

Perspectives from the Front of Interstate Telehealth

The Physician Experience in Multi-State Practice

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Meet the Presenters

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We also train physicians in multi-state telehealth practice through AIR Physician Academy.

The Licensure Landscape Today

How physicians are licensed across the U.S.

1.08 Million

licensed physicians in the U.S.

76%

hold 1 license

16%

hold 2 licenses

9%

hold 3 or more

Multi-state licensure is growing — driven by telehealth and the IMLC.

Living in a Non-Compact State

The current experience for Massachusetts-based physicians

Unpredictable timelines

Massachusetts licenses took 24 to 251 days – a 10x variation within the same state. The average was 120 days, but some took over 8 months. Workforce planning becomes difficult when timelines are this unpredictable.

Based on 40 physician applications tracked by US Healthcare Licensing, 2024-2025

The verification fee trap

Each new state requires verification of ALL existing licenses. Apply sequentially and the math compounds quickly.

Example: Expanding to 10 states sequentially requires 45 separate verification requests (1+2+3+...+9). Bundling applications avoids this – but requires capital and coordination most physicians don't have.

Process complexity varies

51 jurisdictions use different verification methods – online portals, board websites, paper forms mailed with checks, email requests, even fax.

This is the reality physicians face when pursuing multi-state practice from a non-compact state.

What the Compact Pathway Looks Like

An alternative route for eligible physicians

	Traditional Route	IMLC Pathway
Verifications	903 separate requests to reach 42 states	1 verification process covers all 42 states
Cost	~\$25,000 in verification fees alone	\$700 one-time application fee
Speed	65+ days average (non-IMLC states)	7.5 days median processing time

The Compact is voluntary – physicians can still pursue traditional licensure in any state.

Note: Physicians must still comply with each state's renewal and CME requirements.

Sources: IMLCC, 2024; US Healthcare Licensing, 2024-2025 (n=18)

Navigating Different State Standards

What multi-state practice requires

Practice is governed by the state where the patient is located

State-specific rules must be understood and followed

Differences are often operational rather than clinical

Example: Mississippi requires a synchronous visit for GLP-1 prescribing (no async); Massachusetts has different requirements.

Insight: Physicians need state-by-state regulatory knowledge to practice safely and compliantly.

Case Vignettes

What multi-state telehealth practice actually looks like

Routine Access & Triage

Respiratory symptoms, structured evaluation, at-home testing – reduces unnecessary ED visits

Crisis Intervention in Underserved Areas

Rural southern Louisiana, patient with suicidal ideation – telemedicine as bridge where in-person access is limited

Escalation from Async to Emergency

Async report of "worst headache" → live visit → caregiver reports seizure → real-time EMS coordination

HIV PrEP: A Telehealth Access Story

The Paradox

99% effective
when taken as prescribed

**Only 36%
prescribed**
of 1.2M eligible Americans
(CDC, 2022)

The Barriers

Patient: Stigma, privacy,
pharmacy access

Provider: Only 17% of PCPs
have prescribed

How Telehealth Helps

Privacy — no waiting room

Specialist access nationwide

Reduced stigma

Challenges Physicians Face

Observations from training physicians in multi-state practice

Licensing Complexity

51 jurisdictions with varying requirements, timelines, and fees

Regulatory Inconsistency

Telehealth rules, prescribing regulations, and scope of practice vary by state

Education Gaps

Physicians entering multi-state practice without adequate training – leading to board complaints and standard of care misunderstandings

The Training Gap

Where do physicians learn multi-state telehealth practice?

Traditional Training

Medical school

No telehealth curriculum

Residency

No telehealth curriculum

CME / Conferences

Business & policy focus

The Result

Physicians learn by trial
and error

This leads to compliance risks, board
complaints, and inconsistent patient care.

Key Observations

Multi-state licensure is a significant administrative and financial undertaking

State-by-state regulatory differences are real — physicians need access to information

Physician education is critical to responsible telehealth expansion

Questions?

We're available as a resource to this task force.

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Data Sources

- FSMB Census of Licensed Physicians in the United States, 2024. Journal of Medical Regulation, August 2025.
- IMLCC Year 8 Data Study, 2024.
- HRSA State of the Primary Care Workforce, 2024.
- Doximity State of Telemedicine Report, 2024.
- National Rural Health Association Policy Brief, November 2024.
- IMLCC Processing Information, October 2024.