

The Importance of Telehealth Licensure Reciprocity

North Carolina General Assembly
Joint Legislative Committee on
Access to Healthcare and Medicaid Expansion April 26, 2022

Connie Wilson, North Carolina Orthopaedic Association Lobbyist

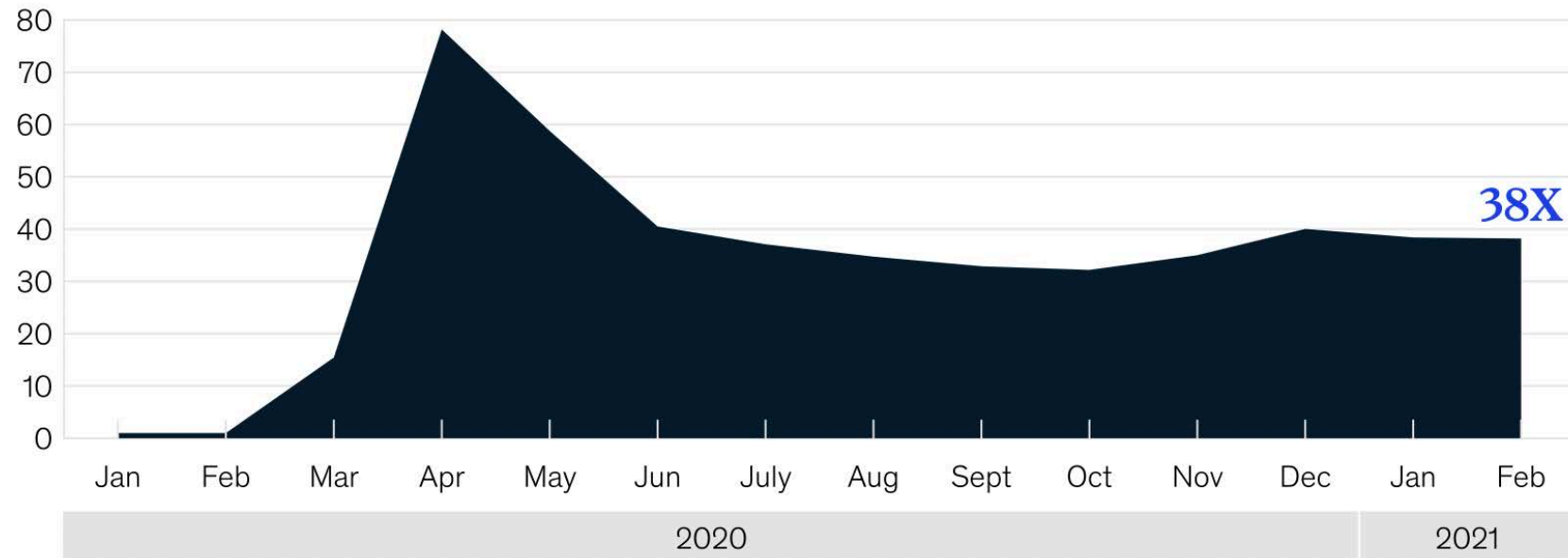
A telehealth-specific medical license is a special-purpose license that allows an out-of-state physician to render services via telehealth in a state where they are not physically located. In some cases, the license involves certain conditions (such as the physician agreeing to not open an office in the issuing state”



The Use of Telehealth increased dramatically as a result of COVID

Growth in telehealth usage peaked during April 2020 but has since stabilized.

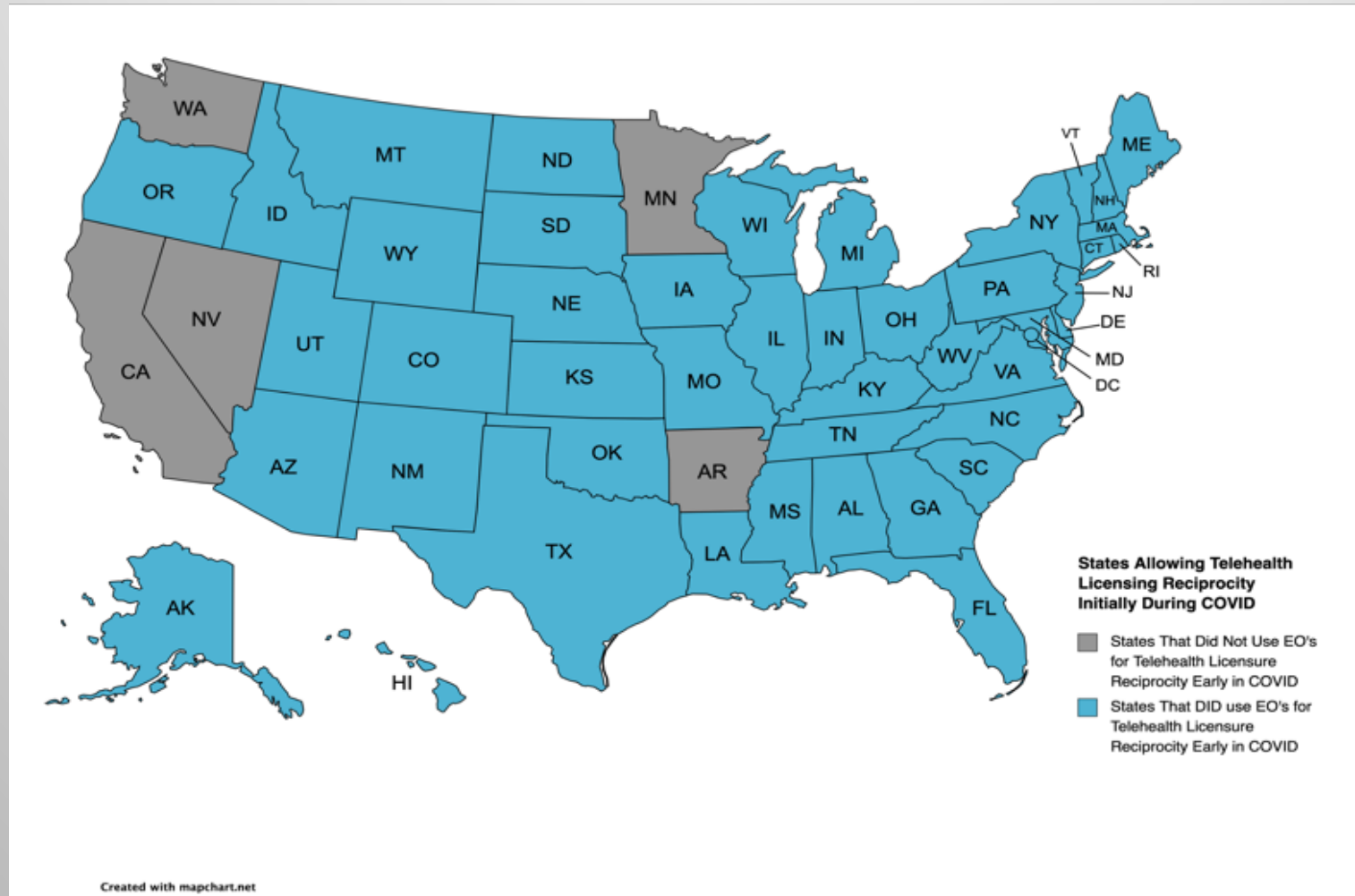
Telehealth claims volumes, compared to pre-Covid-19 levels (February 2020 = 1)¹



¹ Includes cardiology, dental/oral, dermatology, endocrinology, ENT medicine, gastroenterology, general medicine, general surgery, gynecology, hematology, infectious diseases, neonatal, nephrology, neurological medicine, neurosurgery, oncology, ophthalmology, orthopedic surgery, poisoning/drug tox./comp. of TX, psychiatry, pulmonary medicine, rheumatology, substance use disorder treatment, urology. Also includes only evaluation and management visits; excludes emergency department, hospital inpatient, and psychiatry inpatient claims; excludes certain low-volume specialties.

Source: Compile database; McKinsey analysis

Licensure Reciprocity Was One of The Components



April 08, 2020

EXECUTIVE ORDER NO. 130

MEETING NORTH CAROLINA'S HEALTH AND HUMAN SERVICES NEEDS

Section 3. Increasing the Pool of Professional Health Care Workers

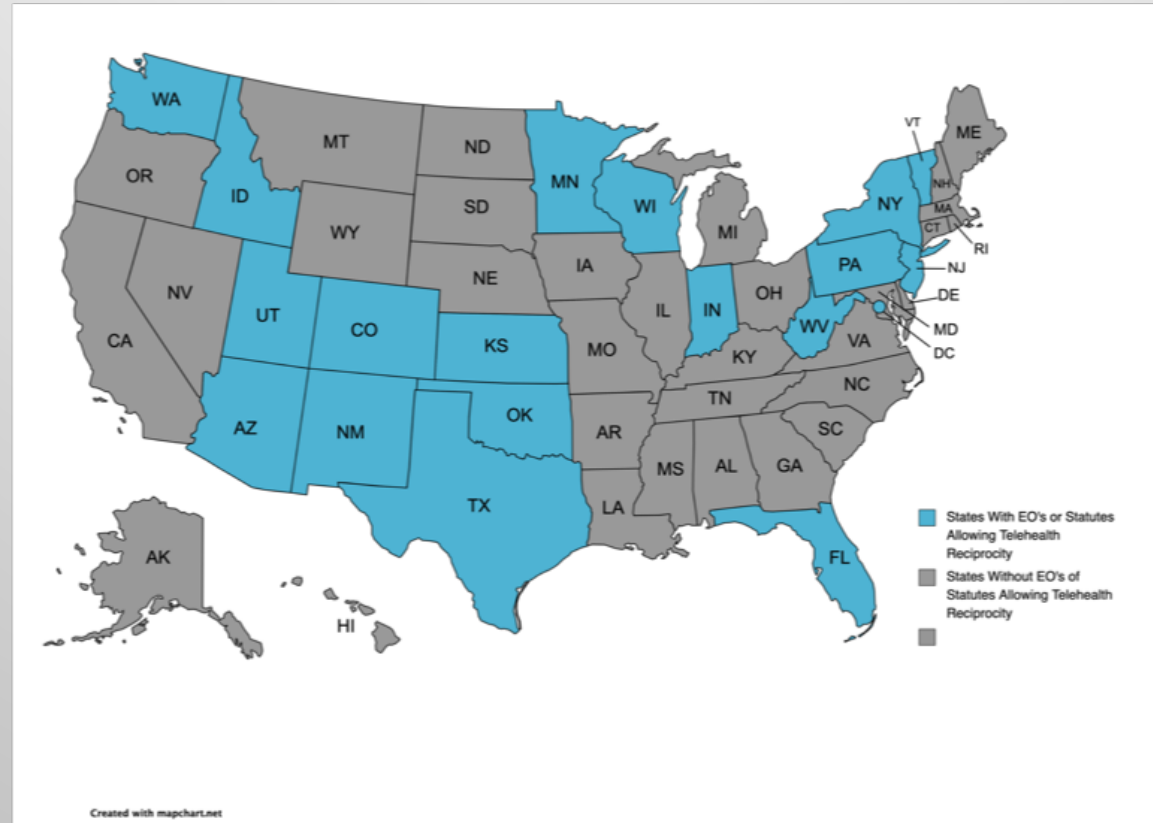
A. Regulatory flexibility to expand the health care workforce.

For the reasons and pursuant to the authority set forth above, the undersigned orders as follows:

1. Authority to meet extraordinary health care needs.
 - a. To meet the goal of providing health care and saving lives in response to the wave of illness brought on by the COVID-19 pandemic, and to meet the need for additional health care workers to treat patients, the undersigned delegates to each professional health care licensure board the authority to waive or modify enforcement of any legal or regulatory constraints that would prevent or impair the following:

As EO's Have Expired The
Reciprocity Map Has Changed

University of Chicago Table of State Licensure Requirements During the COVID-19 PHE 4-20-22



NC Medical Board Latest on Executive Order

- All limited emergency licenses (LEL) issued in relation to the COVID-19 pandemic will expire on April 18, 2022, as a result of an [Order](#) issued by NCMB on Friday, March 18.

Any LEL holder who has a pending North Carolina license application is exempt and may continue to practice in the state beyond April 18, until their application is processed.

NCMB made limited emergency licenses available to physicians and PAs licensed in another U.S. state or territory starting in March 2020 in order to supplement the number of medical professionals available to meet the state's needs during the COVID-19 pandemic. Due to the uncertain nature of the pandemic, NCMB set the expiration date of these licenses at 30 days after the State of Emergency related to COVID-19 declared by Gov. Roy Cooper ends.

- Although North Carolina remains in a State of Emergency related to COVID-19, NCMB believes that the state's needs for supplemental medical care have been met and that there is no need to continue to issue additional limited emergency licenses related to the pandemic.

An Example of Patients' Limited Access to Care Without Reciprocity

“Two weeks ago, I saw a patient in follow-up to a leg sarcoma evaluation. He’s in his 40’s and lives in Virginia. Due to current regulations, I could not schedule a telehealth visit with him because he is out of state, so he had to take a day off from work to see me for a follow up appointment that could have been done virtually. If we had reciprocity, I could have reviewed his images remotely and done a video visit after his day in the office.”

*Dr. Cynthia Emory
Winston-Salem*

Possible Federal Solutions for Reciprocity

- Congress has already mandated licensure reciprocity for physicians practicing in the VA system, and the majority of states temporarily implemented reciprocity policies during the pandemic. Federal legislation in 2013 proposed permanently implementing reciprocity in the Medicare program <https://www.nejm.org/doi/full/10.1056/NEJMp2031608>
Telemedicine and Medical Licensure — Potential Paths for Reform N Engl J Med 2021; 384:687-690
DOI: 10.1056/NEJMp2031608
- Another approach would be to license the practice of medicine on the basis of the physician's location instead of the patient's location. Under the 2012 National Defense Authorization Act, clinicians providing care under TriCare (the military health plan) need only be licensed in the state where they are physically located, a policy that permits interstate medical practice.

How States Are Addressing Licensure Reciprocity

Florida's Telehealth Reciprocity Registration

- Submit the completed Application for Out-of-State Telehealth Provider Registration;
- Maintain an active, unencumbered license from another state, the District of Columbia, or a possession or territory of the United States (license verification is required);
- Not have a pending investigation, discipline, or revocation on your license within the last five years;
- Designate a duly appointed registered agent for service of process in Florida (see Application for Out-of-State Telehealth Provider Registration)
- Maintain liability coverage or financial responsibility for telehealth services provided to patients in Florida in an amount equal to or greater than Florida health care practitioner requirements
- Not open a Florida office or provide in-person health care services to Florida patients
- Only use a Florida-licensed pharmacy, registered nonresident pharmacy, or outsourcing facility to dispense medicinal drugs to patients in Florida (pharmacists only)

Texas Telehealth License Reciprocity Statute

- A telemedicine license may be issued for out-of-state providers. To qualify for an out-of-state telemedicine license, a physician must:
- Be actively licensed to practice medicine in another state which is recognized by the board for purposes of licensure, and not the recipient of a previous disciplinary action by any other state or jurisdiction;
- Not be the subject of a pending investigation by a state medical board or another state or federal agency;
- Have passed the Texas Medical Jurisprudence Examination;
- Complete a board-approved application for an out-of-state telemedicine license for the practice of medicine across state lines and submit the requisite initial fee; and
- May be denied based on failure to demonstrate the requisite qualifications.
- An out-of-state telemedicine license to practice medicine across state lines shall be limited exclusively to the interpretation of diagnostic testing and reporting results to a physician fully licensed and located in Texas or for the follow-up of patients where the majority of patient care was rendered in another state, and the license holder shall practice medicine in a manner so as to comply with all other statutes and laws governing the practice of medicine in the state of Texas.

H868 TELEHEALTH LICENSURE RECIPROCITY – PRIMARY SPONSOR REPS. LAMBETH, POTTS, SASSER AND K. BAKER

- Physician holds a full and unrestricted license to practice medicine in another state;
- Registers with the Medical Board through an application form prescribed by the Board;
- Does not have any current or pending disciplinary action against the applicant's license;
- Has not been the subject of disciplinary action relating to the applicant's licensure to practice medicine during the five-year period preceding the application's submission;
- Designates a duly appointed registered agent for service of process in NC;
- Maintains professional liability coverage or financial responsibility which includes coverage for telehealth services provided to patients not located in the provider's home state in an amount equal to or greater than the requirements for an individual licensed to practice in NC;
- Does not have an office in NC and does not currently provide in-person health care services to patients located in NC;
- Practices medicine in a manner consistent with the applicant's scope of practice and the prevailing professional standard of care for a health care professional who provides in-person health care services to patients in NC.
- This bill also specifies other requirements for telehealth services licensees, including documentation and patient history requirements.

S380 Interstate Medical Licensure Compact (IMLC)

Primary Co-Sponsors Sen. Perry, Sen. deViere and Sen. Krawiec

- Helps out-of-state physicians expedite licensing for A \$700 IMLC fee plus state application fees
- Would allow a physician to practice in NC physically or through telehealth
- Requires physician to holds specialty certification or a time-unlimited specialty certificate recognized by the American Board of Medical Specialties or the American Osteopathic Association's Bureau of Osteopathic Specialists
- In 2021, 8,756 physicians renewed licenses through IMLC in the 31 participating states

Increasing Access to Care Through Telehealth Licensure Reciprocity

*The North Carolina Orthopaedic Association looks forward to
working with the legislature and stakeholder groups*