

# AMA issue brief: Telehealth licensure

## Emerging state models of physician licensure flexibility for telehealth

Advocacy Resource Center

**Issue:** Emerging state models of physician licensure flexibilities for telehealth.

**Description:** In the United States medical licensure is granted to physicians by state medical boards. In addition to licensing physicians, state medical boards also investigate complaints, discipline physicians who violate medical practice laws, and serve as a central hub of medical communication within a state. 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.

The implementation of state medical boards began in 1791 with the [Bill of Rights](#), which granted states the right to regulate health, and expanded throughout the 19th and 20th centuries. The size, structure and authority of medical boards varies by state: some are independent, others are integrated into larger agencies (e.g., state departments of health), and most consist of a combination of physicians and members of the public.<sup>1</sup> Today, there are 71 boards in the United States, which include more than 50 allopathic (MD) and composite (MD and DO) licensing boards, and 14 osteopathic (DO) boards.<sup>2</sup>

In the past few years, to account for changing market dynamics—including increased use of telehealth, physician movement, and physician shortages throughout the country—states have expanded or streamlined the state licensure processes for physicians. One prime example is the creation of the [Interstate Medical Licensure Compact](#) in 2014, which creates an expedited pathway for physicians who are licensed in a member state to obtain licensure in other member states.

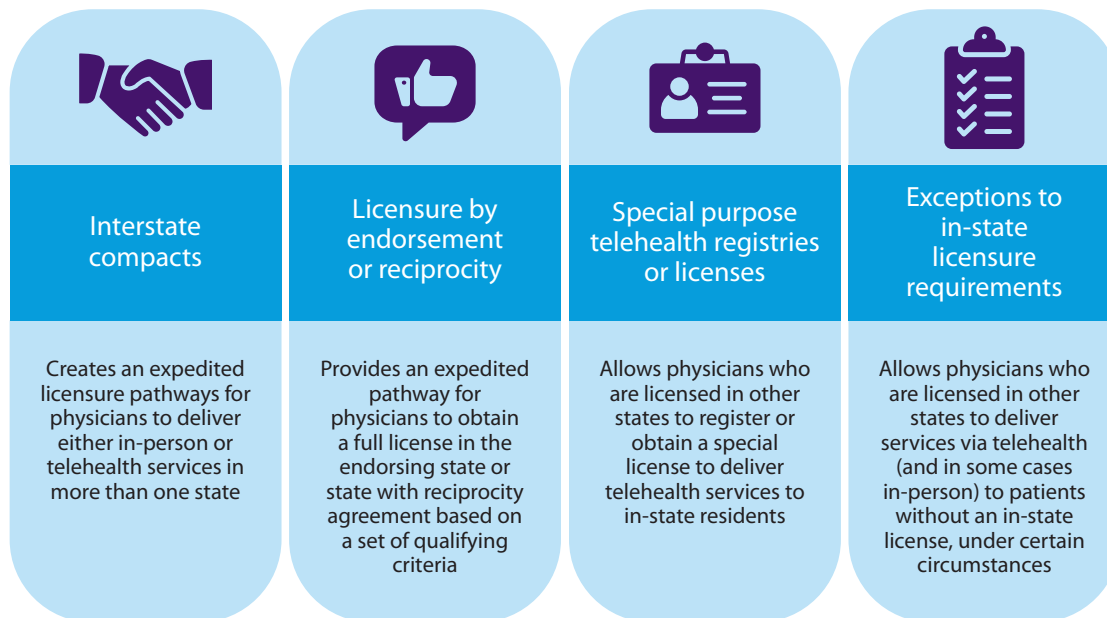
When the COVID-19 pandemic began in March 2020, there was a large increase in federal and state temporary waivers of telehealth coverage and payment regulations intended to expand the scale and reach of telehealth and meet the increased demand for virtual medical care. Federal and state licensure requirements were also waived, enabling physicians and other health professionals to work across state lines and provide care in areas hardest hit by the pandemic without having to apply for a license 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.

Today, nearly all states have lifted those temporary licensure flexibilities. However, some continued flexibility is likely beneficial, and many states are exploring new policies that seek to ensure states have the continued authority to regulate and oversee the practice of medicine for their residents, while also taking into consideration modern day realities of patient movement, physician shortages, and the regionalization/nationalization of health care delivery as telehealth becomes more commonplace.

1. [Guide to Medical Regulation in the United States, FSMB.](#)  
2. [Guide to Medical Regulation in the United States, FSMB.](#)

## Spectrum of approaches: Physician licensure flexibility for telehealth

States are adopting a range of licensure flexibilities for telehealth



- **Interstate Medical Licensure Compact.** More than 35 states and territories are now members of the [Interstate Medical Licensure Compact](#), which provides an expedited pathway for physicians licensed in a member state to obtain a full and unrestricted license to practice medicine in other member states.
- **Licensure by endorsement or reciprocity.**
  - o Licensure by endorsement is a streamlined application process that is available to individuals who are already licensed in other states and have certain qualifications. This approach would make it easier for qualifying physicians to practice in-person or provide telehealth services in the endorsing state.
    - [Hawaii](#) requires that the applicant hold a current, active license in a jurisdiction that requires “substantially equivalent to or greater than the qualifications for licensure in this State.”
    - [Virginia](#) requires physicians to have held a license in one state continuously for at least five years immediately prior to applying.
  - o Licensure by reciprocity creates an expedited licensure pathway for physicians whereby the jurisdictions have agreed to recognize licensure obtained in other jurisdictions to obtain a license in their jurisdiction. The [District of Columbia](#) (D.C.), [Maryland](#), and [Virginia](#) allow licensure by reciprocity for physicians licensed in the three jurisdictions.
- **Special purpose telehealth registries or licenses.** Several states ([Florida](#), [New Jersey](#), [Kansas](#), [Louisiana](#), [Minnesota](#), [Nevada](#), [New Mexico](#), among others) have developed special purpose telehealth registries or licenses that allow physicians who are 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.

For example:

- [Minnesota](#) offers a special telehealth registration which explicitly states that physicians cannot have in-state physical addresses or provide in-person services in the state.
- [Florida](#) offers an out-of-state registration for physicians and other health professionals licensed outside of Florida. Registrants cannot have an in-state physical address or provide in-person services in the state, and must maintain liability coverage for telehealth services provided in-state.
- **Exceptions to in-state licensure requirements.** Certain states allow out-of-state physicians in good standing to deliver services via telehealth (and in some cases in-person) to patients without an in-state license under certain circumstances, such as: in the case of emergency (e.g., [Minnesota](#), [Georgia](#)\*), to allow for follow up care (e.g., [Arizona](#), [Virginia](#)), for consultative services (e.g., [Hawaii](#)\*, [New Hampshire](#)), or in unique travel circumstances, such as when the patient has temporarily traveled in-state (e.g., [Kentucky](#)).

\* Indicates regulations are not limited to and/or specific to telehealth.

### AMA perspective and model language

The AMA supports the role of state medical boards in overseeing and regulating the practice of medicine and care provided to patients within their borders, however, recognizing the costs and burdens associated with obtaining a license to practice medicine in multiple states, the AMA has long supported streamlining the process and reducing the cost for physicians. In addition, the AMA recognizes several commonsense limited exceptions to licensure, including for example in an emergency, consultations between physicians, and to support continuity of care. The AMA's perspective on physician licensure and telehealth is as follows:

- 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 licenses through the Compact.
- Exemptions to state licensing requirements should be made for physician-to-physician consultations, and in the event 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.
- The Federation of State Medical Boards and state medical boards should continue to pursue uniformity in the requirements for endorsement of medical licenses, which should be based on assessments of competence.
- 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 developed the following model language in support of this perspective for states to consider when seeking to implement licensure flexibilities:

- Physicians treating patients in [State] through telemedicine or telehealth must be fully licensed to practice medicine in [State] and shall be subject to regulation by the [State] Board of Medicine.
  - This section does not apply to:
    - (1) An informal consultation or second opinion, at the request of a physician licensed to practice medicine in this state, provided that the physician requesting the opinion retains authority and responsibility for the patient's care; and
    - (2) Furnishing of medical assistance by a physician in case of an emergency or disaster.
  - The [State] Board of Medicine provides a(n) [insert mechanism based on other provisions in state law or regulations, e.g., waiver, exception to licensure, reciprocity of license from another state, temporary license, and/or requirement that physician register with state board of medicine] to physicians who have a full and unrestricted license to practice medicine in another state who provide care via only telehealth in [State] to a patient located in [State] with whom the physician has an established and ongoing patient-physician relationship; has treated the patient in-person; the care provided via telehealth is incident to an existing care plan or one that is being modified; and the physician has verified that the telehealth services are covered under the physician's medical liability insurance policy that satisfies [State] requirements.

The American Medical Association has long supported and continues to support state-based licensure. Given the rise of new physician licensure flexibilities for telehealth, the AMA has developed this model language to serve as a guide for states who are considering the implementation of physician licensure flexibilities in a market that is increasingly utilizing telehealth and out-of-state providers.

### Relevant AMA policy

[The Promotion of Quality Telemedicine H-480.969](#)

[Coverage of and Payment for Telemedicine H-480.946](#)

[Licensure and Telehealth D-480.960](#)

[Established Patient Relationships and Telemedicine D-480.964](#)

[Insurance Coverage Parity for Telemedicine Service D-480.969](#)

[State Authority and Flexibility in Medical Licensure for Telemedicine D-480.999](#)

[Facilitating Credentialing for State Licensure D-275.994](#)

### Other AMA information

AMA Council on Medical Service [issue brief](#) and [report](#) on licensure and telehealth

Digital version of this resource available here.

