# U.S. States and Territories Modifying Requirements for Telehealth in Response to COVID-19

(Out-of-state physicians; preexisting provider-patient relationships; audio-only requirements; etc.)

**Last Updated: November 17, 2020**

| States with Waivers: 40 + GU + CNMI + PR |
| States with Waivers, not allowing new applications: 3 |
| States without Waivers: 7 + DC + USVI |

### State: Alabama

- The Medical Licensure Commission of Alabama hereby finds that the need for qualified physicians to provide medical services in Alabama warrants the emergency adoption of this rule to provide for the issuance of an emergency license to physicians licensed in other states who may assist with this health emergency. The intent of this rule is to provide for the expedited issuance of medical licenses to qualified physicians who desire to provide health care to citizens of Alabama suffering from and affected by the 2019 novel coronavirus known as COVID-19. The Medical Licensure Commission hereby finds that physicians who obtain an emergency certificate of qualification by endorsement from the State Board of Medical Examiners are eligible for an emergency medical license... An emergency license issued under this rule shall expire 120 days after the effective date of this rule, or when the Governor of Alabama proclaims the termination of the state’s public health emergency, whichever is sooner. An emergency license shall not be renewed. Applicants for an emergency license shall not be required to pay a fee.

- Re: Alabama Medicaid - The extension of telemedicine services is effective March 16, 2020. This extension allows clinicians to provide medically necessary services that can be appropriately delivered via telecommunication services including telephone consultations... These actions will be effective for one month, expiring on dates of service April 16, 2020. It will be reevaluated for a continuance as needed.

- Re: controlled substances - If you have a current DEA registration in any jurisdiction, upon issuance of the Temporary Emergency Medical License, you will receive an Alabama Controlled Substances Certificate for the sole purpose of treating patients suffering from and affected by COVID-19. The Alabama Controlled Substances Certificate will specifically prohibit the prescribing of controlled substances via telemedicine.

- 6/8 Update - It is not the case that a physician may practice telemedicine in any state as long as there is a license in at least one other state. To practice telemedicine in Alabama, the physician must hold one of the Alabama medical licenses that are available (Alabama full traditional license, a license via the Interstate Medical Licensure Compact, or special purpose license to practice medicine across state lines).

- **Status** – [Waivers currently rescinded] - On July 20, 2020, the Board and Commission extended the expiration of existing and new emergency licenses to November 17, 2020. All temporary emergency licensees that wish to continue practicing in Alabama after Nov. 17 should apply now for permanent licensure through the Board (typically 2-3 months) or the Interstate Medical Licensure Compact (within 30 days). It is anticipated that licenses should be issued within 48 hours of receipt of application.

### State: Alaska

- On April 10, Gov. Dunleavy signed SB 241, which says, in part, "... during the public health disaster emergency declared by the governor... on March 11, 2020... [Alaska Statutes] do not apply to a health care provider who is providing treatment; rendering a diagnosis; or prescribing, dispensing, or administering a prescription, excluding a controlled substance... through an audio-visual, real-time, two-way interactive communication system, without first conducting an in-person physical examination, if

### Note

- ALBME Emergency Rule Statement
- ALBME Telemedicine Guidance
- Initial Emergency License Instructions
- Temporary License Application
- Guidance re: AL Medicaid
- State Resource Page

### Citation

- ALBME Emergency Rule Statement
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### State Resource Page

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<td>Arizona</td>
<td>[MDs]: The Arizona Medical Board (AMB) announces the following available temporary emergency licenses for Physicians (MDs) to practice in Arizona and the extension of the time frame for renewal of MD licenses during the COVID-19 State of Emergency: MDs licensed in another state are eligible to apply for temporary licensure in the State of Arizona using the emergency temporary licensure application... All MD temporary emergency licenses expire after 90 days, or at the time the State of Emergency is declared to be over whichever shall occur first.</td>
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<td>Arkansas</td>
<td>In response to the current health crisis and Gov. Hutchinson's Executive Order 20-16, the ASMB voted to grant a Border State Emergency Temporary License to physicians that are currently practicing in any of the six bordering states [Texas, Oklahoma, Missouri, Tennessee, Mississippi, Louisiana] and also holds an active and unrestricted medical license in that state with the understanding that this is for telemedicine only for already established Arkansas patients.</td>
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<td>California</td>
<td>[Broad provision in Executive Order] - Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in Government Code section 179.5, with respect to licensing and certification. Permission for any such individual rendering service is subject to the approval of the Director of the Emergency Medical Services</td>
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Authority for medical personnel and the Director of the Office of Emergency Services for nonmedical personnel and shall be in effect for a period of time not to exceed the duration of this emergency.

- A medical facility, telehealth agency or staffing agency which desires to utilize medical professionals with out-of-state certifications or licenses during the COVID-19 State of Emergency shall submit the following to the EMS Authority prior to receiving approval:
  (A) A complete and signed “Request for Temporary Recognition of Out-Of-State Medical Personnel During a State of Emergency” form. (B) Email the temporary recognition form and supporting documents to the EMS Authority. (C) The California EMS Authority shall review and make a written determination... (D) The duration of the approval shall continue until the termination of the State of Emergency or the end date on the temporary recognition form, whichever comes first.

- On April 4, Gov. Newsom signed Executive Order N-43-20 expanding protections to medical providers as they amplify the use of video chats and similar applications to provide routine and non-emergency medical appointments in an effort to minimize patient exposure to COVID-19. The order relaxes certain state privacy and security laws for medical providers, so they can provide telehealth services without the risk of being penalized.

- The requirements related to the responsibility of a health care provider to obtain verbal or written consent before the use of telehealth services and to document that consent, as well as any implementing regulations, are suspended.

- **Status** – Active, EMS Authority’s ability to accept out-of-state personnel, as well as increased telehealth access and reimbursement, will be active for the duration of the emergency.

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**Colorado**

- Existing law allows a physician who is not currently licensed in Colorado to provide medical care in connection with an emergency so long as such services are “gratuitous,” that is, free of charge via § 12-240-107(3)(a), C.R.S. The Medical Practice Act also currently allows for a physician licensed and lawfully practicing medicine in another state or territory without restrictions to provide occasional services in Colorado through § 12-240-107(3)(b). This provision does require that the physician not have a regular practice in Colorado and maintain malpractice insurance.

- Suspension of requirements that patients must be located in Colorado at time of consultation to expand treatment for traveling Colorado citizens, as currently required under § 12-240-107(1)(g), C.R.S., which defines telemedicine as the practice of medicine requiring a Colorado license to practice telemedicine on patients located in Colorado at time of consultation.

- Re: permanent telehealth changes - On July 6, Colorado Governor Jared Polis signed **SB 20-212**, expanding access to telehealth for Colorado residents by prohibiting insurers from requiring an established in-person practitioner/patient relationship or imposing location or additional licensure requirements, as well as preventing limitations on the use of HIPAA-compliant technologies to deliver telehealth.

- **Status** – Active, currently approved to practice through November 29, 2020 per EO **D-2020-234**.

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**Connecticut**

- [EO 7G] - Suspends the licensure/certification/registration requirements in § 19a-906(a)(12) – which establishes who may qualify as a “telehealth provider” in Connecticut – for telehealth providers enrolled in Medicaid or in-network in fully-insured commercial plans, in accordance with orders issued by the Commissioner of the Department of Public Health (DPH).
  - Section 5(b) of Executive Order 7G allows a clinician licensed in another state to treat someone in CT through telehealth without getting a license in CT. [CT.gov]

- Re: licensure by endorsement - Existing Connecticut law provides that “Department of Public Health may establish a process of accepting an applicant’s license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met” (Conn. Gen. Stat. § 20-12)

- Re: originating sites - Waiving the homebound requirements for all otherwise coverable medical telemedicine services; Addition of specified “New Patient” Evaluation and Management (E&M) Services; and Waiving the originating site requirements for psychiatric diagnostic evaluations.

- Re: telemedicine modality - The order expands Medicaid telehealth coverage to audio-only telephone.

- Re: telemedicine waiver extensions - CT HB 6001, which was signed into law July 31, extends Gov. Lamont’s emergency orders regarding telemedicine until March 15, 2021, including expanding the type of healthcare professionals that can provide telehealth services to dentists, genetic counselors, and occupational or physical therapist

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**State Resource Page**

**EMS Authority**

**Temporary License Application**

**Executive Order N-43-20**

**State Resource Page**

**DORA Guidance**

**Article re: Telehealth changes**

**CO SB 20-212**

**Article re: SB 212**

**State Resource Page**

**Article re: Telemedicine**

**Executive Order 7G**

**Conn. Gen. Stat. § 20-12**

**CMAP Telemedicine Guidance**

**CT HB 6001**

**Executive Order 7HHH**

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| Delaware | • Nurses, doctors, mental health care providers, pharmacists and other health care professionals who have active licenses or certificates of good standing in any U.S. jurisdiction are authorized to provide in-person health care services in Delaware throughout the emergency, as well as telemedicine services.  
• All out of state mental health providers with an active license in good standing in any United States jurisdiction...are hereby authorized to provide in-person and telemedicine mental health services in Delaware.  
• Any in-person requirement prior to telemedicine services under Title 24 is waived. Regulation 19 on Telemedicine, including audio-visual requirements are suspended.  
• DE HB 348, signed into law July 16, eliminated authorization for out-of-state practitioners to practice telemedicine and telehealth in Delaware with the exception of mental health care providers. It retains the suspension of certain regulations which limit the practice of telemedicine (e.g. audio-only telemedicine, no pre-existing patient provider relationship necessary, prescribing opioids).  
• Status – Out-of-state telemedicine privileges rescinded, with the exception of mental health care providers, per HB 348.                                                                                       | Gov.'s Press Release  
DEMA/DPH Order  
Med Board Reg. 19  
Out of State Medical Personnel Form  
DE HB 348  
State Resource Page |
| Florida | • On March 16, 2020, Florida’s Surgeon General issued an Emergency Order that allows certain out-of-state health care professionals to temporarily provide telehealth services to persons in Florida in order to prepare for, respond to, or mitigate the effects of COVID-19. The Order also allows certain Florida licensed physicians to use telehealth services instead of in-person examinations in limited circumstances.  
• For purposes of preparing for, responding to, and mitigating any effect of COVID-19, health care professionals not licensed in this state may provide health care services to a patient in this state using telehealth...for a period not to exceed 30 days unless extended by order of the State Surgeon General. In addition to the allowed professions under Department of Health Emergency Order 20-002, this exemption shall apply to the following out of state health care professionals holding a valid, clear, and unrestricted license in another state or territory in the United States who are not currently under investigation or prosecution in any disciplinary proceeding in any of the states in which they hold a license...physicians, osteopathic physicians, PAs, and APRNs licensed in Florida...designated...as a controlled substance prescribing practitioner...may issue a renewal prescription for a controlled substance listed as Schedule II, Schedule III, or Schedule IV...only for an existing patient for the purpose of treating chronic nonmalignant pain without the need to conduct a physical examination of the patient. These practitioners may only substitute telehealth services for the physical examination.  
• During the 2019 legislative session, Florida passed a law authorizing out-of-state health care practitioners to perform telehealth services for patients in Florida. Signed by the Governor on June 25, 2019, this law became effective on July 1, 2019.  
• Florida Law § 2019-137: (a) A health care professional not licensed in this state may provide health care services to a patient located in this state using telehealth if the health care professional registers with the applicable board, or the department if there is no board, and provides health care services within the applicable scope of practice established by Florida law or rule.  
• Status – Out-of-state professionals can provide telemedicine services to Florida residents if they are registered with the Medical Board per Florida Law § 2019-137.                                                                                             | Article re: Telemedicine  
DOH EO 20-002  
DOH EO 20-003  
DOH EO No. 20-004  
FL DOH Guidance  
§ 2019-137  
State Resource Page |
| Georgia  | • Medical Board Emergency Practice Permits for Telemedicine: On March 5, 2020, the Georgia Composite Medical Board announced that it would issue emergency practice permits to previously unlicensed physicians, physician assistants, advance practice registered nurses, and respiratory care professionals who wish to practice medicine during the COVID-19 emergency response with the Board’s approval of the application; valid for 90 days or when the governor lifts the statement of emergency.  
• Existing Georgia law provides that “The [Medical] Board is authorized to issue telemedicine licenses to physicians who are licensed in other states but not licensed in Georgia if... (1) Hold a full and unrestricted license to practice medicine in another state;(2) Not have had any disciplinary or other action taken against him or her by any other state or jurisdiction; and (3) Meet such other requirements established by the state.”  
• Status – Active, currently scheduled to expire March 15, 2021 per CT HB 6001.                                                                                                                                                                                                                                                                 | Article re: Telemedicine  
GA Code § 43-34-31.1  
Emergency Practice Application |
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<td>Guam</td>
<td>The existing Guam Code allows physicians that are licensed somewhere in the United States to practice telemedicine (10 GCA § 12202(b)).</td>
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<tr>
<td>Hawaii</td>
<td>The suspension of the following laws: Section 453-1.3, HRS, practice of telehealth, to the extent necessary to allow individuals currently and actively licensed... to engage in telehealth without an in-person consultation or a prior existing physician-patient relationship; and to the extent necessary to enable out-of-state physicians, osteopathic physicians, and physician assistants with a current and active license, or those who were previously licensed... but who are no longer current and active, to engage in telehealth in Hawai'i without a license, in person consultation, or prior existing physician-patient relationship, provided that they have never had their license revoked or suspended and are hired by a state or county agency or facility or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory.</td>
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<td>Idaho</td>
<td>Pursuant to the Board’s Proclamation, issued March 18, 2020, out-of-state physicians and physician assistants with a license in good standing in another state will not need an Idaho license to provide telehealth to patients located in Idaho during the response to COVID-19. Prescribing controlled substances via telehealth must always comply with Federal law and HHS guidance related to COVID-19.</td>
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<tr>
<td>Illinois</td>
<td>The IDFPR interprets Executive Order 2020-9 to permit an out-of-state health care provider not licensed in Illinois to continue to provide health care services to an Illinois patient via telehealth where there is a previously established provider/patient relationship. The Department deems such a provider to be “authorized to practice in the State of Illinois” pursuant to Section 5 of the Executive Order without further need to obtain licensure in Illinois.</td>
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**Board of Med Procl.**

**Gov’s Procl. (4/3)**

**Idaho Tele. Access Act**

**Article re: Changes**

**Executive Order 20-13**

**Gov’s Procl. (6/11)**

**Idaho Admin. Rules (Board of Medicine)**

**Application for Temporary Licensure**

**State Resource Page**

**Press Release re: Extension**

**State Resource Page**

**Executive Order 20-02**

**State Resource Page**

**IDFPR Clarification**

**Executive Order 2020-09**

**Article re: Telehealth**

**Article re: Origination Site**

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<td><strong>Status</strong> - Active, until end of Disaster Proclamation, for established patients only, currently scheduled for December 13, 2020, per 11/13 Declaration.</td>
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<td>• (Broad provision in Executive Order 20-05) - Suspension of the requirement that a healthcare provider hold an Indiana license if he or she: (1) has an equivalent license from another State, and (2) is not suspended or barred from practice in that State or any State.</td>
<td>Executive Order 20-05 PLA Guidance Initial Telemedicine Provider Certification Request IC § 25-1-9.5-8 Article re: Telemedicine Executive Order 20-13 Executive Order 20-45 State Resource Page</td>
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<tr>
<td>• The Initial Telemedicine Provider Certification Request must be completed and filed with the Indiana Professional Licensing Agency before the provider may establish a provider-patient relationship or issue a prescription under IC 25-1-9.5-8 for an individual located in Indiana. <strong>Note however, that a provider that practices predominantly in Indiana is not required to file this certification.</strong></td>
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<td>• Re: Mental health - Pursuant to Executive Order 20-05, all licensed mental health professionals in the State of Indiana are permitted to conduct their work via telehealth. All statutes and rules that are applicable during remote practice must still be observed; however the requirement that the patient be physically present with the professional is suspended until the end of the public health crisis.</td>
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<td>• Re: chronic pain, controlled substances and telemedicine guidelines - The directive also waives the prohibition against audio-only telemedicine services and allows for physical, speech and occupational therapists to provide telemedicine services, but only when using secure videoconferencing, interactive store and forward technology or remote patient monitoring technology. In addition, those DEA-registered providers who have not conducted an in-person medical evaluation of a patient may issue a prescription to that patient for any schedule II-V controlled substance as long as the prescription is issued for a legitimate medical purpose, the telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system and all other applicable state and federal laws are followed.</td>
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<td>• [EO 20-45] - As provided by Executive Orders 20-13… any individual… who received an initial and/or subsequent 90-day temporary authorization to provide health care in the State of Indiana in response to this public health emergency because he or she was not currently licensed to practice in the state, either because their Indiana license is no longer active or they are licensed by another state, is granted an additional 90-day authorization to continue to provide health care services during this public health emergency. All application procedures for reinstatement or approval will be re instituted and must be followed upon expiration of these temporary licenses or the lifting of the COVID-19 public health emergency.</td>
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<td>• <strong>Status</strong> – Active for practitioners who have already received temporary licensure, currently scheduled to expire December 28, 2020 per EO 20-45. According to the same EO, it doesn’t appear that the state is accepting new applications.</td>
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<th><strong>Iowa</strong></th>
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<td>• A physician may practice medicine/telemedicine in Iowa without an Iowa medical license on a temporary basis to aid in the emergency, if a physician holds at least one active medical license in another United State jurisdiction, and all medical licenses held by a physician in other United States jurisdictions are in good standing, without restrictions or conditions. All rules which establish preconditions, limitations, or restrictions on the provision of telehealth or telemedicine services in Iowa are temporarily suspended…</td>
<td>Board of Med Emergency Declaration (3/16 &amp; 4/27 Governor’s Press Release Article re: Extension State Resource Page</td>
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<tr>
<td>• Telemedicine and Telehealth Services: All rules which establish preconditions, limitations, or restrictions on the provision of telehealth or telemedicine services in Iowa, including the use of audio-only telephone transmissions, continue to be suspended. All rules which require face-to-face interactions with health care providers, and impose requirements for residential and outpatient substance use disorder treatment and for face-to-face visitations, continue to be suspended.</td>
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<td>• <strong>Status</strong> – Active, currently scheduled to expire December 10, 2020 per 11/10 Proclamation.</td>
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<td>• Gov. Laura Kelly on March 19 announced she had issued executive orders to expand the use of telemedicine and waive restrictions on motor carriers who are delivering relief for COVID-19. Out-of-state doctors may provide telemedicine services in Kansas if they are licensed in another state, provided the physician holds an unrestricted license and is in good standing. All physicians are encouraged to utilize telemedicine, including those under self-quarantine.</td>
<td>Article Executive Order 20-08</td>
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<td>• Every physician treating a patient through telemedicine shall conduct an appropriate assessment and evaluation of the patient’s current condition and document the appropriate medical indication for any prescription issued.</td>
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| Kentucky | • Passed and signed KS HB 2016, which says, in part “A physician may issue a prescription for or order the administration of medication, including a controlled substance, for a patient without conducting an in-person examination of such patient. (b) A physician under quarantine, including self-imposed quarantine, may practice telemedicine. (c) (1) A physician holding a license issued by the applicable licensing agency of another state may practice telemedicine to treat patients located in the state of Kansas, if such out-of-state physician: (A) Advises the state board of healing arts of such practice in writing and in a manner determined by the state board of healing arts; and (B) holds an unrestricted license to practice medicine and surgery in the other state and is not the subject of any investigation or disciplinary action by the applicable licensing agency.”  
• **Status - Active, until end of Kansas State of Emergency**, which is currently scheduled to expire January 26, 2021 per EO 20-64. (HB 2016 clarifies that emergency licenses can be granted until January 26, 2021). |
| Louisiana | • (Broad provision in Executive Order) - Medical and Osteopathic physicians not already licensed to practice in the Commonwealth of Kentucky may register to practice within Kentucky during the state of emergency declared by Governor Beshear.  
• Additionally, the law [KY SB 150] waives requirements of in-person examination for establishing a provider-patient relationship for the purposes of providing telehealth (to the extent this complies with federal law). It also gives the Kentucky Board of Medical Licensure, the Kentucky Board of Emergency Medical Services, and the Board of Nursing the ability to waive or modify state statutes and regulations: … (f) For standards that are not necessary for the applicable standards of care to establish a patient-provider relationship, diagnose, and deliver treatment recommendations utilizing telehealth technologies.  
• Other temporary changes DMS has made to the 1915(c) HCBS (Medicaid) waivers include:… Expanding the provider base by waiving requirements that out of state providers be licensed and located in Kentucky as long as they are licensed by another state’s Medicaid agency.  
• DMS is allowing providers to deliver services via phone and telehealth, as is appropriate.  
• **Status - Active, until end of Kentucky State of Emergency.** |
| Maine | • The order signed by Gov. Mills gives greater flexibility to physicians, physician assistants and nurses to practice in Maine. According to the order, those who are licensed in these professions in other states and in good standing can now: (1) Receive an emergency license to provide health care services via telehealth to Maine people |

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**Note**: This document provides a summary of various states' telemedicine and telehealth regulations and guidance due to the COVID-19 pandemic. The information is subject to change and should be verified with the state's official resources. For the most accurate and up-to-date information, please refer to the state's official websites or documents.
with no application fee; (2) See patients via telehealth without obtaining a license if already serving those patients at out-of-state locations; (3) Get their licenses automatically renewed during the state of emergency if their active license is about to expire.

- [3/20 EO] – A physician, physician assistant, or nurse who is licensed and in good standing in another state and has no disciplinary or adverse action in the last ten years involving loss of license, probation, restriction or limitation, and who seeks immediate licensure to assist in the health care response to COVID-19, shall forthwith be issued an emergency Maine license that shall remain valid during the state of emergency. All physicians, physician assistants, or nurses licensed under this provision may provide health care services in-person in Maine or across state lines into Maine using telemedicine or telehealth.

- Re: Telemedicine waivers - Maximize the use of telemedicine and telehealth and eliminates the need for some in-person patient visits for the duration of the emergency by: (1) Allowing voice-only technology to be used; and (2) Suspending any laws or rules related to state medical record privacy and HIPAA that would interfere with the use of telemedicine and telehealth technology.

- **Status** – Active for the duration of the public health emergency [Governor Mill’s Executive Order], currently scheduled to expire November 27, 2020, per 10/29 Proclamation.

Maryland

- Passed SB 1080, which, among other things, authorizes the Governor to establish or waive telehealth protocols for COVID-19, including authorizing health care professionals licensed out-of-state to provide telehealth to patients in the State, and to order the Department of Health to reimburse synchronous and asynchronous telehealth services for COVID-19 provided to a patient, without regard to whether the patient is at a clinical site, if the service is covered by Medicaid, provided by a participating Medicaid provider, and authorized under the health care provider’s scope of practice.

- For the duration of the Maryland State of Emergency, health care practitioners who have an active license in good standing in another state or the District of Columbia may practice telehealth without a Maryland license to provide continuity of care to existing Maryland patients.

- Re: prescribing controlled substances – Maryland law requires that licensed healthcare practitioners have a Maryland controlled dangerous substances (CDS) registration in order to prescribe CDS... Federal law also requires that licensed healthcare practitioners have a DEA registration to prescribe CDS... the DEA has waived the requirement registration in each state in which the practitioner practices for the duration of the PHE... Accordingly, the MDOH interprets the order to allow out-of-state practitioners to practice in Maryland... to be allowed to prescribe CDS in Maryland without obtaining a Maryland CDS registration.

- Re: privacy requirements - The requirement that a link must be a secure and private telehealth connection in accordance with state and federal law and the required use of encryption has been relaxed during the Federal and Maryland states of emergency. During the Federal and Maryland states of emergency a provider shall make good faith efforts to prevent access to data by unauthorized persons.

- Re: opioids - Yes, during the state of emergency, prescriptions for Opioids may be prescribed for pain. Please see the Office of Controlled Substances Administration frequently asked questions for more details about prescribing Controlled Dangerous Substances during the State of Emergency

- Re: real-time evaluations - One of the bills Gov. Hogan is signing expands the list of doctors and practitioners who can make use of telehealth platforms, and it allows evaluations to be done in real time. It also allows for a physician to perform an evaluation after data is collected via a telehealth meeting... Another bill allows mental health providers to use telehealth to deliver services directly to a patient in their home.

- Re: audio-only calls - A health care practitioner authorized to use telehealth or audio-only calls or conversations may establish a practitioner–patient relationship through an exchange of information between a patient and a health care practitioner, if: (A) The health care practitioner: (i) Verifies the identity of the patient receiving health care services through telehealth or audio-only calls or conversations; (ii) Discloses to the patient the health care practitioner’s name, contact information, and the type of health occupation license held by the health care practitioner; (iii) Obtains oral or written consent from the patient or from the patient’s parent or guardian if state law requires

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| Massachusetts | **Massachusetts’ Order offers broad credentialing privileges:** “With the Governor declaring a State of Emergency, the Board of Registration in Medicine has established an Emergency Temporary License Application for out-of-state physicians to assist in meeting the increased demand for physician services in Massachusetts. To qualify for an Emergency Temporary License a physician must hold an active full, unlimited and unrestricted medical license in good standing in another U.S. state/territory/district. "Good standing" shall not include a license that has been revoked, cancelled, surrendered, suspended, or is subject to disciplinary restrictions.”  
**Status** - Active until end of Maryland State of Emergency, per [March 16 executive order](https://www.mass.gov) currently scheduled to expire November 28, 2020 per [10/29 Proclamation](https://www.mass.gov). | **BORIM Press Release**  
**Expedited License Application**  
**Article re: Preexisting relationship requirements**  
**Article re: Coverage**  
**Article re: Uninsured**  
**State Resource Page** |
| Michigan    | **Michigan law provides:** “Under the circumstances and subject to the limitations stated in each case, the following individuals are not required to have a license issued under this article for practice of a health profession in this state: (c) An individual who by education, training, or experience substantially meets the requirements of this article for licensure while rendering medical care in a time of disaster...” (MCL § 333.16171). This provision does not require an individual apply for or be granted an exemption by the Department.  
**Michigan’s governor called on health plans to do more to encourage the use of telehealth and ordered the state Medicaid program to include the home as a telehealth site.**  
**All health care providers are authorized and encouraged to use telehealth services when medically appropriate and upon obtaining patient consent. To facilitate the provision of telehealth services: (a) Written consent for treatment is not required. A health care provider may obtain verbal consent... (b) Health care providers engaging in telehealth services may use asynchronous store and-forward technology for the transmission of medical information... (c) Remote patient monitoring, which may or may not take place in real-time, may be conducted as part of telehealth services... (d) A physician is not required to conduct an in-person examination before prescribing medication or ordering the administration of medication, including controlled substances except for methadone...**  
**Re: Rescinding out of state waivers - On July 13, 2020, Gov. Whitmer issued Executive Order 2020-150 to rescind a previous order ([Executive Order 2020-61](https://www.michigan.gov) that had permitted... health care professionals who are licensed in good standing in other states or United States territories to practice in Michigan without criminal, civil or administrative/licensure penalties for lack of Michigan licensure.**  
**Status** - Out-of-state practice privileges rescinded per EO 2020-150. | **LARA Clarification**  
**Article**  
**Executive Order 2020-86**  
**Article re: Rescinding waivers**  
**Executive Order 2020-150**  
**State Resource Page** |
| Minnesota   | **Minnesota’s April 25 Executive Order provides:** “qualified out-of-state healthcare professionals to render aid in Minnesota to meet the healthcare needs of Minnesotans during the COVID 19 peacetime emergency... (2) Out-of-State Healthcare Professionals who hold an active, relevant license, certificate, or other permit in good standing issued by a state of the United States or the District of Columbia... (3) Before rendering any aid... [providers] must be engaged with a healthcare system or provider, such as a hospital, clinic, or other healthcare entity, in Minnesota. (4) A [Minnesota] healthcare | **Press Release re: OOS Waivers**  
**Executive Order 20-46** |
<table>
<thead>
<tr>
<th>System or provider must verify that each Out-of-State Healthcare Professional holds an active, relevant license, certificate, or other permit in good standing.</th>
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<tbody>
<tr>
<td><strong>Re: out-of-state telemedicine -</strong> Minnesota law provides: “A physician licensed in another state can provide telemedicine services to a patient in Minnesota if their license has never been revoked or restricted in any state, they agree to not open an office in Minnesota, meet with patients in Minnesota, or receive calls in Minnesota from patients and they register with the state’s board. These requirements do not apply in response to emergency medical conditions, the services are on an irregular or infrequent basis, or the physician provides interstate telemedicine services in consultation with a physician licensed in Minnesota” (MN Stat. § 147.032).</td>
</tr>
<tr>
<td><strong>Re: establishing patient-physician relationship –</strong> Minnesota law provides “that a physician-patient relationship may be established through telemedicine, and that physicians who provide services by telemedicine are held to the same standards of practice and conduct as apply to the provision of in-person services. (MN Stat. § 147.033).</td>
</tr>
<tr>
<td><strong>Re: telemental health -</strong> On April 6, Gov. Walz authorized out-of-state mental health providers to provide telehealth services to Minnesota patients (this waiver appears to be explicitly limited to mental health professionals).</td>
</tr>
<tr>
<td><strong>Re: Medicaid waivers -</strong> On March 27, 2020, CMS approved Minnesota’s state Medicaid waiver request allowing certain flexibilities, including: Temporarily waiving the requirement that out-of-state providers be licensed in Minnesota. The temporary waiver still requires minimum data collection about the out-of-state provider, exclusion screening, and no payments to providers who temporarily enrolled six months after the Public Health Emergency ends.</td>
</tr>
<tr>
<td><strong>Re: SUD treatment</strong> – Minnesota’s legislature passed a law that “allows the examination requirement for prescribing drugs to treat substance use disorder to be met if the prescribing practitioner performs a telemedicine examination.” This provision is time-limited and terminates 60 days after the peacetime emergency ends (Laws 2020, ch. 115, art. 2, § 30).</td>
</tr>
<tr>
<td><strong>Status</strong> – Out-of-state professionals can provide telemedicine services to Minnesota residents during emergency situations per Minnesota Law § 147.032 (currently scheduled to expire December 14, 2020, per EO 20-97.)</td>
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<tr>
<th><strong>Mississippi</strong></th>
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<tr>
<td><strong>[10/26 Proc.]</strong> – As to those out-of-state physicians who currently hold an emergency license to treat Mississippi patients via telemedicine, such licenses shall remain in force and effect until January 31, 2021... those wishing to continue to provide care must submit an application for a full, unrestricted license on or before December 31, 2020.</td>
</tr>
<tr>
<td><strong>[4/5 Proc.]</strong> - The Board hereby waives any and all Mississippi licensing requirements for out of state physicians whose specialty services are determined to be necessary by MSDH [specifically pulmonologists and nephrologists], provided the out of state physicians holds an unrestricted license to practice medicine in the state in which the physician practices and currently is not the subject of an investigation or disciplinary proceeding.</td>
</tr>
<tr>
<td><strong>[3/24 Proc.]</strong> - Out-of-state physicians may only utilize telemedicine when treating patients in Mississippi with whom they have a pre-existing doctor-patient relationship.</td>
</tr>
<tr>
<td><strong>Re: pre-existing relationships</strong> - The requirement for a preexisting doctor-patient relationship does not apply for in-state physicians.</td>
</tr>
<tr>
<td><strong>Re: controlled substances</strong> – As to those holding a valid unrestricted license to practice medicine in Mississippi, the emergency telemedicine waiver of the prohibition against prescribing controlled substances shall remain in effect [10/26 Proc.]</td>
</tr>
<tr>
<td><strong>Status</strong> - Active, until January 31, 2021 for out-of-state physicians currently holding an emergency license, per 10/26 Proclamation.</td>
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<th><strong>Missouri</strong></th>
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<tr>
<td><strong>During this state of emergency in Missouri, physicians and surgeons licensed in another state can provide care to Missouri citizens, in person or using telehealth options, as long as they are actively licensed in another state and their license has not been disciplined.</strong></td>
</tr>
<tr>
<td><strong>Re: documentation waivers</strong> - The executive order temporarily suspends rules requiring a physical exam and maintaining a contemporaneous record.</td>
</tr>
<tr>
<td><strong>Re: extension of State of Emergency</strong> - Whereas, Executive Order 20-04 was issued on March 18, 2020, ordering the temporary suspension of certain statutory and regulatory provisions related to telemedicine... I also extend, in part, the provisions in Executive Order 20-04... The remaining provisions of this Order shall terminate on December 30, 2020, unless extended in whole or part.</td>
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<td>State</td>
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| **Montana** | Pursuant to § 10-3-118, MCA, the Montana Department of Labor and Industry may provide interstate licensure recognition whenever a state of emergency or disaster is in effect by registering professionals who possess an active, unrestricted license in another state. Health care practitioners shall be allowed to perform health care services using all modes of telehealth, including video and audio, audio-only, or other electronic media... Strict adherence to the following requirements of board specific telehealth requirements for these practitioners is suspended.  
Strict compliance with [Montana Code] is suspended to the extent that providers are not limited for the duration of the emergency to the use of any specific technologies to deliver telemedicine, telehealth, or telepractice services, and may provide such services using secure portal messaging, secure instant messaging, telephone conversations, or audio-visual conversations. To the extent any of these provisions prevent providers from delivering telemedicine, telehealth, or telepractice services from their or their patients' homes, work, or other appropriate venue, strict compliance with those provisions is suspended, provided: (A) To the extent possible, providers must ensure that patients have the same rights to confidentiality and security as provided during traditional office visits. (B) Providers must follow consent and patient protocol consistent with those followed during in-person visits... a pre-existing provider/patient relationship is not required to provide telemedicine, telehealth, or telepractice services.  
Re: payment parity - The coverage for health care services delivered by telemedicine “must be equivalent to the coverage for services that are provided in person.”  
**Status - Active, until end of Montana State of Emergency.** |
| **Nebraska** | Out-of-state providers who work in Nebraska pursuant to Executive Order 20-10, Coronavirus, Additional Healthcare Workforce Capacity, are authorized to use telehealth under the same statutory provisions that permit Nebraska health care providers to use telehealth... Because a declared state of emergency related to the coronavirus (COVID-19) is in effect, health care providers are not required to obtain a patient’s signature on a written agreement prior to providing telehealth services, and insurance claims for telehealth will not be denied solely on the basis of lack of a signed written statement.  
**Status – Active, expires 30 days after the end of the COVID-19 emergency.** |
| **Nevada** | Professional licensing boards regulating providers of medical services shall temporarily waive certain licensing requirements to allow the practice of currently unlicensed skilled medical professionals during the pendency of the COVID-19 crisis... including without limitation, medical doctors, physician assistants... The waiver and exemption of professional licensing requirements shall apply to qualified providers of medical services during this declared emergency who currently hold a valid license in good standing in another state, providers of medical services whose licenses currently stand suspended for licensing fee delinquencies, providers of medical services whose licenses are in good standing in another state. Health care practitioners shall be allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, and/or other electronic media... Providers must ensure that patients have the same rights to confidentiality and security as provided during traditional office visits. (B) Providers must follow consent and patient protocol consistent with those followed during in-person visits... a pre-existing provider/patient relationship is not required to provide telemedicine, telehealth, or telepractice services.  
**Status – Active until the end of the ongoing COVID-19 emergency, per ED 34.** |
| **New Hampshire** | (Broad provision in Executive Order) - Temporary authorization for out of state medical providers to provide medically necessary services and provide services through telehealth... any out-of-state medical provider whose profession is licensed within this state shall be allowed to perform any medically necessary service as if the medical provider were licensed to perform such service within the state of New Hampshire subject to the following conditions: (a) The medical provider is licensed and in good standing in another United States jurisdiction. (b) The medical services provided within New Hampshire are in-person or through appropriate forms of telehealth, c) ... Such medical providers shall be issued an emergency New Hampshire license at no cost, which shall remain valid during the declared state of emergency...  
Re: modality - Allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, and/or other electronic media  
Re: reimbursement - All carriers shall cover, without any cost-sharing (i.e. copayments, deductibles, or coinsurance), medically necessary treatment delivered via telehealth related to COVID-19 by in-network providers. There shall be no restriction on eligible originating sites for telehealth services... including locations such as a practitioner's  
**Status – Active, scheduled to expire December 30, 2020 per EO 20-12.** |
### New Jersey

- New Jersey will waive a host of regulatory requirements for healthcare professionals licensed in other jurisdictions to become licensed in New Jersey and offer services to New Jersey residents, including telemedicine and telehealth services. The waivers will apply during the public health emergency related to COVID-19.
- Re: telehealth Reimbursement/Coverage Expansion: Increased access to telehealth under state Medicaid and direct third-party insurance administrators to inform beneficiaries about the availability of telemedicine and telehealth services.
- Re: controlled substances – An Administrative Order signed [August 11] by the Acting Director of the Division temporarily waives certain regulatory requirements for in-person medical evaluations when providers prescribe controlled dangerous substances (“CDS”) in the treatment of chronic pain or authorize medical marijuana. It is effective immediately... The Order will remain in effect... [until] the end of the state of emergency or public health emergency...
- On July 1, Gov. Murphy signed NJ S. 2467, which ensures that out-of-state healthcare practitioners may continue to provide telemedicine to New Jersey residents until 90 days following the public health emergency.
- **Status** – Active until 90 days after the end of the COVID-19 emergency per S. 2467 (PHE currently scheduled to expire November 23, 2020 per EO 191, leaving the waiver open until the end of February).

### New Mexico

- New Mexico’s order offers broad credentialing privileges: “The Department of Health and the Department of Homeland Security and Emergency Management shall credential out-of-state professionals who can render aid and necessary services during the pendency of this order. NMSA 1978 §§ 12-10-10.1 through 12-10-13.”
- NM Stat § 12-10-11: During an emergency, a person who holds a license, certificate or other permit that is issued by a state or territory of the United States and that evidences the meeting of qualifications for professional, mechanical or other skills may be credentialled, if appropriate and approved by the department of health or the homeland security and emergency management department, to render aid involving those skills to meet an emergency, subject to limitations and conditions as the governor may prescribe by executive order or otherwise.
- Use of electronic means (internet, texting, phone, email) to assess and provide responsible care during emergency will not be considered unethical or a violation of Medical Board rules.
- **Status** – Active until gubernatorial rescission, currently scheduled for December 11, 2020 per EO 2020-80.

### New York

- [Broad provision in Executive Order]: Sections 6512 through 6516, and 6524 of the Education Law and Part 6o of Title 8 of the NYCRR, to the extent necessary to allow physicians licensed and in current good standing in any state in the United States to practice medicine in New York State without civil or criminal penalty related to lack of licensure; Section 6502 of the Education Law and Part 59.8 of Title 8 of the NYCRR, to the extent necessary to allow physicians licensed and in current good standing in New York State to provide other services, including medication assisted treatment (MAT) in specific settings by rendering aid involving those skills to meet an emergency, subject to limitations and conditions as the governor may prescribe by executive order or otherwise.
- **Status** – Active, until end of New Hampshire State of Emergency, currently scheduled to expire November 20, 2020 per EO 2020-21.
<table>
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<th>Location</th>
<th>Details</th>
<th>References</th>
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<tr>
<td>New York State</td>
<td>Any persons licensed in other states, territories, or the District of Columbia who are providing healthcare services under the authority of the first paragraph of section 16 of Executive Order No. 116 may continue to provide those services through April 15, 2020, unless otherwise authorized by a professional healthcare licensure board under the authority delegated in this Subsection... (2) Out-of-state licensees; telehealth. For the pendency of the State of Emergency: (i) a health provider licensed, registered, or certified in good standing in another United States jurisdiction (or reinstated pursuant to emergency action) may apply for an emergency license with the appropriate North Carolina licensing board and, if deemed eligible to be licensed, may deliver services in North Carolina, including, through any remote telecommunications technologies (telehealth), provided those services are within the provider’s authorized scope of practice in such other jurisdictions; and (ii) any restrictions under North Carolina state law restricting the use of telehealth have their enforcement waived. In North Carolina, Blue Cross Blue Shield of North Carolina, the biggest insurance provider in the state, announced March 17 it would cover virtual visits that occur over the phone, as well as video, at the same rates as face-to-face visits. <strong>Status</strong> - Active, expires 30 days after the end of the COVID-19 emergency.</td>
<td>Executive Order No. 130, Executive Order No. 116, Emergency Disaster License Application, Article re: Reimbursement, COVID-19 Telemedicine FAQs, State Resource Page</td>
</tr>
<tr>
<td>North Carolina</td>
<td>(North Dakota’s order offers broad credentialing privileges) - The licensure requirements for health care or behavioral health professionals licensed under the following Chapters of the North Dakota Century Code are hereby suspended... Chapter 43-17 (Physicians and Surgeons)... who are licensed and in good standing in other states, as needed to provide health care and behavioral health services, <strong>to include telehealth care</strong>, for citizens impacted by COVID-19, subject to identification, verification of credentials and other temporary emergency requirements... certain statutory and regulatory requirements must be suspended... b) the “audio-only” provision... c) insurance carriers shall cover virtual check-ins and e-visits for established patients. <strong>Status</strong> - Active, until end of North Dakota State of Emergency.</td>
<td>Executive Order 2020. 05.1, State Resource Page</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td>Existing CNMI law holds that “A physician licensed to practice in a foreign country other than Canada may be granted a license to practice subject to the requirements and conditions provided in regulations of the Board... (b) The Board shall provide regulation of the practice of a regulated physician in the Commonwealth by a professional licensed to practice in a foreign country with acceptable education, training, examination results and experience comparable to that of a person who is otherwise qualified for licensure under this Chapter...” (Health Care Professions Licensing Act of 2007).</td>
<td>P.L. 15-105 Health Care Professions Licensing Act of 2007 § 2214, Territory Resource Page</td>
</tr>
<tr>
<td>Ohio</td>
<td>Emergency Licensure — The Board authorizes board staff to work with the State Emergency Management Agency, or other governmental entities as identified, to effectuate Ohio licensure eligibility for out-of-state doctors who are called upon to respond to the COVID-19 emergency in Ohio, <strong>which is necessary to practice in Ohio</strong> [and, by extension, to practice telemedicine with Ohio residents]. The board has two existing statutory provisions in Ohio Rev. Code § 4731.36 that support out-of-state telemedicine: (1) Physicians treating patients who are visiting Ohio and unable to leave because of the emergency; (2) Physicians in contiguous states that have existing patient relationships with Ohio residents.</td>
<td>ODH Telehealth FAQs (May 2020), Board of Med 4/20 Meeting Summary</td>
</tr>
</tbody>
</table>
- Beginning immediately, the Medical Board will suspend enforcement of any regulations requiring in-person visits between providers and patients. This exercise of enforcement discretion includes, but is not limited to, enforcement of regulations related to providers prescribing to patients not seen in-person by the physician.”
- Re: establishing patient-provider relationship – EO 2020-29D extends the waiver on initial in-person visits, and allowing any real-time audio/visual communications of such quality as to permit accurate and meaningful interaction between at least two persons, including asynchronous modalities. Lastly, the requirement to provide written documentation of potential risks and obtain written acknowledgment prior to services being rendered is removed (the practitioner is required to describe the potential risks).
- Re: controlled substances - Effective March 9, 2020, providers can use telemedicine in place of in-person visits. Throughout the declared Covid-19 emergency, the SMBO will not enforce in-person visit requirements normally required in SMBO rules. Suspension of these enforcement requirements includes, but is not limited to: (1) Prescribing controlled substances (2) Prescribing for subacute and chronic pain (3) Prescribing to patients not seen by the provider (4) Pain management (5) Medical marijuana recommendations and renewals (6) Office-based treatment for opioid addiction.
- Re: permanent changes to telehealth - On July 16, 2020, Gov. DeWine issued Executive Order (2020-29D) which permanently allows home health and hospice aides, private duty registered nurses and licensed practical nurses in a home health or hospice setting, dentists and behavioral health practitioners to practice telemedicine.
- Re: permanent changes to telehealth (Medicaid) - The rule changes to Ohio Administrative Code §5160-1-18 include: Expanding the definition of telehealth to include telephone calls, remote patient monitoring and other electronic communication that does not have both audio and video elements... Fewer restrictions on patient and practitioner site locations... Expanding the types of telehealth services that may be paid for by Medicaid...
- Ohio licensure required during the state of emergency - The Medical Board has received many inquiries regarding temporary licensure during the state emergency. Please be aware, Ohio law does not currently offer emergency or temporary licensure for out-of-state physicians. Unless an exemption applies (Ohio Revised Code 4731.36), physicians must hold an active Ohio license to practice medicine in the state of Ohio.
- Status – Ohio has no waivers for license reciprocity.

### Oklahoma

- Oklahoma’s order offers broad credentialing privileges: “Any medical professional who holds a license, certificate, or other permit issuing by any state that is a party to the Emergency Management Compact evidencing the meeting of qualifications for the practice of certain medical services... shall be deemed license to practice in Oklahoma so long as this order is in effect... b) Any medical professional intending to practice in Oklahoma... must receive approval from appropriate Board; c) It is the responsibility of each Board to verify the license status of any applicant. All occupational licenses... shall be extended so long as this Order is in effect.”
- Telemedicine and Telehealth (a) To the extent not already allowed by applicable law, licensed medical doctors, surgeons, and physician assistants may utilize telemedicine or telehealth to provide care for new or existing patients. (b) Subsection (a) shall not be construed to allow licensed medical doctors, surgeons, or physician assistants to prescribe opiates and other controlled dangerous substances COVID - 19 Emergency Rules Adopted by the Oklahoma Medical Board in its Virtual Special Meeting on April 14, 2020 Page 4 of 4 without a preexisting physician-patient relationship...
- Re: establishing relationship - Gov. Stitt’s order also waives part of Oklahoma state law requiring an existing doctor-patient relationship before telemedicine consultations can be conducted.
- Re: controlled substances – [5th Amended EO 2020-20] Telemedicine shall be used to maximum potential and shall be allowed for non-established patients... The preexisting patient relationship requirement for telemedicine... only applies to the prescribing of opiates and other controlled substances...
- Status – Active, scheduled to expire November 23, 2020 per (sixth amended) EO 2020-20.

### Oregon

- Physicians and PAs with an active status license to practice medicine in Oregon may provide care via telemedicine to their Oregon patients. Out-of-state physicians with a telemedicine license may provide remote care to their Oregon patients.
- Re: controlled substances - Out-of-state Licensees who hold an active license at telemedicine status have the same duties and responsibilities and are subject to the same penalties and sanctions as any other licensed physician in Oregon. Physicians

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<thead>
<tr>
<th><strong>Oklahoma</strong></th>
<th><strong>Oregon</strong></th>
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<tbody>
<tr>
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<td>- Physicians and PAs with an active status license to practice medicine in Oregon may provide care via telemedicine to their Oregon patients. Out-of-state physicians with a telemedicine license may provide remote care to their Oregon patients.</td>
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<td>- Re: establishing patient-provider relationship – EO 2020-29D extends the waiver on initial in-person visits, and allowing any real-time audio/visual communications of such quality as to permit accurate and meaningful interaction between at least two persons, including asynchronous modalities. Lastly, the requirement to provide written documentation of potential risks and obtain written acknowledgment prior to services being rendered is removed (the practitioner is required to describe the potential risks).</td>
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<tr>
<td>- Ohio licensure required during the state of emergency - The Medical Board has received many inquiries regarding temporary licensure during the state emergency. Please be aware, Ohio law does not currently offer emergency or temporary licensure for out-of-state physicians. Unless an exemption applies (Ohio Revised Code 4731.36), physicians must hold an active Ohio license to practice medicine in the state of Ohio.</td>
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<td>- Status – Ohio has no waivers for license reciprocity.</td>
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<tr>
<th><strong>Articles</strong></th>
<th><strong>Links</strong></th>
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<tr>
<td>Ohio Rev. Code § 4731.36</td>
<td><a href="https://www.ohio.gov/index.cfm?title=EO%202020-29D">Article re: EO 2020-29D</a></td>
</tr>
<tr>
<td>Med Board Telemedicine Guidance</td>
<td><a href="https://www.medboard.state.oh.us/article/re-permanent-medicaid-changes">Article re: Permanent Medicaid changes</a></td>
</tr>
<tr>
<td>OMB Newsletter (re: No license reciprocity)</td>
<td><a href="https://www.ohio.gov/article/re-permanent-medicaid-changes">State Resource Page</a></td>
</tr>
<tr>
<td>Amended Executive Order 2020-07</td>
<td><a href="https://www.medboard.state.oh.us/article/re-permanent-medicaid-changes">COVID-19 Pandemic Emergency Rules</a></td>
</tr>
<tr>
<td>[MDs]: Application for Emergency Licensure</td>
<td><a href="https://www.medboard.state.oh.us/article/re-permanent-medicaid-changes">Article re: Preexisting Relationship</a></td>
</tr>
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<td>[DOs]: Emergency Temporary License Application</td>
<td><a href="https://www.medboard.state.oh.us/article/re-permanent-medicaid-changes">State Resource Page</a></td>
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<td>Board of Med Guidance</td>
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<td>Emergency Application</td>
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with telemedicine status in Oregon may not act as a dispensing physician, treat a patient for intractable pain, act as a supervising physician of a licensed physician assistant or an Oregon-certified First Responder or Emergency Medical Technician.

### Pennsylvania
- **Status**: Active, until end of Oregon State of Emergency, currently scheduled to expire January 2, 2021 per **EO 20-59**.
- Governor Wolf also granted the department's request for a suspension to allow licensed practitioners in other states to provide services to Pennsylvanians via the use of telemedicine, without obtaining a Pennsylvania license, for the duration of the emergency. Out-of-state practitioners must: (1) Be licensed and in good standing in their home state, territory or country; (2) provide the Pennsylvania board from whom they would normally seek licensure with the following information prior to practicing telemedicine with Pennsylvanians: (1) their full name, home or work mailing address, telephone number and email address; and (2) their license type, license number or other identifying information that is unique to that practitioner's license, and the state or other governmental body that issued the license.
- Re: Opioid use disorder treatment – The Pennsylvania Department of Drug and Alcohol Programs (DDAP) suspended the requirement that licensed Narcotic Treatment Programs (NTPs) make a face-to-face determination before admission to treatment for clients who receive buprenorphine treatment. DDAP also suspended the requirement that NTPs have narcotic treatment physician services on site. These regulatory suspensions by DDAP will remain in effect for the duration of the COVID-19 disaster emergency in Pennsylvania.
- **Status**: Active, until end of Pennsylvania State of Emergency, currently scheduled to expire November 30, 2020 per **8/31 Proclamation**.

### Puerto Rico
- **Status**: Active, until end of Puerto Rico State of Emergency, currently scheduled to expire November 30, 2020 per **8/31 Proclamation**.
- Existing PR law provides for broad discretion during emergencies: “The Board may grant a provisional license to any physician who legally practices medicine in other state[s] or jurisdiction[s], contingent upon the request by the physician to the Board and on condition that the physician comes to the Commonwealth of Puerto Rico to assist in emergency services during a disaster, as authorized by the Department of Justice. The Department of Health shall approve regulations to such effect... (4) The Board may grant a provisional license to any physician who legally practices medicine at a state or jurisdiction, with the purpose of having said physician render gratis and volunteer medical services or assistance in Puerto Rico during a period of time that is not to exceed ninety (90) days a year as of its date of issue. Provided, that this license shall be granted without paying any fees... (4) The Board may grant a provisional license to any physician who legally practices medicine at a state or jurisdiction, with the purpose of having said physician render gratis and volunteer medical services or assistance in Puerto Rico during a period of time that is not to exceed ninety (90) days a year as of its date of issue. Provided, that this license shall be granted without paying any fees.” (P.R. Laws tit. 20, § 133g)
- On March 20, 2020, the Governor of Puerto Rico signed Joint Senate Resolution 491, which provides the flexibility for physicians who are authorized to practice in Puerto Rico to use telemedicine and telephone medical consultations as a remote means to care for patients, regardless of whether or not they have telemedicine certification issued by the Medical Licensure and Discipline Board. Under the Joint Resolution, in its relevant part, it is provided that individuals who are authorized to practice the profession in Puerto Rico may invoice for services rendered through telemedicine, telephone consultations, or by any other authorized method, and the health insurers and health service organizations shall have the obligation to pay for such as if it were an in-person consultation for the health services rendered.

### Rhode Island
- **Status**: Active, until end of Rhode Island State of Emergency, currently scheduled to expire November 30, 2020 per **8/31 Proclamation**.
- The Board wishes to make clear that it encourages all physicians to use telemedicine to deliver care to their patients and that the Board will not take action against physicians not licensed to practice in Rhode Island who, during the state of emergency, use telemedicine to deliver care to their established Rhode Island patients. The patient location requirement for telemedicine contained in Rhode Island General Laws § 27-81-3 (9) is hereby suspended. Patients may receive telemedicine services at any location. The prohibition against audio-only telephone conversation and the limitations on video conferencing... is hereby suspended. All such clinically appropriate, medically necessary telemedicine services delivered by in-network providers shall be reimbursed at rates not lower than services delivered through traditional (in-person) methods.
- Re: insurance - Health insurers must cover telemedicine for primary care, specialty care and mental and behavioral health care.
<table>
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<tr>
<th>State</th>
<th>Information</th>
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| **South Carolina** | The South Carolina Board of Medical Examiners is temporarily waiving South Carolina licensing requirements for physicians, physician assistants, and respiratory care practitioners licensed and in good standing in another state and whose services are determined to be necessary by the South Carolina Department of Health and Environmental Control (DHEC). The Board has indicated that this means South Carolina will permit these categories of out-of-state practitioners to treat South Carolina residents, in person or through telehealth technologies, to screen or treat patients for the coronavirus. The scope of permitted practice and treatment by these practitioners may expand during the course of the coronavirus emergency, subject to additional agency input.  
**Status** – Active, until end of South Carolina State of Emergency, currently scheduled to expire November 23, 2020 per EO 2020-70. |
| **South Dakota** | Pursuant to [South Dakota Code], [Gov. Noem] will grant full recognition to the licenses held by a professional by any compact member state, in accordance with the Uniform Emergency Management Assistance Compact (EMAC) should those facilities require additional professionals to meet patient demand during the COVID-19 emergency, whether in-person or by remote means.  
**Status** – Active, until end of South Dakota State of Emergency, currently scheduled to expire December 30, 2020 per EO 2020-26. |
| **Tennessee** | Out of state health care professionals authorized pursuant to this Order to temporarily practice in Tennessee are permitted to engage in telemedicine with respect to Tennessee patients if scope of practice of applicable professional license would authorize professional to diagnose and treat humans.  
Statutory restrictions on telehealth with respect to pain management clinics and chronic nonmalignant pain treatment are suspended.  
The provisions of Tennessee Code Annotated... [the establishment of provider-patient relationship], are hereby suspended to the extent necessary to allow telehealth or telemedicine services to be provided by any provider license... regardless of the provider's authority to diagnose. This suspension does not otherwise alter or amend any licensee's scope of practice or record keeping requirements.  
The relevant provisions of Tennessee Code Annotated... are hereby suspended to the extent necessary to give the Commissioner of Health the authority to allow persons who have completed a master's degree or doctoral degree in a behavioral or mental health field... to treat diagnosed behavioral or mental health conditions without a license and through use of telemedicine services; provided, that the person is, at all |
| | Article re: OOS Licensing  
BME Order  
Temporary License Application  
Emergency Order 2020-BME-PH-05  
State Resource Page  |
| | Executive Order 2020-07  
SDMOE Guidance  
State Resource Page  |
| | Article re: OOS Licensing  
Executive Order #15  
Executive Order #20  
Emergency License Application |
<table>
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<tr>
<th>States</th>
<th>Time</th>
<th>Events</th>
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<tbody>
<tr>
<td>Texas</td>
<td>2020</td>
<td>Re: insurers - Blue Cross Blue Shield of Tennessee has seen telehealth use surge during the coronavirus crisis... The insurer is making its coverage of virtual visits with in-network providers permanent.</td>
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<td></td>
<td>2020</td>
<td><strong>Status</strong> – Active, currently scheduled to expire December 29, 2020 per EO 67.</td>
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<td>2020</td>
<td>(Broad provision in Executive Order) - Out-of-state licensed physicians may also receive a Texas limited emergency license or hospital-to-hospital credentialing for no more than 30 days from the date the physician is licensed or until the Disaster Declaration is withdrawn or ends. Additionally, the Governor instructed the TMB and Texas Board of Nursing to “fast-track” licensing for all out-of-state medical professionals.</td>
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<td></td>
<td>2020</td>
<td>By utilizing TMB and TBN’s disaster emergency licensure rule, Texas will have an increased supply of health care professionals who will be able to provide necessary in-person and telemedicine services to Texans across the state.</td>
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<tr>
<td></td>
<td>2020</td>
<td>Re: chronic pain - The extended waiver continues to allow for telephone refill(s) of a valid prescription for treatment of chronic pain by a physician with an established chronic pain patient. The physician(s) remains responsible for meeting the standard of care and all other laws and rules related to the practice of medicine. The standard of care must still be maintained related to the treatment of chronic pain patients.</td>
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<td></td>
<td>2020</td>
<td>Re: chronic pain extension – On May 8, Gov. Abbott today approved the Texas Medical Board’s request to extend the previously issued waiver which temporarily suspends Title 22, Chapter 174.5 (e) (2)(A) of the Texas Administrative Code, as the measure is still necessary to protect public health by providing patients access to ensure on-going treatment of chronic pain and curbing the spread of COVID-19. The suspension is in effect until June 6, 2020.</td>
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<td>2020</td>
<td>Re: prescription emergency rule - The Governor previously extended the waiver to temporarily suspend Title 22, Chapter 174.5 (e) (2)(A) of the Texas Administrative Code. That waiver is set to expire later today [June 6]... The adopted rule amends 22 TAC Chapter 174.5, Issuance of Prescriptions, adding the following under §174.5(e):... (A) Treatment of chronic pain with scheduled drugs through use of telemedicine medical services is prohibited, unless: (i) a patient is an established chronic pain patient of the physician and is seeking telephone refill of an existing prescription, and the physician determines that such telemedicine treatment is needed due to the COVID-19 pandemic; or (ii) the treatment is otherwise allowed under federal and state law. (B) If a patient is treated for chronic pain with scheduled drugs through the use of telemedicine medical services as permitted by (A)(i) or (ii) above, the patient’s medical records must document the exception and the reason that a telemedicine visit was conducted instead of an in-person visit. (The emergency rule will remain in place until September 2, 2020 at 11:59 p.m. or for the duration of the disaster declaration).</td>
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<td>2020</td>
<td>Re: modality/preexisting relationship - Audio-Only Telemedicine Encounters Temporarily Allowed in Texas: Gov. Abbott approved the Texas Medical Board’s request to temporarily allow the use of telephone-only encounters to establish a physician-patient relationship in Texas. Only a patient (or a patient’s proxy decision maker) may initiate the audio-only encounters by telephone. The standard of care remains the same whether the encounter is via technology or in-person, and physicians should always attempt to ensure patient continuity of care. A patient must give written or oral consent to the physician via telemedicine. This consent must be documented in the patient’s medical record. The Texas Medical Board notes that for the encounter to be eligible for payment, services provided through a telemedicine visit (including audio-only telephone calls) must be medical services that would be billable if provided in person. The Texas Medical Board is indicating that the temporary expanded use of telemedicine may be used for diagnosis, treatment, ordering of tests, and prescribing for all patient conditions.</td>
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<td></td>
<td>2020</td>
<td>Re: reimbursement - State-regulated health plans in Texas will continue to reimburse for telehealth services at the same rate as in-person care through the end of the year... a move designed to help care providers dealing with a surge of cases brought about by the coronavirus pandemic. [Gov. Abbott] said the state’s Employee Retirement System and Teacher Retirement System would also continue payment parity for telehealth through 2020.</td>
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<tr>
<td></td>
<td>2020</td>
<td><strong>Status</strong> – <strong>Active, until end of Texas State of Emergency</strong>, currently scheduled to expire December 6, 2020 per 11/6 Proclamation. (Emergency Visiting Practitioner Temporary Permit is valid for no more than thirty (30) days from the date the physician is licensed.</td>
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or until the emergency or disaster declaration has been withdrawn or ended, whichever is longer.)

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| Utah | - Utah law provides: “An out-of-state physician may practice without a Utah license if: (1) The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience; (2) The services are rendered as a public service and for a noncommercial purpose; (3) No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance; (4) The physician does not otherwise engage in unlawful or unprofessional conduct.” (UT Code Annotated § 58-67-305(7)).
- A medical provider that pursuant to this Order offers telehealth services that do not comply with HIPAA or HITECH, so long as the provider: (1) inform the patient the telehealth service does not comply with those federal acts; (2) give the patient an opportunity to decline use of the telehealth service; and (3) take reasonable care to ensure security and privacy of the telehealth service.
- [EO 2020-68] Continues the suspension of certain aspects of the Utah Telehealth Act, including allowing HIPAA exceptions (with proper notice).
- **Status** – Active, until end of Utah State of Emergency, currently ongoing per 10/14 DOH Public Health Order (scheduled to expire November 23, 2020 per EO 2020-74). |
| Vermont | - Special provisions for the COVID-19 public health emergency have been passed to facilitate practice in Vermont by healthcare professionals who are not licensed in Vermont. This sets forth information for physicians (MD), physician assistants, and podiatrists. There are two different paths available to be able to practice during the emergency, “deemed” and “emergency”, both are expedited and free.
- MDs, physician assistants, and podiatrists who meet all the criteria below can be deemed to be licensed to practice in Vermont for practice in the following circumstances: (1) Providing remote services by telemedicine (note that this refers to “telemedicine” in a generic sense, following the guidance in the emergency law and advisories issued by Vermont agencies and federal authorities). (2) As part of the staff of a licensed facility in Vermont.
- To be deemed licensed to practice in one of the settings specified above, you must: (1) Be licensed in at least one US jurisdiction and be in good standing in all jurisdictions where you are licensed. (2) Not be subject to professional disciplinary proceedings in any other US jurisdiction... (3) Not be barred from practice in Vermont for reasons of fraud or abuse, patient care, or public safety.
- VT H. 960, which was signed into law on July 6, ensures that physicians licensed out-of-state will be able to practice in-person or provide telemedicine to Vermont residents until March 31, 2021.
- **Status** – Active until March 31, 2021 per VT H. 960. |
| U.S. Virgin Islands | - Pending legislation states, in part “A physician or health care provider not licensed in this Territory may provide health care services to a patient located in this Territory using telehealth if the health care professional registers with the applicable Board, or the Department if there is no Board, and provides health care services within the applicable scope of practice... if the health care provider (A) Completes an application... (B) Is licensed with an active, unencumbered license that is issued by another state, the District of Columbia... (C) Has not been subject of disciplinary action... during the 5-year period immediately prior...” |
| Virginia | - Virginia’s order offers broad credentialing privileges: “In response to Governor Northam’s declared state of emergency regarding COVID-19, and as authorized by Executive Order 42, a license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth to provide health care or professional services as a health care practitioner of the same type for which such license is issued in another state, provided such health care practitioner is engaged by a hospital, licensed nursing facility, or dialysis facility in the Commonwealth for the purpose of assisting that facility with public health and medical disaster response operations. Hospitals, licensed nursing facilities, and dialysis facilities must submit to the applicable licensing authority each out-of-state health care practitioner’s name, license type, state of license, and license identification number within a reasonable time of such healthcare practitioner arriving at the applicable health care facility in the Commonwealth.” |
| | - **COVID-19 - Expedited Licensure:** During the declared coronavirus emergency in Virginia, the board of medicine is streamlining its licensing process for the following professions: medicine and surgery, osteopathic medicine and surgery, physician assistant... in addition, the Board already has an expedited licensure by |
Health care practitioners with an active license issued by another state may provide continuity of care to their current patients who are Virginia residents through teleheath services. Establishment of a relationship with a new patient requires a Virginia license unless pursuant to [the paragraph above].

### Washington

Washington offers broad credentialing privileges: “If volunteers are registered in the volunteer health practitioner system and verified to be in good standing in all states where they are licensed, they may practice in Washington without obtaining a Washington license once activated and assigned by DOH... Out-of-state practitioners may: (1) Become volunteers via RCW § 70.15 by registering and completing the Emergency Volunteer Health Practitioners Application; (2) Out of state MDs and DOs that would like an expedited Washington license and to volunteer, may use the Interstate Medical License Compact and become registered under RCW § 70.15.

RCW § 70.15.050: “(1) While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system that complies with RCW 70.15.040 and licensed and in good standing in the state upon which the practitioner’s registration is based, may practice in this state to the extent authorized by this chapter as if the practitioner were licensed in this state...”

[Proc. 20-29] - Re: payment parity - I also prohibit the following activities by health carriers to encourage... telemedicine services by providing for payment parity between telemedicine and in-person medical services: (1) Reimbursing in-network providers for telemedicine claims for medically necessary covered services at a rate lower than the contracted rate that would be paid if the services had been delivered through traditional (in-person) methods. (2) Denying a telemedicine claim from an in-network provider for a medically necessary covered service due to an existing provider contract term with that provider that denies reimbursement for services provided through telemedicine. (3) Establishing requirements for the payment of telemedicine services that are inconsistent with the emergency orders, rules or technical advisories to carriers issued by the Office of the Insurance Commissioner.

Re: establishing relationship – New administrative code rule, WAC 182-551-2040, allows face-to-face requirements for home health care to be met using telemedicine or telehealth services (makes permanent a COVID-19 emergency rule).

### Washington, DC

Any healthcare provider who is licensed in their home jurisdiction in their field of expertise who is providing healthcare to residents of the District shall be deemed temporary agents of the District for the duration of this Order, pursuant to the limitations: (1) the healthcare provider is only providing healthcare services to individuals at a licensed healthcare facility in the District of Columbia; (2) the healthcare provider has an existing relationship with a patient who has returned to the District, providing continuity of services via telehealth.

The use of telehealth does not eliminate the requirement for licensure. The practice of your healthcare profession occurs where the patient is located, so any practitioner providing telehealth services to patients located in the District of Columbia must be licensed in the District of Columbia by their appropriate licensing board.

Existing Washington D.C. law provides that “The provisions of this chapter prohibiting the practice of a health occupation without a District of Columbia license, registration, or certification shall not apply: (1) To an individual who administers treatment or
| West Virginia | The following statutory regulations are to be suspended for the duration of the State of Emergency: Requirement for telemedicine providers to be licensed in West Virginia... provided that such provider possess a license within their own state... requirement that telemedicine be performed by video only.  
- West Virginia has expanded the use of audio-visual telehealth for non-emergent E&M services to Medicaid members, for mental health visits and in federally qualified health centers (FQHCs) and rural health clinics (RHCs).  
- [WV BOM Fall 2020 Newsletter] Re: preexisting relationships/audio-only modalities/reimbursements – For the duration of the COVID-19 emergency, the prohibition on establishing a provider-patient relationship via audio-only communication is suspended temporarily. If audio-only communication satisfies the standard of care for a particular patient presentation, it may be used to establish a provider-patient relationship and to provide patient care. Effective March 1, the U.S. Department of Health and Human Services and Centers for Medicare & Medicaid Services increased telehealth reimbursements to equal other audiovisual and in-person visitation reimbursements.  
- Status – Active until the end of the ongoing COVID-19 emergency. |

| Wisconsin | [EO 16] - III. Telemedicine. A. The following is ordered as it relates to telemedicine for Wisconsin residents: 1) A physician providing telemedicine in the diagnosis and treatment of a patient located in this state must have a valid and current license issued by this State, another state, or Canada... 2) A physician practicing under this section cannot be currently under investigation and must not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction.  
- Re: recission of waivers – [Em. O 16; 3/27/20] This Order is effective immediately and shall remain in effect for the duration of the public health emergency as declared in Executive Order #72 [3/12/20], including any extensions. On May 11, 2020, EO 72 expired and was replaced by EO 82, which did not adopt EOs #16 & #20 (a modification of EO 16) and thus an out-of-state practitioner is not able to work in Wisconsin through Interstate Reciprocity.  
- [Wisconsin DSPS Memo] - The legislature did not extend the public health emergency and it ended May 11, 2020. Therefore, your temporary license will expire on June 10, 2020. This temporary license cannot be renewed.  
- [October 1, 2020 Update] – [The October 1] order provides for temporary interstate license reciprocity for healthcare providers to work in Wisconsin healthcare facilities, extends licenses that may expire during the federal emergency declaration for 30 days after its conclusion, and makes it easier for healthcare providers with a recently lapsed license to apply for a reinstatement with the Department of Safety and Professional Services (DSPS). Out-of-state physicians can also practice telemedicine in Wisconsin with proper notification of DSPS.  
- Status – Active for the duration of the federal public health emergency declared July 23, 2020, including any renewals, or until a superseding order is issued by either the Governor or the Secretary of the Department of Health Services, per Em. Order #2. |

| Wyoming | Wyoming offers broad credentialing privileges: “Physicians and physician assistants not licensed in Wyoming may qualify to work here during the declared public health emergency through the “consultation exemption.” If approved to do so, the physician or physician assistant is considered to be “consulting” with the State Health Officer. The exemption from licensure, if approved, will be valid until the earlier of the end of the Public Health Emergency or the termination by the State Health Officer of the physician’s or physician assistant’s “consultation.” Current, full and unrestricted licensure in at least one U.S. jurisdiction or country is required. The exemption is not automatic, requires approval of the Board of Medicine and the State Health Officer, and does not apply to all physicians and physician assistants.  
- A physician licensed in another state who has been approved for the "consultation exemption" (See above) may initiate a physician-patient relationship with a new patient under the exemption. |

| Resource Page | Executive Order 07-20  
Article re: Audio-only telehealth  
WV BOM Fall 2020 Newsletter  
State Resource Page  
Executive Order #16  
Telemedicine Physician Notification of Healthcare Provision  
Wisconsin DSPS Guidance (re: recission of EOs 16 & 20)  
Wisconsin DSPS Memo  
Emergency Order #2 (reinstating waivers)  
State Resource Page  
Board of Med Guidance  
Emergency Licensure Application |
The Wyoming Medical Board has an emergency temporary permit application on their website for licensed out-of-state medical professionals seeking a temporary, voluntary license. While there is no explicit mention of telemedicine, the [WMB has a list of approved out-of-state telemedicine permits](https://www.wyoming.gov/physicians-licensing-board), implying it is allowed.

If you have an existing physician-patient relationship established in a face-to-face encounter in your state, and the patient is not able to travel to your state now due to the Public Health Emergency, you may continue that patient’s care via telehealth, including telephone, without a Wyoming physician license. This includes following up on procedures performed in your home state, adjusting medication dosing, prescription refills, ordering diagnostic testing, etc. The telehealth technology must allow you to meet the standard of care at all times. You may not, however, provide care that treats a new diagnosis or condition without a Wyoming physician license if you have not seen the patient for it in a face-to-face encounter in your home state. You also may not provide care beyond such a time as the standard of care dictates that a face-to-face encounter should occur.

**Status** – [Active until the end of the COVID-19 emergency](https://www.wyoming.gov/health/coronavirus).