



Licensure and Telemedicine in Wyoming

Putting Out the Welcome Mat for Telemedicine

BY KEVIN BOHNENBLUST, JD

Wyoming Board of Medicine Executive Director

Telemedicine – the word rings of hope and promise for places like Wyoming, where a chronic shortage of physicians – especially in specialty care – is a harsh reality.

By many accounts, telemedicine had its start in the second half of the 20th century. The tremendous advances seen in technology, especially in telecommunications and computing, in the years after World War II led to telemedicine's birth, and increased the opportunities for it.

Somewhat predictably, though, medical licensure did not undergo simultaneous growth. Government regulation is almost always reactive, not proactive. This natural lag caused some understandable hesitation on the part of innovators to try new ideas and technologies in delivering patient care via telemedicine.

The Wyoming Medical Practice Act defines telemedicine as “the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider.” This definition is intentionally broad to cover the many variations of practicing medicine from a distance, including technologies yet to be created or deployed. Note that not only does it incorporate real-time interactions, it includes those that occur sequentially rather than simultaneously (“store and forward” and similar methods).

With that in mind, it has been clear that there are two key areas where physician licensure and regulation can positively affect the use of telemedicine in Wyoming.

Streamlining licensure – opening the door for innovation and growth

The first area of opportunity is speeding the process by which a physician can obtain a license in Wyoming. Physician licensure uses the police power of the state to protect the public. To protect their citizens, all states take the position that the practice of medicine occurs at the location of the patient. Regardless of where the physician is while practicing medicine, the patient's location determines whether a physician must be

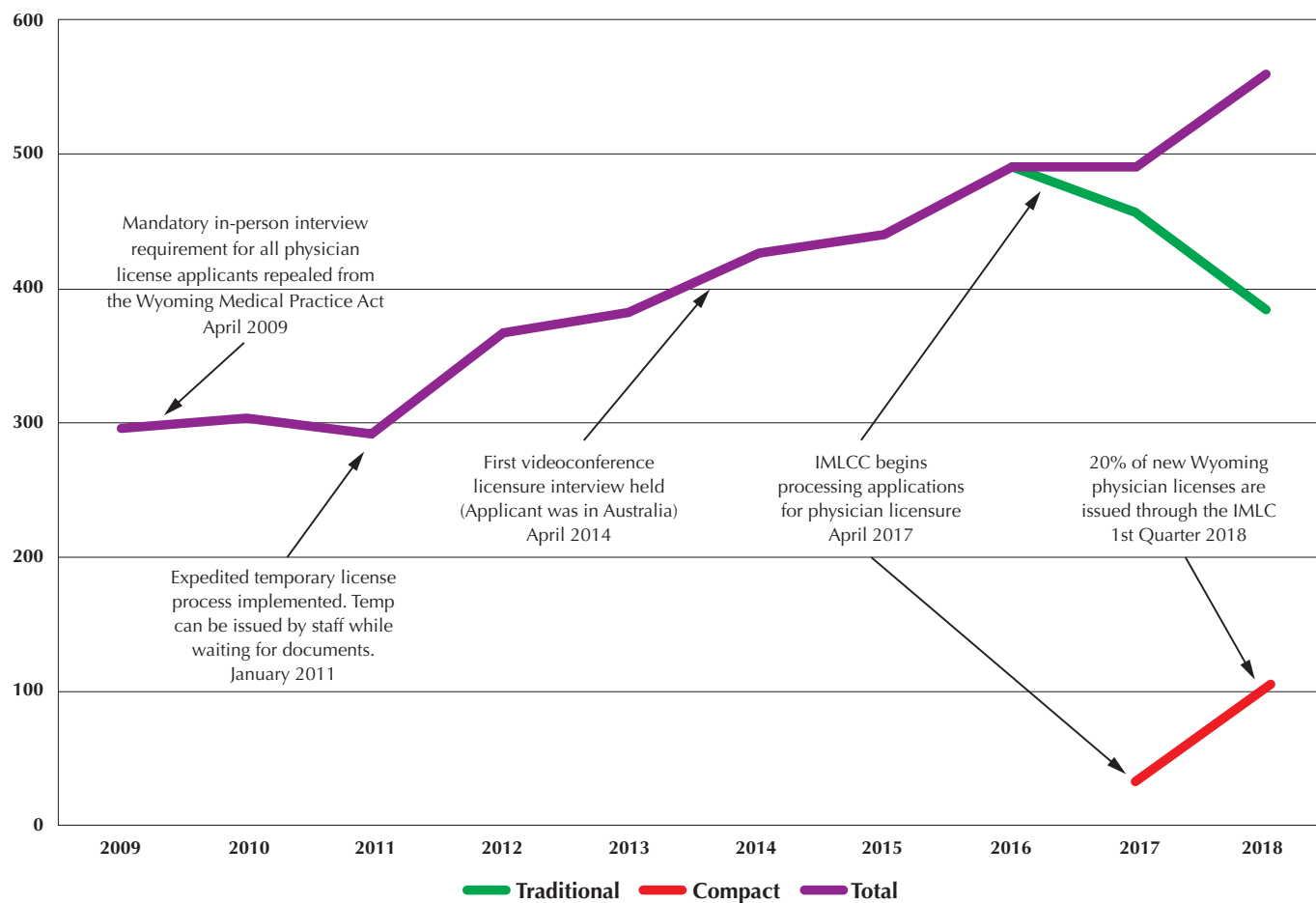
licensed in a jurisdiction. After all, if a patient in Lander receives substandard care via video conference from a physician in Florida, won't the patient be better served by a licensing authority in Wyoming, than one in Tallahassee? While the logic of requiring physician licensure at the location of the patient is solid, this requirement has been perceived by some as a barrier to the use of telemedicine.

Until 2009, all physicians seeking a Wyoming physician license were required to come to a meeting of the Wyoming Board of Medicine for a licensure interview. While some interviews were in-depth exchanges to discuss a physician's training, skills, and academic, disciplinary, and criminal history, the vast majority of them were perfunctory, taking only a few minutes. Physicians who sought a Wyoming license so they could provide radiology or pathology services to small Wyoming hospitals on evenings and weekends were understandably frustrated by the time and money expended for only a brief interaction with the Board.

When the Board approached the Wyoming Legislature to update the Wyoming Medical Practice Act in 2009, it proposed modifying the requirement that all applicants to appear for a licensure interview – even if they had never been in trouble. While the repeal of that requirement did not directly promote telemedicine, it tremendously reduced the physician's cost of obtaining a Wyoming license.

Two years later the Board took another step forward by adopting regulations permitting the issuance of an expedited temporary license to well-qualified applicants. Rather than make an experienced physician with a clean track record wait for every single piece of paper supporting their application to arrive in the Board office before considering him for issuance of a temporary license, the Board authorized its staff to issue a temporary license to an applicant after a core set of documents was received. This considerably shortened the time from the initiation of the application process to when physicians begin seeing Wyoming patients. This change was viewed with concern by some, fearing that temporary license might be issued

Advances in Wyoming Physician Licensure - 2009-2018



to physician only to find out upon receipt of additional documents and credentials that there was a problem with the physician. Fortunately, the results have shown those fears to be misplaced.

The most significant development in physician licensure in the past ten years, however, and that most definitely will positively impact on telemedicine in Wyoming, was passage of the Interstate Medical Licensure Compact (IMLC) in 2015. Wyoming was the first state to pass the IMLC legislation, and as of November 1, 2018, 24 more states, the District of Columbia, and the Territory of Guam, have joined.

The IMLC lets physicians leverage their existing licensure in a member state – the “State of Principal License” – to obtain licenses in other Compact states. Using information previously gathered during the physician’s traditional licensure process, the State of Principal License can quickly verify the physician’s eligibility to seek licenses in other Compact states with minimal additional paperwork. Since April 2017, almost 2,000 phy-

sicians have received nearly 3,500 medical licenses in IMLC states. In Wyoming, fully twenty percent of the licenses issued by the Board in 2018 have been through the IMLC.

Regulation of the practice of medicine

The second area where physician licensure can affect the use of telemedicine is in the regulation of the practice of medicine. The Medical Practice Act, and the Board’s rules and regulations, set standards and requirements for how medicine is practiced. Provisions relating to the creation of medical records, the obligation to seek patient informed consent, the need to timely notify patients of test results, the duty to hold patient health information confidential, and more are spelled out in law.

In the early 21st century some state medical boards, viewing telemedicine as its own, distinct discipline or specialty, began issuing special licenses to practice telemedicine. Some also adopted provisions setting out criteria for establishing a physician-patient relationship that went beyond the traditional



Licensure and Telemedicine in Wyoming

process. A few even had provisions that prohibited “telemedicine” license holders from physically coming into the state to see patients.

Wyoming has taken a different approach. The Board doesn’t consider a physician, regardless of specialty, to be “practicing telemedicine.” Instead, the physician is using telemedicine tools – audio, video, telemetry, etc. – to practice their specialty. Whether a physician monitoring the patient’s vital signs is physically in the intensive care unit of a hospital in the Big Horn Basin, or is instead using a computer in her home office in Arizona, either way she is working as an intensivist.

Likewise, whether a physician reviews radiologic studies in a hospital in Casper, or does so via computer from Australia, either way he is a practicing radiology. Neither is “practicing telemedicine” – they are “practicing medicine.”

This approach helps keep the focus of licensure on protection of the patient. Regardless of where the physician is physically located, or how he provides medical services, the standards and expectations are the same. The patient is entitled to safety, confidentiality, and a standard of care no matter the methods and modalities used by the physician, or the physician’s proximity to the patient.

To that end, the Board has avoided creating special rules governing telemedicine. For example, rather than mandating a same-location, face-to-face meeting to initiate the physician-patient relationship, the Board looks to the standard of care. If the standard can be met by establishing the physician-patient relationship through a video conference or other technology, that is acceptable. Similarly, rather than create standards for encryption of communications, or limit what medications may be prescribed via telemedicine, the Board directs licensees to best practices and the standard of care. So far, the Board has found that no special “telemedicine rules” have been needed.

The bottom line

So what has been the result? Have the Board of Medicine and the Wyoming Legislature been able to open the regulatory door for the practice of telemedicine in Wyoming? The numbers suggest they have.


In 2009, the Board issued 296 physician licenses – at that time the highest one-year total in the Board’s history. Thanks to elimination of mandatory in-person licensing interviews, a streamlined process for issuing temporary licenses, and being a leader in crafting, adopting and implementing the Interstate Medical Licensure Compact, in 2018 the Board is projecting it will issue more than 575 physician licenses – a 95% increase over 2009.

This was accomplished with just two pieces of legislation – modernization of the Wyoming Medical Practice Act and the Interstate Medical Licensure Compact – and adoption of new rules and processes at the Board of Medicine. It was also done without additional funds or new staff at the Board of Medicine.

The Board will continue to seek ways to minimize regulatory burdens on all physicians – not just those practicing via telemedicine – while protecting the people of Wyoming. In the meantime, the regulatory welcome mat is out for telemedicine in Wyoming.

In 2017, WBCI's
funds granted into
Wyoming supported:

40 
**Breast Prosthetic
& Bra Fittings**

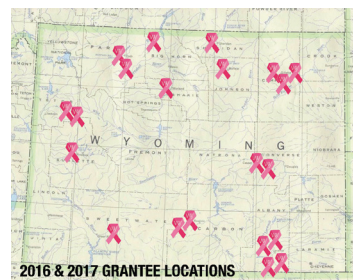
 **1,575**
**Clinical Breast Exams,
Screening or Diagnostic
Mammograms, or
Ultrasounds**

5 
**Awareness &
Celebration
Events**

 **7**
**Diagnosed with
Breast Cancer
Through the
Screens**

Wyoming is ranked 48th

We started WBCI to help change being ranked 48th for breast health screening but we need you. In partnership with the Wyoming Cancer Resource Services, the WBCI has a statewide voucher program for the underinsured and the uninsured Wyoming residents that are not eligible for the state breast and cervical screening program. On average in Wyoming, there are 400 women and 10 men that will be diagnosed with breast cancer this year. Visit our grants page on our website to locate your local voucher manager and help make a difference in Wyoming’s ranking.



Wyoming BREAST CANCER INITIATIVE

wyomingbreastcancer.org • info@wyomingbreastcancer.org
PO Box 2541, Cheyenne, WY 82003 • 307-840-WBCI