



To: Senate Committee on Health & Welfare

From: Jessa Barnard, Vermont Medical Society

Date: March 31, 2021

RE: H. 104, An act relating to considerations in facilitating the interstate practice of health care professionals using telehealth

Thank you for allowing VMS to testify this morning. VMS represents approximately 2400 physicians (MDs and DOs) and PAs in Vermont. On behalf of our members, we testify today in strong support of H. 104, as passed the House. H. 104 will study and begin to address a number of issues related to the interstate practice of health professionals using telehealth beyond the COVID-19 pandemic. These issues deserve attention and input from a range of stakeholders as our State considers the practice of healthcare using telehealth modalities beyond the COVID-19 pandemic.

As you are well aware from your work on the audio-only telehealth bill, telemedicine saw an unprecedented rise in uptake and utilization during the COVID-19 outbreak. While certain utilization metrics have plateaued since peaks in Spring 2020, the overall usage of telemedicine has grown and appears to be a “new normal” in medicine. While many aspects of telemedicine practice are simply a transition of usual medical care from one modality to another, there are some unique clinical and legal issues that are presented with telemedicine practice. Telemedicine introduces complexity into the health professional licensure construct.

At present, the prevailing state regulatory approach is that applicable state laws attach by nature of the location of the patient. In other words, a professional must be compliant with all laws, including licensure laws, for the state where the patient is located when they receive care. During the COVID-19 state of emergency, several regulatory flexibilities have helped soften some of these regulatory compliance issues. For example, not only Vermont, but several New England states and New York loosened licensure restrictions for interstate practice by creating streamlined temporary emergency licenses or by permitting medical practice by health professionals with a full, unrestricted medical license from another state.

As we look past COVID, many health professionals are interested in options for continuing flexibility to provide care to their patients via telemedicine. VMS is most interested in issues of continuity of care for existing patients. This may look like repeated care across borders – for example, patients who live in Vermont but receive most of their care in New Hampshire or live in New York but receive care in Vermont – or trying to provide time-limited care for patients who are away at school or on vacation.

There are multiple paths to accomplish licensure flexibility and they all have different strengths and weaknesses. For example, there are interstate licensing compacts, telehealth-specific licenses or registration (for example, Florida Chapter 2019-137) or complete waiver of licensure. And we need to keep in mind that Vermont can only change licensure requirements for out-of-state health care professionals providing care into Vermont – not Vermont providers looking to care for patients who are traveling. So, can we address this on a regional basis or account for reciprocity?

Because of the complexity of these issues, VMS strongly supports a work group to evaluate these issues over the next year. VMS supports H. 104's approach that such a work group:

- Includes all health professionals and boards
- Involves OPR, the Board of Medical Practice and stakeholder health professionals
- Evaluates the various options for telehealth licensure such as interstate compact licenses, telehealth-specific licenses and waiver of licensure

Thank you for your consideration of the bill and I would be happy to answer any questions.