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Research & Policy Brief

State-Level Interstate Medical Licensure Policies for Telehealth from 2018-2022: Assessing Changes Before and After the Onset of the COVID-19 Public Health Emergency

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Key Findings

- Participation in the Interstate Medical Licensure Compact increased from 2015 (n=12) to 2022 (n=37).
- Most states (n=47) implemented relaxed telehealth licensure policies in response to the COVID-19 public health emergency.
- States varied in their adoption of telehealth policies, with some relaxing licensure policies only for contiguous states or limiting telehealth to those with prior patient-provider

Background

State medical licensure requirements are often cited as a barrier to adopting telehealth due to the administrative steps needed to obtain licensure for provision of out-of-state telehealth services (OOS-TH).[1-3] Policies designed at the state level to address these barriers include licensure compacts (e.g., the Interstate Medical Licensure Compact [IMLC]) or adoption of limited licenses to practice via telehealth.[4-6] The IMLC is the most commonly used approach. It was conceptualized in 2013 to facilitate the medical license application processes for physicians and to reduce administrative burden.[7] States and territories authorize participation in the IMLC through state legislation, and eligible physicians obtain licenses in participating states through expedited information-sharing. Many states relaxed licensure restrictions during the COVID-19 public health emergency (PHE). Therefore, we sought to characterize and classify the changes in telehealth-related policies pertaining to physician medical licensure for use of OOS-TH that occurred between 2018 and 2022.

Methods

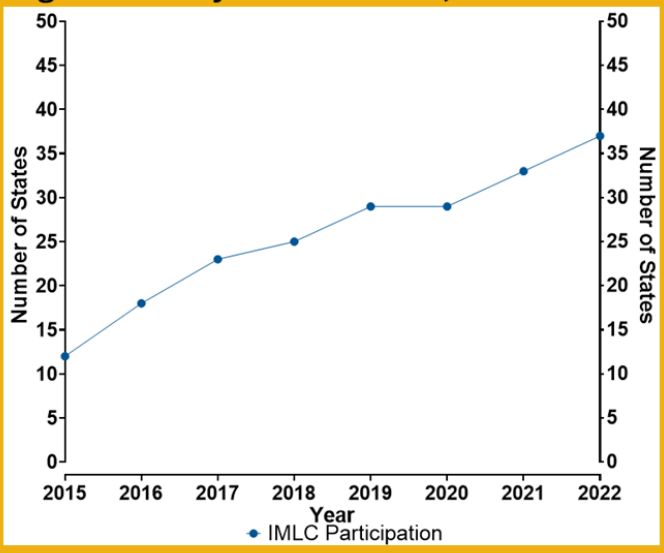
We characterized state-level medical licensure policy for telehealth. Prior to the COVID-19 PHE, state-level policies pertaining to OOS-TH primarily consisted of the IMLC.[8] After the onset of the COVID-19

PHE, some states relaxed their medical licensure policies to facilitate the provision of care by OOS providers through telehealth. These relaxed policies occurred in conjunction with the IMLC or in place of the IMLC. We obtained the status of these policies using three sources: contacting staff from state health departments, searching for state-level executive orders, and reviewing the Federation of State Medical Boards summary report of state-level modifications to telehealth licensure policies in response to the COVID-19 PHE.[9] In addition to IMLC membership, state relaxation policies that were enacted and expired during the COVID-19 era were classified according to pre-set criteria. Two authors (JPV, TY) examined the data on each state policy and independently coded them into mutually exclusive licensure policies to limit bias in exposure ascertainment. They then reviewed the coding and resolved any review of the coding and discussing these with co-authors. We tabulated modifications in the IMLC and COVID-19-related policy changes over time.

Findings

We identified 23 states that were part of the IMLC prior to 2018 and 14 states that joined between 2018 and 2022 **[Figure 1]**. Between July 2022 and October 2022 most states (n=47) relaxed their telehealth licensure policies (distinct from their participation in the IMLC) **[Figure 2]**. Between April 2020 and December 2020 more than half of states (n=30) accepted an OOS medical license for a physician in good standing from another state, while at least 15 states established an expedited approval process for an OOS provider **[Figure 3]**. Few states included other forms of relaxed telehealth policies. Two states issued permission for OOS-TH providers to practice on a case-by-case basis; three states allowed for providers to request telehealth licenses on a case-by-case basis; and nine states relaxed OOS-TH licensure policies for providers with an established relationship with an OOS patient.

Figure 1. Entry into the IMLC, 2015-2022



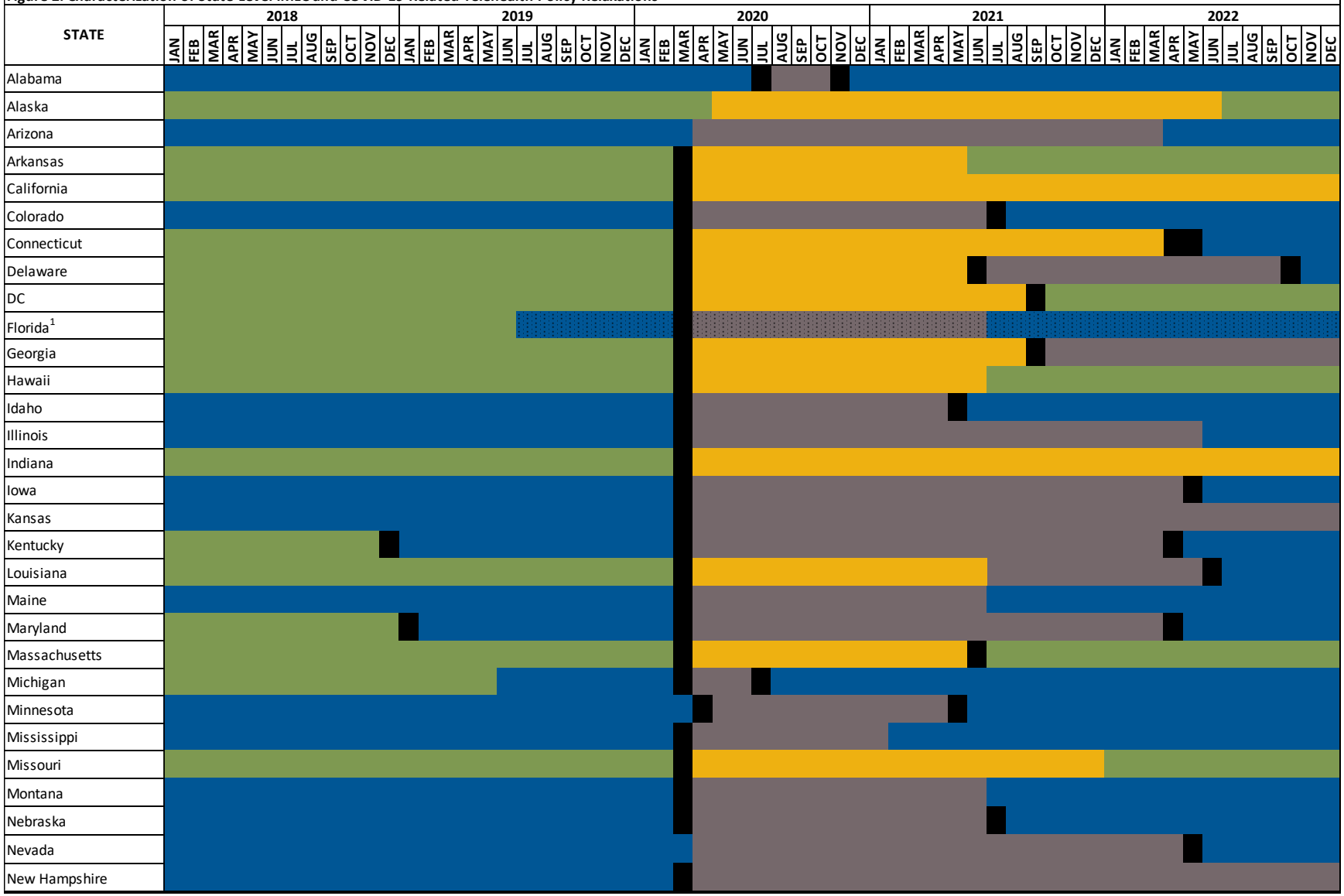
Legend: Each symbol represents the number of states in the IMLC in each year.

Discussion

State participation in the IMLC has significantly expanded since its inception, with a notable increase between 2018 and 2022. The COVID-19 PHE catalyzed widespread relaxation in state-level medical licensure policies. Many of the relaxed policies were temporary, tied to the duration of the COVID-19 PHE, although states retained IMLC participation during this time. Although we did not assess changes in other aspects of telehealth services, many states additionally relaxed other aspects of telehealth care during the COVID-19 PHE including reimbursement, modality of care (e.g., audio vs video), and condition-specific care (e.g., prescribing patterns).[10] The significant relaxation in telehealth licensure

policies across the U.S. during the COVID-19 PHE increased use of telehealth services.[11-12] However, variations in state-level policies and the temporary nature of some changes raise important considerations for the long-term integration of telehealth. Future research should continue to monitor the impact of changes in telehealth-related policies on healthcare utilization and outcomes.

Figure 2. Characterization of State-Level IMLC and COVID-19-Related Telehealth Policy Relaxations



[1]While Florida did not participate in the IMLC during the study period, legislation was passed to establish standards of practice for telehealth services (patient evaluations, record-keeping, controlled substances prescribing) and permitted out-of-state providers to perform telehealth services for patients in Florida (section 456.47, Florida Statutes).

Figure 2. Characterization of State-Level IMLC and COVID-19-Related Telehealth Policy Relaxations (Cont'd)

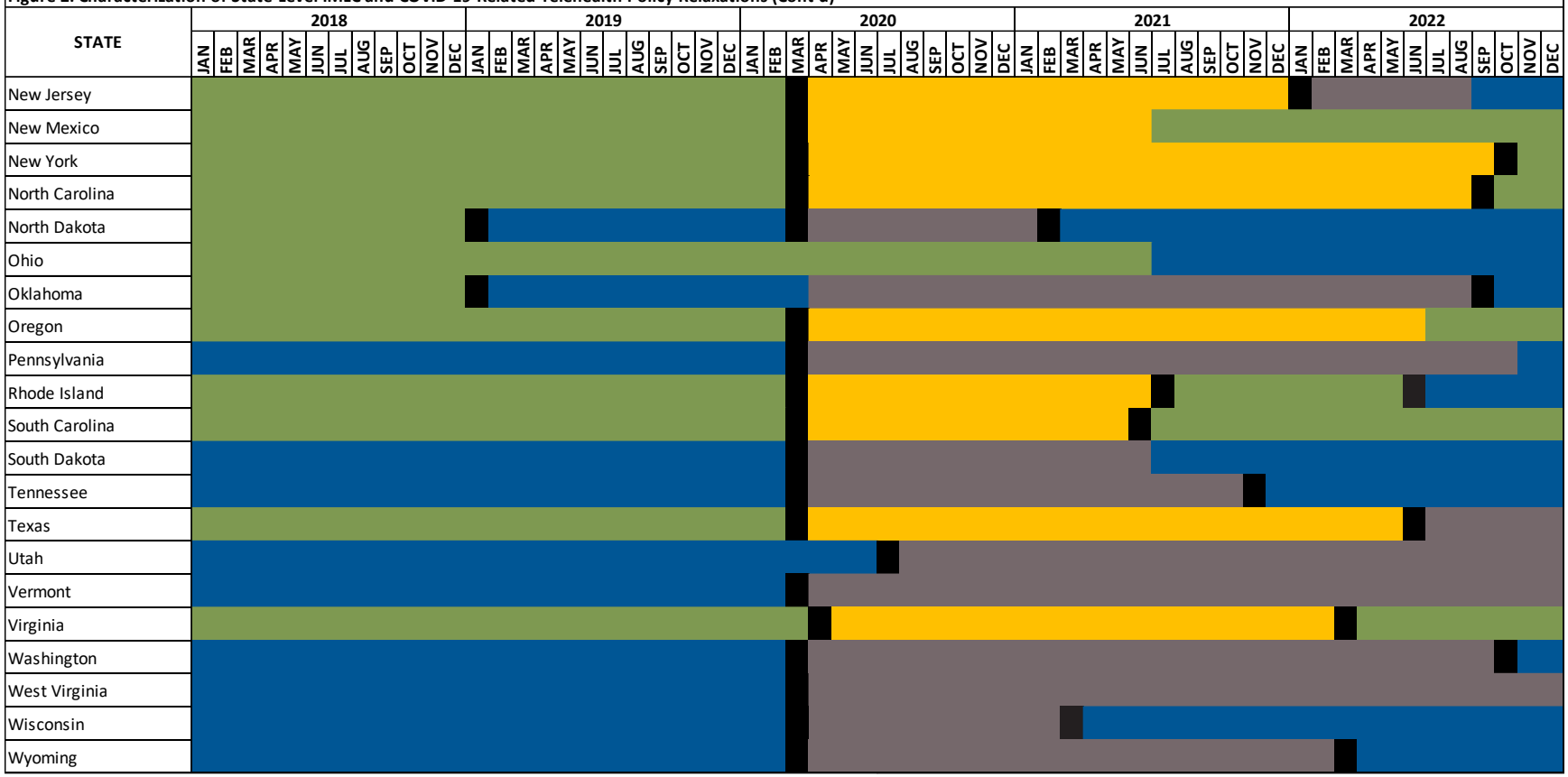
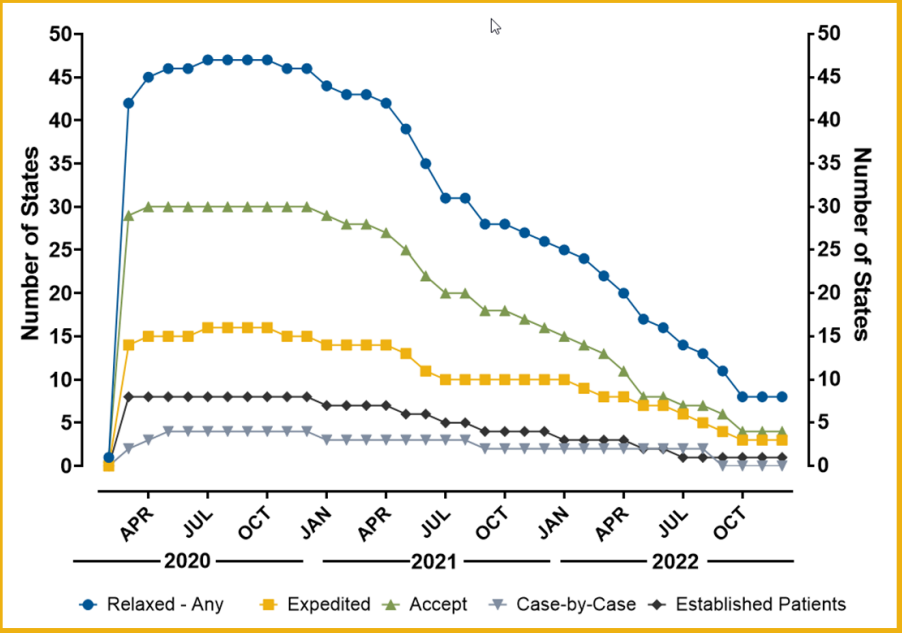


Figure 2 Legend	Interpretation
No Policy	No IMLC or COVID-19-related relaxation policy in place across the whole month
IMLC Only	Only IMLC participation in state across the entire month
IMLC + Relaxation Policy	Both IMLC AND COVID-19-related relaxation policy in place across the whole month
Relaxation Policy Only	Only COVID-19-related relaxation policy in place across the whole month
Transition	Change in state-level telehealth policy occurred during the month

Figure 3. COVID-19 Out-of-State Telehealth Relaxation Policies between 2020-2022



Policy Legend:
Expedited = States presented a streamlined process for obtaining a license for OOS-TH practice.
Accept = States accepted an OOS provider's medical license.
Case-by-Case = OOS providers could treat patients via telehealth with approval on a case-by-case basis.
Established patients = OOS providers could use telehealth if prior in-person relationship established with patient.

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