ALLIANCE for CONNECTED CARE

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*Submitted electronically to connectedhealth@ostp.eop.gov*

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**Re: Request for Information on Strengthening Community Health Through Technology**

The Alliance for Connected Care ("the Alliance") welcomes the opportunity to provide comments on the White House Office of Science and Technology Policy (OSTP) request for information on strengthening community health through technology. The Alliance is dedicated to improving access to care through the reduction of policy, legal and regulatory barriers to the adoption of telemedicine and remote patient monitoring. Our members are leading health care and technology companies from across the spectrum, representing health systems, health payers, and technology innovators. The Alliance works in partnership with an Advisory Board of more than 40 patient and provider groups, including many types of clinician specialty and patient advocacy groups who wish to better utilize the opportunities created by telehealth.

As reflected in the comments below, utilization of telehealth proliferated throughout the pandemic and has significantly improved access to care, care coordination, patient engagement, and more. Telehealth and remote patient monitoring are important tools for bringing innovative services and treatments to those with the least access to it, however there continue to be barriers in place that impede such access. One of the most prominent barriers to virtual care are the antiquated state licensure laws that limit the ability of health care providers to give care across state lines. In our comments, we outline this issue as a barrier to accessing quality health care, and provide two solutions for the federal government to consider.

**Burdensome licensure requirements create a barrier in access to virtual health care**

Digital technology is giving health care professionals new tools to deliver care to patients in addition to giving patients new access to care. The pandemic demonstrated that digital care can build capacity for care in rural and underserved areas, and areas experiencing provider shortages. Provider shortages are associated with delayed health care usage, reduced continuity of care, higher health care costs, worse prognoses, less adherence to care plans, and increased travel. In addition to being a tool to address such barriers, telehealth services play an important role in supplementing and strengthening clinician networks available to patients. Telehealth can be leveraged to strengthen the delivery system by providing highly specialized services in areas where clinicians with these skills are not available to consumers.

One barrier in accessing care via expanded digital technology is antiquated state licensure rules that have limited providers' ability to give care across state lines. State lines create artificial barriers to the delivery of care – complicating access for patients and creating additional burden on clinicians. These lines sometimes split major urban areas and hamper the ability of telemedicine providers to fill in gaps in the delivery system and provide high value care directly to consumers in rural or underserved areas. Current efforts to expand interstate licensure have been insufficient to meet the needs of patients and the clinicians seeking to better serve them. Health care professionals are prohibited from treating patients in states where they are not licensed, but the state-by-state licensing processes are burdensome and expensive. Uniform national standards across clinical practice areas are in place, but there is a mismatch

with the wide variation in state licensing processes. Another barrier is the expense, as licenses in a single state can cost upwards of $1,000, and application fees on top of the licensing fees can add up.

COVID-19 exposed the barriers posed by the fragmentation of state practice act laws and regulations. The ability for licensed, credentialed health care professionals to provide care across state lines via telehealth during the pandemic helped maintain continuity of care, promoted patient choice, and improved care coordination. Telehealth also helped improve patient access to primary and specialty care, boosted patient and caregiver engagement, reduced missed appointments, and improved post-operative care. As pandemic flexibilities begin to expire, providers have to go back to cumbersome state-by-state licensing requirements if they want to continue to help patients in other states. Without permanent policy measures to adjust to these changes, patients have to either travel long distances to see a provider in person or cancel appointments, creating a barrier to accessing convenient care and to continuity of care.

Patients want to be able to access care from providers of their choice, both in the short- and long-term. In fact, over 230 organizations sent a letter to all 50 governors in November 2021, urging them to maintain and expand licensure flexibilities enacted at the start of the pandemic for the duration of the federal public health emergency to better address patient needs during the ongoing pandemic.

While existing state licensure compacts are active for six health profession categories, they do not always go far enough to ease provider burden associated with providing care across state lines, as several compacts like the Interstate Medical Licensure Compact still require a provider to hold a license in every state in which they treat patients. Compacts like the Nurse Licensure Compact employ a policy of mutual recognition, meaning providers licensed and in good standing in one compact member state can practice in other compact members states without obtaining an additional license. This is the type of model to aspire to for easing burdens associated with patchwork licensure laws. Additionally, there are no existing compacts that currently include a broad range of health professions, therefore leaving health systems and provider groups to keep up with the many compacts in existence for every provider type they employ.

**Recommendations for a federal solution to interstate licensure**

As evident from the above, there is a clear need for a federal solution to decrease the barriers to providing care across state lines in order to improve access to care for all Americans. As such, we urge the Biden-Harris Administration, via the OSTP, to consider addressing antiquated licensure laws that impede access to care. Below, we provide two solutions OSTP and the Administration can consider.

***Develop and implement a national framework for interstate licensure***

To address this issue, we recommend that the White House instruct the Secretary of the U.S. Department of Health and Human Services (HHS) to convene experts and support the development of a voluntary, national framework for interstate licensure using a policy of mutual recognition. This would allow patients to receive care beyond their state borders, and allow qualified health care providers already licensed in a U.S. state or territory to treat patients without the costly and time-consuming burden associated with purchasing and renewing multiple state licenses. Key features of this framework include:

- Allows multiple provider types to participate in the framework and practice via telehealth in order to expand access to care to patients across the country.
- Maintains state control over licensure and does not preempt state law or take away authority from the state licensing boards. State governments must authorize the State's decision to participate through legislation or gubernatorial action.
- Creates a consistent federal framework for cross-state licensure drafted with the patient at the center, so that the focus is on patient access to care, and that has true licensure reciprocity for providers licensed and in good standing in at least one participating state.

- Creates an Advisory Commission on Care Across State Lines to develop the framework and engage in a robust stakeholder engagement process to hear from a broad range of groups on this issue.
- Ensures that health care professionals must be listed in a central database of those who have been deemed eligible to practice across state lines by their home state licensing board, and will be disciplined by their home state licensing board.
- Prohibits health care professionals from practicing beyond the scope of practice authorized by any jurisdiction that adopts this framework, and from providing any service or subset of services prohibited by any such authority in the jurisdiction where the patient receiving services is located.

Additional information on this national framework can be found here. Two prominent examples of a federal-state legal framework that created consistency across states include: 1) the ability of the U.S. Department of Veterans Affairs providers to offer services via telehealth across state lines regardless of where the provider or veteran is located; and 2) the Driver License Compact, which allows member states to share driver's license information and traffic violation records with other states for legal purposes.

***Address state licensing limitations that impact clinical trial recruitment and diversity***

The Alliance believes that continuing to modernize and decentralize clinical trials is critical for creating opportunities for more diversity and patient engagement. Obviating the need for travel time, lost wages and childcare/eldercare through use of digital technologies will significantly increase the pool of potential participants in clinical trials across geographies. Decentralizing clinical trials is also critical with respect to advancing health equity by accounting for such logistical and other participant-related factors that could limit participation, and would also help improve recruitment, retention, and participation in clinical trials.

One barrier in using digital technology in clinical trials is the state licensing limitations that effectively prohibit clinicians working on clinical trials from recruiting patients from outside the state where the clinician is licensed, thereby creating a barrier to entry for use of decentralized trials and diminishing the impact of federal changes aimed at decentralizing clinical trials. This is especially important for rare diseases affecting fewer than 200,000 people in the United States, for which utilizing clinical trials across state lines may significantly increase the likelihood of a successful and diverse clinical trial.

The Administration could direct the FDA to provide non-binding guidance to states on how to bolster clinical trial modernization through licensure flexibilities to help catalyze change at the state level. We recommend that the FDA set up an intergovernmental working group with state and federal regulators to develop such guidance. This group will likely identify other areas beyond licensing that may need to be addressed, such as mailing of non-approved medications.

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We hope you will consider these recommendations as a solution to addressing antiquated licensure laws that impede access to care. We also hope this commentary emphasizes the value of telehealth and cross-state care in providing greater access to health care and specialty medicine, addressing provider shortages in rural and medically underserved communities, improving follow-up and continuity of care, and providing patients with more choice in the providers they wish to see. We look forward to working with you and welcome further discussion on this topic. Please reach out to Casey Osgood at casey.osgood@connectwithcare.org with any questions.

Sincerely,

Krista Drobac

Executive Director
Alliance for Connected Care