

Licensure & Telehealth

The COVID-19 pandemic hastened the adoption of telehealth across most health care practices and settings, enabling physicians to provide uninterrupted continuity of care while protecting patients and staff from exposure to the virus. The surge in virtual visits was so significant that 79% of physicians reported using telehealth in 2020, up from 25% in 2018. Data has shown that most physicians are providing telehealth to their existing patients and most patients are seeking and receiving care via telehealth from their regular physicians. Many physicians want to continue using telehealth to deliver care after the public health emergency has ended, not as a replacement for in-person care but as part of a hybrid model in which physicians utilize in-person and telehealth visits to support optimal care.

While some issues are unique to telehealth, the same standards of care apply to both telehealth and in-person health care. For example, the prevailing standard for licensure found in the medical practice acts of each state affirms that the practice of medicine occurs where the patient is located. Requiring licensure in the state where the patient is located enables states to ensure that health professionals adhere to that state's laws and regulations and the public is protected from the unprofessional and improper practice of medicine.

States and state medical boards play an essential role in protecting the safety of patients through physician licensure, regulation, and disciplinary action. State authority to protect the health, safety and general welfare of its citizens was granted in 1791 under the 10th Amendment of the US Constitution, with formal licensing of physicians through state medical boards dating back to the 1800s.

Interstate Medical Licensure Compact (IMLC)

While supporting the state-based licensure structure, the AMA has also advocated for efforts to streamline licensure processes across state lines while

preserving state oversight of the care provided within a state's borders. Accordingly, the AMA has strongly supported the Interstate Medical Licensure Compact (IMLC) as an important expedited licensure solution.

In 2017, the IMLC established a faster pathway to licensure for qualifying physicians seeking to practice in multiple states. By 2021, 33 states, the District of Columbia and the Territory of Guam had become members of the Compact, with IMLC authorizing legislation pending in several other states. More than 21,000 licenses have been issued by the IMLC but, notably, physicians practicing in non-Compact states are unable to apply for expedited licenses through the Compact.

Costs associated with Compact licenses/renewals remain a barrier to multistate licensing via the IMLC, since physician applicants must pay an initial \$700 fee plus the costs and renewal fees of licenses in Compact states where the physician wants to practice. In 2021, licensing fees ranged from \$75 in Alabama and Wisconsin to \$790 in Maryland, with most states charging several hundred dollars. These costs may be beyond the budgets of many physician practices—particularly small practices—that continue to recover from COVID-19-related revenue losses.

COVID-19 & interstate telehealth

Prior to the pandemic, physicians licensed by states that had not joined the IMLC or who wanted to practice in a non-Compact state generally had to go through that state's lengthy licensure application process. Narrow allowances for circumstances under which out-of-state physicians could practice in a state without being licensed varied by state and were predominantly limited pre-pandemic to physicians consulting with in-state physicians and health professionals practicing in emergencies or responding to natural disasters. The practice of medicine across states is permitted under the Uniform Emergency Volunteer Health Practitioners Act and the Sports Medicine Licensure Clarity Act. Physicians and other health professionals employed by the US Veterans Administration, the Indian Health

Service and the US Department of Defense are generally permitted by these health systems to practice—including via telehealth—outside of the state where they are licensed.

Although licensing requirements across states share many commonalities, each state has its own rules and exceptions to those rules. Some states had licensure policies specific to interstate telehealth in place before the pandemic. For example, 12 state boards issue a special purpose license, telehealth license or certificate, or license to practice medicine across state lines allowing the practice of telehealth.

COVID-19 led to a slew of federal and state temporary waivers of telehealth coverage and payment regulations intended to expand the scale and reach of telehealth and meet the increased demand for virtual medical care. Federal and state licensure requirements were also waived, enabling health professionals to work across state lines and provide care in areas hardest hit by the pandemic without having to apply for licenses in those states. Some states issued broad reciprocity waivers permitting physicians and other health professionals possessing an active license in good standing in another state to provide care without obtaining a license, temporary or otherwise, in that state. Other states required registration with or approval by the state medical board. A few states specified that telehealth could be used by out-of-state physicians to provide continuity of care to patients in that state, or by physicians in contiguous states that have existing patient relationships with state residents.

Many states have rescinded the temporary licensure flexibilities put in place during the public health emergency. However, limited flexibility is warranted to preserve physician-patient relationships and enable longitudinal care for existing patients who may live just across a state border or who travel out of state for work or school or seasonally.

Where the AMA stands

- To protect patients, physicians and other health professionals delivering telehealth services must be licensed in the state where the patient receives services or be providing these services as otherwise authorized by the state's medical board. Proposals for national or federal medical licenses should be opposed.

- Physicians and other health professionals delivering telehealth services must abide by state licensure laws and state medical practice laws and requirements in the state where the patient is located.
- State medical boards should require a full and unrestricted license in the state for the practice of telehealth unless there are other appropriate state-based licensing methods.
- The Interstate Medical Licensure Compact is an important licensure solution. States that are not part of the Compact are encouraged to join. Additionally, the AMA advocates for reduced application and state licensure fees processed through the Compact so that more physicians can secure Compact licenses.
- Exemptions to state licensing requirements should be made for physician-to-physician consultations, and in the even of emergent or urgent circumstances.
- States are encouraged to facilitate interstate telehealth for continuity of care purposes and to preserve critical relationships between patients and their regular physicians. Accordingly, states should allow an out-of-state physician to provide telehealth services if there is a pre-existing and ongoing physician-patient relationship and a previous in-person visit, and the care is incident to an existing care plan or one that is being modified.
- Finally, the AMA supports state efforts to expand licensure recognition across state lines that are consistent with the standards and safeguards outlined in AMA telehealth policy.

The AMA Council on Medical Service studies and evaluates the social and economic aspects of medical care and recommends policies on these issues to the AMA House of Delegates. For more information on licensure and telehealth, see:

- [Council on Medical Service Report 8-JUN-21, Licensure and Telehealth](#)
- [Council on Medical Service Report 1-I-19, Established Patient Relationships and Telemedicine](#)