

## Health Care Practice Taskforce Recommendations

#	Recommendation	Adoption date
<b>Health Care Practice (HCP) Taskforce</b>		
1.	States should work through their state medical, nursing, and pharmacy boards to implement online licensure applications.	8/15/2007
2.	The State Alliance recommends that all state nursing and pharmacy boards develop common core licensure application forms, and state medical boards adopt the FSMB's Common Licensure Application Form (CLAF). Individual states may include state specific requirements.	8/15/2007
3.	States should require that each health care professional board (e.g., nursing, medicine, pharmacy) develop, with its counterparts in other states, a nationwide core set of credentialing requirements that their respective health professionals would have to meet in order to obtain a license. Individual states may include state specific requirements in addition to the core requirements.	10/3/2007
4.	<p>In order to reduce and/or eliminate the need for repeated primary source verification, states should require their medical, pharmacy, and nursing regulatory boards utilize a single centrally coordinated credentials verification organization (CVO) for each profession to conduct the primary source one-time only verification of license applicants' static credentials (e.g. professional school graduation) and update and maintain the verification of dynamic credentials (e.g. licensure status). These centrally coordinated CVOs should collect and verify a core set of credentials established by each profession (see recommendation 1.3). They should have a means of identifying practitioners with a high degree of confidence such as requiring the use of the national provider identification number or using such functionality as a master provider index algorithm.</p> <p>The Federation's Credentials Verification Service (FCVS) and its trusted agent platform, operated by the Federation of State Medical Boards (FSMB), is an example of a service that could assume this role for the boards of medicine. The pharmacy and nursing boards should work with their professional organizations, certification organizations, or other similar organizations with a mission to facilitate public protection to develop and implement centrally coordinated CVOs for their professions.</p> <p>All health care professionals seeking new licensure must utilize the single, coordinated CVO.</p>	10/3/2007
5.	States should require that all state boards require that applicants for initial professional state licensure must undergo state and federal criminal background checks prior to obtaining a license. These background checks may be conducted periodically thereafter.	10/3/2007
<b>NEW - HCP Taskforce – Licensure Models</b>		
6.	<p>Regarding physician licensure, the State Alliance recommends that:</p> <ul style="list-style-type: none"> <li>• In order to facilitate e-health (which includes telemedicine), states and territories must move towards requiring at least one state/territory license that is recognized by other states/territories in order to enable a physician to practice across jurisdictional lines.</li> <li>• States and territories must create a licensure system that, in a uniform manner, permits open doctor to doctor consultation and doctor to patient interaction across jurisdictional boundaries.</li> </ul>	In development

**Note: Not all are adopted by the State Alliance**

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	<ul style="list-style-type: none"> <li>• State/territory boards must be empowered, through the statutory authority, to discipline physicians practicing in their respective states/territories, regardless of the state/territory of licensure.</li> <li>• This model should be based upon agreements and information sharing among the states/territories to facilitate a licensure process that enables coordinated action among the states/territories and should not be considered national licensure.</li> <li>• This model should be used for the purposes of promoting e-health (which includes telemedicine), but may serve as a model for other forms of medical practice.</li> </ul> <p>Therefore, a convention of all the state/territorial medical boards should be held under the auspices of the National Governors Association to establish consensus on methods for achieving the recommendations outlined above. The meeting should have the support of all the state and territorial governors. Considerations for the implementation of this recommendation are:</p> <ul style="list-style-type: none"> <li>• A physician licensed in a different state/territory from where he/she is seeking to practice must notify that state's/territory medical board using a common electronic notification form. A direct output of this convention should be the creation of a common electronic form to be used by physicians who are licensed in one state/territory but are intending to practice in another.</li> <li>• A physician practicing e-health (which includes telemedicine), must be subject to the jurisdiction of both the state/territory in which the patient is located at the time of the physician-patient interaction and the state/territory of licensure.</li> <li>• State/territorial medical boards must cooperate with each other and actively enforce, in a uniform manner, applicable disciplinary rules and legal standards.</li> <li>• States/territories should provide financial support to the medical boards that ensures funding at levels required for continued and future operations necessary for public protection, including disciplinary investigations and actions, criminal background checks, development of secure infrastructure for credentials verification and interagency communication.</li> </ul>	
7.	States/territories should participate, through the respective authorities (e.g. governors, state legislatures, and nursing boards), in the Nurse Licensure Compact (NLC), taking into consideration the importance of the NLC for e-health purposes (which includes telehealth). States/territories should provide financial support to the nursing boards for the initial implementation of the NLC and ensure that the boards are funded at levels required for continued and future operations necessary for public protection.	In development
8.	States/territories should pursue standardization of credentials, scope of practice, and regulatory framework for advanced practice nursing. Thereafter, states/territories that agree to the common standards should consider the mutual recognition model for advanced practice nurses to facilitate e-Health (which includes telehealth).	In development
9.	<p>Regarding pharmacist licensure, the State Alliance recommends that:</p> <ul style="list-style-type: none"> <li>• In order to facilitate e-health (which includes telepharmacy), states/territories must move towards requiring at least one state/territory license that is recognized by other states/territories in order to enable a pharmacist to practice across state/territory lines.</li> <li>• We must create a licensure system that, in a uniform manner, permits open pharmacist consultation and pharmacist to patient medication counseling across jurisdictional boundaries.</li> <li>• State/territorial boards must be empowered, through the statutory authority, to discipline pharmacists practicing in their respective states/territories,</li> </ul>	In development

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	<p>regardless of the state/territory of licensure.</p> <ul style="list-style-type: none"> <li>• This model should be based upon agreements and information sharing among the states/territories to facilitate a licensure process that enables coordinated action among the states/territories and should not be considered national licensure.</li> <li>• This model shall be used for the purposes of promoting e-health (which includes telepharmacy), but may serve as a model for other forms of pharmacy practice.</li> </ul> <p>Therefore, the National Governors Association should request that the National Association of Boards of Pharmacy (NABP) gain consensus on methods for achieving the recommendations outlined above.</p> <p>Considerations for the implementation of this recommendation are:</p> <ul style="list-style-type: none"> <li>• A pharmacist licensed in a different state/territory from where he/she is seeking to practice must notify that state's/territory's pharmacy board using a common electronic notification form. A direct output of this consensus should be the creation of a common electronic form to be used by pharmacist who are licensed in one state/territory but are intending to practice in another.</li> <li>• A pharmacist practicing e-health (which includes telepharmacy), must be subject to the jurisdiction of both the state/territory in which the patient is located at the time of the pharmacist to patient interaction and the state/territory of licensure.</li> <li>• State/territory pharmacy boards must cooperate with each other and actively enforce, in a uniform manner, applicable disciplinary rules and legal standards.</li> <li>• States/territories should provide financial support to the pharmacy boards that ensures funding at levels required for continued and future operations necessary for public protection, including disciplinary investigations and actions, criminal background checks, development of secure infrastructure for credentials verification and interagency communication.</li> </ul>	

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