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TO: Senate Committee on Health
FROM: Senator Rob Stafsholt
DATE: February 14, 2024
SUBJECT: Testimony in Favor of Senate Bill 823

Thank you, Chairwoman Cabral-Guevara and members of the Senate Committee on Health, for allowing me to testify in favor of Senate Bill 823.

Senate Bill 823 expands and improves health care services in Wisconsin by reducing regulatory burdens and providing accessibility to qualified out-of-state health care providers. This legislation allows an individual who possesses a credential as a health care provider in another state to provide health care services by telehealth in this state within the scope of practice established under the laws and rules of this state.

This bill requires Department of Safety and Professional Services (DSPS) and any applicable credentialing board to register an out-of-state health care provider as a telehealth provider who may provide health care services in this state by telehealth if the provider meets certain criteria, such as possessing a health care credential issued by another state, having a clean disciplinary record and they designate an agent upon whom service of process may be made in this state. The credential must be active and entitles them to perform services that are substantially similar to the services done by credentialed health care providers in Wisconsin.

The legislation includes consumer protections, such as requirements for malpractice liability insurance coverage and timely disciplinary action reporting. In addition, the bill requires DSPS to publish on its website a list of all providers registered and include certain information including the registrant's name, health care occupation, training and education, certificates or degrees obtained, out-of-state health care license, disciplinary history, and any medical malpractice insurance policy information.

Thank you, members. I ask for your support and would be happy to discuss this bill at any time.

NATE GUSTAFSON
STATE REPRESENTATIVE • 55TH ASSEMBLY DISTRICT

Testimony in Support of Senate Bill 823

Senate Committee on Health

Wednesday, February 14, 2024

Thank you, Chairwoman Cabral-Guevara, and esteemed members of the Senate Committee on Health for scheduling this public hearing and providing me with the opportunity to testify in favor of Senate Bill 823. I also want to express my appreciation to my colleague, Senator Stafsholt, for leading this bill in the Senate.

Keeping access to quality healthcare when you move is always daunting, whether it a few cities over or across the country. If you find a medical professional that you trust and have a good relationship with, you will do whatever you can to stay a patient of that doctor. With the advent of telehealth, the radius of a doctor's reach has grown. However, there is more work to be done.

This particular bill directly effects members of the 55th Assembly District. A family that recently moved to the 55th Assembly District from Georgia, has two sons that have special needs. They had "an amazing relationship" with their children's healthcare professional back in Georgia. If the governor were to sign SB 823, as long as their doctor meets the criteria in this bill, this family can keep their relationship with their specialized doctor for years to come.

Thank you for your time and consideration on this important legislation.



February 13, 2024

The Honorable Senator Cabral-Guevara
Chair, Senate Committee on Health
Madison, WI 53707

RE: Teladoc Health's Support for Senate Bill 823

Dear Chairman Cabral-Guevara,

On behalf of Teladoc Health, I write in support of Senate Bill 823, as amended, which creates a process for certain individuals who hold a license, certification, registration, or permit granted by another state to apply for and receive a privilege to practice in Wisconsin. We respectfully request that the Committee vote in favor of this bill.

By way of background, Teladoc Health is the world's largest telehealth company with more than 5,000 employees. We deliver health care in 175 countries and in more than 40 languages. We partner with employers, hospitals, health systems, and more than 50 health insurance plans in all 50 states – including Wisconsin – to transform health care delivery. Teladoc Health provides health care services to more than 40 percent of Fortune 500 employers as well as thousands of small businesses, labor unions and public-sector employers which offer our virtual care services to their employees.

Teladoc Health is offered as a benefit by over 8,000 Wisconsin employers covering over 800 thousand patients in the state. Some of the employers that offer Teladoc Health as a benefit include: Kohler, Nestle, Abbott, Greenheck, Green Bay Area Public Schools, Brown County, and the City of Kenosha. Teladoc also contracts with Aetna, Anthem, Group Health Cooperative (Medicaid), and UnitedHealthcare to provide virtual care services for their health plan beneficiaries.

The Need for More Healthcare Providers

Provider shortages are a considerable problem across the nation, including in Wisconsin. Unfortunately, there simply are not enough providers to meet demand. The Health Resources and Services Administration (HRSA) found that over 1.7 million Wisconsin residents live within a primary care health care professional shortage area,¹ and over 2.8 million Wisconsin residents live within a mental health care health professional shortage area.² In fact, the entirety of over 35 counties are designated as provider shortage areas for primary care³ and over 40 counties are designated as provider shortages for mental health.⁴

Several local Wisconsin organizations have also noted the impact of this workforce shortage. A March 2022 report from the Wisconsin Hospital Association (WHA) found that an "aging workforce combined

¹ <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22desc%22%7D>

² <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22desc%22%7D>

³ <https://www.ruralhealthinfo.org/charts/5?state=WI>

⁴ <https://www.ruralhealthinfo.org/charts/7?state=WI>



with a spike in worker departures created unprecedented levels of vacancy rates. A lack of workers, combined with a licensing backlog affecting health care workers, leaves health care providers struggling to staff their facilities.”⁵

Similarly, the University of Wisconsin School of Medicine and Public Health notes that “Wisconsin faces a deficit of more than 8,000 healthcare positions across the state, with 3,500 of them in the Madison area.”⁶ Unfortunately, without intervention and a way to utilize the national network of providers, the problem may only worsen. The WHA released a study that found that by 2030, Wisconsin will see many people leaving or retiring from the healthcare industry while the number of patients to be served will only increase.⁷

The Solution: Licensure Portability

While it may take several years for the education system to retool with an expanded emphasis on developing a pipeline for healthcare professionals, the legislation before you today offers a short-term solution which can be implemented immediately.

We commend the Wisconsin Legislature for its leadership in tackling this workforce shortage dilemma by addressing licensure reforms. Teladoc Health supports all commonsense efforts to increase cross-state recognition of health professional licenses. From our own experience, we witnessed Governors and Legislatures across the country remove state licensure barriers to practice during the COVID-19 pandemic. The result was a more efficient, nimble, and effective health care system which allowed providers to quickly serve patients where they were as the disease moved from hotspot to hotspot without having to overcome the various hurdles of traditional licensure. These licensure flexibilities (many of which have subsequently been made permanent) led to faster and more convenient patient care, diverted patients from unnecessary ER/urgent care visits, and was done in a safe and reliable manner.

Making licensure portability simpler and more streamlined will allow providers and patients to fully capitalize on the benefits of telehealth technology and bring more highly qualified providers into the state. This, in turn, will significantly increase patients’ access to care – including by decreasing wait and travel times, offering more convenient appointments for patients, and offering more native language services. All of these factors will ultimately lower cost pressures on the entire health care sector, leading to system-wide cost savings due to effective diversion from the emergency departments and urgent care centers, lower rates of chronic conditions by catching and treating those diseases early, and overall cost savings with telehealth economies of scale and a higher supply of providers.

To date, several states have adopted licensure portability models outside of the various licensure compacts, including: Arizona, Connecticut, Delaware, Florida, Idaho, Kansas, Minnesota, South Carolina, and West Virginia.

⁵ https://captimes.com/news/government/lobbyists-wisconsin-health-care-workers-shortage-could-drive-bipartisan-action/article_c1821744-f89d-502d-a9ce-eb4e998dc13e.html

⁶ <https://www.uwhealth.org/news/wisconsin-medicines-addresses-workforce-shortages>

⁷ https://www.wxow.com/news/healthcare-worker-shortage-to-be-dire-by-2030-report-says/article_1189c240-cdb9-11ed-900f-9bb0dda45308.html



While the pre-pandemic fears that licensure reciprocity would lead to an increase in patient complaints and injuries, a 2023 study found no examples of licensing agencies taking disciplinary action against out-of-state telehealth providers for patient safety issues.⁸ Furthermore, on the issue of increasing the health care workforce, the research found that Florida increased their total provider count by 14,000, with thousands of those providers being doctors and mental health providers. To be sure, should the need for enforcement or disciplinary actions arise, the various Wisconsin state agencies, courts, and licensing boards will continue to have jurisdiction over all health care professionals practicing in the State of Wisconsin.

Thank you for the opportunity to provide Teladoc Health's unique insights on this important piece of legislation. It is our hope that the Committee will pass SB823. Please do not hesitate to contact me at mercermay@teladochealth.com with any questions or concerns you may have.

Sincerely,

Wm. Mercer May, Esq.
Teladoc Health
Director of State Government Affairs

⁸ <https://ciceroinstitute.org/wp-content/uploads/2023/02/Few-Disciplinary-Issues-with-Out-of-State-Telehealth-Report.pdf>



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Wisconsin State Senate
Senate Committee on Health
Wisconsin State Capitol
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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,

Courtney Joslin
Resident Fellow and Senior Manager
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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 Reforms⁴,” 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.