CALL FOR RESOLUTIONS
2025-2026

Member Medical Boards wishing to submit resolutions for consideration at the FSMB's May 2, 2026, House of Delegates annual business meeting are requested to forward all proposed resolutions to the FSMB.

Resolution Deadline

Member Medical Boards wishing to submit a resolution(s) for consideration by the 2026 House of Delegates must do so no later than **Feb 27, 2026**.

Drafting of Resolutions

When drafting resolutions for submission, please give close attention to the following:

- As stated in the FSMB Bylaws, "…the right to introduce resolutions is restricted to Member Medical Boards and the Board of Directors and the procedure for submission of such resolutions shall be in accordance with FSMB Policy."
- The title of the resolution should appropriately and concisely reflect the action for which it calls.
- The date on which the resolution was approved by the Member Medical Board should appear beneath the title.
- Information contained in the resolution should be checked for accuracy.
- The "resolved" portions should stand alone, since the House adopts only the "resolved" portions and the "whereas" portions are not subject to adoption.

A sample resolution can be found on pages 2-3.

Resolution Submission

Resolutions will need to be submitted **electronically** **to Lauren Mitchell, Manager, Board of Directors Liaison and Governance Support at lmitchell@fsmb.org. If submitting more than one resolution, please do so in one email.**

Resolution 22-1

Federation of State Medical Boards
House of Delegates Meeting
April 30, 2022

Subject: Permitting Out-of-State Practitioners to Provide Continuity of Care in Limited Situations

Introduced by: Washington Medical Commission

Approved: January 14, 2022

***Whereas*,** State medical boards are responsible for protecting the citizens of their states by ensuring that physicians are qualified and competent; and

***Whereas*,** State medical boards determine, within the context of their enabling statutes, under what circumstances a license is required for a physician to treat a patient in their states; and

***Whereas*,** Many states have license reciprocity and/or the Interstate Medical License Compact which establishes reliance on sister state licensing processes; and

***Whereas*,** Due to rapid changes in telemedicine technology, the practice of medicine is occurring more frequently across state lines; and

***Whereas*,** Telemedicine is a tool that has the potential to increase access, lower costs, and improve the quality of healthcare; and

***Whereas*,** The historic practice of medicine has prioritized the continuity of care delivery to established patients over recognition of jurisdictional boundaries; and

***Whereas*,** Continuity of care is an essential element in consistently delivering high quality health care; and

***Whereas*,** Physicians can promote continuity of care by using telemedicine to provide follow-up care to established patients who travel outside the physician's state of licensure. For example, a physician at a major academic medical center who treats a patient who then returns home, can maintain a connection with the patient by providing follow-up care, including having access to timely and accurate data from the patient.

***Whereas*,** Permitting physicians who are duly licensed in another jurisdiction to provide follow-up care to established patients, and to engage in peer-to- peer
consultations, will result in better outcomes and lower costs;

Therefore, be it hereby

***Resolved*:** that the FSMB will encourage state medical boards to interpret their licensing laws, or work to change their licensing laws if necessary, to permit physicians duly licensed in another jurisdiction to provide infrequent and episodic continuity of care by providing follow-up care to established patients or a peer-to-peer consultation without the need to obtain a license in the state in which the patient is located at the time of the interaction; and be it further

Resolved: that the FSMB will update its *Model Policy for the Appropriate Use of Telemedicine Technologies* to include various common continuity of care scenarios with specific emphasis on border state circumstances and how they are integral to maintaining continuity of care for established patients.