States with Episodic and Follow Up Care Licensure Exceptions

- 11 states + DC have episodic and/or follow up care licensure exceptions
- 15 states have exceptions for consultations only
- 24 states have neither licensure exceptions

Details:

**Alabama** – Exceptions include “irregular or infrequent” telehealth care occurring less than 10 days in a calendar year or involving fewer than 10 patients in a calendar year or provided in consultation, with a physician licensed to practice medicine or osteopathy in the state. (AL Code § 34-24-702 & Senate Bill 272 (2022 Session))

**Alaska** – A physician licensed in another state may provide health care services through telehealth to a patient located in the state… extends only to (1) ongoing treatment or follow-up care… (AK House Bill 265 (2022 Session) and § 08.01.085)

**Arizona** – A health care provider who is not licensed to provide health care services in Arizona but who holds an active license to provide health care services in another jurisdiction and who provides telehealth services to a person located in Arizona is not subject to the registration requirements of this section if either of the following applies: … To provide after-care specifically related to a medical procedure that was delivered in person in another state. (AZ Rev. Stat. § 36-3606)

**Arkansas** – An out-of-state physician utilizing an electronic medium who performs an act that is part of a patient care service that was initiated in Arkansas… is engaged in the practice of medicine… This section does not apply to: The acts of a medical specialist located in another jurisdiction who provides only episodic consultation services. (AR Code Rev. § 17-95-206)

**California** – No

**Colorado** – No

**Connecticut** – No

**Delaware** – Consultation only. Telehealth and telemedicine may be practiced without a health-care provider-patient relationship during: … Episodic consultation by a specialist located in another jurisdiction who provides such consultation services at the request of a licensed health-care professional. (Del. Code Title 24, Ch. 60, § 6005)

**Florida** – Consultation only (but telemedicine registration available). A health care professional who is not licensed to provide health care services in this state but who holds an active license to provide health care services in another state or jurisdiction, and who provides health care services using telehealth to a
patient located in this state, is not subject to the registration requirement under this § if the services are provided: … In consultation with a health care professional licensed in this state who has ultimate authority over the diagnosis and care of the patient.

(Fla. Stat. § 456.47)

**Georgia** – No (but telemedicine license available)

**Hawaii** – Consultation only. A licensed out-of-state practitioner of medicine or surgery can utilize telehealth to consult with a Hawaii licensed physician or osteopathic physician as long as they don’t open an office or meet with patients in the state; the HI licensed provider retains control of the patient; and the laws and rules relating to contagious diseases are not violated.

(HI Rev. Stat. § 453-2(3-4))

**Idaho** – Licensure exceptions include:

- Established patient-provider relationships with a patient who is in Idaho temporarily for business, work, education, vacation, or other reasons;
- Established patient-provider relationships with a patient and provides temporary or short-term follow-up health care services to ensure continuity of care;
- If the provider is employed by or contracted with an Idaho facility or hospital to provide care services for which the provider has been privileged and credentialed;
- Care rendered in a time of disaster and follow-up care rendered after to ensure continuity of care;
- Providing health care services in preparation for a scheduled in-person care visit; or
- Consultation with, or patient referral to an Idaho licensed provider.

(Idaho Code Ann. § 54-5713)

**Illinois** – In the state, “Telemedicine” does not include the following:

1. periodic consultations between an Illinois physician and a physician licensed in another jurisdiction;
2. a second opinion…;
3. diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed; and
4. health care services provided to an existing patient while the provider or patient is traveling.

The law sunsets on January 1, 2027.

(IL Compiled Statutes, Chapter 225, 60/49.5(c))

**Indiana** – No (but telemedicine registration is available)

**Iowa** – Consultation only. The following persons are not required to obtain a license to practice in Iowa: Those persons who are incidentally called into this state in consultation with a physician or surgeon licensed in this state.

(Iowa Code § 148.2(5))

**Kansas** – No (but telemedicine waiver available)

**Kentucky** – Consultation only. A provider must be licensed in Kentucky with the exception of persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a Kentucky-licensed physician.

(KY Revised Statutes § 311.560)
Louisiana – No (but telemedicine permit available)

Maine – Consultation only. A physician not licensed to practice medicine in this State may provide consultative services through interstate telehealth to a patient located in this State if the physician is registered… [with the Board].
(Maine Revised Statutes Annotated, Title 32, § 3300-D)

Maryland – Consultation only.
(MD Health Occupations Code Annotated § 14-301, 14-302)

Massachusetts – No

Michigan – Consultation only.
(MI Public Health Code 333.16171)

Minnesota – … 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 telehealth services in consultation with a physician licensed in Minnesota.
(MN Statute § 147.032)

Mississippi – Consultation only.
(MS Code § 73-25-34)

Missouri – In order to treat patients in this state through the use of telemedicine or telehealth, health care providers shall be fully licensed to practice in this state and shall be subject to regulation by their respective professional boards. Does not apply to: … Informal consultation[s]… Episodic consultation[s] by a health care provider licensed and located in another state who provides such consultation services on request to a physician in this state.
(MO Rev. Stat. § 191.1145)

Montana – No

Nebraska – No

Nevada – No (but telemedicine “special” license is available).

New Hampshire – Consultation only. To legally qualified physicians in other states or countries when called in consultation by an individual licensed to practice in the state who bears the responsibility for the patient’s diagnosis and treatment. However, regular or frequent consultation by such an unlicensed person, as determined by the licensing board, shall constitute the practice of medicine without a license.
(NH Revised Statutes Annotated § 329:21)

New Jersey – Consultation only. a healthcare provider located in another state who consults with a licensee in New Jersey through the use of information and communications technologies, but does not direct client care, will not be considered as providing healthcare services to a client in New Jersey…
(NJ Admin. Code § 13:34-6A.1(d))

New Mexico – No (but telemedicine license is available).

New York – No
North Carolina – No

North Dakota – No

Ohio – No

Oklahoma – No (but a telemedicine license is available for osteopaths).

Oregon – Oregon licensure statutes do not apply to:
- Practice of medicine across state lines in an emergency;
- Consults with another physician or PA licensed in the state;
- Out-of-state physicians that do not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state;
- Physicians with an established provider-patient relationship with a patient who is in Oregon temporarily for the purpose of business, education, vacation or work…;
- Providing temporary or intermittent follow-up care to a patient in the state with which they have an established provider-patient relationship.
(Or. Rev. Stat. § 677.137 as amended by SB 232 (2023))

Pennsylvania – No (but extraterritorial license for adjoining states is available).

Rhode Island – Consultation only. The physician, whether or not physically present in this state, is being consulted on a singular occasion by a physician licensed in this state, or is providing teaching assistance in a medical capacity, for a period not to exceed seven (7) days. Under no circumstance may a physician who is not present in this state provide consultation to a patient in this state who does not have a physician-patient relationship with that physician unless that patient is in the physical presence of a physician licensed in this state.
(RI General Law, § 5-37-16.2(3))

South Carolina – No

South Dakota – No

Tennessee – No (but a telemedicine license is available for osteopaths).

Texas – No (but a telemedicine license is available).

Utah – No

Vermont – Consultation only (and telemedicine registration is available). A health care professional is not required to obtain a telehealth registration or licensure solely to provide consultation services to another health care professional regarding care for a patient or client located in Vermont, provided the consulting health care professional holds a license, certificate, or registration to practice the profession in one or more U.S. jurisdictions and the consultation is based on a review of records without in-person or remote contact between the consulting health care professional and the patient or client.
(VT Stat. Ann. tit. 26, Ch. 56, § 3059)

Virginia – Virginia licensure requirements do not apply to:
- Consultations: Any legally qualified out-of-state or foreign practitioner may consult with a practitioner licensed in the state… There must be regular communication between the consultant and the Virginia practitioner while the consultation/care is being provided.
• Audio-only telephone, electronic mail message, facsimile transmission, or online questionnaire, which are not defined as “telemedicine”
  o The Board believes that these communications do not constitute telemedicine, and therefore do not require licensure, when used in the follow-up care of a Virginia resident with whom a bona fide practitioner-patient relationship has been previously established. The establishment of a new practitioner-patient relationship requires a Virginia license and must comport with the requirements for telemedicine found in § 54.1-3303 of the Code of Virginia.

(Telemedicine Guidance. Doc. # 85-12, VA Board of Medicine. P. 2 & 4-5 (Aug. 19, 2021))

**Washington** – The legislature created a specific exemption to the licensure requirement for telemedicine practitioner-to-practitioner consultations. The consultation exemption permits a practitioner licensed in another state in which the practitioner resides to use telemedicine or other means to consult with a Washington licensed practitioner who remains responsible for diagnosing and treating the patient in Washington. The law does not require real time communication between practitioners.

Additionally, the WMC does not require a license when a patient seeks a second opinion or a consultation with a specialist out of state, such as a cancer center, and sends medical records to the specialist to review and provide input on treatment. In this case, the specialist in the distant state does not need a license to practice medicine in Washington to review the records and provide an opinion, but not treatment, regarding the patient’s care.

Another common situation that is not specifically addressed by a statutory exemption is when a patient with an established relationship with a practitioner licensed in another state crosses the border into Washington and requires medical care. In some cases, permitting the physician in the patient’s home state to provide temporary continuous care is in the patient’s best interest. So long as the out-of-state practitioner provides temporary continuity of care to the patient, the practitioner would not require a Washington license.

(WA Medical Commission Updated Telemedicine Policy (July 2022))

**Washington, D.C.** – The provisions of this chapter prohibiting the practice of a health occupation without a District of Columbia license, registration, or certification shall not apply: … To an individual, licensed, registered, or certified to practice a health occupation in a state, who is providing care to an individual, an animal, or group for a limited period of time, or who is called from a state in professional consultation by or on behalf of a specific patient, animal, or client to visit, examine, treat, or provide advice regarding the specific patient…

(D.C. Code § 3–1205.02)

**West Virginia** – **Consultation only.** An informal consultation or second opinion, at the request of a physician or podiatrist who is licensed to practice medicine or podiatry in this state: Provided, that the physician or podiatrist requesting the opinion retains authority and responsibility for the patient’s care…

(WV Code § 30-3-13a & 30-14-12d)

**Wisconsin** – No

**Wyoming** – **Consultation only.** Physicians residing in and currently licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state may practice medicine without first obtaining a Wyoming license for a total of not more than twelve (12) days in any fifty-two (52) week period…

(WY Rules and Regulations, Agency 83, Ch. 3, § 4)
You may also be interested in the FSMB’s “Comparison of States with Permanent Interstate Telemedicine (Chart)” and “Comparison of States with Permanent Interstate Telemedicine (Map)”

For informational purposes only: This document is not intended as a comprehensive statement of the law on this topic, nor to be relied upon as authoritative. Non-cited laws, regulation, and/or policy could impact analysis on a case-by-case or state-by-state basis. All information should be verified independently.

Questions, comments, or corrections? Please contact Andrew Smith (asmith@fsmb.org)