

Cross-State Licensure & Compacts

August 2, 2024



Today's webinar supported by

Welcome and Introduction

Mei Wa Kwong, JD
Executive Director
Center for Connected Health Policy



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California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS



About the California Telehealth Policy Coalition

- The California Telehealth Policy Coalition is made up of over 170 statewide and national organizations and individuals interested in advancing telehealth policy in the state of California.
- The Coalition is made up of consumer groups, medical providers, payers, systems, and technology representatives, as well as other engaged state advocacy groups and agencies.
- The Center for Connected Health Policy founded, and acts as the convenor for, the Coalition.



Our origin story

In 2011, when [AB 415, the Telehealth Advancement Act](#) was winding its way through the legislative process, an ad hoc group of statewide organizations supporting the bill formed. This group, including the [California Primary Care Association](#), the [California Hospital Association](#) and the [California Rural Health Association](#), came together in meetings convened by CCHP in order to be apprised of any developments around AB 415 and share information with each other.

With the successful passage of AB 415, the group continued to meet and eventually evolved into the California Telehealth Policy Coalition. CCHP leads the Coalition and hosts monthly conference calls.

In recent years, the Coalition has decided to move beyond a mere information sharing group to become a more active collective participant in telehealth policy. The Coalition has developed a slate of telehealth policy goals and issues that it is working on in a continued effort to modernize California telehealth policy.

[SEE ALL COALITION MEMBERS >](#)

Next meeting | Friday, October 21, 2022

Monthly Coalition Meeting

We host monthly conference calls to discuss the latest California telehealth policy developments. Want to join us?



Please visit our website for more information or if you are interested in joining.

<https://www.cchpca.org/california-telehealth-policy-coalition/>

Purpose and objectives of today's webinar

Discuss the cross-state licensure policy continuum with a focus on compacts and key considerations for policymakers, providers, and patients.



- **Provide an overview** of cross-state licensure policies, including compacts and the national landscape of adoption.
- **Highlight** attempted California compact legislation and existing state licensure exceptions.
- **Hear from experts and stakeholders** on perspectives and impacts of interstate compacts and cross-state licensure policies.
- **Answer key questions** about licensure policies, implementation, and policy considerations.

Agenda

Welcome

- Mei Wa Kwong, Executive Director, Center for Connected Health Policy

Licensure & Compacts Overview

- Amy Durbin, Policy Advisor, Center for Connected Health Policy

Panel Discussion

- Moderated by Mike Kurliand, MedWand
- Kelly Goss, JD LL.M., ALS Association
- Helen Kinsman Hughes, MD MPH, Johns Hopkins Medicine
- Micah Matthews, MPA, Washington Medical Commission
- Tyler Rinde, California Psychological Association

Q&A



Attendees will remain muted during the webinar.



Please submit any questions you have during the webinar in the Q&A box, not the chat box.

Cross-State Licensure & Compacts Overview

Amy Durbin
Policy Advisor
Center for Connected Health Policy



California
Telehealth
Policy
Coalition

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Licensure Landscape

National	California
<p style="text-align: center;">Limited Licensure Exceptions</p> <ul style="list-style-type: none"> 36 States have licensure exceptions: <ul style="list-style-type: none"> Provider consultations (most common/limited) Prior established relationship/Infrequent interactions Emergencies Mental health and life-threatening diseases 	<p style="text-align: center;">Existing Exceptions</p> <ul style="list-style-type: none"> Provider consultations exemption AB 1369 (Bauer-Kahan) – Passed in 2023 which allows out-of-state physicians to treat patients with immediately life-threatening diseases AB 232 (Aguiar-Curry) – Passed in 2023 which authorizes the California Board of Behavioral Sciences to approve a 30-day temporary practice allowance to out-of-state licenses equivalently licensed in another state or U.S. territory
<p>Telehealth Registration Processes</p>	
<ul style="list-style-type: none"> 20 Jurisdictions have telehealth license/registration processes 	<ul style="list-style-type: none"> No registration process or compacts
<p style="text-align: center;">No Exceptions/Registration Process/Compacts</p> <ul style="list-style-type: none"> 11 Jurisdictions do not have specific exceptions/registration processes (9 are members of compacts) Only 5 territories have no compacts (AK, CA, MA, NY, PR) 2 states have no exceptions/registration/compact (MA & NY) 	<p style="text-align: center;">Attempted Compacts Legislation</p> <ul style="list-style-type: none"> AB 2051 (Bonta) – 2024 – PSYPACT Legislation AB 2566 (Wilson) – 2024 – Counseling Compact AB 3232 (Dahle) – 2024 – Nurse Licensure Compact AB 2051 & AB 2566 passed the first house once amendments were made to hinge enactment on approval of boards/DCA certification AB 3232 was never heard in committee AB 2051 & AB 2566 Senate hearings were canceled

Compacts Overview

17 Professions have available occupational licensure compacts

- 2 compacts are still **in development**
- 2 compacts are **specific to cosmetologists and teachers**
- Many compacts are still new and not yet fully active/operational

Popular Compacts

- Interstate Medical Licensure Compact
- Nurses Licensure Compact
- Psychology Interjurisdictional Compact
- Social Work Licensure Compact
- Audiology and Speech-Language Pathology Interstate Compact
- Counseling Compact

Structure/process varies but key elements include:

Specific to different licensees	Created through a stakeholder process that establishes uniform standards	Considers different state practice acts and licensure processes, ensures state communication about licensees
Once a compact is established, states can join by passing the uniform provisions through their legislative process	The language adopted in each state be the same for a state to officially participate and the compact to be enforceable	The compact becomes active when a certain number of states have legislatively enacted the compact's uniform language
Upon activation an implementation process then must begin prior to the compact being able to issue multistate licenses	Administration is governed by an interstate commission made up of member state delegates	Application processes and license privileges vary

Panel Discussion

- **Moderator: Mike Kurliand**, *Vice President, Clinical Quality and Integration*, MedWand Solutions, Inc.
- **Kelly Goss, JD LLM**, *Managing Director, Advocacy*, The ALS Association
- **Helen Kinsman Hughes, MD MPH**, *Medical Director, Office of Telemedicine*, Johns Hopkins Medicine
- **Micah Matthews, MPA**, *Deputy Executive and Legislative Director*, Washington Medical Commission
- **Tyler Rinde**, *Director of Government Affairs*, California Psychological Association

Exemptions and Context: Washington and ULC

License Requirement Exemption Scenarios:

- University student/short to medium term remote work assignment
- Border state established patient
- Peer-to-peer
- Specialist consult and follow up/continuity of care:
 - Full scope: Primary care, mental health
 - May assess and diagnose without an in-state license: clinical specialist
 - Treatment options:
 - Coordinate through peer-to-peer
 - Patient gets initial treatment in-person and follow up is covered by exemption

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