

Health Services Committee
October 26, 2011
Testimony of Duane Houdek
State Board of Medical Examiners

Madam Chairman, members of the Health Services Committee, my name is Duane Houdek, Executive Secretary of the North Dakota State Board of Medical Examiners. Thank you for the opportunity to comment about medical licensure in North Dakota, as it relates to the expanding use of telemedicine in our state.

My prepared testimony will be fairly short, first reporting some recent data regarding our issuance of licenses for telemedicine; a brief comment about our rules that may impact telemedicine and, lastly, an observation from a medical board's perspective about the intersection of state medical licensing and telemedicine .

First, a data report. Each year, we issue between 300 and 350 new licenses, roughly split between physicians who will reside in-state and those who will reside out-of-state, but will practice in North Dakota in some fashion.

An increasing number of those licenses issued to out-of-state physicians have been expressly for the purpose of telemedicine. For example, of the 150-175 out-of-state licenses issued each year, thus far in 2011, 60 have been for telemedicine; in 2010, 30; 2009, 44; 2008, 50; and 2007, 41. So you can see, perhaps 30% of our out-of-state licenses have been for telemedicine. Over the past five years, we have issued 225 such licenses.

The areas in which telemedicine is being practiced is constantly expanding, as well. Whereas, a few years ago, we issued most of the licenses to firms like Nighthawk for tele-radiology, today the list for which we've issued licenses includes not only radiology, but pathology, pediatrics, neurology, otolaryngology, physiatry, emergency medicine, critical care medicine, internal medicine, pulmonary medicine and cardiology.

So, I think our practice at the board reflects and accommodates the innovations that are happening in the field.

Secondly, our rules are changing to accommodate changes in technology. Allow me to offer two recent examples: We recently changed our supervision rules for fluoroscopy

technologists to allow supervision by a radiologist through telemetry after a Williston radiologist pointed out that he can now see and hear everything a tech is doing in Dickinson through a telemedicine connection between the two hospitals.

We changed our physician assistant supervision rules to delete the requirement for continuous on-site supervision in large part because it is relatively easy to supervise at a distance using modern technology.

Finally, please permit me an observation from a medical board's perspective. I am aware that some are of the opinion that state licensing is an impediment to practicing telemedicine. Of course it is. It is an impediment to practicing medicine, generally. That's why me and my friend Bob can't open up a same day surgery center. We scrutinize and license the doctors in this state whom you know. We shouldn't do any less for doctors who might be diagnosing you or directing your treatment from California or Australia.

The real question is whether it is an undue impediment and I have looked for and not found any evidence that it is. I've asked Mary Wakefield, when she was at the UND Center for Rural Health, if she ever encountered a situation where we got in the way of telemedicine.

I've called the medical director of Nighthawk, one of the biggest radiology firms in the country, with the same question. In each case, the answer was "no".

In the five years I've been at the board, we have not received one patient complaint that their doctor of choice could not treat or diagnose them through telemedicine. We've not received one complaint from a doctor practicing telemedicine that our licensing process was unduly burdensome.

And finally, I've asked those who suggest that state licensing unduly impedes telemedicine for any concrete evidence to support the suggestion and it has not been furnished. I think it is fair to say that, while the medical board believes a strenuous licensing process helps protect the public from poor medical practice, it does not unduly burden or stop any qualified physician who wants to practice telemedicine from within or without our state.

Thank you, Madam Chairman. I'd be glad to try to answer any questions committee members may have.