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 2, 2020

| States with Waivers: 41 + GU + CNMI + PR |
| States with Waivers, not allowing new applications: 3 |
| States without Waivers: 6 + DC + USVI |

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| 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.  
• Status – Active until the end of the COVID-19 emergency; currently scheduled to expire November 8, 2020 per 17th Supplemental Proclamation. |
| 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 (1) the health care provider is licensed, permitted, or certified to provide health care services in another jurisdiction and is in good standing in the jurisdiction...”  
• For as long as the Secretary’s designation of a public health emergency remains in effect, DEA-registered practitioners may issue prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the following conditions are met: 1) The prescription is issued for a |

Citation
ALBME Emergency Rule Statement  
ALBME Telemedicine Guidance  
Initial Emergency License Instructions  
Temporary License Application  
Guidance re: AL Medicaid  
State Resource Page  
AK SB 241  
Courtesy License Application  
Emergency Regulation
| Arizona | [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.  
  
[DOS]: In accordance with Arizona Revised Code, individuals can apply for a temporary license with the Board to aid in the diagnosis and treatment of COVID-19 in Arizona.  
  
Gov. Ducey today issued an Executive Order requiring health care insurance companies to expand telemedicine coverage for all services that would normally be covered for an in-person visit... It remains in effect until the termination of the declared public health emergency... Includes all electronic means of delivering telehealth including telephone and video calls; Ensures that a patient’s home is considered an approved location to receive telemedicine services; ... And prohibits a regulatory board from requiring a medical professional who is authorized to write prescriptions to conduct an in-person examination of a patient prior to the issuance of a prescription.  
  
It orders the Department of Health Services and all Arizona health regulatory boards to prohibit, investigate, and take action against any licensed health professional or institution that engages in price gouging in relation to COVID-19.  
  
**Status** – Active, until the end of Alaska State of Emergency; currently scheduled to expire November 15, 2020; per AK SB 241. |

| Arizona | AMB Guidance  
[EO 2020-15]  
[Press Release]  
[Temporary MD License]  
[Temporary DO License]  
[State Resource Page] |

| Arkansas | 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.  
  
Re: establishing patient/physician relationship - Gov. Hutchinson is waiving the requirement for in-person/face-to-face meetings to establish relationships. “Physicians licensed in Arkansas who have access to a patient’s personal health record maintained by a physician may establish a professional relationship with a patient using any technology deemed appropriate by a provider, including the telephone... to diagnose, treat, and if clinically appropriate, prescribe.”  
  
Re: controlled substances – The Arkansas State Medical Board voted to allow prescribers to see patients and prescribe controlled substance medications via telemedicine for a six-month period during the public health emergency, so long as the prescription is a refill only and not a change to the current medication.  
  
**Status** – Active, temporary licenses are valid until June 6, 2020, and can be renewed for 2 months by the Board, and will be inactivated once the PHE has ended (which is currently scheduled to expire December 12, 2020, per EO 20-48). |

| Arkansas | Border State Emergency License Instructions & Application  
[Executive Order 20-16]  
[Executive Order 20-05]  
[Telemicine Guidance]  
[State Resource Page] |

| California | (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 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: |

| California | Emergency Declaration  
[EMSMA Guidance] |
### Colorado

(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.

### Connecticut

- 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 scheduled to expire November 29, 2020 per EO D-2020-234.

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<td><strong>CO SB 20-212</strong></td>
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<td><strong>CMAP Telem medicine Guidance</strong></td>
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<td><strong>CT HB 6001</strong></td>
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<p>| <strong>CT HB 6001</strong>                  |                        |</p>
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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 board pursuant to subsection (c) of this Code section as deemed necessary by the board to ensure patient safety. (GA Code § 43-34-31.1)  
  • The Board issued Ga. R & Regs. § 360-3-0.10-.08 allowing for electronic prescribing during the emergency. This modification allows DEA registered practitioners to issue prescriptions for controlled substances for patients for whom they have not conducted an in-person medical evaluation.                                                                 | Article re: Telemedicine  
  GA Code § 43-34-31.1  
  Emergency Practice Application  
  Press Release re: Extension  
  State Resource Page |
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<th><strong>Guam</strong></th>
<th><strong>Existing Guam Code allows physicians that are licensed somewhere in the United States to practice telemedicine (10 GCA § 12202(b)).</strong></th>
<th><strong>Executive Order 20-02</strong></th>
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<td><strong>Hawaii</strong></td>
<td><strong>Status</strong> – Active, currently scheduled to expire November 9, 2020, according to EO 09.30.20.01.</td>
<td><strong>State Resource Page</strong></td>
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<td><strong>Status</strong> – Active until the end of the COVID-19 emergency, according to the Governor’s Fourteenth Supplementary Proclamation, currently scheduled to expire November 30, 2020.</td>
<td><strong>Board of Med Procl.</strong></td>
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<td><strong>Idaho</strong></td>
<td><strong>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.</strong></td>
<td><strong>Idaho Tele. Access Act</strong></td>
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<td><strong>Temporary Suspension of rules: 57 - Idaho Telehealth Access Act 54-5705 [preexisting provider-patient relationship]; 54-5707 [prescribing prescription drugs but not controlled substance].</strong></td>
<td><strong>Application re: Changes</strong></td>
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<td><strong>Idaho Gov. Little [on June 22] signed an executive order making permanent more than 150 emergency rules enacted since March to address the coronavirus pandemic.... such as allowing the use of Zoom, Facetime and other applications and making it easier for providers to offer telehealth services.... allowing out-of-state providers with valid licenses to treat Idaho residents through telehealth...</strong></td>
<td><strong>Executive Order 20-13</strong></td>
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<td><strong>Status</strong> – According to Gov. Little’s June 22 EO, out-of-state providers will be allowed to provide telemedicine to Idaho residents permanently, effective January 2021 (“State agencies are now tasked with finalizing those rule changes for presentation to the state Legislature next January”). The emergency waivers are active until the end of the COVID-19 emergency, currently scheduled to expire November 4, 2020, per 10/5 Proclamation.</td>
<td><strong>Application for Temporary Licensure</strong></td>
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<td><strong>Illinois</strong></td>
<td><strong>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.</strong></td>
<td><strong>IDFPR Clarification</strong></td>
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<td><strong>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.</strong></td>
<td><strong>Executive Order 2020-09</strong></td>
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<td><strong>“Telehealth Services” are expanded to include all health care, psychiatry, mental health treatment, substance use disorder treatment, and related services provided to a patient regardless of the patient’s location via electronic or telephonic methods including, for example, FaceTime, Facebook Messenger, Google Hangouts, or Skype.</strong></td>
<td><strong>Article re: Telehealth</strong></td>
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<td><strong>Re: Origination sites - Under the amended rules, any site that allows for the patient to use a communication or technology system as defined above may be an originating site, including a patient’s place of residence located within the state of Illinois or other temporary location within or outside the state of Illinois.</strong></td>
<td><strong>Article re: Origination Site</strong></td>
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<td><strong>Re: insurers - Health insurers (“Insurers”) may not impose: Utilization review requirements... Prior authorization requirements for in-network providers providing Telehealth Services related to COVID-19... Cost-sharing obligations for Telehealth Services provided by in-network providers. Insurers must cover the costs of Telehealth Services rendered by in-network providers for medically necessary covered services...</strong></td>
<td><strong>State Resource Page</strong></td>
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<td><strong>Status</strong> - <strong>Active, until end of Disaster Proclamation, for established patients only</strong>, currently scheduled for November 15, 2020, per 10/16 Declaration.</td>
<td><strong>Executive Order 20-05</strong></td>
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<td><strong>Indiana</strong></td>
<td><strong>(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.</strong></td>
<td><strong>Executive Order 20-05</strong></td>
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| **Iowa** | • 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. *Note however, that a provider that practices predominantly in Indiana is not required to file this certification.*
  - **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.
  - **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.
  - **[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 reinstituted and must be followed upon expiration of these temporary licenses or the lifting of the COVID-19 public health emergency.
  - **Status –** 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. |
| **Kansas** | • 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.
  - **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.**
  - **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**

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<td>Kentucky</td>
<td><em>(Broad provision in Executive Order)</em> - 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 <a href="#">KY SB 150</a> 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: <em>(F)</em> 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. <em>Status</em> - Active, until end of Kentucky State of Emergency.</td>
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<td>Louisiana</td>
<td>The Louisiana State Board of Medical Examiners has an emergency temporary permit application on their website for licensed out-of-state medical professionals seeking a temporary, voluntary license for an emergency event in the state of Louisiana. While there is no explicit mention of telemedicine, the <a href="#">LSBME has a list of approved out-of-state telemedicine permits</a>, implying it is allowed. There is a need to allow for additional telehealth opportunities. To facilitate the provision of telehealth services where available and appropriate, the following guidelines are adopted: <em>(A)</em> The requirement that each state agency or occupational licensing board... regulate the use of telehealth in the delivery of healthcare services within the scope of practice regulated by said agency is suspended. <em>(B)</em> It will not be considered a violation of licensing standards... to provide a service via telehealth. <em>(C)</em> The practice of the provider... must be within the scope of the provider’s license, skill, training... <em>(D)</em> Prescribing of any controlled substance via telehealth must be medically appropriate, well-documented and continue to conform to rules applicable to the prescription of such medications. Providers offering services via telemedicine/telehealth must use a secure, HIPAA-compliant platform, if available. If not available, providers may use everyday communication technologies, including audio-only delivery of telemedicine/telehealth services (e.g. telephone) or use of videoconferencing (e.g. Skype, FaceTime) programs that have reasonable security measures, with each recipient’s permission. Audio-only delivery is allowed only in situations where an audio/video system is not available or not feasible... There is currently no formal limitation on the originating site (i.e., where the recipient is located) and this can include, but is not limited to, a healthcare facility, a school or the recipient’s home. Regardless of the originating site, providers must maintain adequate medical documentation to support reimbursement of the visit. <em>Status</em> – Active, currently scheduled to expire on November 6, 2020, per <a href="#">Proclamation 135-JBE-2020</a>.</td>
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<td>Maine</td>
<td>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: <em>(1)</em> Receive an emergency license to provide health care services via telehealth to Maine people with no application fee; <em>(2)</em> See patients via telehealth without obtaining a license if already serving those patients at out-of-state locations; <em>(3)</em> Get their licenses automatically renewed during the state of emergency if their active license is about to expire. <em>(3/20 EO)</em> – 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</td>
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**State Resource Page**

- [LDH Guidance 3/20](#)
- [CFHS Guidance (4/1)](#)
- [CFHS Guidance (3/13)](#)
- [State Resource Page](#)
- [LSBME OOS Telemedicine Permits](#)
- [Emergency Temporary Application](#)
- [Proclamation 2020-32](#)
- [LDH Guidance 3/20](#)
- [Telehealth Guidance During COVID-19 Pandemic](#)
- [State Resource Page](#)
- [3/20 Executive Order](#)
- [Article re: OOS Licensing](#)
| **Maryland** | 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 during 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](https://www.maryland.gov/governor), currently scheduled to expire November 27, 2020, per 10/29 Proclamation.  
  - 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 effort 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 the consent of a parent or guardian; and (B) Any audio-only calls or conversation occur in real time.  
  - **Status** - Active until end of Maryland State of Emergency, per [March 16 executive order](https://www.maryland.gov/governor), currently scheduled to expire November 5, 2020 per 10/6 Proclamation.  

| **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 |  
  - BORIM Press Release |
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<td><strong>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.”</strong></td>
<td><strong>Expedited License Application</strong></td>
</tr>
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<td><strong>Re: preexisting relationships - The new rule approved by the board makes it explicit that a doctor can treat a patient whom he or she has never seen in person as long as the physician considers it best for the patient during the health crisis.</strong></td>
<td><strong>Article re: Preexisting relationship requirements</strong></td>
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<td><strong>Re: coverage rates - Gov. Charlie Baker ordered all commercial insurers, self-insured plans and state health plans to cover all clinically appropriate telehealth services and at the same rate as in-person care. The order specifies that all payers in the state “are required to allow all in-network providers to deliver clinically appropriate, medically necessary covered services to members via telehealth.”</strong></td>
<td><strong>Article re: Coverage</strong></td>
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<td><strong>Re: uninsured populations - Doctor on Demand has struck a deal with the state of Massachusetts to provide free televhealth visits to the state's uninsured during the coronavirus pandemic... Uninsured and Medicaid patients with symptoms of COVID-19 or have been targeted as needing care as the result of contact tracing are eligible to receive the service, which will be available 24/7, at no charge.</strong></td>
<td><strong>Article re: Uninsured</strong></td>
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<td><strong>Status - Active until 30 days after the State of Emergency is terminated, or December 31, 2020, whichever occurs last. Pursuant to COVID-19 Order No. 41, Emergency Temporary License Applications for Out of State Physicians will not be accepted after July 10, 2020.</strong></td>
<td><strong>State Resource Page</strong></td>
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<td><strong>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.</strong></td>
<td><strong>LARA Clarification</strong></td>
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<td><strong>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.</strong></td>
<td><strong>Article</strong></td>
</tr>
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<td><strong>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...</strong></td>
<td><strong>Executive Order 2020-86</strong></td>
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<td><strong>Re: Ending out of state waivers - On July 13, 2020, Gov. Whitmer issued Executive Order 2020-150 to rescind a previous order (Executive Order 2020-61) 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.</strong></td>
<td><strong>Article re: Reciscing waivers</strong></td>
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<td><strong>Status - Out-of-state practice privileges rescinded per EO 2020-150.</strong></td>
<td><strong>Executive Order 2020-150</strong></td>
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<td><strong>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 system or provider must verify that each Out-of-State Healthcare Professional holds an active, relevant license, certificate, or other permit in good standing...</strong></td>
<td><strong>Press Release re: QOS Waivers</strong></td>
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<td><strong>Re: out-of-state telemedicine - 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</strong></td>
<td><strong>Executive Order 2020-46</strong></td>
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<td><strong>MN Statute § 147.032</strong></td>
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<td><strong>MN Statute § 147.033</strong></td>
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| **Mississippi** | • [10/26 Proc.] – 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 licensed on or before December 31, 2020.  
• [4/5 Proc.] - 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.  
• [3/24 Proc.] - Out-of-state physicians may only utilize telemedicine when treating patients in Mississippi with whom they have a pre-existing doctor-patient relationship.  
• Re: pre-existing relationships - The requirement for a preexisting doctor-patient relationship does not apply for in-state physicians.  
• Re: controlled substances – 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.]  
• Status - Active, until January 31, 2021 for out-of-state physicians currently holding an emergency license, per 10/26 Proclamation. |
| **Missouri** | • 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 possesses 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. |
| **Montana** | • 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.  
• Re: documentation waivers - The executive order temporarily suspends rules requiring a physical exam and maintaining a contemporaneous record.  
• Re: extension of State of Emergency - 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.  
• Status – Active, scheduled to expire December 30, 2020 per EO 20-12. |

**Governor’s Press Release**

**Emergency Executive Order 20-28**

**Article re: Medicaid/Waivers**

**Laws 2020, ch. 115, art. 2, § 30**

**State Resource Page**

**10/26 Proclamation**

**Supplemental Proclamation 4/5**

**Amended Proc. 3/24**

**Emer. Telemedicine Licensure Form**

**State Resource Page**

**Article re: Telehealth**

**Executive Order 20-04**

**EO 20-12 re: Extension**

**State Resource Page**

**Executive Order**

**MCA § 10-3-118**
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| New Hampshire | • 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.  
• 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.  
• 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 currently stand suspended for failure to meet continuing medical education requirements, and providers of medical services who have retired from their practice in any state with their license in good standing. These waivers and exemptions shall not apply to persons whose licenses have been revoked or voluntarily surrendered as a result of disciplinary proceedings.  
• Status – Active until the end of the COVID-19 emergency, currently scheduled to expire November 12, 2020 per ED 32.  
• (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 office, a patient's home, schools, hospitals including critical access hospitals and those with renal dialysis centers, skilled nursing facilities, FQHCs/RHCs, and community mental health centers.  
• Re: controlled substances - The prohibition... of prescribing schedule II through IV controlled drugs by means of telemedicine is hereby suspended for the duration of the State of Emergency...  
| Nebraska      |                                                                                                                                                                                                          | Gubernatorial Directive   
<p>|               |                                                                                                                                                                                                          | (4/21)                       |
| Nevada        |                                                                                                                                                                                                          | State Resource Page         |
|               |                                                                                                                                                                                                          | Executive Order 20-10       |
|               |                                                                                                                                                                                                          | State Resource Page         |
|               |                                                                                                                                                                                                          | Emergency Directive 011     |
|               |                                                                                                                                                                                                          | [MDs]: Emergency License Application |
|               |                                                                                                                                                                                                          | [DOs]: Emergency License Application |
|               |                                                                                                                                                                                                          | State Resource Page         |</p>
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| 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 services on the same basis as Medicare and private payers to reimburse for telehealth services on the same basis as for in-person care, ends restrictions on originating and distant sites for telehealth services, expands the list of care providers able to use telehealth to encompass physicians, PAs, APRNs, psychologists, dentists, and mental health practitioners, among others; and enables access to medication assisted treatment (MAT) in specific settings by telemedicine.  
- **Status** – Active, until end of New Jersey State of Emergency, currently scheduled to expire November 20, 2020 per EO 2020-21. | AG Guidance  
Temp. License Application  
Telehealth Insurance Bulletin (3/10)  
Press Release re: CDS  
NJ S. 2467  
State Resource Page |
| New Mexico  | - Re: permanent telehealth changes – NH HB 1623, signed into law July 22, amends the state’s definition of telemedicine to include audio-only modalities, requires Medicaid and private payers to reimburse for telehealth services on the same basis as for in-person care, ends restrictions on originating and distant sites for telehealth services, expands the list of care providers able to use telehealth to encompass physicians, PAs, APRNs, psychologists, dentists, and mental health practitioners, among others; and enables access to medication assisted treatment (MAT) in specific settings by telemedicine.  
- **Status** - Active, until gubernatorial rescission, currently scheduled for November 13, 2020 per EO 2020-73. | Emergency Declaration  
NM Stat § 12-10-11  
Instructions and Application for Temporary Licensure  
NMMB Guidance  
State Resource Page |
| 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 but not registered in New York State to practice in New York State without civil or criminal penalty related to lack of registration.  
- Section 596 of Title 14 of the NYCRR to the extent necessary to allow for rapid approval of the use of the telemental health services, including the requirements for in-person initial assessment prior to the delivery of telemental health services, limitations on who can deliver telemental health services, requirements for who must be present while | Executive Order 202.5  
Executive Order 202  
Statement on Co-Pay Waived (3/14)  
NYC Health Advisory 5/29 |
telemental health services are delivered, and a recipient’s right to refuse telemental health services.

- State Department of Financial Services will require insurance companies to waive copays for telehealth visits related to Covid-19.
- Re: encouraging continued telehealth use - Providers should continue to use telephone, telehealth, and electronic communications as much as is feasible and limit in-person visits to essential medical services that cannot be provided remotely. Providers can help patients weigh the benefits of seeking in-person medical care against the potential risks of leaving home. This is especially important for patients who have urgent medical needs but are reluctant to seek care due to fear of COVID-19.
- Status – Active, currently scheduled to expire on November 3, 2020, per EO 202.67.

### North Carolina

- 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.
- Status – Active, expires 30 days after the end of the COVID-19 emergency.

### North Dakota

- (North Dakota’s order offers broad credentialed 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, to include telehealth care, 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...
- Status - Active, until end of North Dakota State of Emergency.

### Northern Mariana Islands

- 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).

### Ohio

- 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, which is necessary to practice in Ohio [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.
- 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,
### Oklahoma
- **Status** – Active, scheduled to expire November 23, 2020 per (sixth amended) [EO 2020-20](https://www.ok.gov/doc/view/10006727).

### Ohio
- **Status** – Ohio has no waivers for license reciprocity.

### 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 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.
- **Status** - Active, until end of Oregon State of Emergency, currently scheduled to expire January 2, 2021 per [EO 20-59](https://www.leg.state.or.us/bills+laws/summary/2020/2020059).
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<td>Puerto Rico</td>
<td>• 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)</td>
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<td>• 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.</td>
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<td>Rhode Island</td>
<td>• 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.</td>
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<td>• Re: insurance - Health insurers must cover telemedicine for primary care, specialty care and mental and behavioral health care.</td>
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<td>• Status – Active, until end of Rhode Island State of Emergency, for established patients only, currently scheduled for November 2, 2020, per EO 20-06.</td>
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<tr>
<td>South Carolina</td>
<td>• 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</td>
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<td>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.</td>
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<td>• 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 onsite. These regulatory suspensions by DDAP will remain in effect for the duration of the COVID-19 disaster emergency in Pennsylvania.</td>
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<td>• Status - Active, until end of Pennsylvania State of Emergency, currently scheduled to expire November 30, 2020 per 8/31 Proclamation.</td>
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| South Dakota | 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.  
- Re: controlled substances - The Board hereby suspends enforcement of the prohibition on prescribing Schedule II and III medications via telemedicine without prior Board approval, subject to certain conditions. Such approval is granted to the following practitioners who are permanently licensed in good standing in South Carolina and physically present in South Carolina at the time care is provided... the Board will enforce all other aspects of the Telemedicine Act... including the practitioner’s participation in the South Carolina Prescription Monitoring Program... and the prohibition on prescribing all other classes of drugs.  
- Re: medication-assisted treatment - Practitioners previously approved by the Board may, in accordance with state and federal law, initiate MAT treatment for patients diagnosed with an opioid use disorder via telemedicine, without the need for an in-person visit, provided that the initiation of MAT is documented in the patient’s chart and the practitioner sees the patient in-person within sixty) days after the end of the public health state of emergency  
- Status – Active, until end of South Carolina State of Emergency, currently scheduled to expire November 8, 2020 per EO 2020-67. |
| Tennessee | • 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.  
• Pursuant to [S.D. Code], I temporarily suspend the regulatory provisions of [S.D. Regs.], which limit or restrict the provision of telehealth or telemedicine services which require face-to-face treatment, visits, interviews and sessions with providers.  
• Emergency Management Assistance Compact - On March 26, 2020, Gov. Noem issued Executive Order 2020-26 which recognizes the licenses of medical professionals licensed in another state in accordance with the EMAC. The following professions licensed in other states have the authority to practice in SD based on an active license in another state. They do not need to gain another license in SD. The Board of Medical and Osteopathic Examiners recommends that if you are utilizing the services of one of the professionals licensed in other states that you verify the licensure status of that individual... Physicians and Surgeons ([SDCL 36-4]), Physicians Assistants ([SDCL 36-4A])...  
• Status – Active, until end of South Dakota State of Emergency, currently scheduled to expire December 30, 2020, per EO 2020-26. |
| Texas | • (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 90 days.  
- Status – Active, currently scheduled to expire December 29, 2020 per EO 67. |
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.

- 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.
- 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.
- 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.
- 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).
- 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.
- 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.
- Status – Active, until end of Texas State of Emergency, currently scheduled to expire November 6, 2020 per 10/7 Proclamation. (Emergency Visiting Practitioner Temporary Permit is valid for no more than thirty (30) days from the date the physician is licensed or until the emergency or disaster declaration has been withdrawn or ended, whichever is longer.)

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)).
**Vermont**

- A medical provider that pursuants 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

**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 endorsement process for medicine and osteopathy applicants who: 1) Have practiced in another state for 5 years, 2) Are board certified.
- 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 telehealth services. Establishment of a relationship with a new patient requires a Virginia license unless pursuant to [the paragraph above].
- **Re: adjoining state licensing exceptions –** [According to] **Va. Code Ann. § 54.1-2901(A),** the requirement that a physician be licensed in the state of Virginia before providing clinical services to a patient located in Virginia does not apply to the rendering of
<table>
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<th>State</th>
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<td>Washington</td>
<td>- 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…” 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. Status – Active throughout COVID-19 emergency per RCW § 70.15.050 “While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system… 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.”</td>
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<td>Washington, DC</td>
<td>- 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 provides advice in any case of emergency… (DC Code § 3–1205.02) – however, according to the Guidance on Telemedicine memo, it does not appear to be invoked. Re: Extension of State of Emergency - At a press conference [July 15], [Mayor] Bowser said the state or emergency will likely be extended through early October. Status – Washington D.C. does not appear to be allowing out of state telemedicine at this time.</td>
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<tr>
<td>West Virginia</td>
<td>- 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&amp;M services to Medicaid members, for mental health visits and in federally qualified health centers (FQHCs) and rural health clinics (RHCs).</td>
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### Wisconsin

- **Status** – Active until the end of the COVID-19 emergency.

- [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 credentials 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.

- 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, 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.