

TELEMEDICINE

Recommendation

The American Academy of Family Physicians (AAFP) supports expanded use of telemedicine as an appropriate and efficient means of improving health, when conducted within the context of appropriate standards of care. Payment models should support patient 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 in regard to eligible originating and distant sites, and 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 telemedicine?

Telemedicine is the practice of medicine using technology to deliver care at a distance, over a telecommunications infrastructure, 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.

Licensure

With the increase in prevalence of telemedicine, governments are working to create a modified licensure process. Currently, every state imposes a policy that makes practicing medicine across state lines difficult. Licensure for telemedicine is on a state-by-state basis but can take many forms—a telemedicine-specific license, state reciprocity, or endorsement.

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 physician to two services: providing follow-up to a patient when the majority of 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

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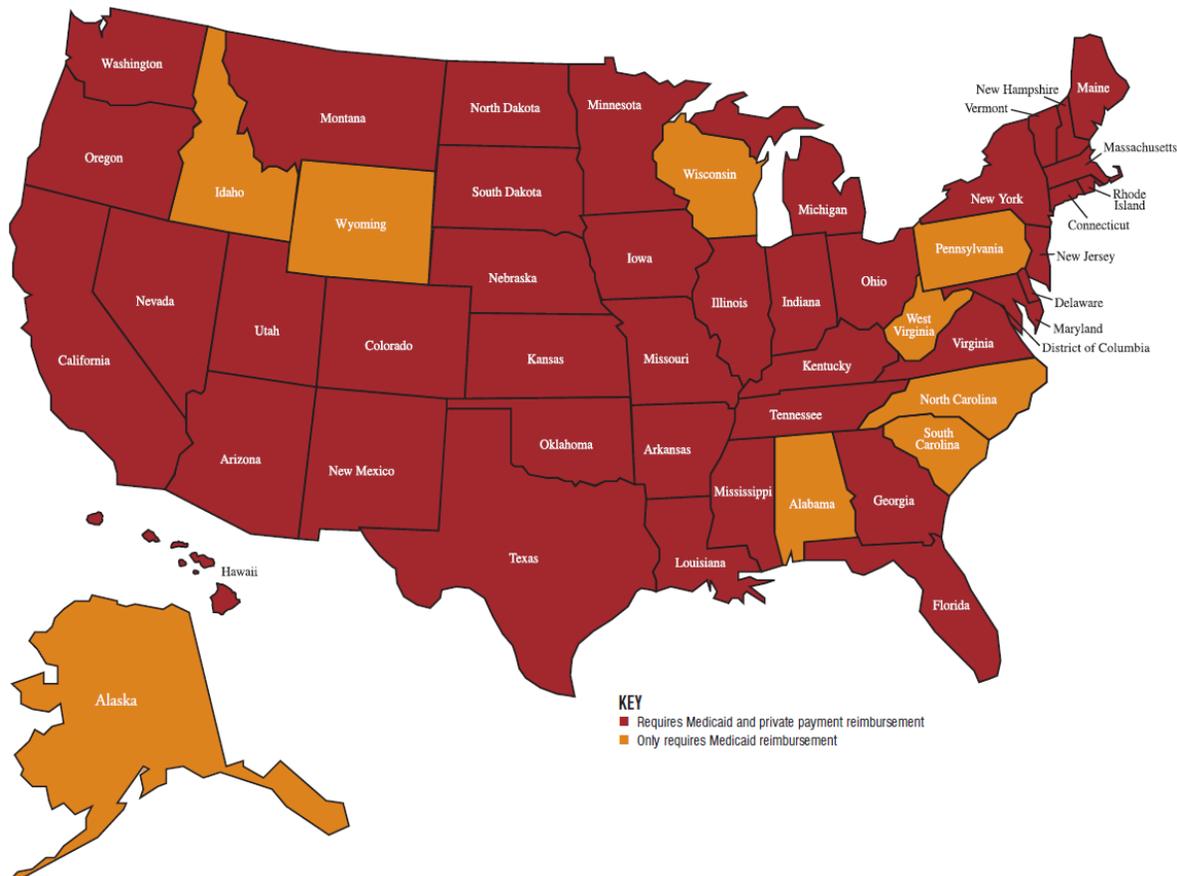
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agreements to recognize licenses issued by the other state without further review of individual credentials. A license valid in one state provides privileges to practice in all other states with which the home state has agreements. Three states (MD, NY, VA) and DC provide reciprocity to bordering states.

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, ME, MD, MI, MN, MS, MT, NE, NH, NV, ND, OK, PA, SD, TN, UT, VT, WA, WI, WV, WY) and DC have joined the Interstate Medical Licensure Compact to enable full licensure authority for providers through telehealth.



Payment

Provider payment for telemedicine services is not consistent across all states. Currently, 41 states and DC require both Medicaid and private insurance payment for telemedicine services. Nine states (AK, AL, ID, NC, PA, SC, WV, WI, WY) require only Medicaid to pay providers, including physicians, for telemedicine services.¹ While all states require Medicaid to pay for live video services, only fourteen (AK, AZ, CA, CT, GA, MD, MN, NV, NM, NY, TN, TX, VA, WA) require payment for store-and-forward and 22 (AL, AK, AZ, CO, IL, IN, KS, LA, ME, MD, MN, MS, MO, NE, NY, OR, SC, TX, UT, VT, VA, WA) for remote patient monitoring services within Medicaid.

Robert Graham Center research

Although the prevalence of telemedicine is increasing, there are still obstacles to successful implementation, particularly amongst family physicians, according to a 2016 Robert Graham Center [study](#) of 1,557 family physicians. While only 15 percent of family physicians used telehealth services in the previous 12 months, the survey found that 78 percent of family physicians agreed or strongly agreed that telehealth improves access to care and 68 percent also agreed or strongly agreed that telehealth improves the continuity of care. Family physicians reported that lack of training and lack of reimbursement were among the top barriers to the use of telehealth.

Updated: December 2019

¹ "State Telehealth Laws & Reimbursement Policies." (2019). *Center for Connected Health Policy*. Retrieved from <https://www.cchpca.org/sites/default/files/2019-10/50%20State%20Telehealth%20Laws%20and%20Reimbursement%20Policies%20Report%20Fall%202019%20FINAL.pdf>