

**ILLINOIS STATE MEDICAL SOCIETY**

**Resolution 02.2021-01  
(A-22)**

Introduced by: Raymond A. Dieter, Jr., MD, ISMS Member

Subject: Telehealth Across State Lines

Referred to: Council on Education & Health Workforce

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1           Whereas, each state has separate licenses for physicians; and

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3           Whereas, most of these licenses and associated professional liability  
4 insurance policies currently prohibit practices across state lines; and

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6           Whereas, the recent COVID-19 pandemic has forced developing telehealth  
7 programs due to contagious considerations; therefore, be it

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9           RESOLVED, that ISMS endorses development of policy protocols for  
10 interstate appropriateness of telehealth to assist patients in their healthcare; and be  
11 it further

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13           RESOLVED, that ISMS work with the insurance companies, state legislature  
14 to develop appropriate licensure and insurance programs to assist the physician,  
15 patient and families; and be it further

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17           RESOLVED, that a similar resolution be forwarded to the AMA.

**Fiscal Note:**

n/a

**Existing ISMS policy related to this issue:**

It is the policy of ISMS to: (1) support the appropriate development of telemedicine technology in Illinois; (2) encourage cooperative efforts among groups that utilize these techniques; (3) monitor the appropriateness of this technology for addressing access to care concerns and concerns of confidentiality; and (4) encourage the State of Illinois to

help fund these initiatives at appropriate academic centers located within Illinois, if requested. (HOD 1994; Last BOT Review 2011)

It is the policy of the Society to support the following as a flexible and “working” definition of telemedicine: telemedicine should be considered as the medical evaluation, diagnosis, or interpretation of electronically transmitted patient-specific data between a remote location and a physician licensed to practice medicine in all its branches, that generates interaction and/or treatment recommendations; and as part of any telemedicine network, the transmission of electronic patient specific data must be of sufficient quality to allow the receiving physician to render a valid and appropriate medical opinion. (HOD 1998; Last BOT Review 2011)

It is the policy of ISMS to endorse the concept of telemedicine and to seek to assure that physicians may bill and be reimbursed for teleconferencing, telephone consultations and telemedicine services. (HOD 2000; Last BOT Review 2011)

ISMS supports consumers' right to purchase health insurance across state lines in order to allow people to choose the health insurance plan that best suits them, thereby offering the best form of consumer protection for all. (HOD 2008; Reaffirmed 2012; Reaffirmed 2015-JAN; Reaffirmed 2018; Last BOT Review 2015)

ISMS supports the sale of health insurance across state lines. (HOD 2010; Reaffirmed 2015-JAN; Reaffirmed 2018; Last BOT Review 2015)

ISMS supports mandating physician remuneration for telemedicine services. (HOD 2014)

ISMS supports state legislation that authorizes Illinois’ participation in the Interstate Medical Licensure Compact, and encourages the entry of Illinois’ bordering states into the Compact. (BOT 2015-APR; Last BOT Review 2015)

ISMS supports the following Telemedicine Principles: 1. Telemedicine is considered the medical evaluation, diagnosis or interpretation of electronically transmitted patient-specific data between a remote location and a physician licensed to practice medicine in all its branches, that generates interaction and/or treatment recommendations; and as part of any telemedicine network, the transmission of electronic patient-specific data must be of sufficient quality to allow the receiving physician to render a valid and appropriate medical opinion. This definition applies to existing and emerging telemedicine arrangements, including: • Physician-to-physician communication for consultative purposes; • Direct communication between a physician and a patient, with the patient located at a clinical site; • Direct communication between a physician and a patient, with the patient located at other than a clinical site (e.g., home via the internet, kiosk or similar portal located in a retail store); and • Interactions using either real-time

or “store-and-forward” communication, where information is transmitted to be reviewed and responded to at a later time. 2. The appropriate use of telemedicine has the potential to serve as an important alternative to in-person care, particularly in cases where access to care is limited. Telemedicine in general may also generate cost savings in certain situations, particularly in instances where a patient requires long-term monitoring for a chronic condition that is being managed by a regular, treating physician. To the extent possible, patients receiving care via telemedicine, including initial visits, follow-up care, and ongoing remote monitoring, should have in-person access to clinical or care management personnel who work directly in a team-based approach with the physician engaged in the telemedicine practice. 3. ISMS supports mandating physician remuneration for telemedicine services. In general, ISMS endorses the concept of telemedicine and seeks to assure that physicians may bill and be reimbursed for telemedicine services. As long as service provided by telemedicine meets the criteria of safe and effective treatment consistent with practice guidelines, physicians should be reimbursed for such services. 4. Physicians are encouraged to use their best clinical judgment when treating patients via telemedicine, either as part of stand-alone telemedicine services or as part of an ongoing course of care. Physicians should be free to choose whether they want to treat patients via telemedicine. It is important to keep in mind that telemedicine may not be an appropriate substitute for in-person care in all cases, and individual physicians are in the best position to judge when telemedicine is an effective and appropriate tool for treating a patient. 5. If a physician/patient relationship based on an in-person, face-to-face exam has not been established prior to a telemedicine encounter, the physician or other practitioner providing care shall take appropriate steps to establish a physician-patient relationship by use of two-way audio-visual interaction or store-and-forward technology, provided that the applicable community standard of care and state medical practice laws are satisfied. 6. State licensure standards must be maintained in any telemedicine practice and, be consistent with in-person care, allowing a physician to provide care to existing patients while the physician or patient is traveling out of state. 7. Professional standards guiding the practice of telemedicine should be the same as for in-person care delivery, with specific professional standards developed to accommodate circumstances unique to the use of telemedicine. Standards related to charting, documentation of verifiable physical findings and vital signs, and patient follow-up instructions should be generally consistent with in-person care delivery standards. Special consideration should also be given to standards regarding transparency of care provided via a telemedicine service and to safeguards regarding privacy. Providers delivering care via telemedicine must comply with laws and regulations related to patient privacy and access to medical records. Patients should be advised of the importance of using secure communication methods to initiate or participate in a telemedicine visit. 8. Scope of practice laws and regulations with respect to requiring non-physicians to have a written collaborative or supervisory agreement with a physician in order to diagnose and treat patients and prescribe medications in Illinois should be maintained in a telemedicine arrangement.

The unique circumstances of a telemedicine visit (e.g., the inability of a physician or other health care provider to assess the patient in person with physical interaction as necessary, possible absence of past medical records) indicate that there are situations in which, ideally, initial telemedicine visits should be with a physician. (HOD 2017)