

PUBLICATION

Expedited Licensure Process Supports the Continued Growth of Telemedicine [Ober|Kaler]

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All signs show that the use and acceptance of telemedicine within the health care industry is growing. Until recently, state medical boards were not as quick to support the provision of medical services across state lines. Traditionally, one of the key delays in implementing a telemedicine delivery system, particularly one with a national scope, is the requirement for physician licensure in each state in which a telemedicine patient resides.

Recently, however, state legislators appear to be demonstrating their commitment to addressing these issues, as well as the issue of availability of health care services in rural or shortage areas, by introducing the Interstate Medical Licensure Compact (Compact) in their current legislative sessions. The Compact, finalized in the fall of 2014 by the Federation of State Medical Boards, functions as both an agreement among member states as well as a stand alone law. The Compact functions to streamline the licensure process for out-of-state physicians. Currently, Iowa, Minnesota, Nebraska, Oklahoma, South Dakota, Texas Utah, Vermont, West Virginia and Wyoming have introduced the legislation.

Pursuant to the Compact's model legislation, a physician seeking licensure in a member state would file an application with his or her principal state licensure board, (Principal Board). The Principal Board is typically the board in the physician's state of residence. The Principal Board would then recommend, or not, the issuance of the expedited license within another state, to the Interstate Commission, the body charged with administering the Compact. The physician must then complete a registration process and pay applicable fees, typically those imposed by each state board for license renewals, before obtaining an expedited license to practice in the member state.

It is important to note that this is not a multi-state license such as that granted to nurses as part of the Nurse Licensure Compact (NLC), and it is not a new type of "special use" or temporary license. The license is the same license a physician would obtain by directly applying to another state member's board, but the process is expedited.

One potential concern with allowing the practice of telemedicine across state lines is that each state's Medical Practice Act would be undermined. The Compact appears to address this by requiring communication among member boards related to complaints or actions addressing a physician's professional performance. Moreover, disciplinary action taken against a physician will have a ripple effect. For example, if a license granted by a physician's Principal Board is suspended or revoked, licenses granted by other member boards will be placed on the same status.

While the expectation is that the Compact will help facilitate the growth of telemedicine, as well as provide additional resources for states with physician shortages, another hope is that the Compact will help maintain high quality standards for the delivery of health care services. Through the Compact, the same full scope of a state's practice standards will be applied to all providers, regardless of the scope of services they provided. The thought is that, while the delivery model may change, the professional principles do not.

Ober Kaler's Comments

Many states have been progressive in their support of telemedicine by creating distinct licenses for the provision of telemedicine services. It will be interesting to see, as more and more states adopt the Compact, whether such a movement moots the need for such a special use license or whether such special licenses will cease to be an option for out-of-state physicians.
state physicians.