How states can boost telehealth with more flexible licensure

JUL 13, 2023

Timothy M. Smith
Contributing News Writer
Listen to this article.

AMA NEWS WIRE™
How states can boost telehealth with more flexible licensure

Jul 13, 2023

Listen on Simplecast

When the COVID-19 pandemic began, temporary waivers of telehealth coverage and payment regulations boomed at the state and federal levels to meet the increased demand for virtual medical care. To keep pace, state and federal licensure requirements also were waived, enabling physicians to work across state lines and provide care in areas hardest hit by the pandemic without having to apply for licenses in those states.

Today, however, nearly all states have lifted those temporary licensure flexibilities. But numerous states are exploring policies to ensure they retain the authority to regulate and oversee the practice of medicine for their residents while also accounting for modern-day realities of patient movement, physician shortages and the regionalization of health care delivery.

An AMA issue brief (PDF) outlines the spectrum of approaches states are adopting for telehealth licensure and provides model language for states to consider when seeking to implement licensure flexibilities.

Supporting telehealth is an essential component of the AMA Recovery Plan for America’s Physicians.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

The need has outlasted the pandemic

“The COVID-19 pandemic demonstrated in an enduring way that without telehealth some patients might not have access to care, so it makes sense for states to have the ability to expand licensure options including providing narrow exceptions to licensure requirements,” said Kimberly Horvath, senior attorney in the AMA Advocacy Resource Center.
“Post-pandemic, we continue to see significant populations—such as out-of-town college students, snowbirds and others traveling out of state—that would benefit from continued care via telehealth from their physician back home,” she added.

The AMA strongly supports state medical boards in overseeing and regulating care provided to patients within their borders, but also favors streamlining the process to reduce the costs and other burdens to physicians in obtaining a license to practice medicine in multiple states.

In addition, the AMA recognizes several commonsense limited exceptions to licensure, such as medical emergencies, consultations between physicians and efforts to support continuity of care.

**4 main approaches**

With a few conditions noted in the issue brief, the AMA supports all of the following licensure flexibilities for telehealth.

**The Interstate Medical Licensure Compact.** More than 35 states and territories are members. It provides an expedited pathway for physicians licensed in one member state to obtain a full and unrestricted license to practice medicine in another.

**Licensure by endorsement or reciprocity.** Licensure by endorsement is a streamlined application process available to physicians already licensed in other states and having certain qualifications, making it easier for qualifying physicians to practice in-person or provide telehealth services in the endorsing state. Meanwhile, jurisdictions using licensure by reciprocity have agreed to recognize licensure obtained in partner jurisdictions.

**Special purpose telehealth registries or licenses.** These allow physicians licensed and in good standing in other states to register or obtain a special license to deliver telehealth services to in-state residents. Each state has taken a unique approach to designing and implementing these special programs.

**Exceptions to in-state licensure requirements.** These let out-of-state physicians in good standing to deliver services via telehealth, and in some cases in-person, without an in-state license under certain circumstances, including in the case of emergency, to allow for follow up care, for consultative services or in unique travel circumstances, such as when a patient has temporarily traveled out of state.

The AMA’s model language supports its eight-point perspective on physician licensure and telehealth, also contained in the issue brief, which notes the association’s opposition to national or federal medical licenses.
“On average, physicians are only getting licensure in four states, which isn’t significantly more than the pre-pandemic number,” Horvath said, citing data from the Interstate Medical Licensure Compact. “Most are not looking to practice in dozens of states.”