



### **DMV Medical Excellence Zone: Facilitating Patient Access to Telehealth Across State Lines**

The increase in the use of telehealth during the COVID-19 pandemic has highlighted its ability to improve patient access to care. Telehealth can be permanently integrated into the health care system in ways that can improve access, care coordination, medication adherence, post-operative care, diagnostic testing review, and patient engagement, and to reduce patient travel burden.

At the outset of the pandemic, all 50 states and the District of Columbia used emergency authority to [waive](#) some aspect(s) of state licensure laws to facilitate patient access to care. Specific to the DMV region, the following actions were taken in Maryland, Virginia, and D.C.:

- **Maryland** – Health care practitioners that held a valid, unexpired license issued by another state were authorized to provide telehealth services to patients in the state so long as they were licensed and in good standing, without first obtaining a license or practice letter from the applicable Maryland licensing agency or board.
- **Virginia** – Health care practitioners that were licensed and in good standing in another state were deemed to have an active license issued by the Commonwealth of Virginia to provide health care or professional services, provided the practitioner was engaged by a hospital, licensed nursing facility, or dialysis facility in Virginia for the purpose of assisting with response operations. These facilities were required to submit to the applicable licensing authority each out-of-state health care practitioner’s name, license type, state of license, and license identification number within a reasonable time of the practitioner arriving in the Commonwealth.
- **Washington, D.C.** – Any health care provider licensed in their home jurisdiction providing health care to D.C. residents was deemed a temporary agent of D.C. during the public health emergency, so long as they only provided health care services at a licensed health care facility located in D.C., including for services provided to patients with whom the provider has an existing relationship with via telehealth to ensure continuity of care.

Additionally, the Emergency Management Assistance Compact (EMAC) was amended to create a [model executive order](#) to allow for care across state lines. This is the first time that consumers have had the ability, on a widespread basis, to access care from providers in other states.

Some states are evaluating the impact of telemedicine waivers and seeking to build on the lessons learned from the recent temporary expansions in telemedicine usage. For example, Idaho Governor Brad Little determined that the waiver of the rules [did not compromise](#) public safety, and issued a [proclamation](#) in June directing his staff to draft legislation that would make these telehealth flexibilities permanent in the 2021 legislative session.

If governors and state legislators are interested in giving patients access to care from out-of-state providers, and their in-state providers access to out-of-state patients, they cannot affect this change without collaboration from other states.

### **State Officials in the DMV region must take action to ensure patients can continue to access care.**

The DMV region has world-class medical providers in the area, and policy change is necessary to ensure accessibility to that care. Telehealth was key to achieving that goal during the pandemic. Not only did telehealth increase patient access to primary and specialty care, it improved care coordination, boosted patient and caregiver engagement, reduced missed appointments and improved post-operative care.



This success was due in part to action taken by Governors Hogan and Northam, and Mayor Bowser, who used their emergency authority to allow licensed medical professionals, who were ready and willing to help, more flexibility to treat patients in other states. Data available in Maryland shows that in 2021, Marylanders with private insurance had over 1.3 million visits with medical providers in Virginia and D.C.

The problem is that this flexibility is not permanent. Medical providers have to go back to cumbersome and expensive state-by-state licensing if they want to continue to help patients in other states. Despite national standards across clinical practice, national educational requirements and a uniform national licensing exam, physicians still face different licensing processes in each state. In D.C., a physician needs three character references. In Maryland, a physician needs full fingerprints, whereas Virginia only requires a thumbprint. Not only is this time consuming, the fees for licenses add up ranging from \$300-\$800.

As emergency declarations have now expired in these three jurisdictions, many of the licensure flexibilities implemented to ensure access to care during the pandemic have expired with it. This has been extremely detrimental and disruptive to ongoing patient care and has interfered with patient-provider relationships. Health care providers throughout the region have had to [scramble to notify thousands of out-of-state patients](#) that their telehealth appointments were no longer feasible, and that they would have to drive across state borders to keep their appointments. Many patients are now in a position where they must choose to cancel telehealth appointments, or get in their car and drive the sometimes hours long commute to see their provider of choice. It is not uncommon for patients to [drive just over the state border](#) just to take a telehealth appointment from their car in a parking lot.

The region's families and medical providers would benefit from the continued ability to give and receive care throughout the region regardless of which jurisdiction licenses the provider. Patients should take priority over bureaucratic processes.

### **We must take advantage of this opportunity to expand access and choice for patients.**

Legislators in Maryland, D.C., and Virginia are planning to take action to address this issue by preparing to introduce legislation in 2022 to establish a first-of-its-kind, regional Medical Excellence Zone.

The Medical Excellence Zone is an area defined by multiple state borders where health care professionals that are **licensed and in good standing in one jurisdiction that is part of the Zone may practice across state lines without having to obtain another license**, creating a policy of mutual recognition of licensure. Key features of the Medical Excellence Zone include:

- Patient access to care as the paramount objective.
- Close and ongoing collaboration, and information sharing between jurisdictions, ensures medical malpractice, discipline and other licensure issues are dealt with proactively and effectively.
- Health care professionals wishing to practice within the Zone apply and are verified to receive an authorization to practice in the Zone by a regional coordinating body.
- The licensing boards in the state where the provider is located remains primarily responsible for the oversight of the practitioner.
- Health care professionals will be governed by and attest to understanding the laws (including scope of practice) in the state or jurisdiction in which they practice, and will be disciplined by their



home state licensing board. The state in which the patient received services will coordinate with the provider's home state when such instances of adverse action and discipline arise.

- A variety of health care professionals are authorized to participate as part of the Zone.

Immediate benefits of the Medical Excellence Zone include:

- Increased flexibility for patients to access their health care providers, enabling stronger patient-clinician relationships and the enhancement of continuity of care, as well as more convenient telehealth and after-hours care from those clinicians.
- Increased access to care for patients who do not already have the services they need where they reside; this is not only about convenience and choice, but about expanding access for underserved communities.
- Improved ability for health care professionals to provide comprehensive care to patients via telemedicine who cannot otherwise easily come for in-person visits.
- Jurisdictions participating in the Medical Excellence Zone will be looked to as a model by other regions where metropolitan areas span state lines and lead to significant cross-border care.