

INTERSTATE LICENSURE & TELEHEALTH MEDICATION ABORTION (TMAB): KEY QUESTIONS ANSWERED

State regulations of provider licensure impact the expansion of telehealth and the ability to reach patients across state lines. They also allow for preexisting relationships with providers to continue across state lines and for patients to receive accessible, specialized care. Currently, state-by-state regulatory schemes require providers to hold a valid license in the state where their patients are located, creating barriers to offering telehealth services across state lines.

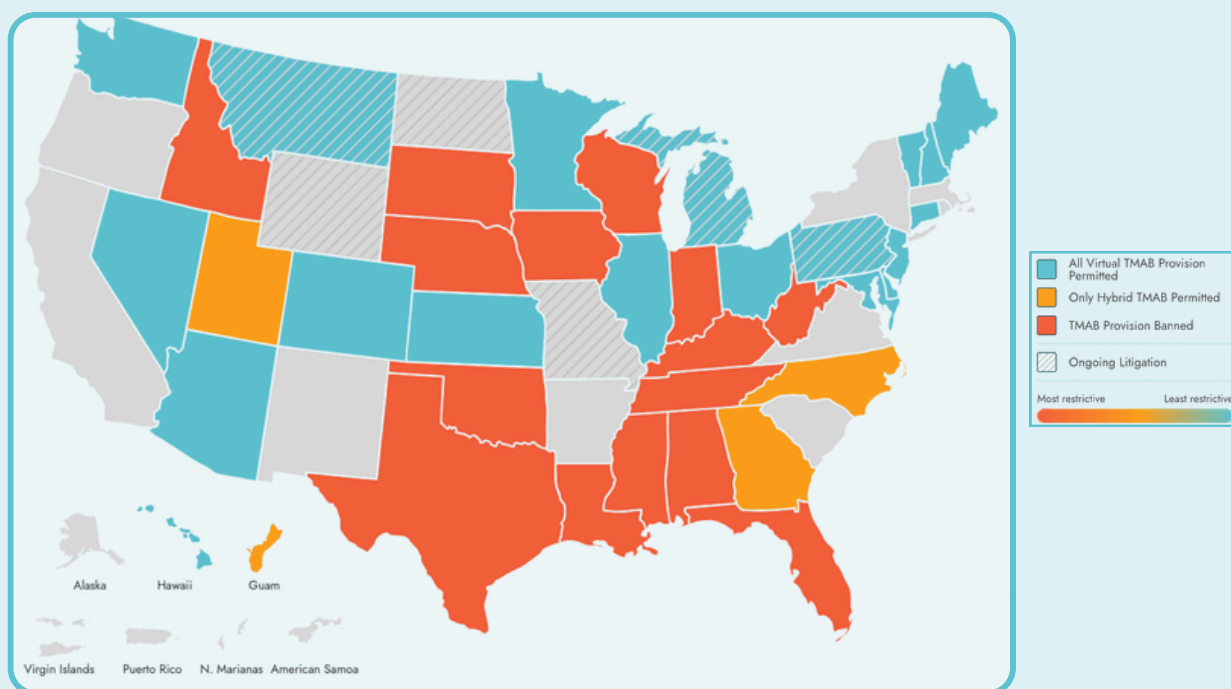
To expand the ability for providers to reach patients, advocates have proposed alternatives, including a national licensure model, state-based licensure exceptions, interstate compacts and expedited licensure pathways for out-of-state providers. Today, interstate licensure compacts are the most common way through which providers can reach patients in multiple states through telehealth, but for abortion providers, where the provision of care is criminalized in many of the compact states, this option is less feasible.

The **Interstate Medical Licensure Compact (IMLC)** and **Nurse Licensure Compact (NLC)** streamline the licensure process for physicians, registered nurses (including certified nurse-midwives in their capacity as registered nurses), and licensed practical/vocational nurses to practice legally in multiple states. Still, compacts only remove licensing barriers – they cannot override state laws, including abortion bans, so their impact on TMAB access is limited to states where telehealth abortion is already permitted. Alternative models of licensure are currently being explored by telehealth advocates nationwide.

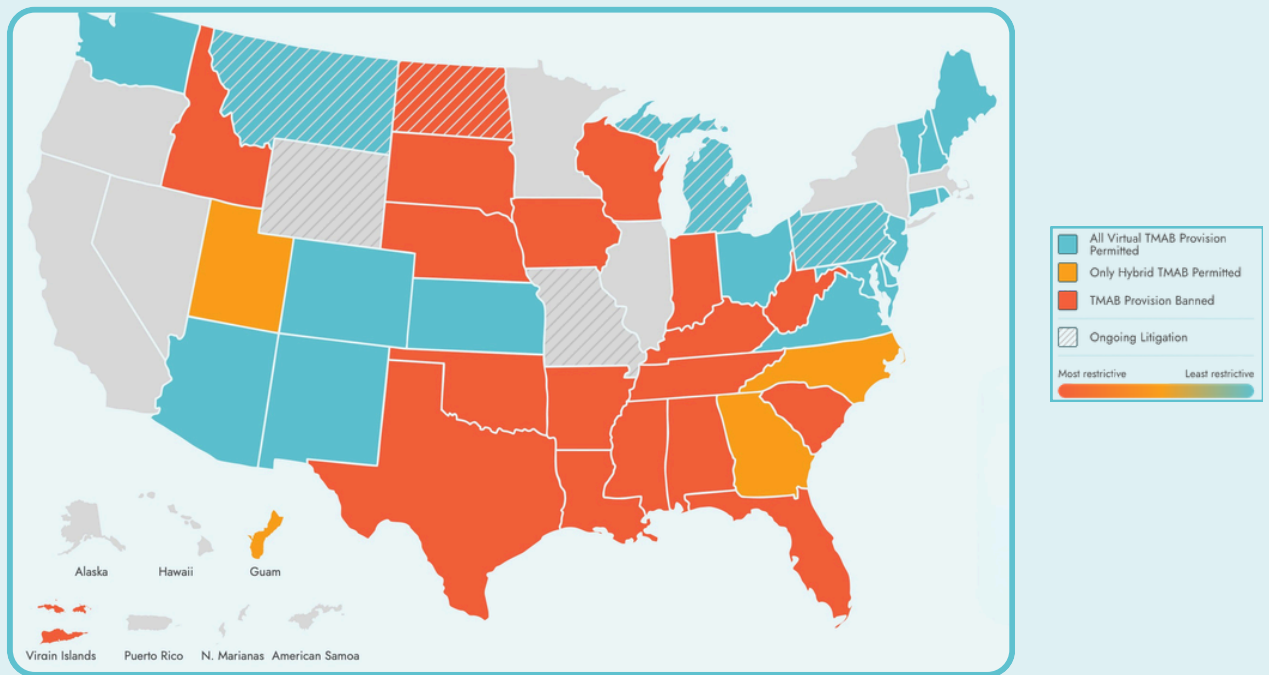
This fact sheet reviews the basic principles of licensure and highlights two compacts, the IMLC and NLC, as examples of interstate licensure models.

RHITES MAPS: STATES PARTICIPATING IN IMLC & NLC

States participating in the IMLC: This RHITES map depicts the 43 states plus Washington, D.C. and Guam participating in the IMLC.



States participating in the NLC: This RHITES map depicts 41 states plus the U.S. Virgin Islands and Guam participate in the NLC.



WHAT IS A “COMPACT”?

A Compact Is A Legal Agreement Between States

- Each member state has passed legislation to participate in the compact. This involves sharing licensing data and collaborations between State Licensing Boards and the Interstate Licensing Commission.
- Compacts address licensure barriers but do not override a state's abortion provision bans or telehealth restrictions (such as modality restrictions, collaborative agreement requirements, etc.)
 - Ex: A provider with an IMLC-expedited Texas license is expected to follow Texas law banning abortion and regulating healthcare based on patient location, not provider.
 - Compacts do not resolve the legal conflict between states with shield laws (which provide protections to providers from out-of-state legal consequences) and ban states (which may assert jurisdiction over the provider based on the patient's location). Those conflicts remain active legal questions, making their way through the courts.
 - Because licenses obtained through compacts are linked, there are concerns that a physician practicing abortion care could put all of their licenses at risk if achieved through compacts, even in states where TMAB is permitted.
- Note: Only providers who obtain licensure through a compact should be affected by the rules governing the compact.

HOW DO COMPACTS SUPPORT THE EXPANSION OF SAFE AND EFFECTIVE TELEHEALTH CARE TO PATIENTS ACROSS THE COUNTRY TODAY?

- Under the current state-by-state regulatory scheme, the legal location of a telehealth visit is where the patient, not the provider, is physically located at the time care is provided.
 - TMAB application: Shield laws protect providers in their home state for the provision of care, regardless of patient location, offering an opportunity to reframe the general rules around prescribing via telehealth. This expands access to care, particularly in rural and medically underserved communities and especially in places where care may be banned or otherwise unavailable.
- Each state has a unique licensure pathway, fees, administrative process, medical and/or nursing board (sometimes called a healing arts board), and accompanying enforcement agency.
- Providers must independently obtain and maintain licenses in each state — this process often deters providers from obtaining multiple licenses and providing interstate care because of high costs, slow timing, and high administrative burdens.

INTERSTATE LICENSING COMPACT COMPARISON: NLC VS IMLC

Comparing the IMLC and NLC: While the NLC and the IMLC for physicians share the goal of interstate mobility, they operate on two fundamentally different regulatory models. See this chart for a more comprehensive breakdown:

Category	NLC — Nurse Licensure Compact	IMLC — Interstate Medical Licensure Compact
COVERAGE		
Who qualifies	RNs and LPNs/LVNs	MDs and DOs only
Nurse Practitioners / Mid-levels	NPs are NOT covered — they follow separate APRN Compact rules	Physicians only; no mid-level or PA equivalent
Participating members	41 states (MA, U.S. Virgin Islands + Guam passed but awaiting implementation)	43 states + Washington D.C. + Guam (AR, NM, RI passed but awaiting implementation)
LICENSE MODEL		
Model type	"Driver's License" — mutual recognition	"Fast-Track" — expedited multi-state licensing
How it works	One multistate license issued by home state; automatically grants practice privilege in all compact states — no additional applications needed	Centralized application; each member state still issues its own individual state license, but within days instead of months
Number of licenses held	One multistate license	Dozens of separate state licenses simultaneously
ELIGIBILITY		
Eligibility tied to	Primary State of Residence (PSOR) — must live in a compact state to qualify	State of Principal License (SPL) — where they live, practice ≥25% of the time, or where employer is located
Non-compact state residents	CANNOT get a multistate license (e.g., NY nurses are fully excluded)	More flexibility — can qualify via practice location or employer, even if living in a non-compact state
COST & RENEWAL		
Renewal fees	One renewal fee to home state board of nursing.	Must pay individual renewal fees for every state license held — can be very costly as a physician expands their practice.