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The Regulations in Telemedicine's Way

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Ateev Mehrotra and Barak Richman should be commended for highlighting how outdated regulations restrict telemedicine across state lines for those who need it most ("A Cancer Patient's Brutal Commute," op-ed, July 13). To take the argument further: Healthcare services themselves should not be restricted by state lines. Reciprocity in licensing should be expanded, including for Medicaid coverage for children. Some children are forced to travel hours each week to remain within state lines and receive treatments in specialized hospitals, even though similar treatments are available minutes away in a neighboring state.

Indiana's legislature recently passed legislation permitting children to receive specialized care in Chicago, Cincinnati and Louisville, Ky. Wise reforms won't let outmoded reimbursement systems cause children to travel many hours for state-of-the-art care.

John Cunningham, M.D.

Chairman of Pediatrics, University of Chicago Comer Children's Hospital

Chicago

State laws currently define the location of the practice of telemedicine as that of the patient. As a result, physicians must be licensed in each and every state in which they treat patients—a barrier to interstate commerce. Why not define the location of telemedicine treatment, via an act of Congress, as the doctor's location? Seeking care from an out-of-state physician via telemedicine would be treated no different from traveling to the physician's office for care.

Em. Prof. Shirley Svorny

California State University, Northridge

Los Angeles

Perhaps because they do not want to antagonize those whom they are trying to convince, Dr. Mehrotra and Mr. Richman are too respectful of state medical boards' opposition to medical-licensure reciprocity. There is no legitimate "worry" about the "ability to discipline physicians in other states."

All the information a state may use to evaluate a physician is issued and verified by countrywide organizations. I passed the U.S. Medical Licensing Examination. I have been certified by the American Board of Orthopaedic Surgery. Had I ever been found liable in a malpractice suit, it

would have been recorded in the National Practitioner Data Bank. Every state belongs to the Federation of State Medical Boards and can consult and add to its Physician Data Center.

Let's be honest: State opposition to medical-licensure reciprocity is all about protecting local physicians from competition.

Joseph Bernstein, M.D.

Leonard Davis Institute of Health Economics

Haverford, Pa.

Dr. Mehrotra and Mr. Richman propose tinkering with licensing schemes for individual healthcare professions. There is a bolder example that states ought to follow. A bipartisan effort in Arizona built on and made permanent those policies that made the patient the nexus of care during the pandemic. Recently signed into law, H.B.2454 is a first-in-the-nation effort that makes medical encounters that can be reasonably conducted through a virtual visit legal, reimbursable by insurance and available through healthcare providers that are in good standing in other states.

Naomi Lopez

Goldwater Institute

Phoenix