
1344 include reports of financial audits and any recommendations that
1345 may have been adopted by the Interstate Commission;

1346 (r) Coordinate education, training, and public awareness
1347 regarding the Compact, its implementation, and its operation;

1348 (s) Maintain records in accordance with the bylaws;

1349 (t) Seek and obtain trademarks, copyrights, and patents;

1350 and

1351 (u) Perform such functions as may be necessary or
1352 appropriate to achieve the purposes of the Compact.

1353

1354 SECTION 13

1355 FINANCE POWERS

1356

1357 (a) The Interstate Commission may levy on and collect an
1358 annual assessment from each member state to cover the cost of
1359 the operations and activities of the Interstate Commission and
1360 its staff. The total assessment, subject to appropriation, must
1361 be sufficient to cover the annual budget approved each year for



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1362 which revenue is not provided by other sources. The aggregate
1363 annual assessment amount shall be allocated upon a formula to be
1364 determined by the Interstate Commission, which shall promulgate
1365 a rule binding upon all member states.

1366 (b) The Interstate Commission shall not incur obligations
1367 of any kind prior to securing the funds adequate to meet the
1368 same.

1369 (c) The Interstate Commission shall not pledge the credit
1370 of any of the member states, except by, and with the authority
1371 of, the member state.

1372 (d) The Interstate Commission shall be subject to a yearly
1373 financial audit conducted by a certified or licensed public
1374 accountant and the report of the audit shall be included in the
1375 annual report of the Interstate Commission.

1377 SECTION 14

1378 ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

1379
1380 (a) The Interstate Commission shall, by a majority of
1381 Commissioners present and voting, adopt bylaws to govern its
1382 conduct as may be necessary or appropriate to carry out the
1383 purposes of the Compact within twelve (12) months of the first
1384 Interstate Commission meeting.

1385 (b) The Interstate Commission shall elect or appoint
1386 annually from among its Commissioners a chairperson, a vice-
1387 chairperson, and a treasurer, each of whom shall have such
1388 authority and duties as may be specified in the bylaws. The
1389 chairperson, or in the chairperson's absence or disability, the
1390 vice-chairperson, shall preside at all meetings of the



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1391 Interstate Commission.

1392 (c) Officers selected in subsection (b) shall serve without
1393 remuneration from the Interstate Commission.

1394 (d) The officers and employees of the Interstate Commission
1395 shall be immune from suit and liability, either personally or in
1396 their official capacity, for a claim for damage to or loss of
1397 property or personal injury or other civil liability caused or
1398 arising out of, or relating to, an actual or alleged act, error,
1399 or omission that occurred, or that such person had a reasonable
1400 basis for believing occurred, within the scope of Interstate
1401 Commission employment, duties, or responsibilities; provided
1402 that such person shall not be protected from suit or liability
1403 for damage, loss, injury, or liability caused by the intentional
1404 or willful and wanton misconduct of such person.

1405 (1) The liability of the executive director and employees
1406 of the Interstate Commission or representatives of the
1407 Interstate Commission, acting within the scope of such person's
1408 employment or duties for acts, errors, or omissions occurring
1409 within such person's state, may not exceed the limits of
1410 liability set forth under the constitution and laws of that
1411 state for state officials, employees, and agents. The Interstate
1412 Commission is considered to be an instrumentality of the states
1413 for the purposes of any such action. Nothing in this subsection
1414 shall be construed to protect such person from suit or liability
1415 for damage, loss, injury, or liability caused by the intentional
1416 or willful and wanton misconduct of such person.

1417 (2) The Interstate Commission shall defend the executive
1418 director, its employees, and subject to the approval of the
1419 attorney general or other appropriate legal counsel of the



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1420 member state represented by an Interstate Commission
1421 representative, shall defend such Interstate Commission
1422 representative in any civil action seeking to impose liability
1423 arising out of an actual or alleged act, error or omission that
1424 occurred within the scope of Interstate Commission employment,
1425 duties or responsibilities, or that the defendant had a
1426 reasonable basis for believing occurred within the scope of
1427 Interstate Commission employment, duties, or responsibilities,
1428 provided that the actual or alleged act, error, or omission did
1429 not result from intentional or willful and wanton misconduct on
1430 the part of such person.

1431 (3) To the extent not covered by the state involved, member
1432 state, or the Interstate Commission, the representatives or
1433 employees of the Interstate Commission shall be held harmless in
1434 the amount of a settlement or judgment, including attorney's
1435 fees and costs, obtained against such persons arising out of an
1436 actual or alleged act, error, or omission that occurred within
1437 the scope of Interstate Commission employment, duties, or
1438 responsibilities, or that such persons had a reasonable basis
1439 for believing occurred within the scope of Interstate Commission
1440 employment, duties, or responsibilities, provided that the
1441 actual or alleged act, error, or omission did not result from
1442 intentional or willful and wanton misconduct on the part of such
1443 persons.

1444
1445 SECTION 15

1446 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION

1447
1448 (a) The Interstate Commission shall promulgate reasonable



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1449 rules in order to effectively and efficiently achieve the
1450 purposes of the Compact. Notwithstanding the foregoing, in the
1451 event the Interstate Commission exercises its rulemaking
1452 authority in a manner that is beyond the scope of the purposes
1453 of the Compact, or the powers granted hereunder, then such an
1454 action by the Interstate Commission shall be invalid and have no
1455 force or effect.

1456 (b) Rules deemed appropriate for the operations of the
1457 Interstate Commission shall be made pursuant to a rulemaking
1458 process that substantially conforms to the "Model State
1459 Administrative Procedure Act" of 2010, and subsequent amendments
1460 thereto.

1461 (c) Not later than thirty (30) days after a rule is
1462 promulgated, any person may file a petition for judicial review
1463 of the rule in the United States District Court for the District
1464 of Columbia or the federal district where the Interstate
1465 Commission has its principal offices, provided that the filing
1466 of such a petition shall not stay or otherwise prevent the rule
1467 from becoming effective unless the court finds that the
1468 petitioner has a substantial likelihood of success. The court
1469 shall give deference to the actions of the Interstate Commission
1470 consistent with applicable law and shall not find the rule to be
1471 unlawful if the rule represents a reasonable exercise of the
1472 authority granted to the Interstate Commission.

1473
1474 SECTION 16
1475 OVERSIGHT OF INTERSTATE COMPACT
1476

1477 (a) The executive, legislative, and judicial branches of



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1478 state government in each member state shall enforce the Compact
1479 and shall take all actions necessary and appropriate to
1480 effectuate the Compact's purposes and intent. The provisions of
1481 the Compact and the rules promulgated hereunder shall have
1482 standing as statutory law but shall not override existing state
1483 authority to regulate the practice of medicine.

1484 (b) All courts shall take judicial notice of the Compact
1485 and the rules in any judicial or administrative proceeding in a
1486 member state pertaining to the subject matter of the Compact
1487 which may affect the powers, responsibilities or actions of the
1488 Interstate Commission.

1489 (c) The Interstate Commission shall be entitled to receive
1490 all service of process in any such proceeding, and shall have
1491 standing to intervene in the proceeding for all purposes.
1492 Failure to provide service of process to the Interstate
1493 Commission shall render a judgment or order void as to the
1494 Interstate Commission, the Compact, or promulgated rules.

1495
1496 SECTION 17

1497 ENFORCEMENT OF INTERSTATE COMPACT

1498
1499 (a) The Interstate Commission, in the reasonable exercise
1500 of its discretion, shall enforce the provisions and rules of the
1501 Compact.

1502 (b) The Interstate Commission may, by majority vote of the
1503 Commissioners, initiate legal action in the United States
1504 District Court for the District of Columbia, or, at the
1505 discretion of the Interstate Commission, in the federal district
1506 where the Interstate Commission has its principal offices, to



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1507 enforce compliance with the provisions of the Compact, and its
1508 promulgated rules and bylaws, against a member state in default.
1509 The relief sought may include both injunctive relief and
1510 damages. In the event judicial enforcement is necessary, the
1511 prevailing party shall be awarded all costs of such litigation
1512 including reasonable attorney's fees.

1513 (c) The remedies herein shall not be the exclusive remedies
1514 of the Interstate Commission. The Interstate Commission may
1515 avail itself of any other remedies available under state law or
1516 the regulation of a profession.

1517

1518 SECTION 18
1519 DEFAULT PROCEDURES

1520

1521 (a) The grounds for default include, but are not limited
1522 to, failure of a member state to perform such obligations or
1523 responsibilities imposed upon it by the Compact, or the rules
1524 and bylaws of the Interstate Commission promulgated under the
1525 Compact.

1526 (b) If the Interstate Commission determines that a member
1527 state has defaulted in the performance of its obligations or
1528 responsibilities under the Compact, or the bylaws or promulgated
1529 rules, the Interstate Commission shall:

1530 (1) Provide written notice to the defaulting state and
1531 other member states, of the nature of the default, the means of
1532 curing the default, and any action taken by the Interstate
1533 Commission. The Interstate Commission shall specify the
1534 conditions by which the defaulting state must cure its default;
1535 and



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1536 (2) Provide remedial training and specific technical
1537 assistance regarding the default.

1538 (c) If the defaulting state fails to cure the default, the
1539 defaulting state shall be terminated from the Compact upon an
1540 affirmative vote of a majority of the Commissioners and all
1541 rights, privileges, and benefits conferred by the Compact shall
1542 terminate on the effective date of termination. A cure of the
1543 default does not relieve the offending state of obligations or
1544 liabilities incurred during the period of the default.

1545 (d) Termination of membership in the Compact shall be
1546 imposed only after all other means of securing compliance have
1547 been exhausted. Notice of intent to terminate shall be given by
1548 the Interstate Commission to the governor, the majority and
1549 minority leaders of the defaulting state's legislature, and each
1550 of the member states.

1551 (e) The Interstate Commission shall establish rules and
1552 procedures to address licenses and physicians that are
1553 materially impacted by the termination of a member state, or the
1554 withdrawal of a member state.

1555 (f) The member state which has been terminated is
1556 responsible for all dues, obligations, and liabilities incurred
1557 through the effective date of termination including obligations,
1558 the performance of which extends beyond the effective date of
1559 termination.

1560 (g) The Interstate Commission shall not bear any costs
1561 relating to any state that has been found to be in default or
1562 which has been terminated from the Compact, unless otherwise
1563 mutually agreed upon in writing between the Interstate
1564 Commission and the defaulting state.



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1565 (h) The defaulting state may appeal the action of the
1566 Interstate Commission by petitioning the United States District
1567 Court for the District of Columbia or the federal district where
1568 the Interstate Commission has its principal offices. The
1569 prevailing party shall be awarded all costs of such litigation
1570 including reasonable attorney's fees.

1571
1572 SECTION 19
1573 DISPUTE RESOLUTION

1574
1575 (a) The Interstate Commission shall attempt, upon the
1576 request of a member state, to resolve disputes which are subject
1577 to the Compact and which may arise among member states or member
1578 boards.

1579 (b) The Interstate Commission shall promulgate rules
1580 providing for both mediation and binding dispute resolution as
1581 appropriate.

1582
1583 SECTION 20
1584 MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

1585
1586 (a) Any state is eligible to become a member state of the
1587 Compact.

1588 (b) The Compact shall become effective and binding upon
1589 legislative enactment of the Compact into law by no less than
1590 seven (7) states. Thereafter, it shall become effective and
1591 binding on a state upon enactment of the Compact into law by
1592 that state.

1593 (c) The governors of non-member states, or their designees,



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1594 shall be invited to participate in the activities of the
1595 Interstate Commission on a non-voting basis prior to adoption of
1596 the Compact by all states.

1597 (d) The Interstate Commission may propose amendments to the
1598 Compact for enactment by the member states. No amendment shall
1599 become effective and binding upon the Interstate Commission and
1600 the member states unless and until it is enacted into law by
1601 unanimous consent of the member states.

1602
1603 SECTION 21

1604 WITHDRAWAL

1605
1606 (a) Once effective, the Compact shall continue in force and
1607 remain binding upon each and every member state; provided that a
1608 member state may withdraw from the Compact by specifically
1609 repealing the statute which enacted the Compact into law.

1610 (b) Withdrawal from the Compact shall be by the enactment
1611 of a statute repealing the same, but shall not take effect until
1612 one (1) year after the effective date of such statute and until
1613 written notice of the withdrawal has been given by the
1614 withdrawing state to the governor of each other member state.

1615 (c) The withdrawing state shall immediately notify the
1616 chairperson of the Interstate Commission in writing upon the
1617 introduction of legislation repealing the Compact in the
1618 withdrawing state.

1619 (d) The Interstate Commission shall notify the other member
1620 states of the withdrawing state's intent to withdraw within
1621 sixty (60) days of its receipt of notice provided under
1622 subsection (c).



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1623 (e) The withdrawing state is responsible for all dues,
1624 obligations and liabilities incurred through the effective date
1625 of withdrawal, including obligations, the performance of which
1626 extend beyond the effective date of withdrawal.

1627 (f) Reinstatement following withdrawal of a member state
1628 shall occur upon the withdrawing state reenacting the Compact or
1629 upon such later date as determined by the Interstate Commission.

1630 (g) The Interstate Commission is authorized to develop
1631 rules to address the impact of the withdrawal of a member state
1632 on licenses granted in other member states to physicians who
1633 designated the withdrawing member state as the state of
1634 principal license.

1635

1636 SECTION 22
1637 DISSOLUTION

1638

1639 (a) The Compact shall dissolve effective upon the date of
1640 the withdrawal or default of the member state which reduces the
1641 membership in the Compact to one (1) member state.

1642 (b) Upon the dissolution of the Compact, the Compact
1643 becomes null and void and shall be of no further force or
1644 effect, and the business and affairs of the Interstate
1645 Commission shall be concluded and surplus funds shall be
1646 distributed in accordance with the bylaws.

1647

1648 SECTION 23
1649 SEVERABILITY AND CONSTRUCTION

1650

1651 (a) The provisions of the Compact shall be severable, and



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1652 if any phrase, clause, sentence, or provision is deemed
1653 unenforceable, the remaining provisions of the Compact shall be
1654 enforceable.

1655 (b) The provisions of the Compact shall be liberally
1656 construed to effectuate its purposes.

1657 (c) Nothing in the Compact shall be construed to prohibit
1658 the applicability of other interstate compacts to which the
1659 states are members.

1660

1661 SECTION 24

1662 BINDING EFFECT OF COMPACT AND OTHER LAWS

1663

1664 (a) Nothing herein prevents the enforcement of any other
1665 law of a member state that is not inconsistent with the Compact.

1666 (b) All laws in a member state in conflict with the Compact
1667 are superseded to the extent of the conflict.

1668 (c) All lawful actions of the Interstate Commission,
1669 including all rules and bylaws promulgated by the Commission,
1670 are binding upon the member states.

1671 (d) All agreements between the Interstate Commission and
1672 the member states are binding in accordance with their terms.

1673 (e) In the event any provision of the Compact exceeds the
1674 constitutional limits imposed on the legislature of any member
1675 state, such provision shall be ineffective to the extent of the
1676 conflict with the constitutional provision in question in that
1677 member state.

1678 Section 16. Except as otherwise expressly provided in this
1679 act, this act shall take effect July 1, 2019.