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**Interstate Telehealth Working Group**

November 01, 2021

Minutes

**Members Present:**

Agatha Kessler, Office of Professional Regulation

Carrie Phillips, Office of Professional Regulation

David Herlihy, Executive Director, Board of Medical Practice

Dillon Burns, Vermont Care Partners

Dustin Redlein

Dylan Bruce, Office of Professional Regulation

Elizabeth Boody

Erika Wolffing

Hillary Hill, Medicaid Policy Analyst, DVHA

Jessa Barnard, Vermont Medical Society

Jill Olson, Executive Director at the VNAs of Vermont.

Josh Plavin, MD, Vice President and CMO, BCBS of VT

Julie Adams, MD, University of Vermont Health Network

Kelsi Alger, Office of Professional Regulation

Ken Lawenda, Board of Optometry

Lauren Hibbert, Director, Office of Professional Regulation

Lauren Layman, Office of Professional Regulation

Lisa Avery, Physical Therapist

Lucie Garand, Senior Government Relations Specialist at MMR

Lynn Stanley, Executive Director, National Association of Social Workers - Vermont

Meredith Roberts, Executive Director, American Nursing Association – VT Chapter

Michele Degree, Green Mountain Care Board

Rebecca Copans, BCBS of VT

Sarah Kessler, University of Vermont Health Network

Sebastian Arduengo, Department of Financial Regulation

Todd Young, University of Vermont Health Network

**I. Minute Approval**

The Working Group convened and approved the October 20th minutes.

**II. National Compact Recommendations**

Lauren Layman presented a power point on Subgroup recommendations for national compact, reciprocity, and telehealth licenses. When reviewing national compacts recommendations, the Group discussed how they prefer not to show a preference over the type of licensure, be it mutual recognition or expedited. It was suggested that type of licensure should be based on specific needs of each profession.

The Group discussed a strong desire to identify who is practicing in the state. Some of the interstate compacts have a commission where registration is not required with the state if you are part of the compact. This was brought up as a concern that should be addressed.

Another concern discussed was the need to educate providers coming into the state on Vermont laws and statues. Anyone practicing in Vermont should be instructed on what is “best practice.”

**III. Telehealth Licenses Recommendations**

Lauren Layman reviewed the Group’s recommendations for telehealth licenses. The Group discussed the recommendation stating “…a clinician with a predominately Vermont-based practice should have a full license in Vermont.”​ The word “predominately” was changed to “substantially” to lower the threshold for the expectation to apply for the full licensure.

**IV. Waiver Recommendations**

The Group discussed further what their recommendations would be if a waiver process is adopted. If licensure is waived, the provider should be subject to Vermont jurisdictional laws. If the provider will be prescribing medication while in Vermont, they should be subject to the DEA laws. If a prescribing practitioner enters Vermont via a waiver, they should be given a notice about prescribing while they are practicing here.

The Group also suggested to emphasize “with the patients consent”.

**V. Process**

The Group reviewed the process suggestion that was submitted, discussing concerns about mental health professionals that might need a registration longer than 120 days. It was suggested the telehealth license for Allied Mental Health be minimized or streamlined. It was also suggested that the roster be promoted as an alternative way to practice in Vermont.

**VI. Next Steps**

Lauren Layman asked for anyone to send in purposed processes they have for telehealth licensure. The next meeting of the Telehealth Working group is scheduled for November 10th at 10:00 AM.