

RESOLUTION

RESOLUTION TO EXPLORE A TELEHEALTH INTERSTATE COMPACT

WHEREAS, the cost of health care has grown an average of 2.4 percent faster than GDP since 1970 and currently represents 18 percent of the United States' total GDP; and

WHEREAS, the lack of access to health care in rural areas is contributing significantly to these increasing costs; and

WHEREAS, 21 percent of the American population lives in rural areas, but only 11 percent of medical specialists practice in those areas, which frequently results in patients in these areas being dramatically undeserved; and

WHEREAS, an integrated national medical response capability is essential to assist across state borders to deal with the medical impacts of major disasters; and

WHEREAS, technology has the potential to improve telehealth, which in turn may significantly improve access to health care in rural areas and in turn reduce costs for patients, states, and the federal government; and

WHEREAS, similar technologies have been effectively used in industries such as finance, transportation, and public safety to reduce costs and provide a more efficient product for consumers; and

WHEREAS, in order to take advantage of improvements in technology to better utilize telehealth and in turn improve access to health care in rural areas, reform is needed in medical licensure regulations and payment models; and

WHEREAS, one such means to promote these necessary reforms may be the use of an interstate compact; and

WHEREAS, similar medical licensing compacts already exist, including the Nurse Licensure Compact; and

WHEREAS, interstate compacts are unique tools reserved for states that encourage multistate cooperation and innovative policy solutions while asserting and preserving state sovereignty.

NOW THEREFORE BE IT RESOLVED THAT, that The Council of State Governments establish a Telehealth Care Interstate Compact Working Group to explore the creation of a new interstate compact agreement designed to improve access to health care in rural areas by facilitating the interstate licensing of doctors and reforming the existing reimbursement system. The working group will research the feasibility of such an arrangement and make specific recommendations to the CSG National Health Policy Task Force within one year.

Adopted this 20th Day of May, 2012, at CSG's 2012 National Leadership Conference in La Quinta, California.