



# Interstate Telehealth Working Group Report and Resulting Telehealth Legislation – H.655

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MARCH 16, 2022

## Pre-COVID

Licensure Required  
18 V.S.A. § 9361(b)

## During COVID

### Licensure Waived

- Act 91 (2020)- COVID-19 state of emergency
- Act 140 (2021)- extended to March 31, 2021
- Act 6 (2021) extended to March 2022

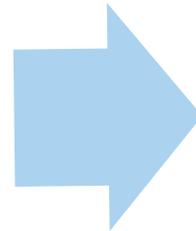
## Post-COVID

### Telehealth Working Group to Provide Recommendations

- H.654
- H.655

Working Group Report was submitted on December 15, 2021. The Working Group made both a short-term and long-term recommendation for when the Act 6 licensure waiver expires on March 31, 2022. These recommendations were after significant stakeholder engagement and a multi-month process.

H.654: Short-Term Recommendation  
effective April 1, 2022  
expires June 30, 2023



H.655: Long-Term Recommendation  
effective July 1, 2023

## Short- Term Recommendation: Temporary Registration Requirements

### Effective Dates

April 1, 2022 – June 30, 2023

Registration requirement includes out-of-state providers offering telehealth services in Vermont prior to March 31, 2022 and those who begin offering telehealth services in Vermont after March 31, 2022 (and before July 1, 2023)

### Information

Out-of-state providers must submit the following to OPR or the BMP:

1. Name
2. Contact information
3. Verification of licensure in good standing from other state(s) of licensure

### Fee

No Fee

### Length and Patient Limit

No patient limits. No limit on length of practice but the registration expires on June 30, 2023.

## Long-term Recommendation: Tiered Telehealth Regulation

Tier	Fee	Term	# of patients In Vermont
<b>1) Registration</b>	The lesser of 50% of the renewal fee or initial application fee	< 120 days (not renewable within 3 years)	< 10
<b>2) Telehealth License</b>	75% of the renewal fee	2 years (Renewable)	Up to 20
<b>3) Full License or Compact</b>	Fee established in statute	2 years (Renewable)	20+

## Long-term Registration

**Information** Out-of-state providers must submit the following to OPR or the BMP:

1. Name
2. Contact information
3. Verification of licensure in good standing in that profession from other state(s) of licensure

**Term Length** Term of practice is limited to a total period of 120 consecutive days from the date of issuance.  
Registrations may not be renewed.  
An out-of-state provider may only register once every three years

**Telehealth Only** A registered professional may provide only telehealth services in Vermont.

**Patient/Client Limit** Limited to caring for no more than a total of 10 patients or clients

**Fees** The lesser of 50% of the renewal fee or initial application fee

## Long-term Telehealth License

<b>Information</b>	Out-of-state providers must submit the following to OPR or the BMP: <ol style="list-style-type: none"><li>1. Name</li><li>2. Contact information</li><li>3. Verification of licensure in good standing in that profession from other state(s) of licensure</li></ol>
<b>Term Length</b>	Term of 2 Years
<b>Telehealth Only</b>	A registered professional may provide only telehealth services in Vermont.
<b>Patient/Client Limit</b>	Limited to caring for no more than a total of 20 patients or clients
<b>Fees</b>	75% of the renewal fee

## Long-term Telehealth Regulatory Structure

<b>Profession-specific</b>	Professions, through applicable boards and OPR, should be authorized to develop rules for the issuance and maintenance of telehealth licenses, and the BMP and OPR must be authorized to issue the telehealth licenses.
<b>Application</b>	The application process should be abbreviated and less administratively burdensome than applying for a full license, but more comprehensive than the registration requirements. The process for obtaining the telehealth license should be determined by the professional board or OPR.
<b>Applicants</b>	Out-of-state providers should be required to be licensed in a profession with the same or similar scope of practice as the profession in Vermont to obtain a telehealth license to practice in Vermont.
<b>Protected Health Information</b>	Providers with a telehealth license should be required to comply with all state and federal laws regarding sharing of protected health information, including obtaining consent when required.
<b>Disclosure</b>	Providers with telehealth licenses may be required to provide a disclosure to patients or clients, as determined by the profession. Professions, through their boards and OPR, may adopt rules regarding the content of disclosures. Such content may include <ol style="list-style-type: none"><li>1. Information about how to file a complaint with OPR or the BMP</li><li>2. Information about resources for emergency or crisis care</li><li>3. Notice that the provider is licensed to provide only telehealth services in Vermont</li><li>4. The jurisdiction where the provider is licensed</li><li>5. The requirement that the provider comply with Vermont laws.</li></ol>

## Long-term Telehealth Regulatory Structure, continued

<b>Vermont Laws</b>	<p>Providers with a telehealth license should be subject to the Vermont</p> <ol style="list-style-type: none"><li>1. In-state, in-person standard of care,</li><li>2. Scope of practice requirements for the profession</li><li>3. Legal jurisdiction</li><li>4. Supervision and collaboration requirements and</li><li>5. Prescribing requirements.</li></ol>
<b>Venue and Oversight</b>	<p>Providers with a telehealth license should be subject to Vermont civil venue, state oversight and enforcement and many providers should be required to carry malpractice coverage that includes Vermont practice.</p>
<b>In-State Resources</b>	<p>Telehealth licensees should be strongly encouraged to participate in health care information sharing systems in Vermont, such as VITL, or to share records with a patient or client's in-state provider(s), consistent with state and federal requirements for patient and client consent.</p> <p>Providers with a telehealth license should also be required to become familiar with in-state resources for referrals and emergency or crisis care. Requirements for sharing information and being educated about in-state resources should be addressed in rules adopted by each profession and should seek to balance quality of care and patient/client safety with patient/client access to care.</p>
<b>Fees</b>	<p>To be determined based on resources required to implement and oversee.</p>
<b>Exemptions</b>	<p>An exemption from licensure requirements should be included for consultation between an out-of-state provider and in-state provider with little or no direct patient or client contact.</p>

# Provisional Licenses

This would allow the Director of OPR to issue provisional licenses to applicants for full licensure whose application is unable to be processed due to:

- Verification of licensure from another state in the US; or
- A finger-print supported criminal background check; or
- Any military member or spouse of a military member

A provisional license shall be a voluntary agreement between an applicant and the Office, to expedite entry to the workforce, therefore:

- The applicant agrees to forgo the procedural rights associated with conventional licensure in exchange for a provisional license pending final determination of the license application.
- The applicant must attest to all the material requirements of full licensure, including but not limited to standing in other states, criminal history, and disciplinary history.
- The applicant must agree that the provisional license can be summarily withdrawn upon discovery of any inconsistency or inaccuracy in the application materials.
- The exclusive remedy for a person aggrieved by denial or summary withdrawal of a provisional license issued under this section, 129c, is to have the application for conventional license determined according to the usual process.
- The Director may extend the provisional license beyond the initial 90-day period if necessary.