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The ATA's Policy Principles On Breaking Down Interstate Barriers to Care

The American Telemedicine Association (ATA) is committed to ensuring that patients have access to safe, effective, and accountable care across state lines, while preserving the essential role of states in regulating the practice of medicine. At the same time, the ATA recognizes that some state-specific requirements and administrative burdens have become unnecessarily restrictive, creating barriers that limit innovation, access, and the full potential of telehealth to improve patient outcomes.

The ATA strongly supports state-led solutions that expand access while maintaining oversight and accountability, including:

- **Interstate licensure compacts that streamline participation for qualified providers;**
- **Out-of-state registration models that allow licensed healthcare professionals to practice telehealth across borders under well-defined safeguards; and**
- **Adoption of the Uniform Law Commission's (ULC) Uniform Telehealth Act, which offers states a consistent framework for governing interstate telehealth.**

Targeted Federal Solutions to Break Down Interstate Barriers to Care

The ATA has long supported the federal government playing a constructive role in state licensure by encouraging state legislatures to adopt reciprocal licensure compacts and by helping ensure those compacts function as intended to expand access and reduce administrative burdens.

The ATA also recognizes and supports state medical boards that implement reasonable exceptions to strict licensure enforcement, as reflected in the Federation of State Medical Boards' (FSMB) guidance, *The Appropriate Use of Telemedicine Technologies in the Practice of Medicine*. These exceptions, when carefully structured, help protect continuity of care and promote patient-centered access to qualified providers.

We acknowledge and respect the fundamental role of state licensure in:

- **Protecting patient safety and maintaining accountability;**
- **Ensuring states retain authority over the practice of medicine and the establishment of the standard of care; and**
- **Upholding the balance of power envisioned in our constitutional federal framework, which must continue to guide and constrain federal intervention.**



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That said, the ATA believes that the United States Congress does have a vital, narrowly defined role to play in exceptional circumstances, particularly when barriers to care clearly harm patients or disrupt continuity of treatment. In these limited cases, Congress can make carefully tailored allowances to place the patient at the center of our healthcare system, ensuring that federal action complements rather than supplants state-based regulation.

This balanced approach, grounded in respect for both state sovereignty and access, ensures that federal and state governments work together to uphold safety and accountability in an increasingly connected healthcare environment. It marks an important step toward modernizing health professional licensure and enabling clinically appropriate, patient-centered care across state lines, reflecting the realities of 21st-century healthcare, where technology, mobility, and patient needs demand a more seamless and coordinated framework to close persistent gaps in access and delivery.

ATA Policy Principles on Breaking Down Interstate Barriers to Care

These principles identify where targeted federal action can complement state authority to remove barriers and ensure timely, accountable, and safe care across state lines. By establishing clearer, more consistent cross-state frameworks, they also advance interoperability and care coordination nationwide. For purposes of these principles, healthcare providers should be required to hold an active license in good standing in at least one U.S. state or territory, ensuring both professional accountability and practical access for patients.

1. Protect Continuity of Care

Patients have a fundamental interest in continuity of care, regardless of geographic location, travel, or temporary relocation. Patients with established provider relationships should be able to receive follow-up care via telehealth even when they are temporarily outside their home state (e.g., travel, temporary work assignment, academic enrollment). Policy should ensure these interactions are documented, clinically appropriate, and not used to bypass state licensure requirements for permanent practice.

2. Enable Access to Expert Second Opinions

Patients and families should be able to seek one-time or periodic second-opinion consultations across state lines. These consultations should be clearly defined, documented, and distinguished from ongoing care, demonstrating meaningful clinical evaluation and decision-making consistent with the standard of care while ensuring the patient's home-state provider retains responsibility for long-term management.



3. Expand Access to Rare and Complex Subspecialty Care

Federal policy should allow access to out-of-state experts when clinical expertise is limited to a small number of nationally recognized specialists (e.g., rare diseases, advanced oncology, pediatric subspecialties). Guardrails, including referral and documentation requirements, are necessary to prevent misuse and ensure the exception is narrowly applied. The provider must ensure that telehealth relationships for subspecialty care reflect comprehensive clinical engagement that is consistent with applicable standards of care and oversight requirements.

4. Support Clinical Research and Innovation

Federal policy should expand access to telehealth for patients enrolled in federally registered or Institutional Review Board–approved clinical trials and advanced research. Patients should be able to receive telehealth services from investigators and their teams across state boundaries, ensuring research integrity, patient safety, and broad participation. Federal efforts must balance this flexibility with appropriate oversight, accountability, and consistency across jurisdictions to safeguard trust in clinical innovation.

5. Preserve State Authority and Accountability

State health professional licensure boards must retain their role in enforcing standards of care, malpractice oversight, prescribing rules, and disciplinary action. Providers engaging in cross-state telehealth shall be deemed to have consented to the jurisdiction of any state in which a patient is physically located during care delivery, solely for purposes of professional discipline and malpractice accountability. Federal exceptions must ensure that providers consent to the jurisdiction of the patient's state for accountability, while recognizing that a patchwork of overly restrictive state requirements can unintentionally impede access to timely care. Targeted federal authority should ensure that state regulation enhances, not obstructs, the patient's right to timely, clinically appropriate care.

6. Safeguard Patients and Program Integrity

Healthcare providers practicing under federal exceptions must be licensed, in good standing, and subject to oversight. Providers must document qualifying circumstances, including the clinical necessity and scope of the patient relationship, and remain subject to disciplinary action. Telehealth services should reflect continuous, patient-centered care and appropriate coordination with other members of the care team, consistent with applicable standards and safeguards. These measures would ensure that expanded access does not come at the expense of safety or trust.



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