



Interstate Telehealth Expansion Study



In May 2022, the Health and Government Operations (HGO) Committee requested that MHCC study the ways interstate telehealth can be expanded to provide more options for State residents to receive telehealth services from out-of-state providers. The study scope was informed by House Bill 670, *Maryland Health Care Commission - Study on Expansion of Interstate Telehealth*, which was withdrawn by bill sponsors during the 2022 session. A multi-stakeholder workgroup discussed barriers and opportunities to expanding interstate telehealth that informed development of nine recommendations and four notable considerations in a [final report](#). The need for legislation, regulation, or policy changes is noted in parenthesis for each recommendation and notable consideration; justifications that follow are not inclusive of all supporting rationale. The following are intended to guide first steps and should not be viewed as an exhaustive list of all things to be considered to advance interstate telehealth.

RECOMMENDATIONS


Health Insurance Coverage and Medical Liability




- a. Payers should continue to expand consumer awareness efforts on potential out-of-pocket costs for in and out-of-network providers when seeking services in-person or by telehealth (policy)
 -  *Services delivered by an out-of-state provider who is out-of-network can result in higher out-of-pocket costs (i.e., deductibles, copayments, and coinsurance) for consumers; use of out-of-network providers for behavioral health services is about 10 times more common in certain states, including Maryland*
- b. Health occupation boards should require medical liability coverage for out-of-state providers who do not have an existing medical liability insurance policy through employment or by contract with an in-State hospital, facility, program, practice, carrier, or managed care organization licensed or certified under Maryland law (policy)
 -  *Uneven requirements for provider liability insurance, which is not required by federal law; about 30 states, including Maryland, do not mandate coverage*

Interstate Health Compacts

- a. The General Assembly should continue adopting legislation to implement interstate compacts to improve consumer access to providers, particularly for consumers in communities experiencing a practitioner shortage – uncodified language in Chapter 15/HB 448, *Health Care Practitioners – Telehealth and Shortage* (2020) (regulation)
 -  *Compacts are viewed as one approach to advance interstate telehealth with about 40 states, including Maryland, having passed legislation to support implementation of one or more interstate compacts*
- b. Health occupation boards should continue to develop new pathways to licensure; continue to begin/renew conversations regarding the development of licensure by reciprocity and endorsement agreements between Maryland and contiguous states (regulation)
 -  *Compacts are not broadly adopted by all states, and some limitations exist (e.g., the Interstate Medical Licensure Compact can be cost prohibitive for physicians since it is the only compact requiring applicants to complete all state specific licensing requirements and pay fees to the applicable state(s) and compact)*

Practitioner Licensure Requirements

- a. Allow the adoption of a mutual recognition for licensure by health occupation boards consistent with the Nurse Licensure Compact where the board recognizes the home state license; disciplinary action notifications are pushed to participating boards; any board can investigate and discipline a provider practicing in the State; and any participating board can discipline a provider based on findings in another state except where prohibited by State law (legislation)
 -  *Coordinate health care licensing processes across state lines to support access to care and ease administrative requirements*

- b. The General Assembly should enact legislation to allow health occupation boards to adopt a limited use telehealth out-of-state license (legislation)
 -  *Support alternative approaches to licensure for providers that practice in contiguous states and meet certain conditions; about a dozen states have laws for a telehealth-specific license or registration process*
- c. Health occupation boards should permit providers with an active unencumbered license in another state to deliver telehealth services to preserve continuity of care for existing patients (legislation)
 -  *Minimize gaps in care in certain circumstances (e.g., follow up care, second opinions, and specialty assessments)*
- d. The General Assembly should enact legislation to allow an out-of-state health care entity* under common ownership with an in-State entity to deliver telehealth services to preserve the continuity of care for existing patients (legislation)
 -  *Need for shared decision-making when a valid treatment relationship exists; credentialing processes among health care organizations that ensure providers meet and maintain certain qualifications and standards review many of the same documents required for licensure (e.g., education, training, work history, and peer references)*

**Includes hospitals and organizations that deliver health care services through a broad array of coverage arrangements or other relationships with practitioners, either by employing them directly or through contractual or other arrangements*





Promoting Out-of-State Telehealth

Health occupation boards should require out-of-state health care providers who treat Maryland residents to access and securely share patient health information electronically with primary care providers, except where prohibited by law (legislation)

-  *Electronic health data sharing using a health information exchange such as CRISP is critical to ensure providers can make informed decisions about patient care and support continuity of care*

NOTABLE CONSIDERATIONS

Related Matters

- a. Where practical, health occupation boards should maintain comparable education and training requirements (policy)
 -  *Minimize potential patient safety issues as licensure standards and processes vary among state health occupation boards*
- b. Encourage health occupation boards to increase licensure digitization processes (policy)
 -  *Improve licensure application processes to reduce burden and increase efficiencies*
- c. Improve processes related to Maryland licensure requirements for service members, veterans, or military spouses (policy)
 -  *Military-related moves between states pose significant challenges for families; higher unemployment among military spouses as compared to the general population largely due to mobility of military life*
- d. Encourage the Maryland Department of Public Safety and Correctional Services (DPSCS) to identify an alternative pathway to accept electronic background record checks from out-of-state vendors recognized in their state of origin (policy)
 -  *Challenges with completing the required background check can discourage out-of-state providers from seeking a Maryland license since fingerprinting must be completed at select Maryland sites or after written request for a fingerprinting card by mail*