

March 1, 2022

TO: MSSNY'S OFFICERS, COUNCILORS AND TRUSTEES
FROM: MSSNY'S LEGISLATIVE & PHYSICIAN ADVOCACY COMMITTEE
RE: RESOLUTION 105 – Reciprocal Telehealth Coverage

At the 2021 MSSNY House of Delegates, the following resolution was considered, and referred to Council.

RESOLVED, That the Medical Society of the State of New York advocate for reciprocal Telehealth arrangements so that New York State physicians can provide continuing care by Telehealth across state borders for existing patients.

At the House of Delegates, the reference committee had a robust discussion about liability with Telehealth as it relates to reciprocity and how different states have different laws and whether physicians are protected when seeing existing patients. COVID-19 accelerated the use of Telehealth and it has become an enhancement, in many respects, to care that physicians already provide for their patients. As a result, the committee felt it best to refer to council for further consideration.

The committee also recommended that MSSNY staff work with Garfunkel and Wild to see what avenues exist already to better understand what services are available to physicians legally. Therefore, the Reference Committee recommended that the resolution be referred to Council for further study. That recommendation was accepted by the full HOD.

MSSNY staff researched and found that the Interstate Medical Licensure Compact Commission (IMLC) is processing applications for expedited licensure in 29 states and one territory, making the process for obtaining a medical license in these states simpler if you already hold your primary license in one of the participating states. Additionally, staff looked at the work the AMA has done in terms of the interstate compact. The following states are currently accepting applications for expedited licensure:

- | | |
|---------------|-------------------|
| 1. Alabama | 15. Minnesota |
| 2. Arizona | 16. Mississippi |
| 3. Colorado | 17. Montana |
| 4. Georgia | 18. Nebraska |
| 5. Guam | 19. Nevada |
| 6. Idaho | 20. New Hampshire |
| 7. Illinois | 21. North Dakota |
| 8. Iowa | 22. Oklahoma* |
| 9. Kansas | 23. South Dakota |
| 10. Kentucky | 24. Tennessee |
| 11. Louisiana | 25. Utah |
| 12. Maine | 26. Vermont* |
| 13. Maryland | 27. Washington |
| 14. Michigan | |

**Because Oklahoma and Vermont are not States of Principle:licensure (SPL), physicians can't enter into the compact with an Oklahoma or Vermont license. However, physicians can still get a license to practice in these states by entering the compact through another SPL state.*

The following states, territories, and districts are part of the compact, but have not yet implemented full participation:

- | | |
|-------------------------|-----------------|
| 1. Delaware | 4. Ohio |
| 2. District of Columbia | 5. Pennsylvania |
| 3. New Jersey | 6. Texas |

The following states have had legislation introduced to join the compact:

- | | |
|-------------|-------------------|
| 1. Indiana | 4. North Carolina |
| 2. Missouri | 5. Virginia |
| 3. New York | |

At the Committee meeting, there were further discussion regarding how this resolution would intersect with the proposal to have New York State join the Interstate Medical Licensure Compact. It was discussed that some physicians support New York joining the Compact because it could potentially further enable a New York physician to continue to treat patients who once worked in New York State but who now telecommute out of State. It was also discussed that there are concerns from other physicians that health insurers may take advantage and seek to meet network adequacy requirements with out of state physicians and drop community physicians from their networks. Moreover, some physicians have raised concerns that the requirement of a physician to be board certified to receive expedited licensure in another State through the Compact could further empower impose specialty boards to impose burdensome Maintenance of Certification (MOC) requirements. Because of these conflicting concerns, the was consensus from the committee members that a substitute resolution be adopted that does not specifically address the Compact but instead focus on advocating for opportunities for physicians to provide out of state telehealth services where possible. An example was given of the state of Florida providing the opportunity for physicians to provide services via telehealth to patients living in their State [Florida Telehealth • Pages \(flhealthsource.gov\)](#)

Recommendation: That the MSSNY Council adopt the following substitute resolution in lieu of Resolution 105:

RESOLVED, that MSSNY advocate for opportunities to enable reciprocal Telehealth arrangements with other states so that New York State physicians can continue to provide care via Telehealth across state borders, when appropriate, for existing patients.