

RI Department of Health Three Capitol Hill Providence, RI 02908-5097

TTY: 771 www.health.ri.gov

April 23, 2025

The Honorable Susan R. Donovan, Chair House Committee on Health and Human Services State House 82 Smith St. Providence, RI 02903

RE: H 5622 - An Act Relating to Businesses and Professions - Interstate Medical Licensure Compact

Dear Chair Donovan:

Please accept this letter with concerns regarding H 5622, legislation that would require the Rhode Island Department of Health (RIDOH) to implement the Interstate Medical Licensure Compact (IMLC) no later than July 1, 2025. This bill also would "register" out-of-state practitioners to provide telemedicine services to Rhode Island patients.

The primary delay in implementing the IMLC remains meeting the requirement of the Compact for the Rhode Island Board of Medical Licensure and Discipline (BMLD) to perform national fingerprint/biometric criminal background checks on applicants, something not currently being done. Failure to gain this capability will result in Rhode Island physicians not being able to enter the Compact to obtain licensure in other compact states to provide continuity of care for patients who are out of state for long periods of time, such as college students on long vacations or sabbaticals. Difficulty in obtaining permission from the FBI to perform these background checks is a common reason for medical boards to have major delays (years) in implementing the Compact in their respective states. RIDOH has reached out to the Rhode Island Office of the Attorney General to request permission, which has not yet been attained. Federal legislation is being introduced (the SHARE Act - (SHARE Act A Viable Solution to Licensure Compact Barrier – The Council of State Governments) which would create a federal pathway for all state medical boards participating in the IMLC to perform federal criminal background checks on physician applicants; RIDOH has been in discussions with our congressional delegation in general support of this bill.

With respect to the provisions of H 5622 that involve telemedicine, RIDOH does not believe that there is a need for a separate "registration" process for those practitioners who wish to practice telehealth. Rhode Island currently reviews applications for professional licensure, including credentials review and other due diligence to protect the public. A separate registration process for those who only wish to practice telehealth without the rigor of the license application review process could lead to confusion for the public and potentially endanger public health. Consumers will not understand the difference between a "registered" and a "licensed" provider. Without the benefit of reviewing an application for licensure in detail, providers with a history of unsafe practices – including those who have been denied licenses in other states – could provide unsafe care to our residents.

H 5622 also allows for asynchronous telecommunications in the provision of telemedicine, which is currently precluded by RIDOH regulations and telemedicine guidelines. Asynchronous telemedicine is essentially texting, whereby a patient fills out an online questionnaire and requests a certain medication. A provider reviews the questionnaire and sends a message back indicating that the prescription has been referred to a pharmacy (usually one outside of Rhode Island) and will be mailed to the patient. Asynchronous telemedicine does not give the patient an opportunity to ask questions of the provider and

therefore have true informed consent to a treatment. As a result, the BMLD has insisted that initial telemedicine visits be synchronous – where the provider and patient are able to ask questions of one another in real time and the provider is able to see the patient when using video conferencing.

While the "registering boards" noted in the proposed legislation may take disciplinary action against a registered practitioner, the process outlined in the bill is duplicative for RIDOH and creates unnecessary redundancies in RIDOH systems, such as disciplinary actions. Each provider Board currently licenses many telemedicine providers, making this bill unnecessary.

Thank you for the opportunity to comment on this legislation.

Sincerely,

Jerome M. Larkin, MD

Director

CC: The Honorable Members of the House Committee on Health and Human Services

The Honorable Marie A. Hopkins

Jesome M. Suh

Nicole McCarty, Esquire, Chief Legal Counsel

Lynne Urbani, Director of House Policy