



State Policy Options to Address the Telehealth Provider Shortage

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Agenda

**OVERVIEW OF
NCSL**

**TELEHEALTH
STATE TRENDS**

**OCCUPATIONAL
LICENSURE**

**OTHER STATE
ACTIONS**

**ADDITIONAL
RESOURCES**

How NCSL Serves State Legislatures

The National Conference of State Legislatures (NCSL) is the **bipartisan** organization serving **legislators and legislative staff** in America's 50 states, D.C. and territories.

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analysis

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Capitol Hill

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NCSL meetings
facilitate
information
exchange and
policy discussions

State Telehealth Trends



**OCCUPATIONAL
LICENSURE**



**REIMBURSEMENT
STRATEGIES**



TELEPRESCRIBING



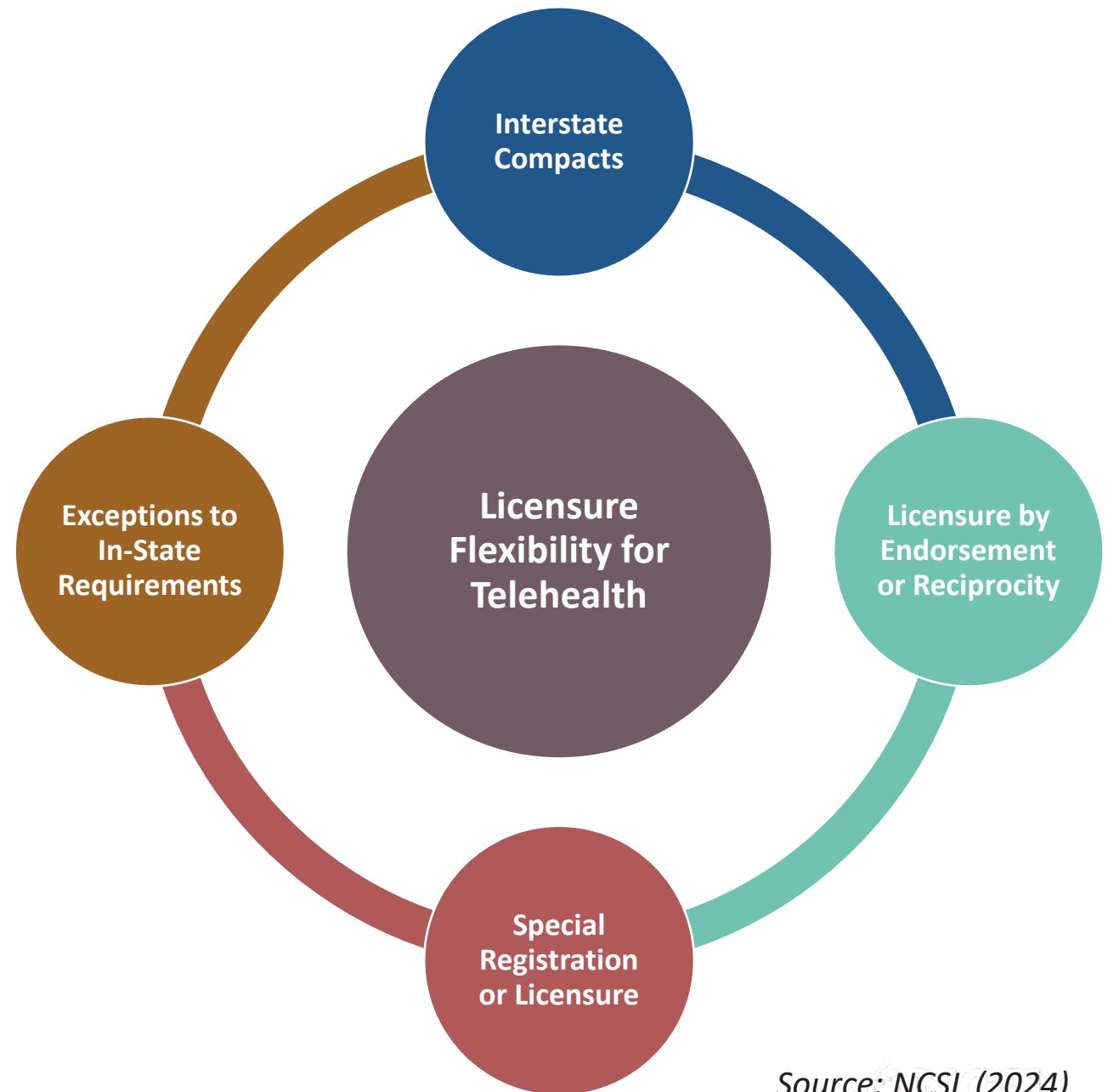
**RURAL
BROADBAND**

State Approaches to Licensure Flexibilities for Telehealth

Study and Oversight Committees:

- **Georgia** [SR 85](#): Establishes an Occupational Licensure Study Committee.
- **Hawaii** [HB 631](#): Establishes an Occupational Licensing Reform Task Force.
- **Idaho** [SB 1109](#): Established an Occupational and Professional Licensure Review Committee.
- **Utah** [SB 16](#): Established the Office of Professional Licensure Review.

See NCSL's article: [2023 Occupational Licensing Trends](#) (April 2024)



Source: NCSL (2024)

Licensure by Endorsement or Reciprocity

State Examples

Licensure by Reciprocity or Endorsement

Maryland, Virginia and Washington D.C.

Entered into an agreement to establish reciprocity through an expedited licensure process for physicians licensed in all three jurisdictions.

Hawaii

Streamlined licensure process for physicians who hold a current, active license in a jurisdiction that requires substantially equivalent to or greater than the qualifications for licensure in Hawaii.

South Dakota (SB 76, Enacted 2023)

Temporary license, certificate or registration for providers who are satisfying the requirements for licensure by endorsement as determined by the board.

Interstate Compacts

Compact Models

See CSG's report: [Occupational Interstate Compacts in Action](#)
(July 2019)

EXPEDITED LICENSURE MODEL

- “Check the box”
 - Applicants are licensed in one state.
 - Applicants request a license from each state in which they intend to practice.
- Considerations:
 - Streamlined application process with consistent requirements.
 - A central entity maintains applicant credentials.
 - Licensees typically bear the costs of licensure in multiple states.
 - Licensees must maintain each state's renewal process and continuing education requirements.

MUTUAL RECOGNITION MODEL

- Authority to practice
 - Licensees are authorized to practice in any participating compact states.
- Considerations:
 - Licensee applies for licensure in principal state only.
 - Licensees are bound to the renewal and continuing education requirements of the state in which they reside.
 - Licensees must apply for a new license if they relocate to another state within the compact.

Interstate Compacts

See NCSL's article: [Are Interstate Compacts an Answer to Health Workforce Shortages?](#) (Nov. 2023)

| COMPACT | PROFESSION | MODEL | PARTICIPATION |
|--|---|---------------------|------------------------------------|
| Interstate Medical Licensure Compact (IMLC) | Physicians | Expedited licensure | 39 states, D.C. and Guam |
| Nurse Licensure Compact | Registered nurses and licensed practical nurses | Mutual recognition | 41 states, Virgin Islands and Guam |
| Psychology Interjurisdictional Compact (PSYPACT) | Psychologists | Mutual recognition | 40 states |
| Counseling Compact | Professional counselors | Mutual recognition | 29 states |
| Social Work Licensure Compact | Social workers | Mutual recognition | 9 states |

Source: NCSL (2024)



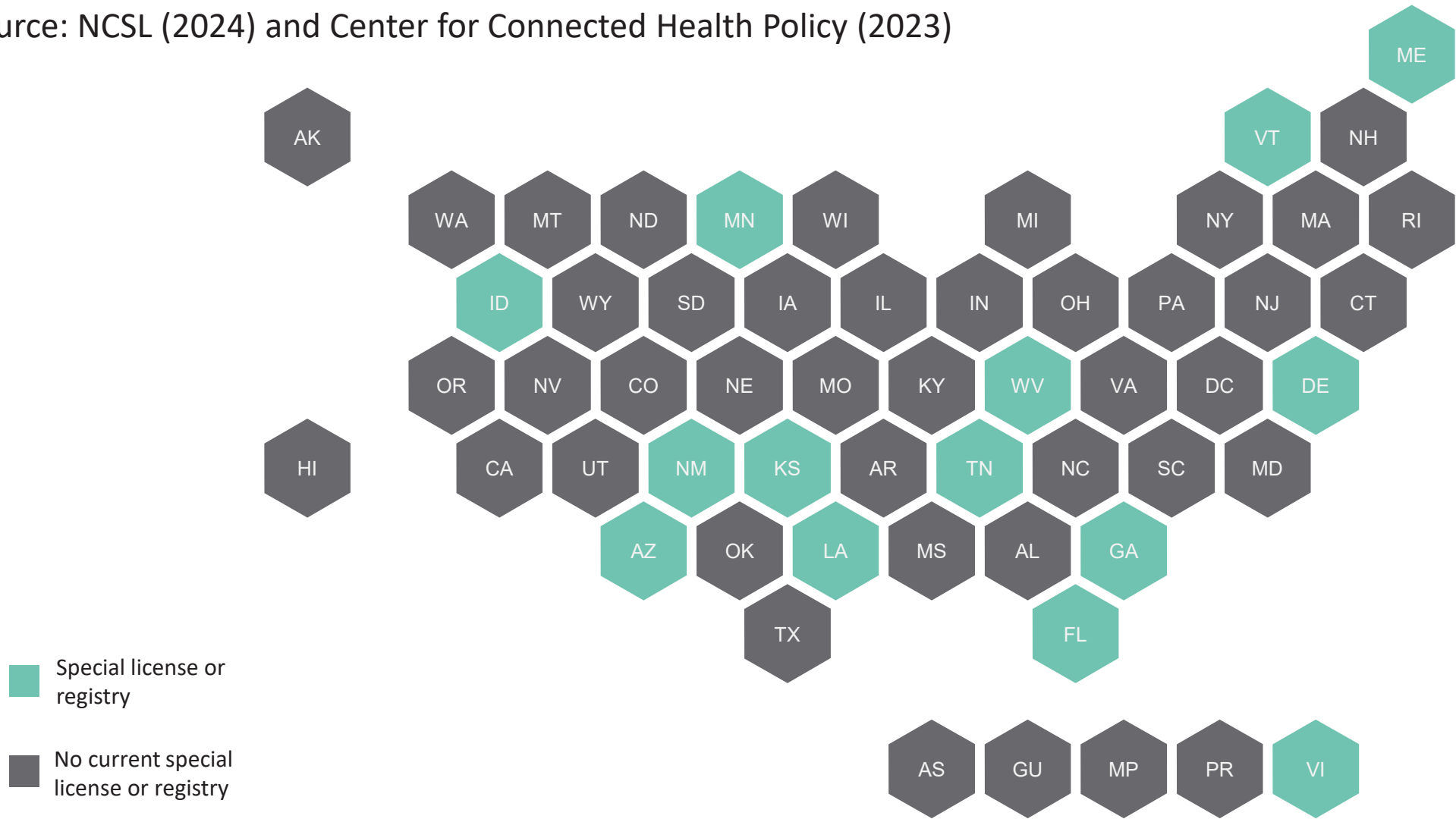
Recent Studies on Compacts & Telehealth

- [The Nursing Licensure Compact's Effect on Telemedicine Usage](#), Journal of Patient Experience (2023)
 - Found limited evidence that patients located in Nurse Licensure Compact (NLC) member states use more telemedicine services from out-of-state providers than states outside of NLC. Results were not statistically significant.
- [Expansion of Telehealth Availability for Mental Health Care After State-Level Policy Changes from 2019 to 2022](#), Journal of American Medical Association (2023)
 - Found that four state policies were associated with increased telehealth availability during the COVID-19 pandemic: payment parity, reimbursement for audio-only services, participation in the Interstate Medical Licensure Compact (IMLC) and participation in the Psychology Interjurisdictional Compact.
- [Access to Care and Physician-Practice Growth After the Interstate Medical Licensure Compact](#), Social Science Research Network (2023)
 - Found a 3% increase in out-of-state practices for physicians whose primary state participates in the IMLC.
 - IMLC increased the number of states in which physicians practiced, with more growth in participating states.
- [State Telehealth Laws and Reimbursement Policies Report, Fall 2023](#), Center for Connected Health Policy (2023)
 - The Center for Connected Health Policy monitors eleven different compacts, each with its own distinct eligibility criteria.

Special Registration or Licensure

State Landscape of Special Licenses/Certificates or Registries

Source: NCSL (2024) and Center for Connected Health Policy (2023)



State Examples

Special Licensure or Registration

Idaho (Idaho Stat. §54-5714)

Any behavioral health provider who is licensed or registered in good standing in another state, district or territory may provide telehealth services within the state if they consent to Idaho jurisdiction and biennially register with the board.

South Carolina (SB 1179, Enacted 2022)

Any behavioral health provider who holds an active license in another state or jurisdiction may provide services to a client in South Carolina if they have applied, pay a fee and have not been subject to any disciplinary action.

Vermont (HB 655, Enacted 2022)

A provider licensed in another state may obtain a two-year telehealth license. Providers will be authorized to provide health care services to no more than 20 unique patients.

Telehealth Registries

Arizona Rev. Stat. Sec. 36-3606

To qualify for registry, providers must:

- Register with the state's applicable regulatory board or agency, pay the registration fee and update registration annually.
- Registered with the controlled substances monitoring program before prescribing a controlled substance.
- Hold a current, valid and unrestricted license to practice in another state.
- Comply with all state laws and rules.
- Maintain professional liability insurance, including coverage for telehealth services provided in Arizona.
- Follow Arizona's standards of care for their profession.

Florida Stat. §464.012

To qualify for registry, providers must:

- Submit an application.
- Maintain an active license in a US state/territory.
- Not be subject to any disciplinary action by any state board.
- Designate a duly-appointed registered agent for service of process in Florida.
- Maintain liability coverage for care provided to patients in Florida.
- Not open a Florida office or provide in-person services.
- Only use a Florida-licensed pharmacy to dispense drugs.

Minnesota Stat. §147.032

Any physician licensed without restriction in another state may practice telehealth if the following conditions are met:

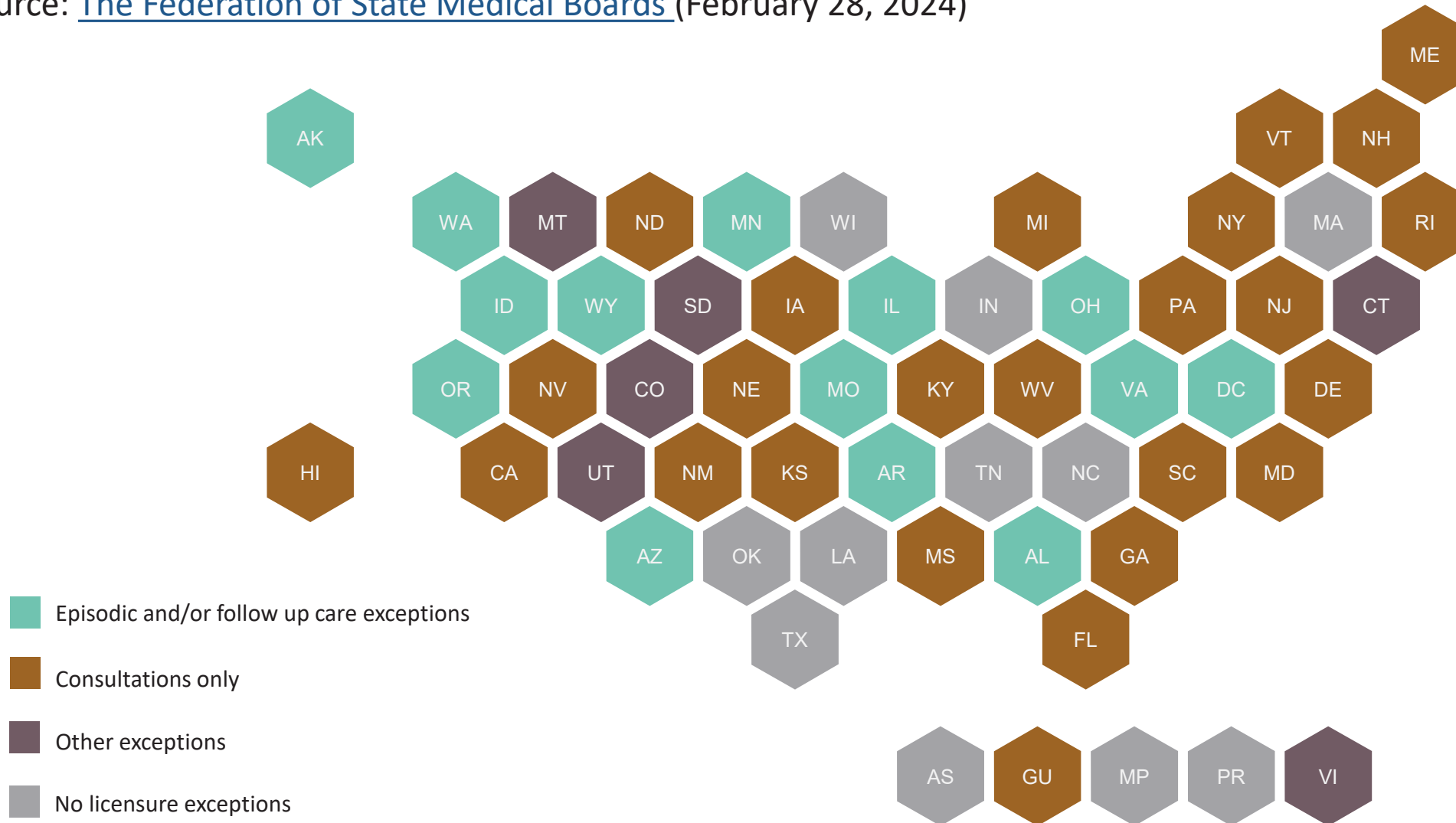
- Annual registration with the Board.
- Agrees not to open an office in the state, does not meet with patients in the state or receive calls from patients in the state.

By registering, physicians agree to be subject to state laws, judicial system and the board.

Exceptions to In-State Requirements

States with Episodic and/or Follow Up Care Licensure Exceptions

Source: [The Federation of State Medical Boards](#) (February 28, 2024)



State Examples

Idaho ([Idaho Code §54-5713](#))

A license is not required for virtual care when a provider licensed and in good standing in another state if:

- A patient is in Idaho temporarily for business, work, education, vacation or other reasons.
- A patient is in Idaho and requires temporary or short-term follow-up health care services to ensure continuity of care.
- A provider is employed or contracted with an Idaho facility or hospital and is privileged and credentialed.
- A provider renders health care services in a time of disaster and provides follow-up care to ensure continuity of care.
- A patient is in Idaho and requires health care services in preparation for a scheduled in-person care visit with the provider.
- A provider consults with or refers a patient to an Idaho licensed provider.

Oregon ([see Oregon Medical Board](#))

Exceptions for out-of-state physician and physician assistants to hold an Oregon license include:





- Consultation between two providers ([ORS 677.060\(2\) and 677.137\(3\)\(a\)](#))
- Team physicians traveling with their out-of-state athletic team ([ORS 677.060\(4\)](#))
- Emergency care ([ORS 677.060\(5\) and 677.137\(2\)](#))
- Established provider-patient relationship with a person temporarily in Oregon for business, work, education, or vacation ([ORS 677.137\(3\)\(b\)](#))
- Service through the U.S. Armed Forces, U.S. Public Health Service, or U.S. Department of Veterans Affairs ([ORS 677.060\(1\)](#))
- Temporary or intermittent follow-up visits for continuity of care if the patient regularly receives in-person care with that provider ([ORS 677.137\(3\)\(c\)](#))

Other State Telehealth Actions

Telehealth Reimbursement

State Landscape

- **25 states** reimburse all four modalities in their Medicaid program.
- **Private Payer: 43 states, D.C. and the Virgin Islands** have a private payer law.
 - **24 states** have explicit payment parity.

| Medicaid Reimbursement | # of States |
|--|-------------|
|  Live Video | 50 + D.C. |
|  Store-and-Forward | 33 |
|  Remote Patient Monitoring | 37 |
|  Audio-Only | 43 + D.C. |

Related Efforts

TELEPRESCRIBING

Clarifying when medications may be prescribed via telemedicine:

- Pennsylvania (HB 1000, Pending 2024).
- Vermont (HB 222, Pending 2024).

MISCELLANEOUS

- Pennsylvania (SB 605, Pending 2024) would allocate \$1 million for competitive grants to qualified providers to invest in technology and training for behavioral health telehealth providers.

FACILITY FEES

Prohibiting facility fees for telemedicine services:

- Connecticut (HB 5596, Enacted 2021).
- Ohio (HB 122, Enacted 2021).

BROADBAND

- Hawaii (SB 1238, Pending 2024) establishes the rural health care pilot program in Hawaii county, HI.
- New Jersey (AB 136, Pending 2024) creates the Rural Broadband Infrastructure Grant Program.

Additional 2024 Legislation

Source: [NCSL](#) & [Center for Connected Health Policy](#) (2024)

- **Alaska** [HB 277](#) (Pending): Establishes reciprocity and endorsement processes for applicants with comparable licenses in another jurisdiction.
- **California** [AB 1369](#) (Enacted): Allows a physician or surgeon licensed in another state to deliver health care via telehealth in emergency situations.
- **Colorado** [SB 141](#) (Pending): Allows a provider who possesses a license, certificate or registration in another state to provide health care services via telehealth if registered with the applicable board.
- **Kansas** [HB 2337](#) (Pending): Defines in-state and interstate practitioners in the Kansas telemedicine act.
- **Massachusetts** [HB 2272](#) (Pending): Creates a task force to examine interstate medical licensure compacts and licensure reciprocity.
- **New Jersey** [AB 1390](#) (Pending): Allows a practitioner located outside of New Jersey to provide services via telehealth to patients in New Jersey.
- **New York** [AB 7447](#) (Pending): Authorizes physicians in another state or territory to practice time-limited follow up care via telehealth.
- **Oklahoma** [HB 1963](#) (Pending): Providing health care coverage for certain telemedicine visits by physicians outside of Oklahoma by telemedicine in certain situations.
- **Rhode Island** [HB 7149](#) (Pending): Allows an out-of-state health care practitioner to provide telehealth services to a patient located in the state if the services are consistent with the practitioner's scope of practice and state and federal professional standards.

Additional 2024 Legislation

Source: [NCSL](#) & [Center for Connected Health Policy](#) (2024)

- **South Carolina** [HB 4159](#) (Enacted): Changes the definition of telehealth to include ongoing care for a patient where the relationship was established out-of-state and episodic care provided by an out of state provider.
- **Tennessee** [HB 469](#) (Pending): Authorizes an out-of-state provider to practice via telehealth if the patient cannot otherwise receive the services in state and they file a limited waiver request.
- **Texas** [HB 592](#) (Pending): Allows a health professional located outside of the state to provide telehealth or telemedicine if certain listed conditions are met.
- **Virginia** [SB 1119](#) (Enacted): Modifies licensing exceptions for out-of-state practitioners utilizing telemedicine for patients within the state who are in the same specialty and who belong to the same group practice.
- **Vermont** [HB 411](#) (Enacted): Continues telehealth COVID registration option for out-of-state health care professionals until the telehealth licensure and registration system is operational.
- **Washington** [SB 5481](#) (Enacted): Creates professional practice standards for health care practitioners who provide telemedicine services as well as requirements for out-of-state health care practitioners.
- **Wisconsin** [AB 541](#) (Vetoed): This bill provides that no mental health care provider may be required to be licensed, registered, certified, or otherwise approved to practice in this state to provide mental health services by telehealth to patients located in this state if the mental health care provider satisfies certain conditions.

NCSL RESOURCES

- [Occupational Licensing Legislation Database](#) (2024)
- [Health Care Workforce Resources](#) (2024)
- [Health Costs, Coverage and Delivery State Legislation Database](#) (2024)
- [2023 Occupational Licensing Trends](#) (2024)
- [2022 Occupational Licensing Trends](#) (2023)
- [Are Interstate Compacts an Answer to Health Workforce Shortages?](#) (2023)
- [Bringing the Benefits of Telehealth to Rural and Underserved Patients](#) (2022)
- [The National Occupational Licensing Database](#) (2022)
- [Telehealth Explainer Series: A Toolkit for State Legislatures](#) (2021)
- [Occupational Licensing Final Report: Assessing State Policies and Practices](#) (2020)



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Reach out anytime!

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