

Virtual Emergency Department Practice Policy in the United States: A Scoping Review

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ABSTRACT

Virtual emergency departments (EDs) have become integral to modern healthcare by providing patients with direct access to emergency physicians without visiting overcrowded hospitals. Their use has expanded rapidly during the COVID-19 pandemic, demonstrating that telemedicine can provide timely and effective emergency care when traditional access is limited. However, the growth of virtual EDs continues to face major challenges due to fragmented and inconsistent medical licensure across the United States. Physicians are still required to hold separate state licenses to prevent them from providing virtual care during emergencies. Although the Interstate Medical Licensure Compact was created to streamline this process, it remains incomplete and excludes several large states, leading to delays, inequities, and unnecessary restrictions. These barriers limit access to urgent care and undermine the purpose of virtual emergency medicine. Ethical concerns also arise, as patients without reliable internet access or adequate digital literacy are left behind and cannot benefit from virtual services equally. Experience during the COVID-19 crisis showed that temporary federal waivers allowing cross-state telemedicine improved emergency responses and patient outcomes. Establishing a permanent federal emergency telemedicine licensure framework would remove these obstacles, strengthen national emergency readiness, and ensure that every patient, regardless of location, can receive timely and equitable care when it matters most.

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