

EXPANDING TELEHEALTH ACCESS FOR TEXANS

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KEY POINTS

- There is a provider shortage in Texas that is projected to only worsen.
- During COVID-19, Texas issued exemptions for out-of-state providers to practice across state lines in Texas.
- Other states have expanded access to out-of-state providers to practice across state lines.
- After creating a telehealth registry, Florida was able to bring in over 14,000 telehealth providers.

EXECUTIVE SUMMARY

With the rise in telehealth usage during the pandemic, states across the country are creating pathways for licensure for doctors to practice across state lines. Despite allowing temporary exemptions that allowed out-of-state doctors to practice in Texas during the pandemic, Texas reverted back to its rigid regulations of telehealth providers after the pandemic—causing thousands of Texans to lose access to providers. Consequently, Texas is experiencing a shortage of healthcare workers across every profession in the state. Rural Texans are disproportionately affected by healthcare shortages that translate into longer drive times to see providers, causing many of them to forgo care altogether. The longer Texas waits to address its medical deserts, the longer patients experience a lack of access to care. This paper provides an overview of how expanding telehealth access can help address some of the provider issues Texas faces and how expanded telehealth access has helped other states.

EXPANDING TELEHEALTH ACCESS FOR TEXANS

Everything is bigger in Texas. Unfortunately, this truth applies to Texas-sized drive times and wait times for doctor visits. Currently, Texas is experiencing shortages in almost every medical profession. When patients do not have access to providers near them, they have to travel further for care, thus increasing the cost to receive care, delaying care, and leading some patients to forgo care all together, which worsens chronic health conditions like diabetes and hypertension ([Government Accountability Office, 2020](#)). Rural communities in par-

continued

ticular often struggle with attracting healthcare professionals in their area. Moreover, rural areas have a higher concentration of chronic illnesses than their urban counterparts (Boersma et al., 2020).

There are 246 counties in Texas that are deemed mental health professional shortage areas (MHP-SA) (Texas Health and Human Services, n.d.). In other words, 98% of Texas counties do not have adequate access to mental health professionals. Currently, 164 Texas counties did not have a single practicing psychiatrist, and metropolitan counties had 2.9 times as many psychiatrists as non-metropolitan counties (Texas Health Data, n.d.). Likewise, 30 counties in Texas did not have a single Licensed Professional Counselor (LPC), and metropolitan counties had 1.7 times as many LPCs as non-metropolitan counties (Texas Health Data, n.d.).

Improving patients' ability to access health professionals is critical to alleviating the hundreds of healthcare deserts plaguing Texas. One solution that states across the U.S. have used to address the issue of healthcare access is allowing out-of-state providers to practice medicine across state lines through telehealth. "Telehealth," as defined by the American Telemedicine Association, means:

a mode of delivering healthcare services through the use of telecommunications technologies, including but not limited to asynchronous and synchronous technology, and remote patient monitoring technology, by a healthcare practitioner to a patient or a practitioner at a different physical location than the healthcare practitioner. (American Telehealth Association, 2020)

Telehealth reforms can help remove geographic barriers for patients to access proper care in a timely and efficient manner.

There are various forms of communication between a doctor and patient that can qualify as telehealth. "Synchronous telehealth" allows patients and doctors to communicate in real time and allows patients

to meet with their provider on a video or telephone call. "Asynchronous telehealth" permits patients to communicate and share their health information without the need to meet in real time (this can include texting, emailing, and filling out questionnaires to set an appointment). "Remote Patient Monitoring" (RPM) involves devices that collect data from patients and relay that information to their healthcare providers at scheduled intervals or in real time (this can include wearable devices that track heart rate, blood pressure, monitor weight, and blood sugar). Ensuring accessibility to all three modes guarantees patients the flexibility to access providers no matter the circumstances they find themselves in.

Telehealth utilization skyrocketed during the COVID-19 pandemic across Medicare, Medicaid, and private insurance. Medicare telehealth visits alone increased 63-fold from 2019 to 2020 during COVID-19 (Samson et al., 2021, p. 1). In April of 2020, more than one-third of all doctors' appointments in the U.S. were conducted via telehealth (Bestsenny et al., 2021). A 2020 survey conducted by Accenture found that approximately 4.5 million Texans used telehealth services for the first time during the pandemic (Martin, 2020). Moreover, 94% of Texas patients who used virtual care during the pandemic said they would be willing to use telehealth again in the future (Martin, 2020).

Indeed, more physicians are using telehealth after the pandemic. The American Medical Association (AMA) found that in 2022, 74% of physicians surveyed used telehealth in their medical practice (Henry, 2023). Furthermore, 54% of physicians in a practice used telehealth to manage patients with chronic diseases (up from only 9.9% of physicians in 2018) and 49.8% were in a practice that used telehealth to diagnose or treat patients (up from only 15.6% in 2018) (Henry, 2023).

Before the pandemic, telehealth across state lines was highly restricted and not widely used due to various states' regulations. To practice in another state, doctors must be fully licensed within that

state. Obtaining a license in a different state can be an arduous and expensive process, as some of the stipulations include:

1. Requiring telehealth providers to take the Texas Jurisprudence Exam (this is an examination for out-of-state providers that covers laws relevant to the applicant's scope of practice).
2. Paying additional licensing fees.
3. Waiting through long assessment periods that can last up to a year (or longer).
4. Retaking supplemental knowledge exams despite out-of-state applicants having passed the United States Medical Licensing Examinations. (The USMLE consists of three separate exams that provide the state medical board with a common evaluation system for applicants for their initial medical licensure.)
5. Granting limited licenses that either restrict the amount of time a telehealth provider can serve patients in the state or limit the type of telehealth services that can be provided (i.e., just mental health services or primary care services).
6. Restricting telehealth providers to one modality (i.e., synchronous or asynchronous).
7. Requiring telehealth providers to have established an in-person relationship before the patient can access telehealth services.

Restrictions on telehealth are often based on laws and regulations that are out of date. In at least 30 states, patients cannot access a doctor who is licensed in another state, except under certain circumstances ([Federation of State Medical Boards, 2024](#)). States like Alaska allow patients to see an out-of-state doctor only if the patient has an already established relationship with that doctor and has conducted an in-person visit with that particular doctor ([Alaska Code, 2023, Sec. 08.02.130](#)).

Additionally, a patient can visit an out-of-state doctor only if the visit is regarding a potential life-threatening condition, and a fully-licensed Alaskan doctor has referred the patient to the out-of-state doctor ([Alaska Code, 2023, Sec. 08.02.130](#)). Thirty-six states have consultation exceptions where an in-state doctor can consult with a specialist with an out-of-state doctor about managing the care or treatment of the patient in their home state, but the patient themselves cannot access that doctor ([Federation of State Medical Boards, 2024](#)).

Ironically, despite many talented primary care physicians and other specialized doctors being heavily regulated, federal legislation exempts sports medicine doctors. If a visiting sports team from another state has a player who gets injured during a game, the team can call the sports medicine doctor in their home state and that doctor can treat players across state lines ([S. 808, 2017](#)). If athletes who are paid millions of dollars a year to perform at the top of their game can access doctors across state lines, then it should follow that this advantage should be extended to non-athletes and non-sports medicine doctors.

During the pandemic, the requirements for out-of-state doctors and providers changed on the federal and state level. The Department of Health and Human Services (HHS) gave temporary exemptions from statutes or restrictive regulations through different waivers in order to allow doctors to see patients out of state ([U.S. Department of Health and Human Services, 2023](#)). Additionally, every state, including Texas, temporarily suspended certain licensing requirements or created a pathway for the issuance of telehealth licenses ([Office of the Texas Governor, 2020](#)). Despite some states continuing regulatory exemptions for telehealth providers after the pandemic, many states let their emergency exemptions lapse and have reverted to a rigid regulatory environment that led telehealth providers to curtail service capacity in those states. Texas' statewide declaration expanding access to telehealth during the COVID-19 pandemic expired on June 15, 2023.

Currently, for doctors to practice across state lines in Texas, they must:

- (1) be 21 years of age or older;
- (2) be actively licensed to practice medicine in another state which is recognized by the board for purposes of licensure, and not the recipient of a previous disciplinary action by any other state or jurisdiction;
- (3) not be the subject of a pending investigation by a state medical board or another state or federal agency;
- (4) have passed the Texas Medical Jurisprudence Examination;
- (5) complete a board-approved application for an out-of-state telemedicine license for the practice of medicine across state lines and submit the requisite initial fee; and
- (6) not be determined ineligible for licensure under subsection (b) of this section ([Texas Admin. Code, Sec. 172.12\(a\)](#)).

For doctors who do not want to go through the full licensing process, the Texas Medical Board (TMB) also offers a limited out-of-state telemedicine license for doctors. The limited license allows an out-of-state doctor to practice across state lines, but limits the doctor to interpreting diagnostic testing and reporting those results to a fully-licensed Texas physician ([Texas Admin. Code, Sec. 172.12\(c\)](#)).

Despite Americans' interest in telehealth and the overall improvement to healthcare access with this feature, many states' current telehealth regulations ignore this trend and precedence set during COVID and reverted to old regulations. As other states like Florida and Indiana have already done, Texas should codify reforms that remove the strict regulatory environment that hinders patient access to providers. The longer Texas maintains its strict regulatory

environment, the longer Texans suffer with limited healthcare access and restricted choice of provider.

ADDRESSING SAFETY CONCERNS

Of course, maintaining integrity and quality of care for the health and safety of Texas patients must always be a priority. Evidence reveals that expanding telehealth access can increase the number of providers without compromising the quality of care received.

Data collected from Florida's telehealth registration program displays noteworthy trends that should assure lawmakers and medical boards that telehealth provider licensing and monitoring can be done in a safe and efficient fashion. In 2019, Florida passed HB 23, making it easier for out-of-state clinicians to register, comply with state care standards, and serve more Floridians. The law requires an out-of-state telehealth provider to submit an application to the applicable board, have an active license in another state with no disciplinary actions in the previous five years, and prevents the provider from opening a physical office in the state ([HB 23, 2019](#)). Additionally, there is no registration fee associated with applying.

As of 2022, Florida has approved more than 14,000 providers to use telehealth across state lines ([Archambault & Mehrotra, 2023, p. 4](#)). From 2021 to 2022, there were 7,330 registrations, and nearly 80% of them were mental health specialists or physicians ([Archambault & Mehrotra, 2023, p. 5](#)). Furthermore, in the first two and a half years of HB 23 becoming effective, there were no reported incidents that resulted in the discipline of an out-of-state provider offering services to patients in Florida. In total, there were 16 complaints reported with out-of-state telehealth providers. Of the 16 complaints, five were related to prescription drug refills, five were related to discipline in another state, and only one complaint resulted in a letter of guidance ([Archambault & Mehrotra, 2023, pp. 7-8](#)). Florida's registrant telehealth pathway reveals that out-of-state providers are willing and eager to safely provide high-quality services to pa-

tients across state lines. By imitating Florida and creating an optimal regulatory environment, Texas can help alleviate the serious shortage of practitioners the Lone Star State is currently facing.

States are strengthening the back-end accountability by ensuring that state medical boards have control of licensing and that state courts have control of the enforcement within the state. Indiana, for example, allows providers from another state to practice in its state so long as the providers agree to be subject to the jurisdiction of the courts of Indiana and its substantive and procedural laws about any claims against the healthcare provider or the provider's employer ([Indiana Code, 2023, Ann. Section 25-1-9.5-9](#)).

WHAT HAPPENS WHEN PATIENTS DO NOT RECEIVE CARE

Regardless of whether Texans live in rural or urban areas of the state, patients should have the ability to access providers outside of their community, city, or state if they lack a certain provider. Accessing a provider via telehealth can help end geographic barriers to care. When care is inaccessible or forgone, it costs the U.S. health system billions every year.

Seven of the top ten leading causes of death in the United States are chronic illnesses ([Raghupathi & Raghupathi, 2018](#)). Many of the chronic diseases that Americans face, such as diabetes, hypertension, and chronic kidney disease, cost the U.S. health system billions every year. Hypertension, also known as high blood pressure, alone costs the U.S. between \$131 and \$198 billion per year as one of the principle causes of strokes and heart disease ([Kirkland et al., 2018](#)). According to the CDC, nearly 108 million Americans suffer from high blood pressure and only 25% of patients have their condition under control ([CDC, n.d.-a](#)). This means that 75% of patients have an elevated risk of complications. One of the key factors in patients regaining control of their high blood pressure is the frequency of their disease treatment and timeliness of their treatment ([Pearl & Wayling,](#)

[2022](#)). Patients with more control of their high blood pressure might only need to see their provider a few times a year, whereas some patients would benefit from more frequent monitoring. However, traveling to a doctor's office once a month for a patient to take their blood pressure is costly, both financially and in terms of one's time. Virtual visits can be more frequent and take place in the comfort of a patient's home. Medical devices can relay a patient's blood pressure in real time to their doctor, resulting in better monitoring and control of chronic illnesses and less complications.

The flexibility provided by telehealth has facilitated innovations and the development of different telehealth models that can be tailored to meet the specific needs of patients. For example, the University of West Virginia created a program tailored to help patients who wanted to age at home and not in an assisted living facility. The program tested to see if telehealth remote patient monitoring could reduce the need for emergency department visits or hospitalizations. Hospitalizations are very costly to patients, averaging \$14,101 in 2019 and can be avoided if health professionals are alerted to a patients' abnormal health status ([CDC, n.d.-b](#)). Preliminary results showed that the pilot program was able to avoid additional hospitalization by allowing doctors to adjust a patients' medication without the need for a hospitalization ([West Virginia University Today, 2021](#)). This type of model could be beneficial as 16.8% of the U.S. population is over the age of 65, with 21% projected to be 65 or older by 2030 ([Caplan, 2023](#)).

Telehealth also saves patients both time with no drive time and saves money on lost income, which can help patients with more serious conditions. One study found that patients with cancer saved a mean total ranging from \$147.40 to \$186.10 for every completed telehealth appointment, and saved an average of 2.9 hours of driving time per visit ([Patel et al., 2023](#)). The benefits of telehealth are not only confined to private insurance but also Medicaid and Medicare. The Center for Medicaid and Medicare

Services (CMS) estimated that telehealth could save Medicare patients \$100 million in savings by 2024 and \$170 million by 2029 ([Medicare and Medicaid Programs, 2018](#)).

RECOMMENDATION

While telehealth is not the silver bullet to solving every problem in healthcare, it does offer patients increased access to medical professionals and the freedom to choose the provider of their choice. States like Florida, who have a clear pathway for

out-of-state telehealth providers, have shown that providers are interested and willing to serve patients in another state if given the right regulatory environment. With Texas experiencing medical personnel shortage across the state, the need for more doctors is crucial for alleviating healthcare deserts and bringing care to patients. The 89th Texas Legislature should consider legislation that creates a telehealth registry that allows out-of-state providers to practice in Texas. The longer Texas waits to enact change, the longer patients must wait to receive care. ■

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