With the COVID-19 pandemic making telemedicine a household word, the Federation of State Medical Boards (FSMB) has updated its telemedicine policy (PDF) for the first time in nearly a decade. The policy tackles areas such as licensure, standards of care and equitable access to telemedicine.

“What FSMB has tried to do here is strike that balance between making sure we open up and create room for innovation for good telehealth and try to discourage the massive growth of the things … that cause harm or that exacerbate inequities,” said Jack Resneck Jr., MD, in an early June AMA webinar on the future of telemedicine that was recorded prior to his inauguration as AMA president at the 2022 AMA Annual Meeting.

Supporting telehealth is a core element of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

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.

Dr. Resneck also was part of the FSMB work group charged with evaluating the federation’s telemedicine policy. The task force’s report led to the policy the FSMB House of Delegates unanimously adopted in April.

Here are some highlights of the newly adopted FSMB policy.

**Telemedicine is only one component of the practice of medicine** and certain exceptions may allow telemedicine across state lines without a physician being licensed in the state where the patient is located. Exceptions include physician-to-physician consultations, prospective patient screening for complex referrals, episodic follow-up care for established patients, follow-up after travel for
surgical/medical treatment and clinical trials.

“What we’ve tried to do is remove some of the obvious barriers or restrictions from a physician being able to take care of their own patients,” Lisa Robin, FSMB’s chief advocacy officer, said during the webinar, which is part of the AMA Advocacy Insights webinar series.

The standard of care and professional ethics that apply to in-person visits apply to telemedicine visits too. Not following the appropriate standard of care or professional ethics while using telemedicine can result in the medical board disciplining a physician.

“This is still medicine. It’s just delivered through a different modality; therefore, the same standard of care and professional ethics will apply,” Shawn P. Parker, a member of the FSMB board of directors and leader of the telemedicine work group, said during the webinar.

Telemedicine can improve access and reduce inequities in the delivery of health care when it’s used and deployed effectively. For that to happen, barriers—including literacy gaps, access to broadband internet and coverage and payment of telemedicine services—must be eliminated or reduced.

The FSMB policy calls for physicians, health systems and others to develop educational and training information for patient groups with known limited digital literacy and access. It also urges state governments to pursue policies to expand broadband access and for health plans to provide coverage for the cost of health care services provided through telemedicine on the same basis and to the same extent that the carrier does for in-person care.

Learn how AMA advocacy efforts push for permanent telehealth advancements.

Next steps

The new policy will help guide state medical boards in regulating how telemedicine is used in the practice of medicine. It also raises awareness for licensees and patients as to what the appropriate standards of care are.

In a letter to the FSMB, AMA Executive Vice President and CEO James L. Madara, MD, expressed “strong support” for the telemedicine policy. He called it “forward-thinking and grounded in the realities of the current practice of medicine.”

Dr. Madara noted that the updated FSMB policy is aligned with recently updated AMA telehealth policies, including flexibilities that promote continuity of care, allow patients to have an initial consultation through physician-to-physician consultations, or allow prospective patient screening by a specialist.