



**Written Testimony of the Alliance for Connected Care**  
**New York State FY2022 Joint Legislative Budget Hearing on Health**  
**Thursday, February 25, 2021**

On behalf of the [Alliance for Connected Care](#), thank you for the opportunity to submit testimony for this hearing. The Alliance for Connected Care (the Alliance) is an advocacy organization dedicated to facilitating the delivery of high-quality care using connected care technology. Our members are leading health care and technology companies from across the health care spectrum, representing insurers, health systems, and technology innovators. Our Advisory Board includes more than 25 patient and provider groups.

We applaud the telehealth-related proposals included in the Governor's Executive Budget for the State Fiscal Year 2022. We were particularly thrilled to see specific provisions around the creation of an interstate licensure program to authorize out-of-state practitioners licensed in contiguous states or states in the Northeast region to provide telehealth services to patients located in New York.

Patients and families seek care across state lines for many reasons – they may seek specialists, there may be no providers available in their area, or they may just find it more convenient. Telehealth has accelerated this trend. One of the biggest barriers to telehealth becoming a regular patient and provider choice is the administrative burden caused by the variation in licensure requirements from state to state. Alleviating such administrative burdens through establishing an interstate licensure program can benefit the delivery of health care in many ways, but perhaps most notably it can open up new avenues for patient choice and access to care by eliminating unnecessary barriers to patient care. It could also expand access to care to underserved communities who may not have access to services they need where they reside.

The Alliance has continued to advocate intensely on the issue of interstate licensure to break down state barriers to licensure portability. We are proud to be working to build a coalition of health systems, large employers, health technology companies, and patient advocacy groups that have a major presence in New York, including Columbia University Irving Medical Center, Amazon Web Services and others, to advocate with us on this issue on behalf of New York patients and providers.

While we support and appreciate efforts by the State to acknowledge the importance of interstate licensure capabilities and to implement a program to enable such practice, we believe the language as it currently exists is limited in scope both from a geographic standpoint and in the categories of health care services and provider types that can engage in interstate telehealth practice. This, and other aspects of the current legislation being considered, could add an additional burden to New York-based providers and the patients they serve. As such, we are submitting this written testimony to offer comments on how to strengthen this provision to ensure patients can access necessary care from providers of their choice and to support New York-based providers in their effort to deliver such care across state lines.

**Geographic and practice area considerations**

While we believe the legislation is a good first step in addressing administrative barriers for providers wishing to practice telehealth across state lines, we encourage policymakers to consider going one step further by expanding the scope of the language to include a wider geographic region and additional areas of clinical practice.



New York is known for its world-class hospitals and practitioners, and patients from all over the country travel to the state to seek care for their unique care needs. Limiting an interstate licensure initiative to just the Northeast region and other contiguous states limits patient choice and the ability of New York providers to extend their services to patients seeking their expertise in other regions of the country. It could also be an impediment for care coordination and continuity of care for New York providers treating out-of-state patients that move to or reside outside the regions defined in the legislation. Interstate licensure reciprocity with states beyond those in the Northeast region would enable providers to conduct necessary follow-up visits via telehealth for when patients return home to ensure continuity of care.

Additionally, we do not recommend limiting the legislation to solely specialty practice areas with historical access shortages. Patients seek care across state lines for a multitude of reasons, and while important for addressing access to care for shortage specialties, such a provision would again limit patient choice and continuity of care for patients wishing to seek care for their unique health needs. Expanding beyond shortage specialties in the legislation will not only increase access to care for patients who do not already have services they need where they reside, but will expand access to underserved communities that may need services beyond the specialty practice areas that would be authorized under the current legislation.

New York has had nearly a year of experience engaging in interstate telehealth practices throughout the COVID-19 pandemic. During the public health emergency, Governor Cuomo granted authority for out-of-state physicians, nurses, licensed practical nurses, and physician assistants who were licensed and in good standing in any state in the U.S. to practice in New York without limitation on what type of care they may provide through [Executive Order 202.5](#). Additionally, many states [issued](#) temporary emergency declarations to recognize out-of-state licenses to facilitate patients getting care from providers in other states, including New York. The state should build on this momentum by expanding the categories of clinical providers and practice areas allowed to engage in an interstate licensure program and allowing any state or territory with reciprocal interstate licensure legislation to partake in such practices.

### **Interstate licensure reciprocity**

In its current form, the legislation does not make clear whether licensure reciprocity is observed. The legislation must ensure that out-of-state providers can practice telehealth in New York only if their state has enacted reciprocal legislation allowing New York providers to practice telehealth in that state. Only allowing out-of-state providers to practice telehealth in the state without ensuring the same privilege is extended to New York providers would add an undue burden and unfairly disadvantage New York providers wishing to practice telehealth across state lines to patient's seeking those providers out for care, to continue providing care for existing patients, or other purposes. The language should be revised to ensure that only states that enact reciprocal legislation can engage in interstate telehealth practices with the State of New York.

### **Oversight of interstate telehealth services**

The Alliance believes the Department of Health, rather than the State Education Department, is the State agency best positioned to have responsibility for implementing an interstate licensure program. The Department of Health is the agency that has been given the statutory and policy responsibility for telehealth under Article 29-G of the State's Public Health Law. While in certain instances it may be appropriate to collaborate with the State Education Department and other agencies, the Department of Health has first-hand experience with telehealth practices established during the pandemic and is best positioned to implement initiatives that will expand access to quality care through such services.



### **Interstate Medical Excellence Zone**

We request that the Committee consider an alternative framework for interstate licensure, which we have termed the Medical Excellence Zone. The Medical Excellence Zone is an area defined by multiple state borders where health care practitioners may practice telehealth across state lines. Practitioners may not establish physical practices in states where they are not licensed, but as long as they are licensed and in good standing with one state in the Zone and are authorized to engage in telehealth in the state, they may practice telehealth across state lines.

Key features of the Medical Excellence Zone include:

- Patient access to care is the paramount objective to the policy.
- The licensing board in the state in which the provider is licensed remains primarily responsible for the oversight and discipline of the practitioner.
- Telehealth services are provided in accordance with the scopes of practice of the qualified telehealth provider in both the state where the provider is licensed and the state within the Zone they wish to practice.
- Close and ongoing collaboration and information sharing between states ensures that medical malpractice and other important licensure issues are dealt with proactively and effectively.
- Practitioners wishing to practice within the Zone register and are verified by a central regional registrar, where the provider would be required to attest (and relevant state bodies would confirm) the provider is in good standing in the state where they are licensed.
- Patients consent to being treated by an out-of-state provider and attest to understanding that the laws of the provider's state apply to the visit.
- Practitioners may not provide any service or subset of services prohibited by any such authority in the jurisdiction in which the patient receiving services is located.

### **Why do we need a Medical Excellence Zone?**

The increase in use of telehealth during the COVID-19 pandemic has highlighted its ability to improve patient access to care. During the COVID-19 public health emergency, all 50 states and the District of Columbia used emergency authority to waive some aspect(s) of state licensure requirements to facilitate patients getting care. This has provided an unprecedented opportunity for patients, providers, and policymakers to explore the impact of cross-state care. This has benefited the delivery of health care in many ways, but perhaps most notably, it has opened up many new avenues for patient choice and access to care. Now is the time to build on this momentum.

These issues must be addressed in order for New Yorkers to have the ability to access the telehealth services they need and to not add an additional burden to New York-based providers. Thank you for your consideration – we look forward to working with you on this important effort. Please contact Casey Osgood at 203-536-5865 or [casey.osgood@connectwithcare.org](mailto:casey.osgood@connectwithcare.org) with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Krista Drobac".

Krista Drobac  
Executive Director  
Alliance for Connected Care