AMERICAN ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

TELEHEALTH

AAFP Position

The AAFP supports expanded use of telehealth as an appropriate and efficient means of improving health when conducted within the context of appropriate standards of care. Payment models should support patients' freedom to choose how they wish to receive services. Additionally, payment models should support the physician's ability to direct the patient toward the appropriate service modality in accordance with the current standard of care.

The AAFP recommends streamlined licensure processes for obtaining several medical licenses that would facilitate the ability of physicians to provide telemedicine services in multiple states. The AAFP encourages states to engage in reciprocity compacts for physician licensing, especially to permit the use of telemedicine. Within a state licensure framework, the AAFP strongly believes that patients with an established relationship, who are traveling, should be allowed to be treated by their primary care physician, so long as the physician is licensed in the state in which the patient receives their usual care.

The AAFP believes current reimbursement policies warrant increased standardization among payers, especially with regards to eligible originating and distant sites and the use of asynchronous store-and-forward technology. The current variability in policies among payers leads to administrative complexity and burden for physicians and patients.

What is Telehealth?

Telemedicine is the practice of medicine using technology to deliver care at a distance between a patient at an originating (spoke) site and a physician or other practitioner licensed to practice medicine at a distance (hub) site. Telehealth refers to a broad collection of electronic and telecommunication technologies and services that support at-a-distance healthcare delivery and services.

Family physicians largely agree that telehealth improves access to care and improves the continuity of this care. More than 75 percent of physicians felt telehealth enables them to provide care for patients needing chronic disease management, acute care, follow up for emergency care, preventive care, behavioral health treatment, and treatment for COVID-19.[1] Nearly 70 percent of family physicians would like to provide more virtual care in the future.[2]

Licensure

With the increase in the prevalence of telemedicine, state governments are working to create a modified licensure process. Unfortunately, given the patchwork nature of state regulations, licensure for telemedicine can take many forms – a telemedicine-specific license, state reciprocity, or endorsement – making practicing medicine across state lines for physicians difficult.

State boards can issue a special purpose license, telemedicine license or certificate, or license to practice medicine across state lines to allow for the practice of telemedicine under specified terms. For example, Texas' Out-of-State Telemedicine License limits physicians to two services: providing follow-

[1] O'Reilly KB. (2020). "Survey: Physicians laud telehealth's value, still find barriers." *American Medical Association.* Web.
[2] The COVID-19 Healthcare Coalition. (2020). "Telehealth Impact: Physician Survey Analysis." Web.

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up to a patient when most of the care was rendered in another state and interpreting diagnostic testing – which must be reported to a fully licensed physician practicing in Texas. The holder is subject to Texas's Medical Practice Act and is subject to the same rules of the board as a person holding a full Texas medical license, including all fees and requirements related to issuance and renewal of the license. The holder is not authorized to physically practice medicine in the state of Texas.

Licensure by endorsement grants licenses to out-of-state providers from states that have equivalent standards. Many health professionals must apply for a license by endorsement from each state in which they seek to practice. State reciprocity requires authorities of each state to negotiate or enter into agreements to recognize licenses issued by the other state without further review of individual credentials. A license valid in one state provides privileges to practice in all other states with which the home state has agreements.

Twelve state medical and/or osteopathic boards in 11 states (AL, LA, NV, NJ, NM, OH, OK, OR, PA, TX, TN) issue a special telemedicine license allowing physicians to practice across state lines. Nevada and New Mexico limit the license to their medical boards, Oklahoma and Tennessee limit it to their osteopathic boards, and both the medical and osteopathic boards in Pennsylvania offer this special license.[3]

Interstate licensure compacts are another route for out-of-state licensing that may promote and expand telehealth for providers. Currently, 29 states (AL, AZ, CO, GA, IA, ID, IL, KS, KY, LA, ME, MD, MI, MN, MS, MT, NE, NH, NV, ND, OK, SD, TN, UT, VT, WA, WV, WI, WY) have joined the Interstate Medical Licensure Compact to enable full licensure authority for providers through telehealth.[4]

Payment

Provider payment for telehealth services is not consistent across all states. Currently, 43 states and DC have laws that govern private payer reimbursement. While some simply require parity of covered services, many states require payment for telehealth services to be equal to that of in-person coverage. Seven states (AL, ID, NC, PA, SC, WI, WY) require only Medicaid to pay providers, including physicians, for telemedicine services.[5] While all states require Medicaid to pay for live video services, only 19 (AK, AZ, CA, CO, GA, KY, ME, MD, MN, MO, NV, NM, NY, OR, TN, TX, VA, WA, WV) require payment for store-and-forward and 26 (AL, AK, AZ, AR, CO, IL, IN, KS, LA, ME, MD, MN, MS, MO, NE, NY, NC, ND, OK, OR, SC, TX, UT, VT, VA, WA) for remote patient monitoring services within Medicaid.

Public Health Emergencies

Natural disasters, infectious disease outbreaks, and terrorist attacks are all public health emergencies (PHEs) that can happen at any time and cause interruption to patients seeking medical care. Telemedicine is particularly useful during PHEs as it allows patients to continue discussions with their physicians on routine and non-urgent medical care. This has been helpful during the COVID-19 pandemic, where patients could get care from their primary care physician on screening, testing recommendations, and guidance on isolation or quarantine for COVID-19, as well as routine health care, prescriptions for medication, and counseling without risking exposure to the virus through traditional in-person care. As of March 2021, 41 states have submitted waivers to modify telemedicine requirements in response to COVID-19.[6] For more information on the use and impact of telemedicine during the COVID-19 pandemic, see our legislative backgrounder on the subject.

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[3] "Telemedicine Policies: Board by Board Overview." (2021). *Federation of State Medical Boards.* Web.
[4] "Participating States." (2021). *Interstate Medical Licensure Compact.* Web.
[5] "State Telehealth Laws & Reimbursement Policies." (2021). *Center for Connected Health Policy*. Web.
[6] "U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19." (2021). *Federation of State Medical Boards.* Web.