



SENATE BILL 336: Interstate Med.l Lic. Comp./Intern'l Phys.

2025-2026 General Assembly

Committee:	Senate Finance. If favorable, re-refer to Rules and Operations of the Senate	Date:	May 7, 2025
Introduced by:	Sens. Sawrey, Galey, Burgin	Prepared by:	Jason Moran-Bates
Analysis of:	Second Edition		Staff Attorney

OVERVIEW: *Senate Bill 336 would establish North Carolina as a member of the Interstate Medical Licensure Compact ("Compact"), which creates a voluntary, expedited pathway to state licensure for physicians who want to practice medicine in multiple states. The bill would also allow licensure for internationally-trained physicians.*

The finance portions of the bill are as follows:

- *Fees for licensure under the Interstate Medical Licensure Compact.*

BILL ANALYSIS:

Section 1 of the bill would create Article 10 of Chapter 90 of the General Statutes, titled Interstate Medical Licensure Compact.

G.S. 90-21.161 (Purpose) outlines the purpose of the article would be to strengthen access to health care and to provide a streamlined process that allows physicians to become licensed in multiple states.

G.S. 90-21.162 (Definitions) would create definitions.

G.S. 90-21.163 (Eligibility) would require a physician to meet all of the following eligibility requirements in order to receive an expedited license: graduation from an accredited medical school, passed each component of United States Medical Licensing Examination within three attempts, successfully completed graduate medical education, hold a specialty certification, possess an unrestricted license to practice medicine, have no convictions for any offense, have never held a license subject to discipline, have not had a controlled substance license or permit suspended, and not under active investigation.

G.S. 90-21.164 (Designation of state of principal license) would require a physician to designate a state of principle license in the application process. The state of principal license would be the state where the physician possesses a license to practice medicine and is either (i) the principal residence of the physician, (ii) the physician conducts 25% of their practice in the state, or (iii) the location of the physician's employer.

G.S. 90-21.165 (Application and issuance of expedited licensure) outlines the following process for licensure through the Compact:

- Physician would file an application with member board of the state of principal license.
- Member board would perform a criminal background check.
- Member board would evaluate application and issue a letter of qualification, either verifying or denying the physician's eligibility.

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- If a physician is eligible, then the physician would pay any fees and complete the registration process outlined by the Interstate Commission.
- Physician would receive an expedited license.

G.S. 90-21.166 (Fee for expedited licensure) allows a member state issuing an expedited license to impose a fee for the expedited license.

G.S. 90-21.167 (Renewal and participation) would allow a physician to renew an expedited license and outline a renewal process to do so.

G.S. 90-21.168 (Coordinated information system) would require the Interstate Commission to establish a database of all physicians who are either licensed or have applied for licensure. Member boards would report to the Interstate Commission any public action, complaint, or disciplinary information against a physician with an expedited license. Member boards would be able to share information with other member boards upon request.

G.S. 90-21.169 (Joint investigations) would permit a member board to participate and share information with other member boards in joint investigations of a physician licensed by both member boards.

G.S. 90-21.170 (Disciplinary actions) addresses if a license issued by a member board in the state of principal license is revoked, then all licenses issued to the physician by member boards would automatically be revoked. If a license is revoked by a member board not in the state of principal licensure than any licenses granted to the physician would be revoked for 90 days, to allow the member boards time to investigate. Any disciplinary action taken against a physician would be deemed unprofessional conduct subject to discipline by other member boards.

G.S. 90-21.171 (Interstate Medical Licensure Compact Commission) is composed of two voting representatives from each member state. The Interstate Commission must meet at least once a year, provide public notice of all meetings, make its official records available, and establish an executive committee.

G.S. 90-21.172 (Powers and duties of the Interstate Commission) would outline the powers and duties of the Interstate Commission, which include (i) promulgating rules, (ii) issuing advisory opinions, (iii) enforcing compliance with the Compact, (iv) establishing a budget, (v) reporting annually to the legislatures of member states, (vi) maintaining records, and (vii) performing such functions necessary to achieve the purposes of the Compact.

G.S. 90-21.173 (Finance powers) would allow the Interstate Commission to levy on and collect an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff.

G.S. 90-21.174 (Organization and operation of the Interstate Commission) provides a chairperson, a vice-chairperson and a treasurer would be elected annually. The officers and employees of the Interstate Commission would be immune from suit and provided limited liability.

G.S. 90-21.175 (Rulemaking functions of the Interstate Commission) would require the Interstate Commission to promulgate reasonable rules to effectively achieve the purposes of the Compact.

G.S. 90-21.176 (Oversight of Interstate Compact) outlines the executive, legislative and judicial branches of state government would be responsible for enforcement of the Compact. The provisions of the Compact would not override existing State authority to regulate the practice of medicine.

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G.S. 90-21.177 (Enforcement of Interstate Compact) charges the Interstate Commission with the enforcement of the provisions and rules of the Compact. The Interstate Commission would also be permitted to initiate legal action against a member state in default.

G.S. 90-21.178 (Default procedure) outlines the grounds for default and the procedure for the Interstate Commission to follow in the event of a member state default. This would include providing written notice, remedial training, and technical assistance to a member state. A member state may only be terminated from the Compact upon an affirmative vote of a majority of the Commissioners.

G.S. 90-21.179 (Dispute resolution) would direct the Interstate Commission to resolve disputes arising among member states, and to promulgate rules for mediation and binding dispute resolution.

G.S. 90-21.180 (Member states; effective date; amendment) would explain any state is eligible to join the Compact and the Compact is effective upon the enactment of the Compact by no less than 7 states.

G.S. 90-21.181 (Withdrawal) would allow a member state to withdraw from the Compact by repealing the enacting statutes of the Compact and providing proper notice.

G.S. 90-21.182 (Dissolution) would dissolve the Compact upon the withdrawal or default of the member state which reduces membership of the Compact to one member state.

G.S. 90-21.183 (Severability and construction) would provide a severability clause.

G.S. 90-21.184 (Binding effect of Compact and other laws) would clarify the Compact does not prevent the enforcement of any laws in a member state and any member state laws in conflict with the Compact would be superseded. All lawful actions of the Interstate Commission, and all agreements between the Interstate Commission and the member states, would be binding.

Section 2 of the bill would make the technical and conforming changes necessary to allow the North Carolina Medical Board to implement the Compact.

Section 3 of the bill would allow licensure for internationally-trained physicians. Applicants for licensure would have to:

- Be offered employment in a North Carolina hospital or physician's office in a rural county.
- Have a valid license to practice medicine in a foreign country.
- Complete 130 weeks of medical education at a school eligible to be certified by the Educational Commission for Foreign Medical Graduates.
- Complete two years of postgraduate training or actively practice medicine for 10 years after graduation.
- Pass an exam, receive specialty certification, or demonstrate clinical competence to the North Carolina Medical Board.
- Not have a revoked, suspended, restricted, or denied license, conviction for a crime of moral turpitude, or a violation of a law involving the practice of medicine in any jurisdiction.
- Practice for medicine for at least five years.
- Speak English fluently.
- Be legally authorized to work in the United States.

The license would become inactive if the licensee left the qualifying employment. Practicing medicine outside of one of the qualifying employment areas would be a Class 3 misdemeanor.

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The Medical Board would be required to collect information to evaluate the implementation and success of the international licensure provisions of this bill.

EFFECTIVE DATE: This bill would be effective October 1, 2025.