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Wisconsin State Senate
Senate Committee on Health
Wisconsin State Capitol
2 E Main St
Madison, Wisconsin 53703

February 14, 2024

A letter in support of Senate Bill 823, an act to allow out-of-state healthcare providers to provide telehealth services via registration

Committee Chair Cabral-Guevara, Vice Chair Testin, and members of the Committee on Health,

My name is Courtney Joslin, and I am a resident fellow and senior manager for the Project for Women and Families at the R Street Institute. R Street is a nonpartisan, nonprofit public policy research organization whose mission is to conduct policy research that promotes free markets and limited, effective government. My research includes telehealth policy and how it has changed since the pandemic, and today I am writing to encourage you to pass SB 823.

This bill would allow healthcare providers licensed in good standing in other states or territories to register in the state of Wisconsin to provide their services via telehealth. This is a major step toward improving healthcare access in Wisconsin with relatively few, if any, associated risks. Primarily, it would help address Wisconsin's current mental health crisis, which is worsened due to the ongoing mental health provider shortage.¹ While registration for telehealth is not a new model, it is certainly less well known and requires framing within the spectrum of occupational licensing.

In all occupational licensing, there is a range of licensure models that can be used for the labor force. The most restrictive, which is full licensure in each jurisdiction a healthcare provider wishes to practice in, requires a provider to provide the necessary qualifications, training, and fees to receive a license in a given state. Then, to practice in a different state, the provider must usually provide the same credentials and any additional ones the state enforces. This can be redundant and burdensome. For example, if a fully licensed and active psychologist in good standing in Ohio wished to treat a patient while the patient resides in or visits Wisconsin, the psychologist would be unable to do so unless she applied for Wisconsin state licensure, paid the state fees, provided transcripts, and education credentials, and completed any training



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requirements that are specific to Wisconsin. However, she has already supplied all of these things in Ohio in order to receive her license in the first place. Thus, licensing in multiple states can become overly burdensome to the point that many providers choose not to pursue it.ⁱⁱ

The middle ground is for a state to enter a licensure compact, in which every state that adopts the compact allows out-of-state practitioners to practice within their state under what is essentially an expedited license.ⁱⁱⁱ Compacts, however, are at best a reduction in paperwork, and at worst another hurdle to jump through. While they can provide easier pathways to multi-state licensure, they do not do so for every healthcare profession. Wisconsin is currently a member of several interstate compacts for healthcare providers, including the Interstate Medical Licensure Compact and the Psychology Interjurisdictional Compact, which is an encouraging step in the right direction.^{iv} However, as many providers can attest to, compacts do not always ensure the ability to use telehealth across multiple states, whereas SB 823 would.

Registration is the least onerous licensing model, and the one most likely to increase the number of out-of-state providers offering services in Wisconsin.^v The registration model operates under the reality that a provider licensed in good standing in another state has the appropriate credentials already in place, and therefore requiring them to go through the full licensing process again is duplicative and discourages them from practicing in multiple states via telehealth. The registration model is crucial to expanding access to telehealth, which is a privilege that the overwhelming majority of Americans enjoy using since the Covid-19 pandemic.^{vi}

This registration model has increased in popularity since the Covid-19 pandemic.^{vii} While virtually every jurisdiction temporarily allowed out-of-state providers to simply register to provide telehealth services in 2020, a number of states have made this change permanent. Among others, Arizona, Florida, Minnesota, South Carolina and Delaware have enacted registration models for out-of-state providers looking to offer telehealth services.^{viii} And, more states are now considering this model as Wisconsin is currently.

I encourage you to pass SB 823.

Respectfully,

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ⁱ Natalie Eilbert, “Providers agree screening adults for anxiety is a good idea. But who would provide the mental health care?” Green Bay Press Gazette, Sept. 28, 2022, <https://www.greenbaypressgazette.com/story/news/2022/09/28/national-call-anxiety-screening-raises-key-issue-wisconsin-doesnt-have-enough-mental-health-provider/8072072001/>.

ⁱⁱ “Telehealth’s Roadblock: The Issue with State Licensure Requirements,” Epstein Becker & Green, P.C., last accessed February 12, 2024. <https://www.healthlawadvisor.com/telehealths-roadblock-the-issue-with-state-licensure-requirements>.

ⁱⁱⁱ “Licensure compacts,” Health Resources & Services Administration, last accessed February 12, 2024. <https://telehealth.hhs.gov/licensure/licensure-compacts>.

^{iv} Interstate Medical Licensure Compact, last accessed February 12, 2024. <https://www.imlcc.org/participating-states/>; PSYPACT, last accessed February 12, 2024. <https://psypact.org/mpage/psypactmap>.

^v Consensus Statement for Telehealth Licensure Reforms, “The Petrie-Flom Center for Health Law Policy, Biotechnology, and Bioethics at Harvard Law School, last accessed February 12, 2024. <https://petrieflom.law.harvard.edu/resources/article/consensus-statement-for-telehealth-licensure-reforms>.

^{vi} Jeffrey Bendix, “Americans like telemedicine more after trying it: survey,” Medical Economics, August 2023. <https://www.medicaleconomics.com/view/americans-like-telemedicine-more-after-trying-it-survey>.

^{vii} Cross-State Licensing, Center for Connected Health Policy, last accessed February 12, 2024. <https://www.cchpca.org/topic/cross-state-licensing-professional-requirements/>.

^{viii} Ibid.