Senate Special Committee on Aging Roundtable on Telehealth
Harnessing the Power of Telehealth: Promises and Challenges

Tuesday, September 16th, 2014

My name is Katheren Koehn, and I am privileged to be representing the American Nurses Association (ANA) at the Senate Special Committee on Aging Roundtable on Telehealth. The ANA is the only full-service professional organization representing the interests of the nation's 3.1 million registered nurses through its constituent member nurses associations and organizational affiliates. I currently serve as the Executive Director for the Minnesota Organization of Registered Nurses, one ANA's constituent members. Prior to my current position, I practiced as a staff nurse at the Spine Institute of Abbott Northwestern Hospital in Minneapolis MN, where I functioned as a case manager for patients across the globe. While there, I also served as chair the Center's Nursing Practice Council and their Nursing Informatics, Patient Safety and Quality and Clinical Councils. Additionally, I am a past chair of the Commission for Pathways to Excellence with the American Nurses Credentialing Center (ANCC) and past member of the ANA Board of Directors. My knowledge and experience with telehealth recently was applied at a summit convened by ANA to address licensure jurisdiction across borders.

The ANA recognized as early as 1997 the potential growth and value of telehealth when assembling an interdisciplinary workgroup of 41 representatives from professional associations and health care organizations to create telehealth standards. We've witnessed that telehealth has the potential to make a difference in the health care of not only Americans, but people all over the world. Achieving its full potential will require dialogues such as this roundtable and resultant policy decisions that protect patients, as well as remove burdens from health care providers.

Historically the provision of nursing care was limited by physical proximity with the traditional state-based licensure model suggesting the need to cross borders is rare. Yet, with increased use of technology, patient and provider mobility (as with military spouses) and even large employers that operate in multiple jurisdictions, the need to find solutions for licensure portability has been elevated. Through the use of telehealth technologies, providers may now deliver services to health care consumers/patients in many states, thus contributing to improved access and in some cases, greater convenience for patients. ANA's position is that any proposed changes in licensure must address the nursing profession's commitment to health care consumer/patient safety and that the nursing profession regulate nursing.

An early entrée into interstate practice was the Nurse Licensure Compact (NLC), a mutual recognition model, similar to the driver's license. A nurse's license is secured in the state of residence (home state). If that state is a member of the NLC, the nurse is authorized to practice in

any other state in which the Compact has been adopted as long as the state of residence is unchanged. Initiated by the National Council of State Boards of Nursing (NCSBN) in 1998, there are currently 24 state legislatures that have authorized their respective states to participate in the NLC. The most recent addition was Missouri in 2010.

Without all states and territories participating in the Compact, licensure jurisdiction has been a topic of conversation. A widely accepted standard for determining licensure jurisdiction is predicated by the location of the recipient of care. Accepting that standard, the provision of care or services to a patient in a non-Compact state means the provider must seek licensure endorsement with the Board of Nursing where the patient is located. When crossing multiple borders into non-Compact states, the required endorsement process can be expensive, time consuming and even confusing with various requirements. The same has been required of other health professionals and as such has stimulated interest in the NLC. The Federated State Medical Boards (FSMB) is the furthest along in the process with a model Compact. A primary difference from the NLC “home” state license is that the FSMB consider three options beyond that of the state of residence where the “principle” license is held. The FSMB model also offers states to hold the principle license where at least 25% of the practice of medicine occurs, (or) the location of the physician's employer, (or) if no state qualifies under the previous, the state designated as state of residence for purpose of federal income tax.

The NCSBN is currently undergoing a review of proposed revisions to the current NLC and will be asking their membership for input over the course of the next few months. ANA is hopeful that inconsistencies between states in relation to licensure / re-registration requirements, such as criminal background checks, disciplinary causes of action, in particular with regards to addictions, will be addressed in the final draft.

Lastly, the ANA supports reimbursement parity for all providers of like services and comparable quality care, including care delivery care through in-person and telehealth technology solutions.

Respectfully Submitted
Katheren Koehn MA, RN