

FOR CONSIDERATION By the Committee on Health Policy

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1 A bill to be entitled
2 An act relating to health care; amending s. 394.4615,
3 F.S.; requiring a service provider to furnish and
4 provide access to clinical records within a specified
5 timeframe after receiving a request for such records;
6 providing a conditional requirement that such records
7 be furnished in the manner chosen by the requester;
8 authorizing the service provider to charge a
9 reasonable cost associated with reproducing such
10 records; amending s. 395.3025, F.S.; removing
11 provisions requiring a licensed facility to furnish
12 patient records only after discharge to conform to
13 changes made by the act; revising provisions relating
14 to the appropriate disclosure of patient records
15 without consent; amending s. 397.501, F.S.; requiring
16 a service provider to furnish and provide access to
17 records within a specified timeframe after receiving a
18 request from an individual or an individual's legal
19 representative; providing a conditional requirement
20 that such records be furnished in the manner chosen by
21 the requester; authorizing the service provider to
22 charge a reasonable cost associated with reproducing
23 such records; amending s. 400.145, F.S.; revising
24 provisions relating to the records of a resident held
25 by a nursing home facility to conform to changes made
26 by the act; requiring that a nursing home facility
27 furnish such records within a specified timeframe
28 after receiving a request from a representative of a
29 deceased resident; creating s. 408.833, F.S.; defining

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30 the term "legal representative"; requiring a provider
31 to furnish and provide access to records within a
32 specified timeframe after receiving a request from a
33 former or current client or that client's legal
34 representative; providing a conditional requirement
35 that such records be furnished in the manner chosen by
36 the requester; authorizing a provider to impose
37 reasonable terms necessary to preserve such records;
38 authorizing a provider to charge a reasonable cost
39 associated with reproducing such records; authorizing
40 a provider to refuse to furnish such records directly
41 to a client under certain circumstances; providing
42 limitations on the frequency of furnishing copies of
43 records of a client of a nursing home facility;
44 providing applicability; amending s. 456.057, F.S.;
45 requiring certain licensed health care practitioners
46 to furnish and provide access to copies of reports and
47 records within a specified timeframe after receiving a
48 request from a patient or a patient's legal
49 representative; authorizing such licensed health care
50 practitioners to impose reasonable terms necessary to
51 preserve such reports and records; authorizing such
52 licensed health care practitioners to charge a
53 reasonable cost associated with reproducing such
54 reports and records; amending ss. 316.1932, 316.1933,
55 395.4025, and 440.185, F.S.; conforming cross-
56 references; amending s. 395.1012, F.S.; requiring a
57 licensed hospital to provide specified information and
58 data relating to patient safety and quality measures

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59 to a patient under certain circumstances or to any
60 person upon request; creating s. 395.1052, F.S.;
61 requiring a hospital to notify a patient's primary
62 care provider within a specified timeframe after the
63 patient's admission; requiring a hospital to inform a
64 patient, upon admission, of the option to request
65 consultation between the hospital's treating physician
66 and the patient's primary care provider or specialist
67 provider; requiring a hospital to notify a patient's
68 primary care provider of the patient's discharge and
69 provide specified information and records to the
70 primary care provider within a specified timeframe
71 after discharge; amending s. 395.301, F.S.; requiring
72 a licensed facility, upon placing a patient on
73 observation status, to immediately notify the patient
74 of such status using a specified form; requiring that
75 such notification be documented in the patient's
76 medical records and discharge papers; amending s.
77 624.27, F.S.; expanding the scope of direct primary
78 care agreements, which are renamed "direct health care
79 agreements"; conforming provisions to changes made by
80 the act; creating s. 627.42393, F.S.; prohibiting
81 certain health insurers from employing step-therapy
82 protocols under certain circumstances; defining the
83 term "health coverage plan"; amending s. 641.31, F.S.;
84 prohibiting certain health maintenance organizations
85 from employing step-therapy protocols under certain
86 circumstances; defining the term "health coverage
87 plan"; amending s. 409.973, F.S.; prohibiting Medicaid

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88 managed care plans from employing step-therapy
89 protocols under certain circumstances; creating s.
90 627.4303, F.S.; defining the term "health insurer";
91 prohibiting limitations on price transparency with
92 patients in contracts between health insurers and
93 health care providers; prohibiting a health insurer
94 from requiring an insured to make a certain payment
95 for a covered service under certain circumstances;
96 creating s. 456.4501, F.S.; implementing the
97 Interstate Medical Licensure Compact in this state;
98 providing for an interstate medical licensure process;
99 providing requirements for multistate practice and
100 telemedicine practice; providing effective dates.

101
102 Be It Enacted by the Legislature of the State of Florida:

103
104 Section 1. Present subsections (3) through (11) of section
105 394.4615, Florida Statutes, are redesignated as subsections (5)
106 through (13), respectively, and new subsections (3) and (4) are
107 added to that section, to read:

108 394.4615 Clinical records; confidentiality.-

109 (3) (a) Within 14 working days after receiving a request
110 made in accordance with paragraphs (2) (a), (b), or (c), a
111 service provider must furnish clinical records in its
112 possession.

113 (b) If a service provider maintains a system of electronic
114 health records as defined in s. 408.051, the service provider
115 shall furnish the requested records in the manner chosen by the
116 requester, which may include paper documents, electronic format,

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117 access through a web-based patient portal, or submission through
118 a patient's electronic personal health record.

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

122 (a) The reasonable costs of reproducing paper copies of
123 written or typed documents or reports may not exceed \$1 per page
124 for the first 25 pages and 25 cents per page for all pages
125 thereafter.

126 (b) The reasonable costs of reproducing X-rays and other
127 forms of images shall be the actual costs. Actual costs shall be
128 the sum of the cost of the material and supplies used to
129 duplicate the record and the labor and overhead costs associated
130 with the duplication.

131 (c) The reasonable costs of producing electronic copies of
132 records or electronic access to records may not exceed \$2;
133 however, a service provider may charge up to \$1 for each year of
134 records requested.

135
136 The charges established in this subsection apply to all records
137 furnished, whether directly from a service provider or from a
138 copy service providing such services on behalf of a service
139 provider. However, a patient whose records are copied or
140 searched for the purpose of continuing to receive care is not
141 required to pay a charge for copying or for the search.

142 Section 2. Present subsections (4) through (11) of section
143 395.3025, Florida Statutes, are redesignated as subsections (1)
144 through (8), respectively, and present subsections (1), (2), and
145 (3), paragraph (e) of present subsection (4), paragraph (a) of

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146 present subsection (7), and present subsection (8) of that
147 section, are amended to read:

148 395.3025 Patient and personnel records; copies;
149 examination.-

150 ~~(1) Any licensed facility shall, upon written request, and~~
151 ~~only after discharge of the patient, furnish, in a timely~~
152 ~~manner, without delays for legal review, to any person admitted~~
153 ~~therein for care and treatment or treated thereat, or to any~~
154 ~~such person's guardian, curator, or personal representative, or~~
155 ~~in the absence of one of those persons, to the next of kin of a~~
156 ~~decedent or the parent of a minor, or to anyone designated by~~
157 ~~such person in writing, a true and correct copy of all patient~~
158 ~~records, including X rays, and insurance information concerning~~
159 ~~such person, which records are in the possession of the licensed~~
160 ~~facility, provided the person requesting such records agrees to~~
161 ~~pay a charge. The exclusive charge for copies of patient records~~
162 ~~may include sales tax and actual postage, and, except for~~
163 ~~nonpaper records that are subject to a charge not to exceed \$2,~~
164 ~~may not exceed \$1 per page. A fee of up to \$1 may be charged for~~
165 ~~each year of records requested. These charges shall apply to all~~
166 ~~records furnished, whether directly from the facility or from a~~
167 ~~copy service providing these services on behalf of the facility.~~
168 ~~However, a patient whose records are copied or searched for the~~
169 ~~purpose of continuing to receive medical care is not required to~~
170 ~~pay a charge for copying or for the search. The licensed~~
171 ~~facility shall further allow any such person to examine the~~
172 ~~original records in its possession, or microforms or other~~
173 ~~suitable reproductions of the records, upon such reasonable~~
174 ~~terms as shall be imposed to assure that the records will not be~~

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175 ~~damaged, destroyed, or altered.~~

176 ~~(2) This section does not apply to records maintained at~~
177 ~~any licensed facility the primary function of which is to~~
178 ~~provide psychiatric care to its patients, or to records of~~
179 ~~treatment for any mental or emotional condition at any other~~
180 ~~licensed facility which are governed by the provisions of s.~~
181 ~~394.4615.~~

182 ~~(3) This section does not apply to records of substance~~
183 ~~abuse impaired persons, which are governed by s. 397.501.~~

184 ~~(1)-(4)~~ Patient records are confidential and may ~~must~~ not be
185 disclosed without the consent of the patient or his or her legal
186 representative; however, ~~but~~ appropriate disclosure may be made
187 without such consent to:

188 (e) The Department of Health ~~agency~~ upon subpoena issued
189 pursuant to s. 456.071, but the records obtained thereby must be
190 used solely for the purpose of the department ~~agency~~ and the
191 appropriate professional board in its investigation,
192 prosecution, and appeal of disciplinary proceedings. If the
193 department ~~agency~~ requests copies of the records, the facility
194 shall charge no more than its actual copying costs, including
195 reasonable staff time. The records must be sealed and must not
196 be available to the public pursuant to s. 119.07(1) or any other
197 statute providing access to records, nor may they be available
198 to the public as part of the record of investigation for and
199 prosecution in disciplinary proceedings made available to the
200 public by the department ~~agency~~ or the appropriate regulatory
201 board. However, the department ~~agency~~ must make available, upon
202 written request by a practitioner against whom probable cause
203 has been found, any such records that form the basis of the

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204 determination of probable cause.

205 (2)~~(5)~~ The Department of Health may examine patient records
206 of a licensed facility, whether held by the facility or the
207 Agency for Health Care Administration, for the purpose of
208 epidemiological investigations. The unauthorized release of
209 information by agents of the department which would identify an
210 individual patient is a misdemeanor of the first degree,
211 punishable as provided in s. 775.082 or s. 775.083.

212 (4)~~(7)~~(a) If the content of any record of patient treatment
213 is provided under this section, the recipient,~~if other than the~~
214 ~~patient or the patient's representative,~~ may use such
215 information only for the purpose provided and may not further
216 disclose any information to any other person or entity, unless
217 expressly permitted by the written consent of the patient. A
218 general authorization for the release of medical information is
219 not sufficient for this purpose. The content of such patient
220 treatment record is confidential and exempt from the provisions
221 of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

222 (5)~~(8)~~ Patient records at hospitals and ambulatory surgical
223 centers are exempt from disclosure under s. 119.07(1), except as
224 provided by subsections (1) and (2) ~~(1)~~~~(5)~~.

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

229 397.501 Rights of individuals.—Individuals receiving
230 substance abuse services from any service provider are
231 guaranteed protection of the rights specified in this section,
232 unless otherwise expressly provided, and service providers must

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233 ensure the protection of such rights.

234 (7) RIGHT TO ACCESS TO AND CONFIDENTIALITY OF INDIVIDUAL
235 RECORDS.—

236 (a)1. Within 14 working days after receiving a written
237 request from an individual or an individual's legal
238 representative, a service provider shall furnish a true and
239 correct copy of all records pertaining to that individual in the
240 possession of the service provider.

241 2. If a service provider maintains a system of electronic
242 health records as defined in s. 408.051, the service provider
243 shall furnish the requested records in the manner chosen by the
244 requester, which may include paper documents, electronic format,
245 access through a web-based patient portal, or submission through
246 an individual's electronic personal health record.

247 3. For the purpose of this section, the term "legal
248 representative" has the same meaning as provided in s. 408.833.

249 (b) Within 10 working days after receiving such a request
250 from an individual or an individual's legal representative, a
251 service provider shall provide access to examine the original
252 records, microforms, or other suitable reproductions of the
253 records in its possession. A service provider may impose any
254 reasonable terms necessary to ensure that the records will not
255 be damaged, destroyed, or altered.

256 (c) A service provider may charge the requester no more
257 than the reasonable costs of reproducing the records, including
258 reasonable staff time.

259 1. The reasonable costs of reproducing paper copies of
260 written or typed documents or reports may not exceed \$1 per page
261 for the first 25 pages and 25 cents per page for all pages

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262 thereafter.

263 2. The reasonable costs of reproducing X-rays and such
264 other kinds of records shall be the actual costs. Actual costs
265 are the sum of the cost of the material and supplies used to
266 duplicate the records and the labor and overhead costs
267 associated with the duplication.

268 3. The reasonable costs of producing electronic copies of
269 records or electronic access to records may not exceed \$2. A
270 service provider may charge up to \$1 for each year of records
271 requested.

272
273 The charges established in this paragraph apply to all records
274 furnished, whether directly from a service provider or from a
275 copy service providing such services on behalf of the service
276 provider. However, an individual whose records are copied or
277 searched for the purpose of continuing to receive care is not
278 required to pay a charge for copying or for the search.

279 Section 4. Present subsections (6), (8), and (9) of section
280 400.145, Florida Statutes, are redesignated as subsections (5),
281 (6), and (7), respectively, and subsections (1), (4), (5), and
282 (7) of that section are amended, to read:

283 400.145 Copies of records of care and treatment of deceased
284 resident.—

285 (1) Upon receipt of a written request that complies with
286 the federal Health Insurance Portability and Accountability Act
287 of 1996 (HIPAA) and this section, a nursing home facility shall
288 furnish ~~to a competent resident, or~~ to a representative of a
289 deceased ~~that~~ resident who is authorized to make requests for
290 the resident's records under HIPAA or subsection (2), copies of

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291 the resident's paper and electronic records that are in
292 possession of the facility. Such records must include any
293 medical records and records concerning the care and treatment of
294 the resident performed by the facility, except for progress
295 notes and consultation report sections of a psychiatric nature.
296 The facility shall provide the requested records ~~within 14~~
297 ~~working days after receipt of a request relating to a current~~
298 ~~resident or~~ within 30 working days after receipt of a request
299 relating to a deceased ~~former~~ resident.

300 (4) A nursing home facility may charge a reasonable fee for
301 the copying of resident records. Such fee may not exceed \$1 per
302 page for the first 25 pages and 25 cents per page for each
303 additional page for reproducing paper copies of reports or
304 records. The reasonable costs of producing electronic copies of
305 records or electronic access to records may not exceed \$2;
306 however, the facility may charge up to \$1 for each year of
307 records requested. The facility shall allow a person who is
308 authorized to act on behalf of the resident to examine the
309 original records, microfilms, or other suitable reproductions of
310 the records in its possession upon any reasonable terms imposed
311 by the facility to ensure that the records are not damaged,
312 destroyed, or altered.

313 ~~(5) If a nursing home facility determines that disclosure~~
314 ~~of the records to the resident would be detrimental to the~~
315 ~~physical or mental health of the resident, the facility may~~
316 ~~refuse to furnish the record directly to the resident; however,~~
317 ~~upon such refusal, the resident's records shall, upon written~~
318 ~~request by the resident, be furnished to any other medical~~
319 ~~provider designated by the resident.~~

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320 ~~(7) A nursing home facility is not required to provide~~
321 ~~copies of a resident's records requested pursuant to this~~
322 ~~section more than once per month, except that copies of~~
323 ~~physician reports in the resident's records must be provided as~~
324 ~~often as necessary to allow the effective monitoring of the~~
325 ~~resident's condition.~~

326 Section 5. Section 408.833, Florida Statutes, is created to
327 read:

328 408.833 Client access to medical records.-

329 (1) For the purpose of this section, the term "legal
330 representative" means a client's attorney who has been
331 designated by a former or current client of the licensee to
332 receive copies of the client's medical, care and treatment, or
333 interdisciplinary records; a legally recognized guardian of the
334 client; a court-appointed representative of the client; or a
335 person designated by the client or by a court of competent
336 jurisdiction to receive copies of the client's medical, care and
337 treatment, or interdisciplinary records.

338 (2) (a) Within 14 working days after receiving a written
339 request from a former or current client or that client's legal
340 representative, a provider shall furnish a true and correct copy
341 of all records, including medical, care and treatment, and
342 interdisciplinary records, as applicable to that client, in the
343 possession of the provider.

344 (b) If a provider maintains a system of electronic health
345 records as defined in s. 408.051, the provider shall furnish the
346 requested records in the manner chosen by the requester, which
347 may include paper documents, electronic format, access through a
348 web-based patient portal, or submission through a client's

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349 electronic personal health record.

350 (3) Within 10 working days after receiving such a request
351 by a former or current client or that client's legal
352 representative, a provider shall provide access to examine the
353 original records, microforms, or other suitable reproductions of
354 the records in its possession. A provider may impose any
355 reasonable terms necessary to ensure that the records will not
356 be damaged, destroyed, or altered.

357 (4) A provider may charge the requester no more than the
358 reasonable costs of reproducing the records, including
359 reasonable staff time.

360 (a) The reasonable costs of reproducing paper copies of
361 written or typed documents or reports may not exceed \$1 per page
362 for the first 25 pages and 25 cents per page for all pages
363 thereafter.

364 (b) The reasonable costs of reproducing X-rays and other
365 forms of images shall be the actual costs. Actual costs are the
366 sum of the cost of the material and supplies used to duplicate
367 the records and the labor and overhead costs associated with the
368 duplication.

369 (c) The reasonable costs of producing electronic copies of
370 records or electronic access to records may not exceed \$2;
371 however, a provider may charge up to \$1 for each year of records
372 requested.

373
374 The charges established in this subsection apply to all records
375 furnished, whether directly from a provider or from a copy
376 service providing such services on behalf of the provider.
377 However, a client whose records are copied or searched for the

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378 purpose of continuing to receive medical care is not required to
379 pay a charge for copying or for the search.

380 (5) A provider may refuse to furnish records directly to a
381 client if the provider determines that disclosure of the records
382 to the client would be detrimental to the physical or mental
383 health of the client; however, upon such refusal, the client's
384 records must be furnished upon written request by the client to
385 any other medical provider designated by the client.

386 (6) A provider may refuse a request under this section if
387 the client is a resident of a nursing home facility and has been
388 adjudged incompetent. A provider is not required to provide
389 copies of a nursing home facility client's records requested
390 pursuant to this section more frequently than once per month,
391 except that copies of physician reports in the client's records
392 must be provided as often as necessary to allow the effective
393 monitoring of the client's condition.

394 (7) This section does not apply to any of the following:

395 (a) Records maintained at any licensed facility, as defined
396 in s. 395.002, the primary function of which is to provide
397 psychiatric care to its patients, or records of treatment for
398 any mental or emotional condition at any other licensed facility
399 which is governed by s. 394.4615.

400 (b) Records of substance abuse impaired persons which are
401 governed by s. 397.501.

402 (c) Records of a deceased resident of a nursing home
403 facility.

404 Section 6. Subsections (6) and (17) of section 456.057,
405 Florida Statutes, are amended to read:

406 456.057 Ownership and control of patient records; report or

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407 copies of records to be furnished; disclosure of information.-

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

423 (b) Within 10 working days after receiving a written
424 request by a patient or a patient's legal representative, a
425 health care practitioner must provide access to examine the
426 original reports and records, or microforms or other suitable
427 reproductions of the reports and records in the health care
428 practitioner's possession. The health care practitioner may
429 impose any reasonable terms necessary to ensure that the reports
430 and records will not be damaged, destroyed, or altered.

431 (c) However, When a patient's psychiatric, chapter 490
432 psychological, or chapter 491 psychotherapeutic records are
433 requested by the patient or the patient's legal representative,
434 the health care practitioner may provide a report of examination
435 and treatment in lieu of copies of records. Upon a patient's

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436 written request, complete copies of the patient's psychiatric
437 records shall be provided directly to a subsequent treating
438 psychiatrist. The furnishing of such report or copies may ~~shall~~
439 not be conditioned upon payment of a fee for services rendered.

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

443 (a) The reasonable costs of reproducing paper copies of
444 written or typed documents or reports may not exceed \$1 per page
445 for the first 25 pages and 25 cents per page for all pages
446 thereafter.

447 (b) The reasonable costs of reproducing X-rays and such
448 other kinds of records shall be the actual costs. Actual costs
449 are the sum of the cost of the material and supplies used to
450 duplicate the record and the labor and overhead costs associated
451 with the duplication.

452 (c) The reasonable costs of producing electronic copies of
453 reports and records or electronic access to reports and records
454 may not exceed \$2; however, a licensed health care practitioner
455 may charge up to \$1 for each year of records requested.

456
457 The charges established in this subsection apply to all reports
458 and records furnished, whether directly from a health care
459 practitioner or from a copy service providing such services on
460 behalf of the health care practitioner. However, a patient whose
461 reports and records are copied or searched for the purpose of
462 continuing to receive medical care is not required to pay a
463 charge for copying or for the search ~~A health care practitioner~~
464 ~~or records owner furnishing copies of reports or records or~~

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465 ~~making the reports or records available for digital scanning~~
466 ~~pursuant to this section shall charge no more than the actual~~
467 ~~cost of copying, including reasonable staff time, or the amount~~
468 ~~specified in administrative rule by the appropriate board, or~~
469 ~~the department when there is no board.~~

470 Section 7. Paragraph (f) of subsection (1) of section
471 316.1932, Florida Statutes, is amended to read:

472 316.1932 Tests for alcohol, chemical substances, or
473 controlled substances; implied consent; refusal.-

474 (1)

475 (f)1. The tests determining the weight of alcohol in the
476 defendant's blood or breath shall be administered at the request
477 of a law enforcement officer substantially in accordance with
478 rules of the Department of Law Enforcement. Such rules must
479 specify precisely the test or tests that are approved by the
480 Department of Law Enforcement for reliability of result and ease
481 of administration, and must provide an approved method of
482 administration which must be followed in all such tests given
483 under this section. However, the failure of a law enforcement
484 officer to request the withdrawal of blood does not affect the
485 admissibility of a test of blood withdrawn for medical purposes.

486 2.a. Only a physician, certified paramedic, registered
487 nurse, licensed practical nurse, other personnel authorized by a
488 hospital to draw blood, or duly licensed clinical laboratory
489 director, supervisor, technologist, or technician, acting at the
490 request of a law enforcement officer, may withdraw blood for the
491 purpose of determining its alcoholic content or the presence of
492 chemical substances or controlled substances therein. However,
493 the failure of a law enforcement officer to request the

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494 withdrawal of blood does not affect the admissibility of a test
495 of blood withdrawn for medical purposes.

496 b. Notwithstanding any provision of law pertaining to the
497 confidentiality of hospital records or other medical records, if
498 a health care provider, who is providing medical care in a
499 health care facility to a person injured in a motor vehicle
500 crash, becomes aware, as a result of any blood test performed in
501 the course of that medical treatment, that the person's blood-
502 alcohol level meets or exceeds the blood-alcohol level specified
503 in s. 316.193(1)(b), the health care provider may notify any law
504 enforcement officer or law enforcement agency. Any such notice
505 must be given within a reasonable time after the health care
506 provider receives the test result. Any such notice shall be used
507 only for the purpose of providing the law enforcement officer
508 with reasonable cause to request the withdrawal of a blood
509 sample pursuant to this section.

510 c. The notice shall consist only of the name of the person
511 being treated, the name of the person who drew the blood, the
512 blood-alcohol level indicated by the test, and the date and time
513 of the administration of the test.

514 d. Nothing contained in s. 395.3025(1) ~~s. 395.3025(4)~~, s.
515 456.057, or any applicable practice act affects the authority to
516 provide notice under this section, and the health care provider
517 is not considered to have breached any duty owed to the person
518 under s. 395.3025(1) ~~s. 395.3025(4)~~, s. 456.057, or any
519 applicable practice act by providing notice or failing to
520 provide notice. It shall not be a breach of any ethical, moral,
521 or legal duty for a health care provider to provide notice or
522 fail to provide notice.

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523 e. A civil, criminal, or administrative action may not be
524 brought against any person or health care provider participating
525 in good faith in the provision of notice or failure to provide
526 notice as provided in this section. Any person or health care
527 provider participating in the provision of notice or failure to
528 provide notice as provided in this section shall be immune from
529 any civil or criminal liability and from any professional
530 disciplinary action with respect to the provision of notice or
531 failure to provide notice under this section. Any such
532 participant has the same immunity with respect to participating
533 in any judicial proceedings resulting from the notice or failure
534 to provide notice.

535 3. The person tested may, at his or her own expense, have a
536 physician, registered nurse, other personnel authorized by a
537 hospital to draw blood, or duly licensed clinical laboratory
538 director, supervisor, technologist, or technician, or other
539 person of his or her own choosing administer an independent test
540 in addition to the test administered at the direction of the law
541 enforcement officer for the purpose of determining the amount of
542 alcohol in the person's blood or breath or the presence of
543 chemical substances or controlled substances at the time
544 alleged, as shown by chemical analysis of his or her blood or
545 urine, or by chemical or physical test of his or her breath. The
546 failure or inability to obtain an independent test by a person
547 does not preclude the admissibility in evidence of the test
548 taken at the direction of the law enforcement officer. The law
549 enforcement officer shall not interfere with the person's
550 opportunity to obtain the independent test and shall provide the
551 person with timely telephone access to secure the test, but the

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552 burden is on the person to arrange and secure the test at the
553 person's own expense.

554 4. Upon the request of the person tested, full information
555 concerning the results of the test taken at the direction of the
556 law enforcement officer shall be made available to the person or
557 his or her attorney. Full information is limited to the
558 following:

559 a. The type of test administered and the procedures
560 followed.

561 b. The time of the collection of the blood or breath sample
562 analyzed.

563 c. The numerical results of the test indicating the alcohol
564 content of the blood and breath.

565 d. The type and status of any permit issued by the
566 Department of Law Enforcement which was held by the person who
567 performed the test.

568 e. If the test was administered by means of a breath
569 testing instrument, the date of performance of the most recent
570 required inspection of such instrument.

571
572 Full information does not include manuals, schematics, or
573 software of the instrument used to test the person or any other
574 material that is not in the actual possession of the state.
575 Additionally, full information does not include information in
576 the possession of the manufacturer of the test instrument.

577 5. A hospital, clinical laboratory, medical clinic, or
578 similar medical institution or physician, certified paramedic,
579 registered nurse, licensed practical nurse, other personnel
580 authorized by a hospital to draw blood, or duly licensed

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581 clinical laboratory director, supervisor, technologist, or
582 technician, or other person assisting a law enforcement officer
583 does not incur any civil or criminal liability as a result of
584 the withdrawal or analysis of a blood or urine specimen, or the
585 chemical or physical test of a person's breath pursuant to
586 accepted medical standards when requested by a law enforcement
587 officer, regardless of whether or not the subject resisted
588 administration of the test.

589 Section 8. Paragraph (a) of subsection (2) of section
590 316.1933, Florida Statutes, is amended to read:

591 316.1933 Blood test for impairment or intoxication in cases
592 of death or serious bodily injury; right to use reasonable
593 force.—

594 (2) (a) Only a physician, certified paramedic, registered
595 nurse, licensed practical nurse, other personnel authorized by a
596 hospital to draw blood, or duly licensed clinical laboratory
597 director, supervisor, technologist, or technician, acting at the
598 request of a law enforcement officer, may withdraw blood for the
599 purpose of determining the alcoholic content thereof or the
600 presence of chemical substances or controlled substances
601 therein. However, the failure of a law enforcement officer to
602 request the withdrawal of blood shall not affect the
603 admissibility of a test of blood withdrawn for medical purposes.

604 1. Notwithstanding any provision of law pertaining to the
605 confidentiality of hospital records or other medical records, if
606 a health care provider, who is providing medical care in a
607 health care facility to a person injured in a motor vehicle
608 crash, becomes aware, as a result of any blood test performed in
609 the course of that medical treatment, that the person's blood-

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610 alcohol level meets or exceeds the blood-alcohol level specified
611 in s. 316.193(1)(b), the health care provider may notify any law
612 enforcement officer or law enforcement agency. Any such notice
613 must be given within a reasonable time after the health care
614 provider receives the test result. Any such notice shall be used
615 only for the purpose of providing the law enforcement officer
616 with reasonable cause to request the withdrawal of a blood
617 sample pursuant to this section.

618 2. The notice shall consist only of the name of the person
619 being treated, the name of the person who drew the blood, the
620 blood-alcohol level indicated by the test, and the date and time
621 of the administration of the test.

622 3. Nothing contained in s. 395.3025(1) ~~s. 395.3025(4)~~, s.
623 456.057, or any applicable practice act affects the authority to
624 provide notice under this section, and the health care provider
625 is not considered to have breached any duty owed to the person
626 under s. 395.3025(1) ~~s. 395.3025(4)~~, s. 456.057, or any
627 applicable practice act by providing notice or failing to
628 provide notice. It shall not be a breach of any ethical, moral,
629 or legal duty for a health care provider to provide notice or
630 fail to provide notice.

631 4. A civil, criminal, or administrative action may not be
632 brought against any person or health care provider participating
633 in good faith in the provision of notice or failure to provide
634 notice as provided in this section. Any person or health care
635 provider participating in the provision of notice or failure to
636 provide notice as provided in this section shall be immune from
637 any civil or criminal liability and from any professional
638 disciplinary action with respect to the provision of notice or

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639 failure to provide notice under this section. Any such
640 participant has the same immunity with respect to participating
641 in any judicial proceedings resulting from the notice or failure
642 to provide notice.

643 Section 9. Subsection (13) of section 395.4025, Florida
644 Statutes, is amended to read:

645 395.4025 Trauma centers; selection; quality assurance;
646 records.—

647 (13) Patient care, transport, or treatment records or
648 reports, or patient care quality assurance proceedings, records,
649 or reports obtained or made pursuant to this section, s.
650 395.3025(1)(f) ~~s. 395.3025(4)(f)~~, s. 395.401, s. 395.4015, s.
651 395.402, s. 395.403, s. 395.404, s. 395.4045, s. 395.405, s.
652 395.50, or s. 395.51 must be held confidential by the department
653 or its agent and are exempt from the provisions of s. 119.07(1).
654 Patient care quality assurance proceedings, records, or reports
655 obtained or made pursuant to these sections are not subject to
656 discovery or introduction into evidence in any civil or
657 administrative action.

658 Section 10. Subsection (4) of section 440.185, Florida
659 Statutes, is amended to read:

660 440.185 Notice of injury or death; reports; penalties for
661 violations.—

662 (4) Additional reports with respect to such injury and of
663 the condition of such employee, including copies of medical
664 reports, funeral expenses, and wage statements, shall be filed
665 by the employer or carrier to the department at such times and
666 in such manner as the department may prescribe by rule. In
667 carrying out its responsibilities under this chapter, the

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668 department or agency may by rule provide for the obtaining of
669 any medical records relating to medical treatment provided
670 pursuant to this chapter, notwithstanding the provisions of ss.
671 90.503 and 395.3025(1) ~~395.3025(4)~~.

672 Section 11. Subsection (3) is added to section 395.1012,
673 Florida Statutes, to read:

674 395.1012 Patient safety.—

675 (3) (a) Each hospital shall provide to any patient upon
676 admission, upon scheduling of nonemergency care, or prior to
677 treatment, written information on a form created by the agency
678 that contains the following information available for the
679 hospital for the most recent year and the statewide average for
680 all hospitals related to the following quality measures:

- 681 1. The rate of hospital-acquired infections;
682 2. The overall rating of the Hospital Consumer Assessment
683 of Healthcare Providers and Systems survey; and
684 3. The 15-day readmission rate.

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

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

692 Section 12. Section 395.1052, Florida Statutes, is created
693 to read:

694 395.1052 Patient access to primary care and specialty
695 providers; notification.—A hospital shall:

- 696 (1) Notify each patient's primary care provider, if any,

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697 within 24 hours after the patient's admission to the hospital.

698 (2) Inform a patient immediately upon admission that he or
699 she may request to have the hospital's treating physician
700 consult with the patient's primary care provider or specialist
701 provider, if any, when developing the patient's plan of care.
702 Upon the patient's request, the hospital's treating physician
703 shall make reasonable efforts to consult with the patient's
704 primary care provider or specialist provider when developing the
705 patient's plan of care.

706 (3) Notify the patient's primary care provider, if any, of
707 the patient's discharge from the hospital within 24 hours after
708 discharge.

709 (4) Provide the discharge summary and any related
710 information or records to the patient's primary care provider,
711 if any, within 7 days after the patient's discharge from the
712 hospital.

713 Section 13. Subsection (3) of section 395.301, Florida
714 Statutes, is amended to read:

715 395.301 Price transparency; itemized patient statement or
716 bill; patient admission status notification.—

717 (3) If a licensed facility places a patient on observation
718 status rather than inpatient status, the licensed facility must
719 immediately notify the patient of such status using the form
720 adopted under 42 C.F.R. s. 489.20 for Medicare patients or a
721 form adopted by agency rule for non-Medicare patients. Such
722 notification must ~~observation services shall~~ be documented in
723 the patient's medical records and discharge papers. The ~~patient~~
724 ~~or the patient's~~ survivor or legal guardian must ~~shall~~ be
725 notified of observation services through discharge papers, which

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726 may also include brochures, signage, or other forms of
727 communication for this purpose.

728 Section 14. Section 624.27, Florida Statutes, is amended to
729 read:

730 624.27 Direct health ~~primary~~ care agreements; exemption
731 from code.—

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

733 (a) "Direct health ~~primary~~ care agreement" means a contract
734 between a health ~~primary~~ care provider and a patient, a
735 patient's legal representative, or a patient's employer, which
736 meets the requirements of subsection (4) and does not indemnify
737 for services provided by a third party.

738 (b) "Health ~~Primary~~ care provider" means a health care
739 provider licensed under chapter 458, chapter 459, chapter 460,
740 ~~or~~ chapter 464, or chapter 466, or a health ~~primary~~ care group
741 practice, who provides health ~~primary~~ care services to patients.

742 (c) "Health ~~Primary~~ care services" means the screening,
743 assessment, diagnosis, and treatment of a patient conducted
744 within the competency and training of the health ~~primary~~ care
745 provider for the purpose of promoting health or detecting and
746 managing disease or injury.

747 (2) A direct health ~~primary~~ care agreement does not
748 constitute insurance and is not subject to the Florida Insurance
749 Code. The act of entering into a direct health ~~primary~~ care
750 agreement does not constitute the business of insurance and is
751 not subject to the Florida Insurance Code.

752 (3) A health ~~primary~~ care provider or an agent of a health
753 ~~primary~~ care provider is not required to obtain a certificate of
754 authority or license under the Florida Insurance Code to market,

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755 sell, or offer to sell a direct health ~~primary~~ care agreement.

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

758 (a) Be in writing.

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

762 (c) Allow a party to terminate the agreement by giving the
763 other party at least 30 days' advance written notice. The
764 agreement may provide for immediate termination due to a
765 violation of the physician-patient relationship or a breach of
766 the terms of the agreement.

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

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

771 (f) Specify the duration of the agreement and any automatic
772 renewal provisions.

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

777 (h) Contain, in contrasting color and in at least 12-point
778 type, the following statement on the signature page: "This
779 agreement is not health insurance and the health ~~primary~~ care
780 provider will not file any claims against the patient's health
781 insurance policy or plan for reimbursement of any health ~~primary~~
782 care services covered by the agreement. This agreement does not
783 qualify as minimum essential coverage to satisfy the individual

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784 shared responsibility provision of the Patient Protection and
785 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not
786 workers' compensation insurance and does not replace an
787 employer's obligations under chapter 440."

788 Section 15. Effective January 1, 2020, section 627.42393,
789 Florida Statutes, is created to read:

790 627.42393 Step-therapy protocol.-

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

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

798 (b) The insured provides documentation originating from the
799 health coverage plan that approved the prescription drug as
800 described in paragraph (a) indicating that the health coverage
801 plan paid for the drug on the insured's behalf during the 180
802 days immediately prior to the request.

803 (2) As used in this section, the term "health coverage
804 plan" means any of the following which previously provided or is
805 currently providing major medical or similar comprehensive
806 coverage or benefits to the insured:

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

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

811 (c) A multiple-employer welfare arrangement as defined in
812 s. 624.437.

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813 (d) A governmental entity providing a plan of self-
814 insurance.

815 Section 16. Effective January 1, 2020, subsection (45) is
816 added to section 641.31, Florida Statutes, to read:

817 641.31 Health maintenance contracts.—

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

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

825 2. The subscriber provides documentation originating from
826 the health coverage plan that approved the prescription drug as
827 described in subparagraph 1. indicating that the health coverage
828 plan paid for the drug on the subscriber's behalf during the 180
829 days immediately prior to the request.

830 (b) As used in this subsection, the term "health coverage
831 plan" means any of the following which previously provided or is
832 currently providing major medical or similar comprehensive
833 coverage or benefits to the subscriber:

834 1. A health insurer or health maintenance organization;

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

838 3. A multiple-employer welfare arrangement as defined in s.
839 624.437; or

840 4. A governmental entity providing a plan of self-
841 insurance.

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842 Section 17. Present subsection (6) of section 409.973,
843 Florida Statutes, is redesignated as subsection (7), and a new
844 subsection (6) is added to that section, to read:

845 409.973 Benefits.—

846 (6) PROVISION OF PRESCRIPTION DRUG SERVICES.—

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

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

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

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

860 Section 18. Section 627.4303, Florida Statutes, is created
861 to read:

862 627.4303 Price transparency in contracts between health
863 insurers and health care providers.—

864 (1) As used in this section, the term "health insurer"
865 means a health insurer issuing major medical coverage through an
866 individual or group policy or a health maintenance organization
867 issuing major medical coverage through an individual or group
868 contract.

869 (2) A health insurer may not limit a provider's ability to
870 disclose whether a patient's cost-sharing obligation exceeds the

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871 cash price for a covered service in the absence of health
872 insurance coverage or the availability of a more affordable
873 service.

874 (3) A health insurer may not require an insured to make a
875 payment for a covered service in an amount that exceeds the cash
876 price of the service in the absence of health insurance
877 coverage.

878 Section 19. Section 456.4501, Florida Statutes, is created
879 to read:

880 456.4501 Interstate Medical Licensure Compact.—The
881 Interstate Medical Licensure Compact is hereby enacted into law
882 and entered into by this state with all other jurisdictions
883 legally joining therein in the form substantially as follows:

884
885 SECTION 1

886 PURPOSE

887
888 In order to strengthen access to health care, and in
889 recognition of the advances in the delivery of health care, the
890 member states of the Interstate Medical Licensure Compact have
891 allied in common purpose to develop a comprehensive process that
892 complements the existing licensing and regulatory authority of
893 state medical boards, provides a streamlined process that allows
894 physicians to become licensed in multiple states, thereby
895 enhancing the portability of a medical license and ensuring the
896 safety of patients. The Compact creates another pathway for
897 licensure and does not otherwise change a state's existing
898 Medical Practice Act. The Compact also adopts the prevailing
899 standard for licensure and affirms that the practice of medicine

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900 occurs where the patient is located at the time of the
901 physician-patient encounter, and therefore, requires the
902 physician to be under the jurisdiction of the state medical
903 board where the patient is located. State medical boards that
904 participate in the Compact retain the jurisdiction to impose an
905 adverse action against a license to practice medicine in that
906 state issued to a physician through the procedures in the
907 Compact.

908
909 SECTION 2

910 DEFINITIONS

911
912 In this compact:

913 (a) "Bylaws" means those bylaws established by the
914 Interstate Commission pursuant to Section 11 for its governance,
915 or for directing and controlling its actions and conduct.

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

918 (c) "Conviction" means a finding by a court that an
919 individual is guilty of a criminal offense through adjudication,
920 or entry of a plea of guilt or no contest to the charge by the
921 offender. Evidence of an entry of a conviction of a criminal
922 offense by the court shall be considered final for purposes of
923 disciplinary action by a member board.

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

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

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

932 (g) "Medical Practice Act" means laws and regulations
933 governing the practice of allopathic and osteopathic medicine
934 within a member state.

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

939 (i) "Member State" means a state that has enacted the
940 Compact.

941 (j) "Practice of medicine" means the diagnosis, treatment,
942 prevention, cure, or relieving of a human disease, ailment,
943 defect, complaint, or other physical or mental condition, by
944 attendance, advice, device, diagnostic test, or other means, or
945 offering, undertaking, attempting to do, or holding oneself out
946 as able to do, any of these acts.

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

948 (1) Is a graduate of a medical school accredited by the
949 Liaison Committee on Medical Education, the Commission on
950 Osteopathic College Accreditation, or a medical school listed in
951 the International Medical Education Directory or its equivalent;

952 (2) Passed each component of the United States Medical
953 Licensing Examination (USMLE) or the Comprehensive Osteopathic
954 Medical Licensing Examination (COMLEX-USA) within three
955 attempts, or any of its predecessor examinations accepted by a
956 state medical board as an equivalent examination for licensure
957 purposes;

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958 (3) Successfully completed graduate medical education
959 approved by the Accreditation Council for Graduate Medical
960 Education or the American Osteopathic Association;

961 (4) Holds specialty certification or a time-unlimited
962 specialty certificate recognized by the American Board of
963 Medical Specialties or the American Osteopathic Association's
964 Bureau of Osteopathic Specialists; however, the specialty
965 certification or a time-unlimited specialty certificate does not
966 have to be maintained once a physician is initially determined
967 to be eligible for expedited licensure through the Compact;

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

970 (6) Has never been convicted, received adjudication,
971 deferred adjudication, community supervision, or deferred
972 disposition for any offense by a court of appropriate
973 jurisdiction;

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

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

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

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

986 (m) "Rule" means a written statement by the Interstate

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987 Commission promulgated pursuant to Section 12 of the Compact
988 that is of general applicability, implements, interprets, or
989 prescribes a policy or provision of the Compact, or an
990 organizational, procedural, or practice requirement of the
991 Interstate Commission, and has the force and effect of statutory
992 law in a member state, if the rule is not inconsistent with the
993 laws of the member state. The term includes the amendment,
994 repeal, or suspension of an existing rule.

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

997 (o) "State of Principal License" means a member state where
998 a physician holds a license to practice medicine and which has
999 been designated as such by the physician for purposes of
1000 registration and participation in the Compact.

1001
1002 SECTION 3

1003 ELIGIBILITY

1004
1005 (a) A physician must meet the eligibility requirements as
1006 defined in Section 2(k) to receive an expedited license under
1007 the terms and provisions of the Compact.

1008 (b) A physician who does not meet the requirements of
1009 Section 2(k) may obtain a license to practice medicine in a
1010 member state if the individual complies with all laws and
1011 requirements, other than the Compact, relating to the issuance
1012 of a license to practice medicine in that state.

1013
1014 SECTION 4

1015 DESIGNATION OF STATE OF PRINCIPAL LICENSE

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1016
1017 (a) A physician shall designate a member state as the state
1018 of principal license for purposes of registration for expedited
1019 licensure through the Compact if the physician possesses a full
1020 and unrestricted license to practice medicine in that state, and
1021 the state is:

1022 (1) the state of primary residence for the physician, or

1023 (2) the state where at least 25% of the practice of
1024 medicine occurs, or

1025 (3) the location of the physician's employer, or

1026 (4) if no state qualifies under subsection (1), subsection
1027 (2), or subsection (3), the state designated as state of
1028 residence for purpose of federal income tax.

1029 (b) A physician may redesignate a member state as state of
1030 principal license at any time, as long as the state meets the
1031 requirements in subsection (a).

1032 (c) The Interstate Commission is authorized to develop
1033 rules to facilitate redesignation of another member state as the
1034 state of principal license.

1035
1036 SECTION 5

1037 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

1038
1039 (a) A physician seeking licensure through the Compact shall
1040 file an application for an expedited license with the member
1041 board of the state selected by the physician as the state of
1042 principal license.

1043 (b) Upon receipt of an application for an expedited
1044 license, the member board within the state selected as the state

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1045 of principal license shall evaluate whether the physician is
1046 eligible for expedited licensure and issue a letter of
1047 qualification, verifying or denying the physician's eligibility,
1048 to the Interstate Commission.

1049 (i) Static qualifications, which include verification of
1050 medical education, graduate medical education, results of any
1051 medical or licensing examination, and other qualifications as
1052 determined by the Interstate Commission through rule, shall not
1053 be subject to additional primary source verification where
1054 already primary source verified by the state of principal
1055 license.

1056 (ii) The member board within the state selected as the
1057 state of principal license shall, in the course of verifying
1058 eligibility, perform a criminal background check of an
1059 applicant, including the use of the results of fingerprint or
1060 other biometric data checks compliant with the requirements of
1061 the Federal Bureau of Investigation, with the exception of
1062 federal employees who have suitability determination in
1063 accordance with U.S. 5 CFR §731.202.

1064 (iii) Appeal on the determination of eligibility shall be
1065 made to the member state where the application was filed and
1066 shall be subject to the law of that state.

1067 (c) Upon verification in subsection (b), physicians
1068 eligible for an expedited license shall complete the
1069 registration process established by the Interstate Commission to
1070 receive a license in a member state selected pursuant to
1071 subsection (a), including the payment of any applicable fees.

1072 (d) After receiving verification of eligibility under
1073 subsection (b) and any fees under subsection (c), a member board

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1074 shall issue an expedited license to the physician. This license
1075 shall authorize the physician to practice medicine in the
1076 issuing state consistent with the Medical Practice Act and all
1077 applicable laws and regulations of the issuing member board and
1078 member state.

1079 (e) An expedited license shall be valid for a period
1080 consistent with the licensure period in the member state and in
1081 the same manner as required for other physicians holding a full
1082 and unrestricted license within the member state.

1083 (f) An expedited license obtained through the Compact shall
1084 be terminated if a physician fails to maintain a license in the
1085 state of principal licensure for a non-disciplinary reason,
1086 without redesignation of a new state of principal licensure.

1087 (g) The Interstate Commission is authorized to develop
1088 rules regarding the application process, including payment of
1089 any applicable fees, and the issuance of an expedited license.

1091 SECTION 6

1092 FEEES FOR EXPEDITED LICENSURE

1094 (a) A member state issuing an expedited license authorizing
1095 the practice of medicine in that state, or the regulating
1096 authority of the member state, may impose a fee for a license
1097 issued or renewed through the Compact.

1098 (b) The Interstate Commission is authorized to develop
1099 rules regarding fees for expedited licenses. However, those
1100 rules shall not limit the authority of a member state, or the
1101 regulating authority of the member state, to impose and
1102 determine the amount of a fee under subsection (a).

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1131SECTION 7RENEWAL AND CONTINUED PARTICIPATION

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

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

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

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

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1132 Commission during the renewal process will be distributed to all
1133 member boards.

1134 (f) The Interstate Commission is authorized to develop
1135 rules to address renewal of licenses obtained through the
1136 Compact.

1137
1138 SECTION 8

1139 COORDINATED INFORMATION SYSTEM

1140
1141 (a) The Interstate Commission shall establish a database of
1142 all physicians licensed, or who have applied for licensure,
1143 under Section 5.

1144 (b) Notwithstanding any other provision of law, member
1145 boards shall report to the Interstate Commission any public
1146 action or complaints against a licensed physician who has
1147 applied or received an expedited license through the Compact.

1148 (c) Member boards shall report disciplinary or
1149 investigatory information determined as necessary and proper by
1150 rule of the Interstate Commission.

1151 (d) Member boards may report any non-public complaint,
1152 disciplinary, or investigatory information not required by
1153 subsection (c) to the Interstate Commission.

1154 (e) Member boards shall share complaint or disciplinary
1155 information about a physician upon request of another member
1156 board.

1157 (f) All information provided to the Interstate Commission
1158 or distributed by member boards shall be confidential, filed
1159 under seal, and used only for investigatory or disciplinary
1160 matters.

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1161 (g) The Interstate Commission is authorized to develop
1162 rules for mandated or discretionary sharing of information by
1163 member boards.

1164
1165 SECTION 9

1166 JOINT INVESTIGATIONS

1167
1168 (a) Licensure and disciplinary records of physicians are
1169 deemed investigative.

1170 (b) In addition to the authority granted to a member board
1171 by its respective Medical Practice Act or other applicable state
1172 law, a member board may participate with other member boards in
1173 joint investigations of physicians licensed by the member
1174 boards.

1175 (c) A subpoena issued by a member state shall be
1176 enforceable in other member states.

1177 (d) Member boards may share any investigative, litigation,
1178 or compliance materials in furtherance of any joint or
1179 individual investigation initiated under the Compact.

1180 (e) Any member state may investigate actual or alleged
1181 violations of the statutes authorizing the practice of medicine
1182 in any other member state in which a physician holds a license
1183 to practice medicine.

1184
1185 SECTION 10

1186 DISCIPLINARY ACTIONS

1187
1188 (a) Any disciplinary action taken by any member board
1189 against a physician licensed through the Compact shall be deemed

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1190 unprofessional conduct which may be subject to discipline by
1191 other member boards, in addition to any violation of the Medical
1192 Practice Act or regulations in that state.

1193 (b) If a license granted to a physician by the member board
1194 in the state of principal license is revoked, surrendered or
1195 relinquished in lieu of discipline, or suspended, then all
1196 licenses issued to the physician by member boards shall
1197 automatically be placed, without further action necessary by any
1198 member board, on the same status. If the member board in the
1199 state of principal license subsequently reinstates the
1200 physician's license, a license issued to the physician by any
1201 other member board shall remain encumbered until that respective
1202 member board takes action to reinstate the license in a manner
1203 consistent with the Medical Practice Act of that state.

1204 (c) If disciplinary action is taken against a physician by
1205 a member board not in the state of principal license, any other
1206 member board may deem the action conclusive as to matter of law
1207 and fact decided, and:

1208 (i) impose the same or lesser sanction(s) against the
1209 physician so long as such sanctions are consistent with the
1210 Medical Practice Act of that state;

1211 (ii) or pursue separate disciplinary action against the
1212 physician under its respective Medical Practice Act, regardless
1213 of the action taken in other member states.

1214 (d) If a license granted to a physician by a member board
1215 is revoked, surrendered or relinquished in lieu of discipline,
1216 or suspended, then any license(s) issued to the physician by any
1217 other member board(s) shall be suspended, automatically and
1218 immediately without further action necessary by the other member

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1219 board(s), for ninety (90) days upon entry of the order by the
1220 disciplining board, to permit the member board(s) to investigate
1221 the basis for the action under the Medical Practice Act of that
1222 state. A member board may terminate the automatic suspension of
1223 the license it issued prior to the completion of the ninety (90)
1224 day suspension period in a manner consistent with the Medical
1225 Practice Act of that state.

1226
1227 SECTION 11

1228 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

1229
1230 (a) The member states hereby create the "Interstate Medical
1231 Licensure Compact Commission".

1232 (b) The purpose of the Interstate Commission is the
1233 administration of the Interstate Medical Licensure Compact,
1234 which is a discretionary state function.

1235 (c) The Interstate Commission shall be a body corporate and
1236 joint agency of the member states and shall have all the
1237 responsibilities, powers, and duties set forth in the Compact,
1238 and such additional powers as may be conferred upon it by a
1239 subsequent concurrent action of the respective legislatures of
1240 the member states in accordance with the terms of the Compact.

1241 (d) The Interstate Commission shall consist of two voting
1242 representatives appointed by each member state who shall serve
1243 as Commissioners. In states where allopathic and osteopathic
1244 physicians are regulated by separate member boards, or if the
1245 licensing and disciplinary authority is split between multiple
1246 member boards within a member state, the member state shall
1247 appoint one representative from each member board. A

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1248 Commissioner shall be a(n):

1249 (1) Allopathic or osteopathic physician appointed to a
1250 member board;

1251 (2) Executive director, executive secretary, or similar
1252 executive of a member board; or

1253 (3) Member of the public appointed to a member board.

1254 (e) The Interstate Commission shall meet at least once each
1255 calendar year. A portion of this meeting shall be a business
1256 meeting to address such matters as may properly come before the
1257 Commission, including the election of officers. The chairperson
1258 may call additional meetings and shall call for a meeting upon
1259 the request of a majority of the member states.

1260 (f) The bylaws may provide for meetings of the Interstate
1261 Commission to be conducted by telecommunication or electronic
1262 communication.

1263 (g) Each Commissioner participating at a meeting of the
1264 Interstate Commission is entitled to one vote. A majority of
1265 Commissioners shall constitute a quorum for the transaction of
1266 business, unless a larger quorum is required by the bylaws of
1267 the Interstate Commission. A Commissioner shall not delegate a
1268 vote to another Commissioner. In the absence of its
1269 Commissioner, a member state may delegate voting authority for a
1270 specified meeting to another person from that state who shall
1271 meet the requirements of subsection (d).

1272 (h) The Interstate Commission shall provide public notice
1273 of all meetings and all meetings shall be open to the public.
1274 The Interstate Commission may close a meeting, in full or in
1275 portion, where it determines by a two-thirds vote of the
1276 Commissioners present that an open meeting would be likely to:

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1277 (1) Relate solely to the internal personnel practices and
1278 procedures of the Interstate Commission;

1279 (2) Discuss matters specifically exempted from disclosure
1280 by federal statute;

1281 (3) Discuss trade secrets, commercial, or financial
1282 information that is privileged or confidential;

1283 (4) Involve accusing a person of a crime, or formally
1284 censuring a person;

1285 (5) Discuss information of a personal nature where
1286 disclosure would constitute a clearly unwarranted invasion of
1287 personal privacy;

1288 (6) Discuss investigative records compiled for law
1289 enforcement purposes; or

1290 (7) Specifically relate to the participation in a civil
1291 action or other legal proceeding.

1292 (i) The Interstate Commission shall keep minutes which
1293 shall fully describe all matters discussed in a meeting and
1294 shall provide a full and accurate summary of actions taken,
1295 including record of any roll call votes.

1296 (j) The Interstate Commission shall make its information
1297 and official records, to the extent not otherwise designated in
1298 the Compact or by its rules, available to the public for
1299 inspection.

1300 (k) The Interstate Commission shall establish an executive
1301 committee, which shall include officers, members, and others as
1302 determined by the bylaws. The executive committee shall have the
1303 power to act on behalf of the Interstate Commission, with the
1304 exception of rulemaking, during periods when the Interstate
1305 Commission is not in session. When acting on behalf of the

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1306 Interstate Commission, the executive committee shall oversee the
1307 administration of the Compact including enforcement and
1308 compliance with the provisions of the Compact, its bylaws and
1309 rules, and other such duties as necessary.

1310 (1) The Interstate Commission may establish other
1311 committees for governance and administration of the Compact.

1312
1313 SECTION 12

1314 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

1315
1316 The Interstate Commission shall have the duty and power to:

1317 (a) Oversee and maintain the administration of the Compact;

1318 (b) Promulgate rules which shall be binding to the extent
1319 and in the manner provided for in the Compact;

1320 (c) Issue, upon the request of a member state or member
1321 board, advisory opinions concerning the meaning or
1322 interpretation of the Compact, its bylaws, rules, and actions;

1323 (d) Enforce compliance with Compact provisions, the rules
1324 promulgated by the Interstate Commission, and the bylaws, using
1325 all necessary and proper means, including but not limited to the
1326 use of judicial process;

1327 (e) Establish and appoint committees including, but not
1328 limited to, an executive committee as required by Section 11,
1329 which shall have the power to act on behalf of the Interstate
1330 Commission in carrying out its powers and duties;

1331 (f) Pay, or provide for the payment of the expenses related
1332 to the establishment, organization, and ongoing activities of
1333 the Interstate Commission;

1334 (g) Establish and maintain one or more offices;

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- 1335 (h) Borrow, accept, hire, or contract for services of
1336 personnel;
- 1337 (i) Purchase and maintain insurance and bonds;
- 1338 (j) Employ an executive director who shall have such powers
1339 to employ, select or appoint employees, agents, or consultants,
1340 and to determine their qualifications, define their duties, and
1341 fix their compensation;
- 1342 (k) Establish personnel policies and programs relating to
1343 conflicts of interest, rates of compensation, and qualifications
1344 of personnel;
- 1345 (l) Accept donations and grants of money, equipment,
1346 supplies, materials and services, and to receive, utilize, and
1347 dispose of it in a manner consistent with the conflict of
1348 interest policies established by the Interstate Commission;
- 1349 (m) Lease, purchase, accept contributions or donations of,
1350 or otherwise to own, hold, improve or use, any property, real,
1351 personal, or mixed;
- 1352 (n) Sell, convey, mortgage, pledge, lease, exchange,
1353 abandon, or otherwise dispose of any property, real, personal,
1354 or mixed;
- 1355 (o) Establish a budget and make expenditures;
- 1356 (p) Adopt a seal and bylaws governing the management and
1357 operation of the Interstate Commission;
- 1358 (q) Report annually to the legislatures and governors of
1359 the member states concerning the activities of the Interstate
1360 Commission during the preceding year. Such reports shall also
1361 include reports of financial audits and any recommendations that
1362 may have been adopted by the Interstate Commission;
- 1363 (r) Coordinate education, training, and public awareness

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1364 regarding the Compact, its implementation, and its operation;

1365 (s) Maintain records in accordance with the bylaws;

1366 (t) Seek and obtain trademarks, copyrights, and patents;

1367 and

1368 (u) Perform such functions as may be necessary or
1369 appropriate to achieve the purposes of the Compact.

1371 SECTION 13

1372 FINANCE POWERS

1373

1374 (a) The Interstate Commission may levy on and collect an
1375 annual assessment from each member state to cover the cost of
1376 the operations and activities of the Interstate Commission and
1377 its staff. The total assessment, subject to appropriation, must
1378 be sufficient to cover the annual budget approved each year for
1379 which revenue is not provided by other sources. The aggregate
1380 annual assessment amount shall be allocated upon a formula to be
1381 determined by the Interstate Commission, which shall promulgate
1382 a rule binding upon all member states.

1383 (b) The Interstate Commission shall not incur obligations
1384 of any kind prior to securing the funds adequate to meet the
1385 same.

1386 (c) The Interstate Commission shall not pledge the credit
1387 of any of the member states, except by, and with the authority
1388 of, the member state.

1389 (d) The Interstate Commission shall be subject to a yearly
1390 financial audit conducted by a certified or licensed public
1391 accountant and the report of the audit shall be included in the
1392 annual report of the Interstate Commission.

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1420
1421SECTION 14ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

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

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

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

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

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1422 (1) The liability of the executive director and employees
1423 of the Interstate Commission or representatives of the
1424 Interstate Commission, acting within the scope of such person's
1425 employment or duties for acts, errors, or omissions occurring
1426 within such person's state, may not exceed the limits of
1427 liability set forth under the constitution and laws of that
1428 state for state officials, employees, and agents. The Interstate
1429 Commission is considered to be an instrumentality of the states
1430 for the purposes of any such action. Nothing in this subsection
1431 shall be construed to protect such person from suit or liability
1432 for damage, loss, injury, or liability caused by the intentional
1433 or willful and wanton misconduct of such person.

1434 (2) The Interstate Commission shall defend the executive
1435 director, its employees, and subject to the approval of the
1436 attorney general or other appropriate legal counsel of the
1437 member state represented by an Interstate Commission
1438 representative, shall defend such Interstate Commission
1439 representative in any civil action seeking to impose liability
1440 arising out of an actual or alleged act, error or omission that
1441 occurred within the scope of Interstate Commission employment,
1442 duties or responsibilities, or that the defendant had a
1443 reasonable basis for believing occurred within the scope of
1444 Interstate Commission employment, duties, or responsibilities,
1445 provided that the actual or alleged act, error, or omission did
1446 not result from intentional or willful and wanton misconduct on
1447 the part of such person.

1448 (3) To the extent not covered by the state involved, member
1449 state, or the Interstate Commission, the representatives or
1450 employees of the Interstate Commission shall be held harmless in

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1451 the amount of a settlement or judgment, including attorney's
1452 fees and costs, obtained against such persons arising out of an
1453 actual or alleged act, error, or omission that occurred within
1454 the scope of Interstate Commission employment, duties, or
1455 responsibilities, or that such persons had a reasonable basis
1456 for believing occurred within the scope of Interstate Commission
1457 employment, duties, or responsibilities, provided that the
1458 actual or alleged act, error, or omission did not result from
1459 intentional or willful and wanton misconduct on the part of such
1460 persons.

1461
1462 SECTION 15

1463 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION
1464

1465 (a) The Interstate Commission shall promulgate reasonable
1466 rules in order to effectively and efficiently achieve the
1467 purposes of the Compact. Notwithstanding the foregoing, in the
1468 event the Interstate Commission exercises its rulemaking
1469 authority in a manner that is beyond the scope of the purposes
1470 of the Compact, or the powers granted hereunder, then such an
1471 action by the Interstate Commission shall be invalid and have no
1472 force or effect.

1473 (b) Rules deemed appropriate for the operations of the
1474 Interstate Commission shall be made pursuant to a rulemaking
1475 process that substantially conforms to the "Model State
1476 Administrative Procedure Act" of 2010, and subsequent amendments
1477 thereto.

1478 (c) Not later than thirty (30) days after a rule is
1479 promulgated, any person may file a petition for judicial review

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1480 of the rule in the United States District Court for the District
1481 of Columbia or the federal district where the Interstate
1482 Commission has its principal offices, provided that the filing
1483 of such a petition shall not stay or otherwise prevent the rule
1484 from becoming effective unless the court finds that the
1485 petitioner has a substantial likelihood of success. The court
1486 shall give deference to the actions of the Interstate Commission
1487 consistent with applicable law and shall not find the rule to be
1488 unlawful if the rule represents a reasonable exercise of the
1489 authority granted to the Interstate Commission.

1490
1491 SECTION 16

1492 OVERSIGHT OF INTERSTATE COMPACT

1493
1494 (a) The executive, legislative, and judicial branches of
1495 state government in each member state shall enforce the Compact
1496 and shall take all actions necessary and appropriate to
1497 effectuate the Compact's purposes and intent. The provisions of
1498 the Compact and the rules promulgated hereunder shall have
1499 standing as statutory law but shall not override existing state
1500 authority to regulate the practice of medicine.

1501 (b) All courts shall take judicial notice of the Compact
1502 and the rules in any judicial or administrative proceeding in a
1503 member state pertaining to the subject matter of the Compact
1504 which may affect the powers, responsibilities or actions of the
1505 Interstate Commission.

1506 (c) The Interstate Commission shall be entitled to receive
1507 all service of process in any such proceeding, and shall have
1508 standing to intervene in the proceeding for all purposes.

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1509 Failure to provide service of process to the Interstate
1510 Commission shall render a judgment or order void as to the
1511 Interstate Commission, the Compact, or promulgated rules.

1512
1513 SECTION 17

1514 ENFORCEMENT OF INTERSTATE COMPACT

1515
1516 (a) The Interstate Commission, in the reasonable exercise
1517 of its discretion, shall enforce the provisions and rules of the
1518 Compact.

1519 (b) The Interstate Commission may, by majority vote of the
1520 Commissioners, initiate legal action in the United States
1521 District Court for the District of Columbia, or, at the
1522 discretion of the Interstate Commission, in the federal district
1523 where the Interstate Commission has its principal offices, to
1524 enforce compliance with the provisions of the Compact, and its
1525 promulgated rules and bylaws, against a member state in default.
1526 The relief sought may include both injunctive relief and
1527 damages. In the event judicial enforcement is necessary, the
1528 prevailing party shall be awarded all costs of such litigation
1529 including reasonable attorney's fees.

1530 (c) The remedies herein shall not be the exclusive remedies
1531 of the Interstate Commission. The Interstate Commission may
1532 avail itself of any other remedies available under state law or
1533 the regulation of a profession.

1534
1535 SECTION 18

1536 DEFAULT PROCEDURES

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1538 (a) The grounds for default include, but are not limited
1539 to, failure of a member state to perform such obligations or
1540 responsibilities imposed upon it by the Compact, or the rules
1541 and bylaws of the Interstate Commission promulgated under the
1542 Compact.

1543 (b) If the Interstate Commission determines that a member
1544 state has defaulted in the performance of its obligations or
1545 responsibilities under the Compact, or the bylaws or promulgated
1546 rules, the Interstate Commission shall:

1547 (1) Provide written notice to the defaulting state and
1548 other member states, of the nature of the default, the means of
1549 curing the default, and any action taken by the Interstate
1550 Commission. The Interstate Commission shall specify the
1551 conditions by which the defaulting state must cure its default;
1552 and

1553 (2) Provide remedial training and specific technical
1554 assistance regarding the default.

1555 (c) If the defaulting state fails to cure the default, the
1556 defaulting state shall be terminated from the Compact upon an
1557 affirmative vote of a majority of the Commissioners and all
1558 rights, privileges, and benefits conferred by the Compact shall
1559 terminate on the effective date of termination. A cure of the
1560 default does not relieve the offending state of obligations or
1561 liabilities incurred during the period of the default.

1562 (d) Termination of membership in the Compact shall be
1563 imposed only after all other means of securing compliance have
1564 been exhausted. Notice of intent to terminate shall be given by
1565 the Interstate Commission to the governor, the majority and
1566 minority leaders of the defaulting state's legislature, and each

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1567 of the member states.

1568 (e) The Interstate Commission shall establish rules and
1569 procedures to address licenses and physicians that are
1570 materially impacted by the termination of a member state, or the
1571 withdrawal of a member state.

1572 (f) The member state which has been terminated is
1573 responsible for all dues, obligations, and liabilities incurred
1574 through the effective date of termination including obligations,
1575 the performance of which extends beyond the effective date of
1576 termination.

1577 (g) The Interstate Commission shall not bear any costs
1578 relating to any state that has been found to be in default or
1579 which has been terminated from the Compact, unless otherwise
1580 mutually agreed upon in writing between the Interstate
1581 Commission and the defaulting state.

1582 (h) The defaulting state may appeal the action of the
1583 Interstate Commission by petitioning the United States District
1584 Court for the District of Columbia or the federal district where
1585 the Interstate Commission has its principal offices. The
1586 prevailing party shall be awarded all costs of such litigation
1587 including reasonable attorney's fees.

1588
1589 SECTION 19

1590 DISPUTE RESOLUTION

1591
1592 (a) The Interstate Commission shall attempt, upon the
1593 request of a member state, to resolve disputes which are subject
1594 to the Compact and which may arise among member states or member
1595 boards.

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1596 (b) The Interstate Commission shall promulgate rules
1597 providing for both mediation and binding dispute resolution as
1598 appropriate.

1600 SECTION 20

1601 MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

1603 (a) Any state is eligible to become a member state of the
1604 Compact.

1605 (b) The Compact shall become effective and binding upon
1606 legislative enactment of the Compact into law by no less than
1607 seven (7) states. Thereafter, it shall become effective and
1608 binding on a state upon enactment of the Compact into law by
1609 that state.

1610 (c) The governors of non-member states, or their designees,
1611 shall be invited to participate in the activities of the
1612 Interstate Commission on a non-voting basis prior to adoption of
1613 the Compact by all states.

1614 (d) The Interstate Commission may propose amendments to the
1615 Compact for enactment by the member states. No amendment shall
1616 become effective and binding upon the Interstate Commission and
1617 the member states unless and until it is enacted into law by
1618 unanimous consent of the member states.

1620 SECTION 21

1621 WITHDRAWAL

1623 (a) Once effective, the Compact shall continue in force and
1624 remain binding upon each and every member state; provided that a

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1625 member state may withdraw from the Compact by specifically
1626 repealing the statute which enacted the Compact into law.

1627 (b) Withdrawal from the Compact shall be by the enactment
1628 of a statute repealing the same, but shall not take effect until
1629 one (1) year after the effective date of such statute and until
1630 written notice of the withdrawal has been given by the
1631 withdrawing state to the governor of each other member state.

1632 (c) The withdrawing state shall immediately notify the
1633 chairperson of the Interstate Commission in writing upon the
1634 introduction of legislation repealing the Compact in the
1635 withdrawing state.

1636 (d) The Interstate Commission shall notify the other member
1637 states of the withdrawing state's intent to withdraw within
1638 sixty (60) days of its receipt of notice provided under
1639 subsection (c).

1640 (e) The withdrawing state is responsible for all dues,
1641 obligations and liabilities incurred through the effective date
1642 of withdrawal, including obligations, the performance of which
1643 extend beyond the effective date of withdrawal.

1644 (f) Reinstatement following withdrawal of a member state
1645 shall occur upon the withdrawing state reenacting the Compact or
1646 upon such later date as determined by the Interstate Commission.

1647 (g) The Interstate Commission is authorized to develop
1648 rules to address the impact of the withdrawal of a member state
1649 on licenses granted in other member states to physicians who
1650 designated the withdrawing member state as the state of
1651 principal license.

1652
1653 SECTION 22

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DISSOLUTION

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

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

SECTION 23SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

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

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

SECTION 24BINDING EFFECT OF COMPACT AND OTHER LAWS

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

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1683 (b) All laws in a member state in conflict with the Compact
1684 are superseded to the extent of the conflict.

1685 (c) All lawful actions of the Interstate Commission,
1686 including all rules and bylaws promulgated by the Commission,
1687 are binding upon the member states.

1688 (d) All agreements between the Interstate Commission and
1689 the member states are binding in accordance with their terms.

1690 (e) In the event any provision of the Compact exceeds the
1691 constitutional limits imposed on the legislature of any member
1692 state, such provision shall be ineffective to the extent of the
1693 conflict with the constitutional provision in question in that
1694 member state.

1695 Section 20. Except as otherwise expressly provided in this
1696 act, this act shall take effect July 1, 2019.