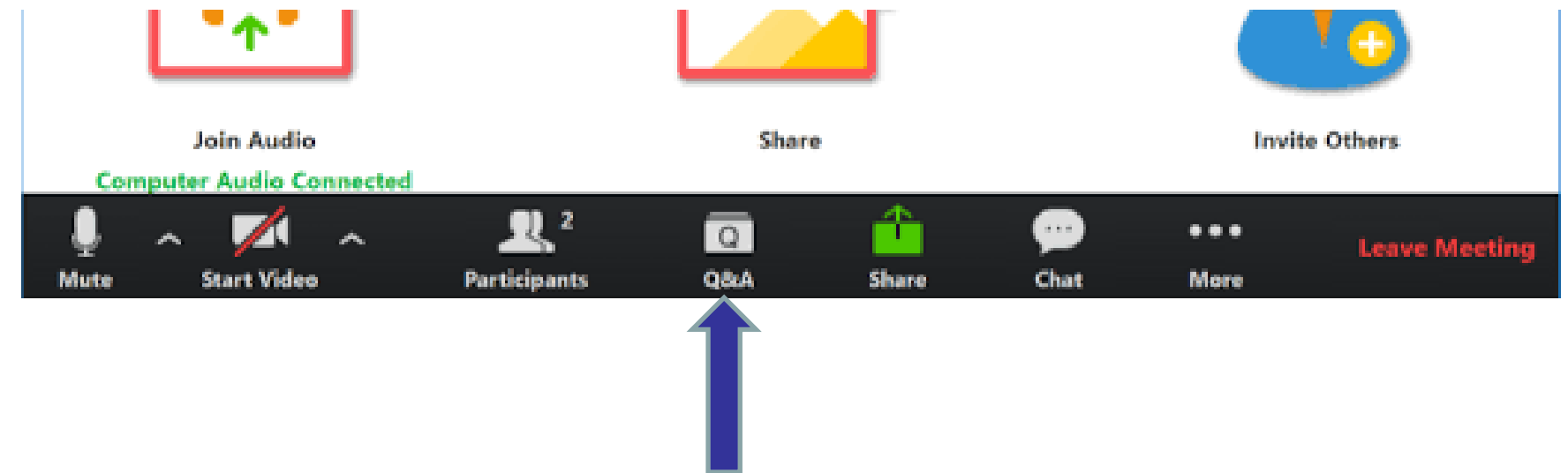




## Challenges to Delivering (and Receiving) Telehealth Across State Lines

October 20, 2021

# Housekeeping



- **All participants are muted**
- Submit your questions in the **Q&A box**
- You can upvote a question by clicking the **thumbs up** icon
- We will answer as many questions as time allows and follow up the unanswered questions
- Use the chat box for *technical difficulties* and other questions / comments



# eHealth Initiative Members



# Digital Health Equity Summit

Addressing Inequities & Building a  
Modern Healthcare System

November 3<sup>rd</sup>-4<sup>th</sup>, 2021



# Provider Licensing Requirements

- Generally, state laws require health care providers to be licensed in the state *where a patient is located at the time of the health care visit*
  - Federal regulations recognize this for purposes of reimbursement
  - Not only do states have the right to regulate the practice of medicine within their state, many point to important patient safety roll of state practice boards
- State laws around establishing a patient relationship (and definition of telehealth) vary, but all states recognize telehealth as a way to establish a relationship
- Exceptions: Some multi-state provider licensing compacts and the VA, DOD



# Emergency COVID Declarations

- Most states modified requirements during COVID-19 to allow for easier access to providers via telehealth
- CMS also used emergency authorities to waive requirements that providers be licensed for purposes of reimbursement
- A lot of these are expiring, some states are exploring long-term options



# eHI Position

- eHI has not endorsed legislation related to provider licensing
- As a part of a report including policy recommendations, eHI has endorsed mutual recognition state licensure compacts





**NORD<sup>®</sup>**

National Organization  
for Rare Disorders

# TELEHEALTH AND RARE DISEASE PATIENTS

Heidi Ross

Director of Policy

# NORD® MISSION STATEMENT

NORD, a 501(c)(3) organization, is a patient advocacy organization dedicated to individuals with rare diseases and the organizations that serve them. NORD, along with its more than 330 patient organization members, is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services.

# WHAT IS A RARE DISEASE?

It's estimated that

**25-30**

**MILLION AMERICANS**

(almost 1 in 10) have a rare disease



- Rare diseases are defined as a disease or condition that affects **less than 200,000 Americans**
- According to the National Institutes of Health (NIH), **there are more than 7000 rare diseases**, 2/3 of which have a genetic component to them.
- Approximately **90% of rare diseases** do not have an FDA approved treatment.

# PATIENT ACCESS TO PROVIDERS



A 2020 NORD survey found that **40% of rare disease patients travel more than 60 miles** for their medical appointments.

- ✓ Significant travel costs
- ✓ Missed work and school
- ✓ Disruptions to family routine

# IMPACT OF COVID-19 ON RARE DISEASE PATIENTS

- NORD has conducted two surveys on the impact of COVID-19 since the pandemic started.
  - **79%** experienced canceled medical appointments
  - **32%** had challenges accessing medical care and treatment
  - **14%** have experienced issues accessing medication for their rare disease

**88%**

offered a telehealth appointment during COVID-19 accepted it, 92% of whom said it was a positive experience



**70%**

would like the option telehealth for medical appointments in the future





## NORD Telehealth Principles

- 1) All patients should have equal and effective access to telehealth services
- 2) Patients and their providers should be able to make a choice on the location and type of care they receive that is based on what is in the best interests of the patient
- 3) Transparency around privacy protections and patient cost-sharing must be established and preserved
- 4) Data should drive decisions on telehealth

# PATIENT ACCESS TO OUT OF STATE PROVIDERS

Adjustments to state licensure requirements proved to be a lifeline for many rare disease patients.

- In March 2020, NORD sent letters to 20 Governors asking them to ensure patients could see their out-of-state health care providers via telehealth
- All Governors did end up adjusting their state licensure requirements to some extent, which enabled broader telehealth access across state lines.
  - Fragmented approaches = provider and patient confusion.



# LEGISLATIVE EFFORTS – SHORT TERM

## Endorsed the Temporary Reciprocity to Ensure Access to Treatment (TREAT) Act

- Allows any health care professional in good standing with a valid practitioners' license to render services—including telehealth—anywhere for the duration of the COVID-19 pandemic
- Required health care professionals who use this authority to notify a state or local licensing board within 30 days of first practicing in a state other than where licensed or certified
- Allow authority for a state where a health care professional has practiced under this reciprocity measure to pursue investigations and disciplinary actions, including the ability to exclude a clinician from practicing in the state under the Act



# LEGISLATIVE AND REGULATORY EFFORTS

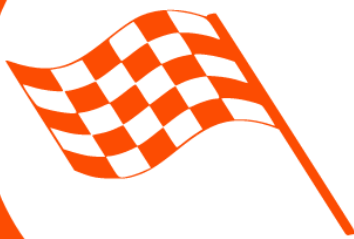
- With the Alliance for Connected Care and the ALS Association, NORD led an organization-level sign on letter to Governors and State Legislators urging them to:
  - Maintain and expand medical licensure flexibilities for the duration of the federal public health emergency
  - OR -
  - Reinstate licensure flexibilities if they have expired
  - AND -
  - Implement new flexibilities to better address patient needs during and after the pandemic

**The sign-on deadline is end of day on Friday, October 22**

For questions or to sign-on, contact:

Heidi Ross, National Organization for Rare Disorders (Hross@rarediseases.com)

Casey Osgood, Alliance for Connected Care (Casey.Osgood@connectwithcare.org)



# LEGISLATIVE EFFORTS – LONG TERM

## Telehealth is here to stay (We hope!)

- Huge opportunity to effectively integrate telehealth into our health care system to help meet patient needs.
- Action is needed at the state and federal level to ensure robust patient access.



### State:

- Licensure Compacts



### Federal:

- Accelerating Access to Kids Care Act
- ACE Kids Act Implementation

# Thank you.

Heidi Ross

Director of Policy

HRoss@rarediseases.org





# Telemedicine Overview

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October 20<sup>th</sup>, 2021

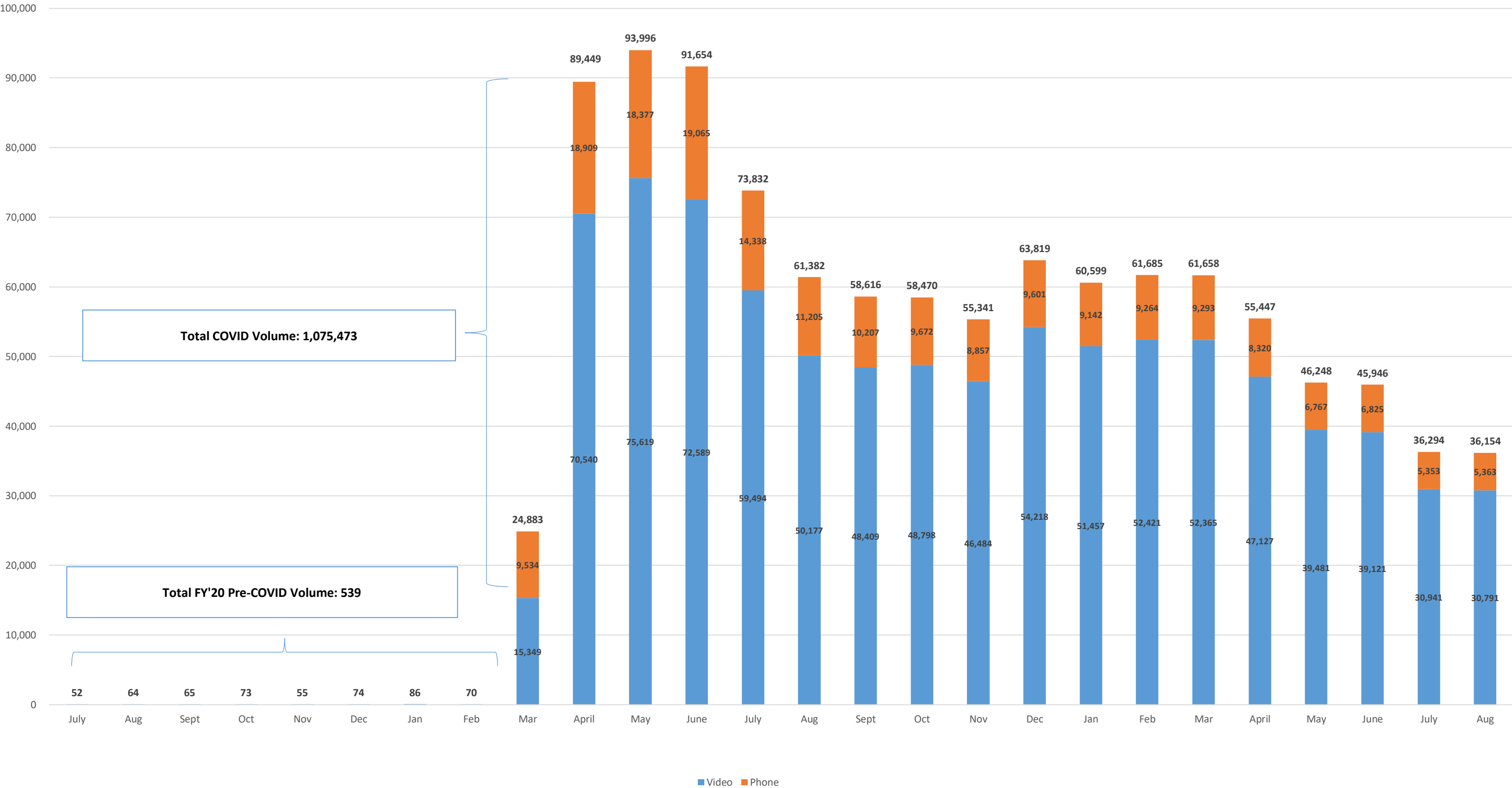
**Brian Hasselfeld, MD** – Medical Director, Digital Health and Telemedicine



JOHNS HOPKINS  
M E D I C I N E

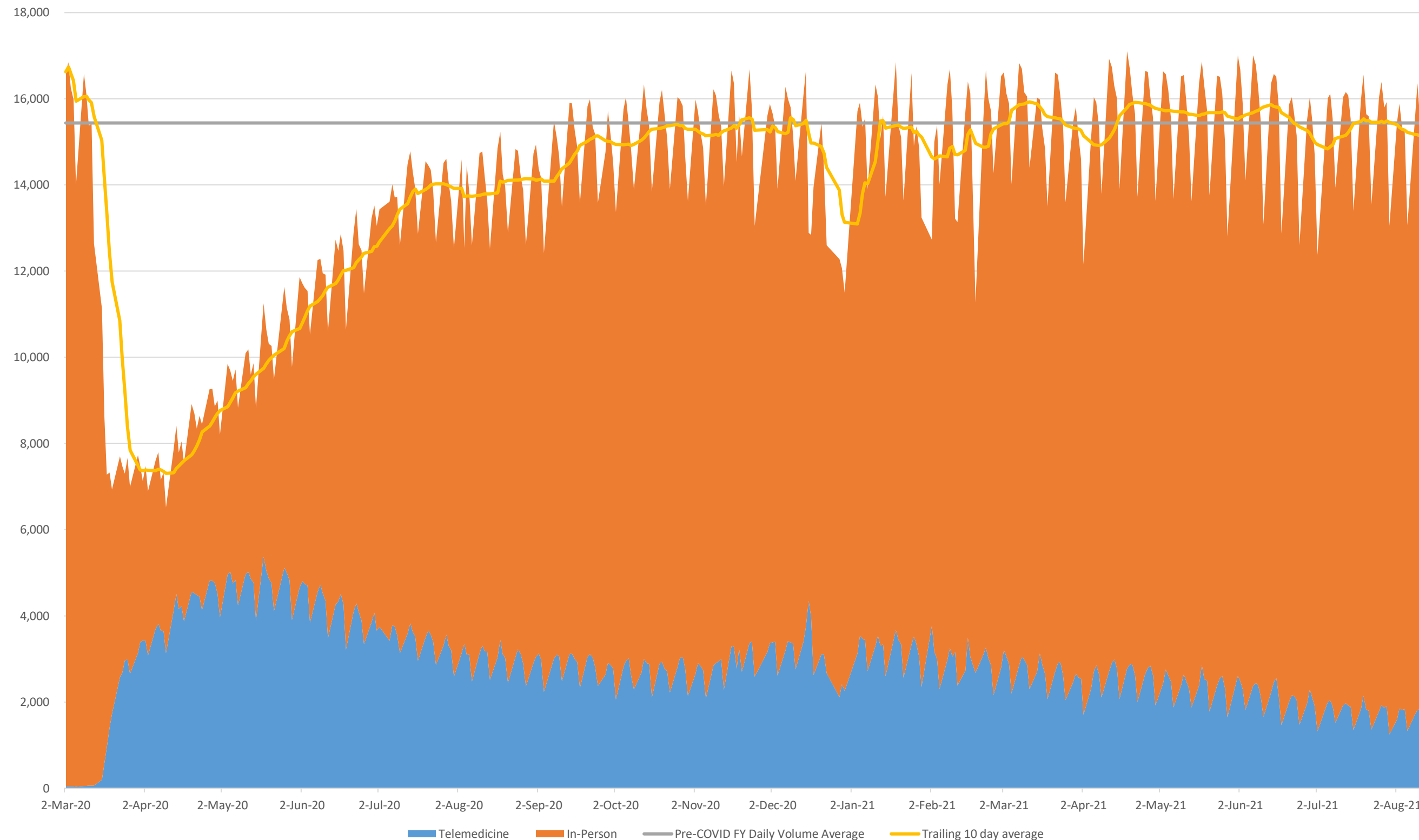
# Telemedicine Visit Volume Trends

## Monthly Comparison



# Telemedicine Visits vs. In-Person Visits

## *Total Ambulatory Volume*



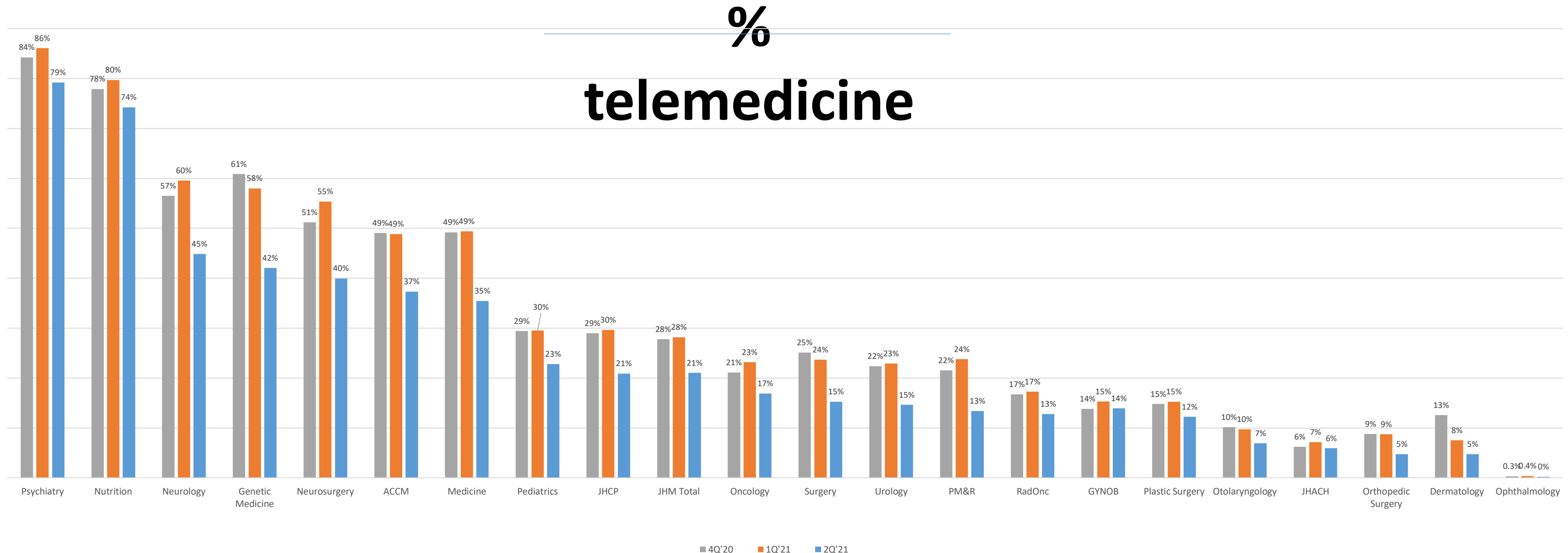
- Telemedicine volume peaked in April / May 2020
- Slowly declining since vaccines
- Total volume remains around pre-COVID projected volume (to date, telemedicine substitute and not additive)

\*Note: Orange (in-person) and blue (Telemedicine, including both video and audio-only visits) are stacked (not overlapping)

# Telemedicine vs. In-Person Visits

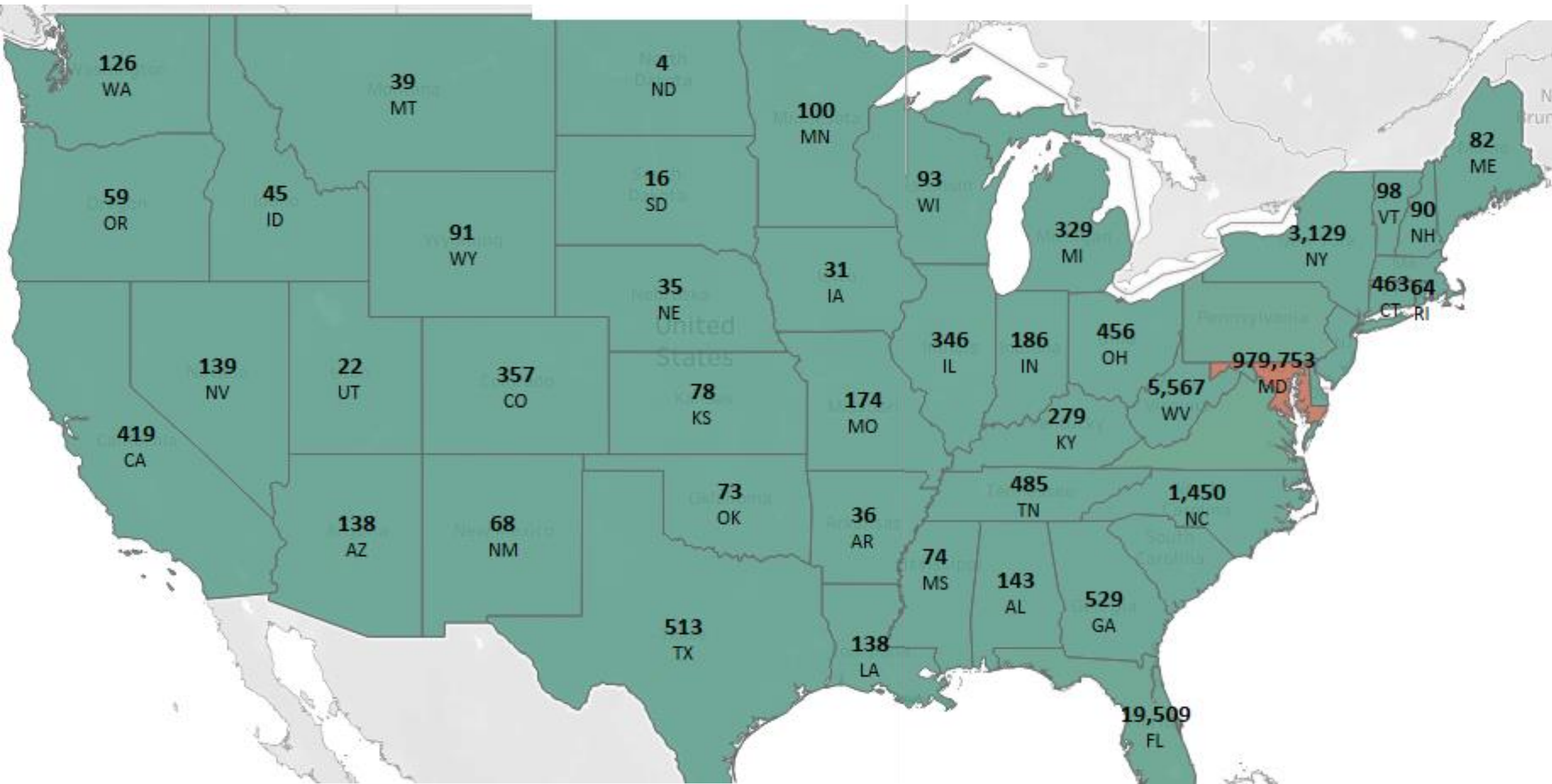
## *Ambulatory Volume*

- When excluding “telemedicine insensitive” areas (i.e., Lab, Radiology), telemedicine visits have been approximately **21%** of “telemedicine sensitive” ambulatory care in 2Q CY’21
- Care remains distributed across multiple primary care and subspecialty verticals



\*Note: Excludes “telemedicine insensitive” visits, such as lab, radiology.

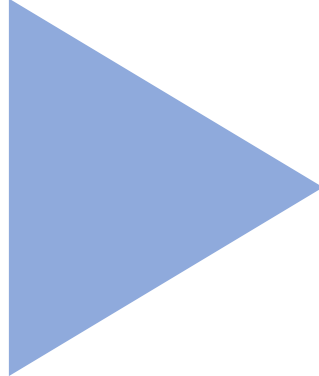
# Domestic Out-of-State Telemedicine



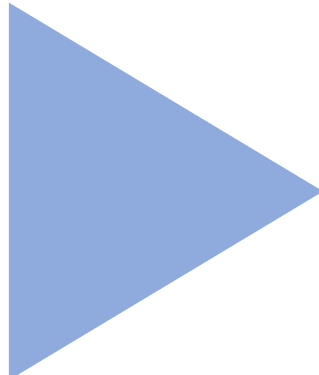
- Telemedicine encounters to states other than MD, FL, DC\*: **~98,000**
- Represents **~9%** of total completed telemedicine encounters
- Telemedicine delivery to all 50 states and DC, predominantly to established patients

# Patient Satisfaction with Telemedicine

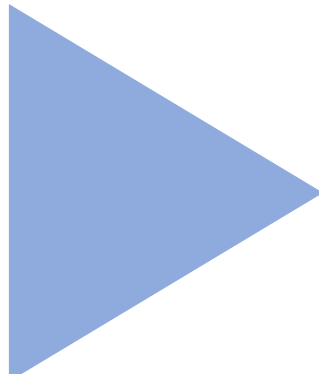
Satisfaction with  
Provider?

- 
- ✓ Rating JHM providers 94/100 in nearly 50,000 surveys in the last 12 months

Recommend to Friends  
/ Family?\*

- 
- ✓ Median response 9/10 (where 10/10 = Extremely Likely)

Important to Have  
Video Visit Options?\*

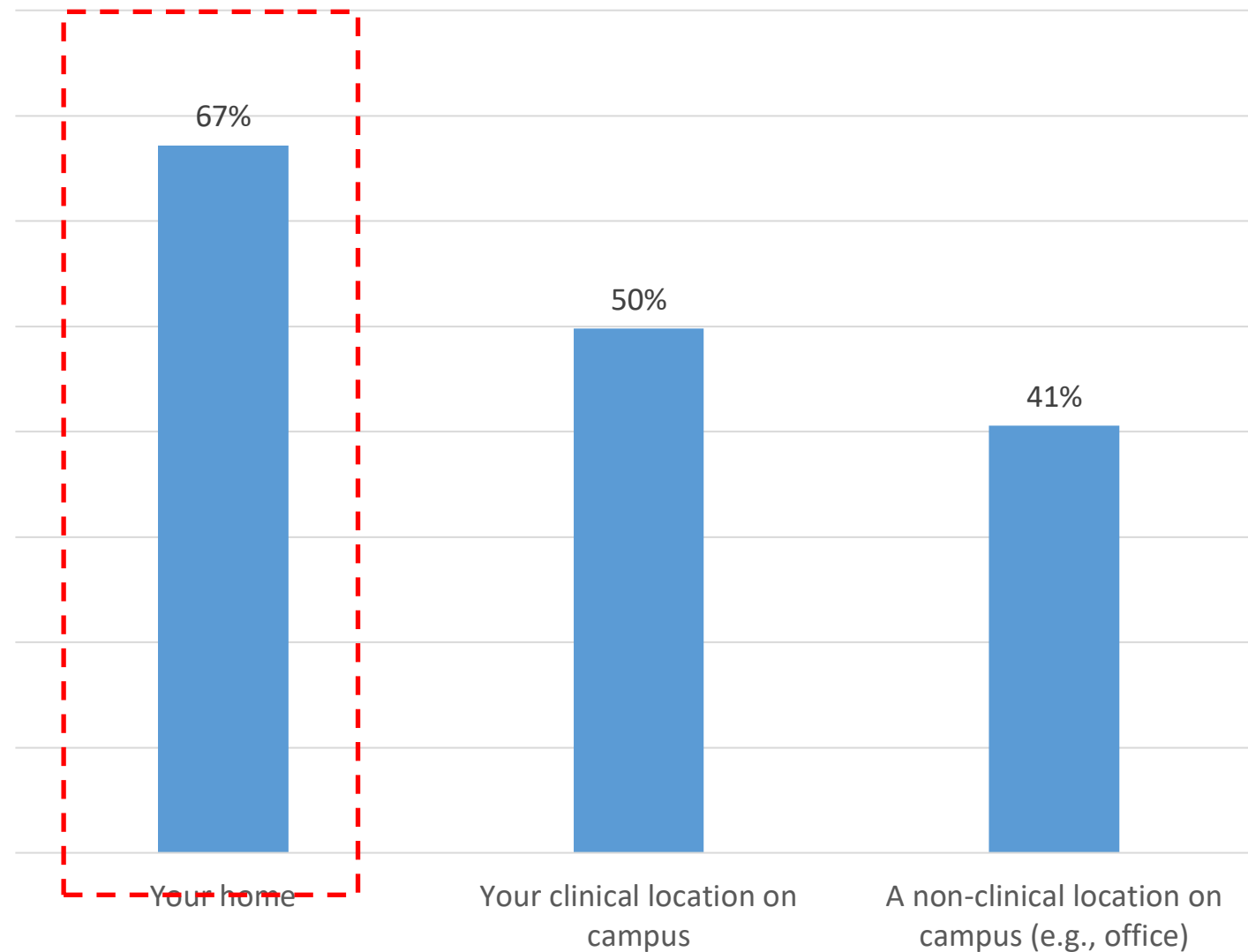
- 
- ✓ 88% stated would be moderately, very, or extremely important

# Provider Expectations around Telemedicine

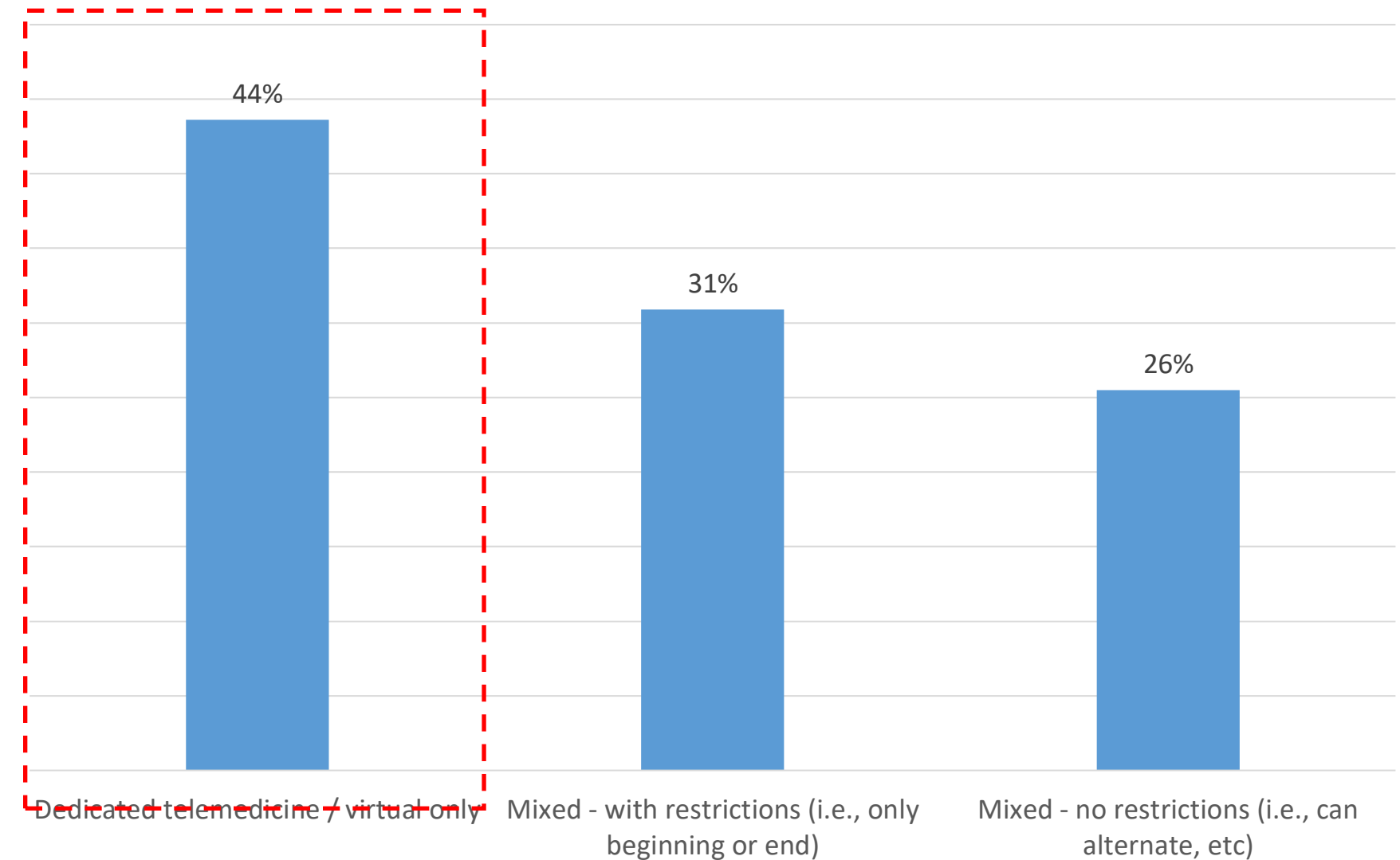
- Provider telemedicine survey sent to ~3,600 providers who have completed a telemedicine visit in last 12 months
- After 2 weeks “in the field”, 1,342 responses (37.5% response rate)
- **How often** do you feel you can provide **clinically appropriate, high-quality care** via **telemedicine** in comparison to in-person visits?
  - New patients: Mean 41%, Median 31%
  - Established patients: Mean 60%, Median 70%
- What percentage of your **schedule template** would you like to have open for **telemedicine** visits?
  - Mean: 40%
  - Median: 30%

# Provider Expectations around Telemedicine (cont'd)

Assuming you had the necessary equipment, where would you prefer to conduct most of your telemedicine visits after the COVID-19 pandemic?  
(multiple responses permitted)



What statement best describes how you would prefer to conduct telemedicine visits after the COVID-19 pandemic?

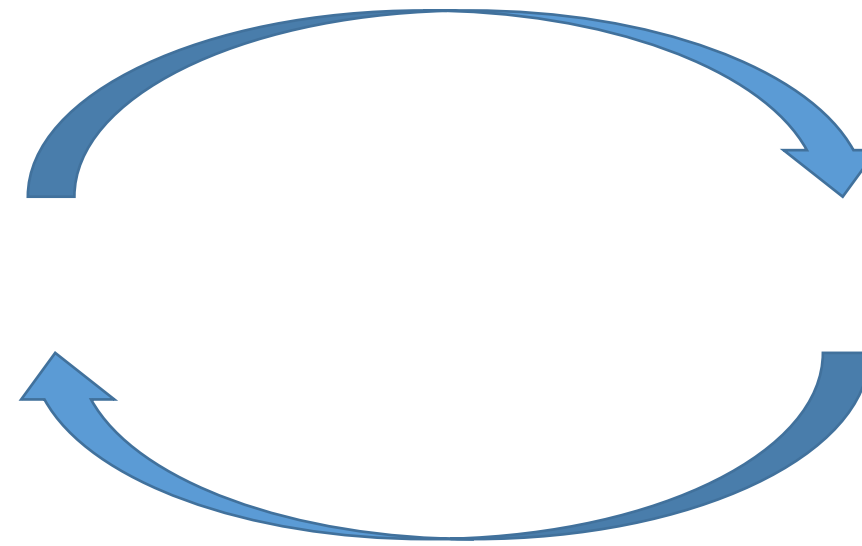


# COVID Licensure Changes

## Pre-COVID

- Power to **license and regulate professionals delegated to the states**, including all healthcare professionals
  - Limited Federal involvement
- Any healthcare professional that is licensed (i.e., physician, nurse, social worker, psychologist, physical therapist, etc) must have a license in the state where the **patient is physically located**

March 2020



Throughout 2021:  
Return to Pre-COVID

**× Most states  
have expired  
waivers**

## During COVID

- States issued **waivers** through various authorities (governors' executive orders, medical board regulations, etc.) to permit flexibility
- **Waivers varied by:**
  - New vs. established
  - Provider type (as each provider type regulated by a different board)
  - Patient status (inpatient, outpatient)
  - Expiration dates
  - Process (open waiver, emergency licensure, temporary licensure, etc)

# State and Federal Advocacy

- Maryland legislature passed and Governor signed the “Preserve Telehealth Access Act of 2021”
  - Remove originating site / distant site restrictions
  - Video visit parity and permanent Medicaid coverage
  - Preserve audio-only reimbursement
  - Remove home monitoring / remote monitoring barriers
- Written testimony submitted to the US House of Representatives
- Key sponsor of the TREAT Act in the US Senate
  - Act to address provider state licensure issues during the COVID health emergency (NOT permanent, but a step in the right direction!)

JOHNS HOPKINS  
UNIVERSITY & MEDICINE

Statement for the Record

Submitted by Brian Hasselfeld, MD

Medical Director, Digital Health and Telemedicine at Johns Hopkins Medicine

U.S. House Committee on Energy and Commerce Subcommittee on Health

“The Future of Telehealth: How COVID-19 is Changing the Delivery of Virtual Care”

March 2, 2021

Opinions

Telemedicine is a godsend during a pandemic. But state licensing rules get in the way.

Opinion by **Paul Rothman** and **Kevin Sowers**

Dec. 10, 2020 at 4:43 p.m. EST

## A national crisis requires a national response

BY BRIAN HASSELFELD AND BALIGH YEHIA, OPINION CONTRIBUTORS — 12/16/20 01:30 PM EST  
THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL



# Facilitating the Practice of Medicine Across State Lines

Lisa Robin

October 20, 2021

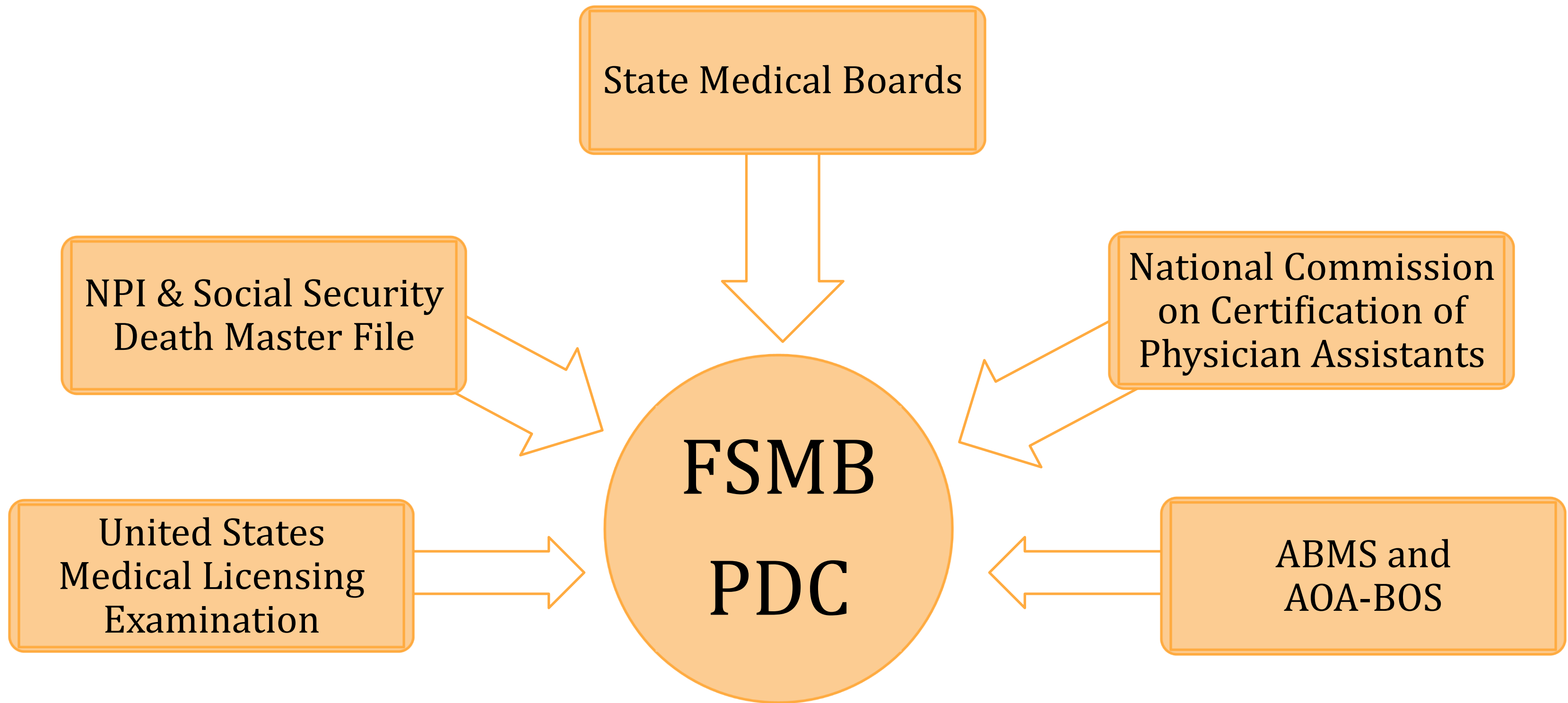
# Federation of State Medical Boards (FSMB)



**FEDERATION OF  
STATE MEDICAL BOARDS**

- ✓ Founded in 1912, we are the national, non-profit organization that represents all 70 of the state medical and osteopathic boards across the United States
- ✓ State medical boards protect the public through the licensing, disciplining and regulation of 1 million+ physicians, PAs, and other health care professionals
- ✓ FSMB supports state medical boards through education, assessment, research and advocacy and promotes regulatory best practices across states

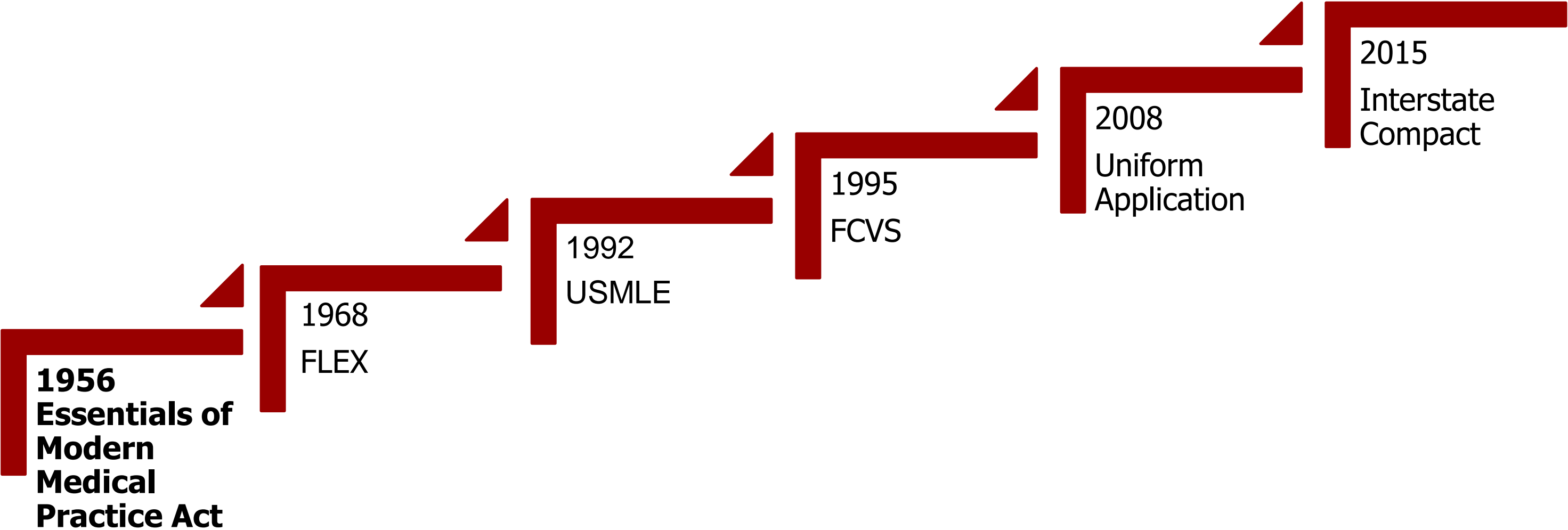
# FSMB Information Sources



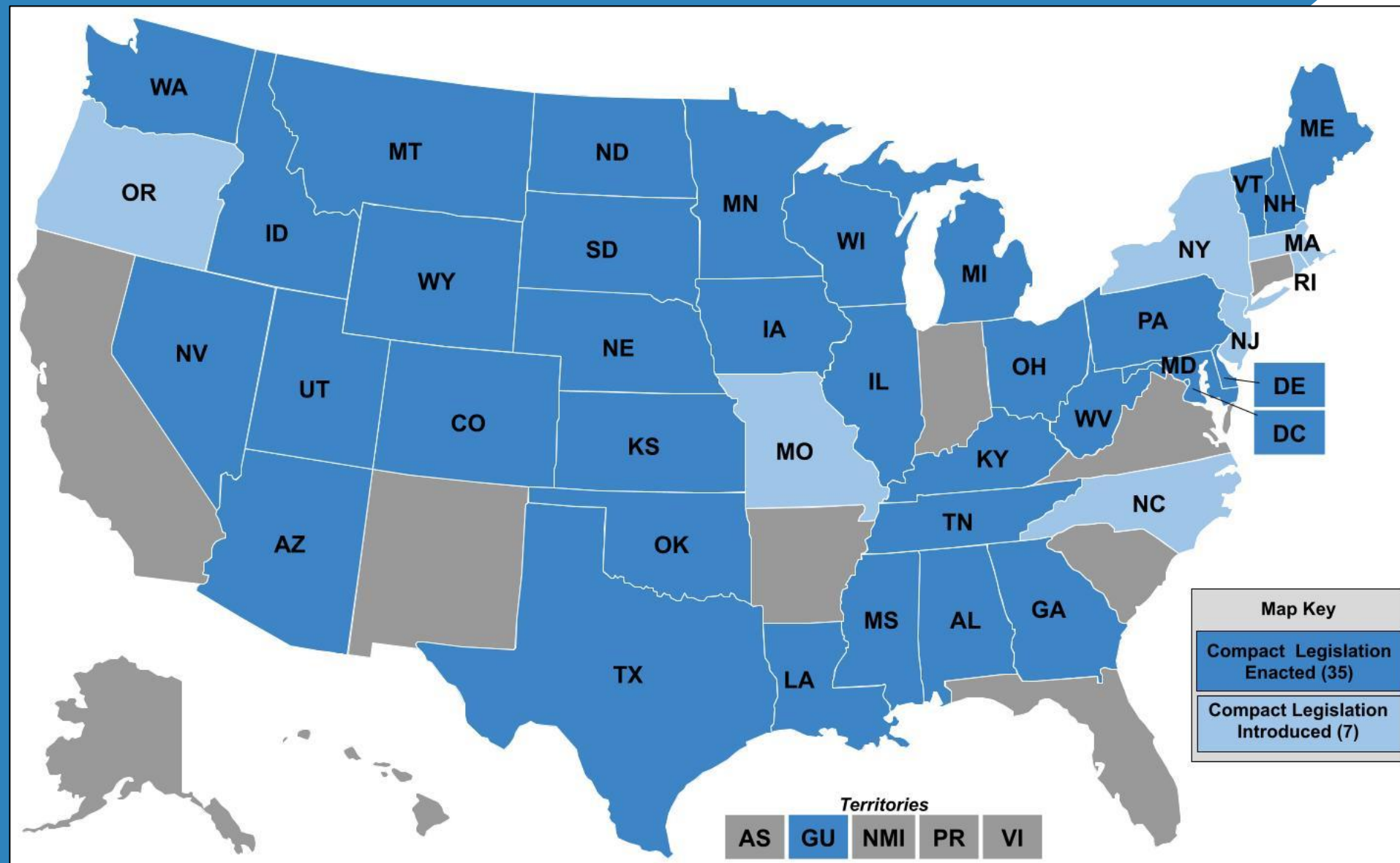


# License Portability

FSMB support for license portability



# Interstate Medical Licensure Compact



- ✓ A voluntary expedited pathway to facilitate multistate practice, increasing access to health care for patients in underserved and rural areas and allowing them to more easily connect with medical experts through the use of telemedicine technologies
- ✓ 33 states, the District of Columbia, and Guam have enacted the model legislation
- ✓ Legislation introduced in 2021 in Missouri, New Jersey, New York, North Carolina, Oregon, and Rhode Island

# Interstate Medical Licensure Compact

## Physician Eligibility

An estimated 80 percent of licensed physicians in the U.S. are IMLC eligible:

- ✓ Graduate of an accredited medical school
- ✓ Passed USMLE or COMLEX within 3 attempts
- ✓ Completed approved GME
- ✓ Holds ABMS or AOA specialty certification or a time-unlimited specialty certificate
- ✓ Possesses a full and unrestricted license to practice medicine in a IMLC Member state
- ✓ Has no criminal history
- ✓ Has no disciplinary action by a licensing agency
- ✓ Has never had a controlled substance registration suspended or revoked by the DEA
- ✓ Is not under active investigation by a licensing agency or law enforcement authority

# Interstate Medical Licensure Compact Commission

- ✓ Administered by the IMLC Commission
- ✓ Comprised of 2 representatives from each member state
- ✓ Representative must be a member of the licensing board or senior board administrator
- ✓ Marschall Smith, IMLCC Executive Director  
[imlccexecutivedirector@imlcc.net](mailto:imlccexecutivedirector@imlcc.net)

## BY THE NUMBERS

First licensed issued in April 2017

As of September 30, 2021:

- ✓ 16,218 applications processed
  - ✓ 24,681 licenses issued

# Health Care Interstate Licensure Compacts

## Interstate Medical Licensure Compact (IMLC)

- ✓ Effective May 19, 2015
- ✓ 33 states, DC and Guam are Members



## Enhanced Nurse Licensure Compact (eNLC)

- ✓ Implemented January 19, 2018
- ✓ 36 states, Guam, and Virgin Islands are Members



## APRN Compact

- ✓ Not effective until 10 states enact model legislation
- ✓ 2 states are Members



# Interstate Compacts

## EMS Compact

- ✓ Effective October 2017
- ✓ 22 states are Members



## Occupational Therapy Licensure Compact

- ✓ Not effective until 10 states enact model legislation
- ✓ 9 states are Members



## Physical Therapy Licensure Compact

- ✓ Effective April 25, 2017
- ✓ 33 states and DC are Members



## Psychology Interjurisdictional Compact (PSYPACT)

- ✓ Effective April 2019
- ✓ 25 states and DC are Members





# Telemedicine: COVID-19 and Beyond

# States' Response to COVID-19

**Boards acted quickly, waiving certain licensure and telemedicine requirements, with nearly all states waiving requirements at the beginning of the pandemic**

## **Out-of-state physicians in-person practice**

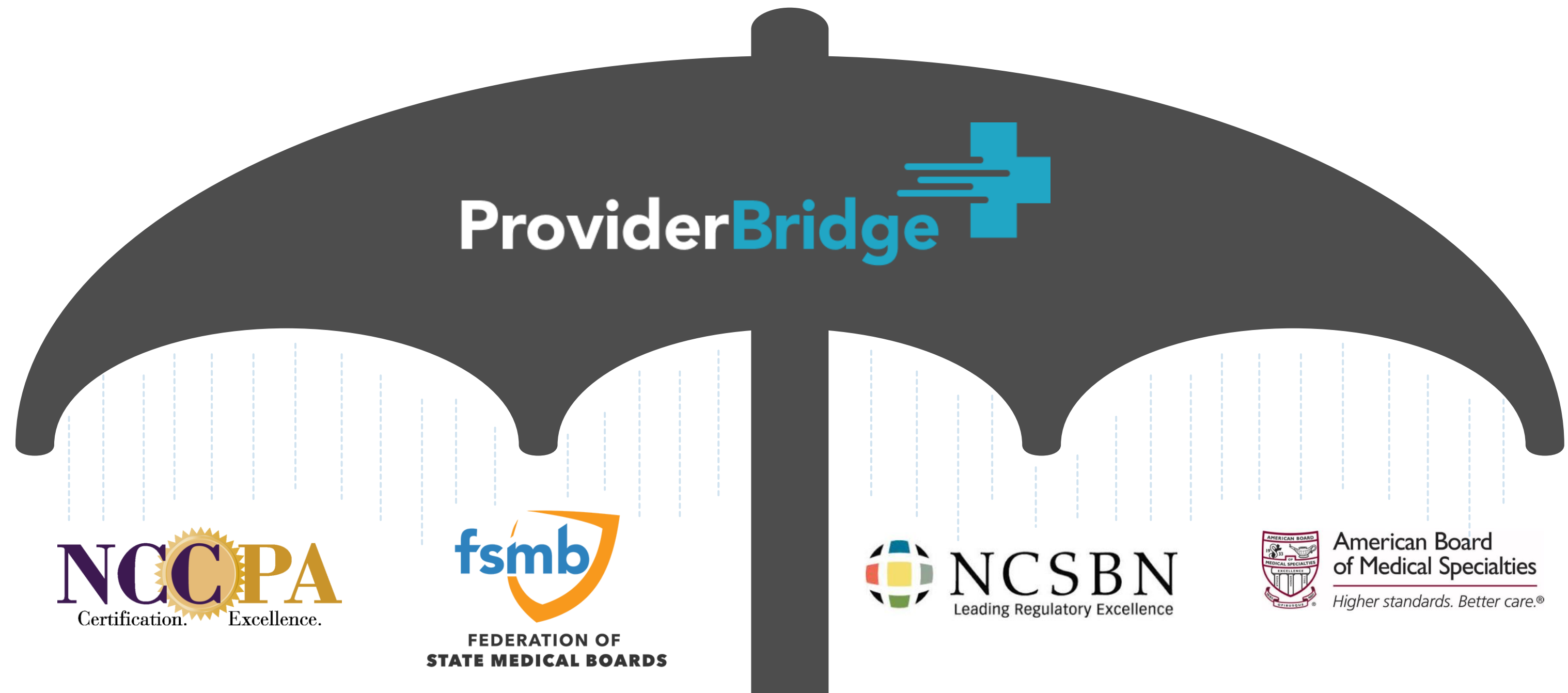
- ✓ States with Waivers: 22 + DC + GU + USVI
- ✓ States without Waivers: 28
- ✓ States allowing OOS physicians long-term or permanent privileges: 4 + CNMI + PR

## **Out-of-state telemedicine:**

- ✓ States with Waivers: 18 + DC
- ✓ States without Waivers (or waivers closed): 32
- ✓ States with long-term or permanent interstate telemedicine: 13 + GU + CNMI + PR + USVI

## **Retired/inactive licensees:**

- ✓ States with Waivers: 19 + DC
- ✓ States without Waivers: 31 + GU + CNMI + USVI + PR
- ✓ States allowing long-term or permanent privileges for inactive/retired licensees: 1



Provider Bridge is powered by data and resources from organizations across the U.S. health care system.

# FSMB 2021 House of Delegates Adopted Actions

At the FSMB's 2021 House of Delegates, BRD RPT 21-4: Report of the FSMB Workgroup on Emergency Preparedness and Response was adopted, and included six recommendations:

- ✓ *Recommendation 2: The FSMB should establish a Workgroup to update the Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine (2014), taking into account the lessons learned during the COVID-19 pandemic.*

# State Telemedicine Legislative Snapshot

## The FSMB bill tracking --

### Types of Legislation Introduced:

- ✓ Audio-only Modalities/Expanding Acceptable Modalities: 46 (19 enacted)
- ✓ Establishing the Physician-Patient Relationship: 12 (5)
- ✓ Expanding Eligible Providers: 6 (2)
- ✓ Geographic/Site Restrictions: 14 (6)
- ✓ License Portability/Reciprocity: 35 (8)
- ✓ Payment Parity/Reimbursement: 18 (3)
- ✓ Prescribing Practices: 7 (2)

# FSMB Telemedicine Policy

- ✓ In 1996, *A Model Act to Regulate the Practice of Medicine Across State Lines* was adopted by the FSMB House of Delegates
- ✓ In 2002, the FSMB adopted the *Model Guidelines for the Appropriate Use of the Internet in Medical Practice*
- ✓ In 2013, the FSMB's State Medical Boards' Appropriate Regulation of Telemedicine (SMART) Workgroup was tasked with reviewing and updating the *Model*
- ✓ The *Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine* was adopted by FSMB House of Delegates in 2014 to serve as a guidance document for state medical boards to remove regulatory barriers to expanding telemedicine while protecting public health and safety
- ✓ Although written primarily for physicians, it is in large part applicable to physician assistants or other health professionals who may be regulated by the medical board

# FSMB Workgroup on Telemedicine

As a result of BRD RPT 21-4, adopted by the FSMB House of Delegates, FSMB Chair Dr. Ken Simons, MD, established the Workgroup on Telemedicine. The Workgroup is charged to:

- ✓ Evaluate the impact of license waivers and modifications on the practice of telemedicine across state lines;
- ✓ Evaluate the easing of geographic, site specific and modality restrictions on the practice of telemedicine and the impact on patient access and care;
- ✓ Review current state and federal legislative, policy and regulatory trends, including, but not limited to, definitions, modalities, continuity of care, and consultations;
- ✓ Evaluate the appropriate use of telemedicine during a public health emergency vs. nonemergent/nonurgent times;
- ✓ Develop a report and recommendations revising and expanding *the Model Policy for the Appropriate Use of Telemedicine Technologies in the Practice of Medicine*, based upon recent experiences, utilization, and outcomes related to intra- and interstate telemedicine practice.

# Thank You!

**Lisa Robin**  
**Chief Advocacy Officer**  
**Federation of State Medical Boards**  
**[lrobin@fsmb.org](mailto:lrobin@fsmb.org)**