

Licensure Portability

Position Statement and Recommendations
American Telemedicine Association
Approved March 2007

State licensure issues have long been a subject of debate in the telehealth community and abroad. Understanding the implications of unrestricted versus restricted licensure to practice across state lines via telemedicine is a discussion involving such issues as standard of care, competition for patients, liability, patient compensation funds, and revenue sources for state medical boards. With more than 35 state medical boards having restrictive licensure language in place, it is of utmost importance that state licensure regulations and legislative policy support the provision of health care across state lines. A report to Congress on the future of telemedicine (1996) concluded that although telemedicine may increase access to specialized medical care at a reasonable cost, the technology use will not be widespread until licensure, hospital admitting privileges, liability, privacy and reimbursement obstacles are overcome.¹ In 1997 and 2001, the Office for the Advancement of Telehealth released the *Telemedicine Report to Congress* and "identified licensure as a major barrier to the development of telemedicine."²

The nation's healthcare system is in a deepening crisis. The obligation to provide a larger population with medical care and treatment for a longer period of time has exacerbated issues including limited access to care, health professions shortages, and the growing burden on patients traveling for care. The shortage of healthcare providers, especially in certain specialty areas and in complicated patient populations, has compounded the situation and added to the rising costs of healthcare.

Telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve patients' health status. Closely associated with telemedicine is the term telehealth, which is often used to encompass a broader definition of remote healthcare that does not always involve clinical services. Videoconferencing, transmission of still images, e-health including patient portals, remote monitoring of vital signs, continuing medical education and nursing call centers are all considered part of telemedicine and telehealth (ATA, 2007).

Although medical and allied professional gro telemedicine demonstrations into integrated p governing telemedicine, and in particular inte Recent state regulations and laws placing add in place to protect the public, have effectively solution that can reduce disparities in healthc recommendations that address license portabi and ensuring public safety, should be adopted to improve access, quality and efficiency of n location.

Background

The purpose of physician and health professi care in clinical practice and to ensure public p practitioners. In addition to societal purposes support licensure of health professionals. Tra licensure to health professionals have been th though each state has similar goals in mind fo regulation of individual states varies enough t licensure standard, particularly with respect to providing care via telemedicine. When the pi Medical Practice Act of an individual state in is subject to regulation by the patient's state r

The use of telemedicine has awakened contro medicine. With more than half of the states a respect to telemedical practice, a significant b and increasing the costs of providing services Several national medical organizations have v

The American Medical Association ac "states and their medical boards shoul state for physician and health professi telemedicine in that state."⁵ In 1996, adopted a Model Act to Regulate the l provides a framework for regulating in