Interstate Telehealth Working Group

ACT 21 OF 2021

December 15, 2021

Submitted to the House Committee on Health Care, the House Committee on Government Operations, the Senate Committee on Health and Welfare, and the Senate Committee on Government Operations

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Executive Summary

As directed by Act 21 (2021), the Interstate Telehealth Working Group (Working Group) met beginning in June 2021 to discuss and make recommendations to the Vermont Legislature regarding telehealth licensure policy. In doing so, the Working Group's goal has been to promote access to telehealth services while ensuring public protection. The discussions of the Working Group were driven and influenced by the policy factors elaborated in Act 21, the interests of the participating stakeholders, the COVID-19 pandemic, and the expiration of the emergency, and telehealth license waiver provisions established in Acts 91 (2020), 140 (2020) and 6 (2021). [1]

After thorough study, review and discussion, the Working Group recommends both short-term and long-term telehealth licensing policy solutions for facilitating Vermont patients' and clients' access to telehealth care from out-of-state providers, while protecting these patients' and clients' safety. First, the Working Group recommends that the General Assembly authorize a short-term, temporary registration license to permit out-of-state providers to continue to provide telehealth services in Vermont after the waiver authorized by Act 6 expires on March 31, 2022. The Working Group further recommends that, effective July 1, 2023, the General Assembly require out-of-state providers wishing to provide telehealth services in Vermont to obtain a registration, telehealth license, full or compact licenses.

Attention: To ensure timely implementation by April 1, 2022 for the temporary registration of out-of-state providers offering telehealth services in Vermont, the General Assembly must act quickly at the beginning of the 2022 session.

[1] The Working Group convened for the first time on June 29, 2021 and met nine times over the next five months. Thirty people from twenty-one organizations attended the first meeting. The Working Group divided into five sub-groups, four of which each reviewed and evaluated one of the telehealth policy modalities specified in Act 21 and one of which considered international policies for facilitating cross-border telehealth practice and other potential telehealth policies. The sub-groups met several times through the months of August, September, and October. Each group researched the sub-group's assigned policy modality and considered the six issues listed in Act 21 as those issues related to the assigned policy. The sub-groups' findings were documented in a statutory criteria worksheet and became the basis of the larger working group's recommendations to the Legislature. See Appendix B. The larger working group met in August, September, October, and November to discuss the small groups' findings and recommendations and to develop and finalize the Working Group's recommendations to the General Assembly regarding interstate telehealth licensing policies.

I. History and the Working Group

Vermont Telehealth Licensing Vermont Telehealth Licensing History

Historically, Vermont has required that health care providers hold licenses in Vermont to provide telehealth services to Vermont patients and clients located within the State's borders.[2] However, in March 2020, at the beginning of the COVID-19 state of emergency, this licensure requirement was waived in Act 91 (2020) to provide continuous access to care for people returning to Vermont from other states due to the pandemic.[3] Under Act 91, "a health care professional, including a mental health professional" holding a license in good standing to practice the health care profession in any other U.S. jurisdiction was eligible to provide health care services using telehealth in Vermont without obtaining any license or other authorization from a Vermont regulatory agency.[4] Under Act 91, this licensure waiver was effective during "a declared state of emergency in Vermont as a result of COVID-19."[5]

Act 140 (2020) amended Act 91 to permit the telehealth license waiver to continue until March 31, 2021, and Act 6 (2021), again, amended Act 140 to extend the waiver until March 31, 2022.

Health care providers, patients, and clients benefited from the increased flexibility offered by this COVID-19 telehealth license waiver. Many found that the ability to begin or continue to receive care from an out-of-state health care professional without traveling increased access and options for care. However, along with this increase in access came a loss of oversight and regulatory authority, which has long been necessary to protect the safety of the public. Recognizing this tension, the General Assembly instructed the Working Group to compile and review multiple telehealth license policy methods for facilitating the interstate practice of telehealth while protecting the public from harm.

The Working Group

Act 21 (2020) tasks the Office of Professional Regulation (OPR or "the Office") with convening and facilitating the Facilitation of Interstate Practice Using Telehealth Working Group (Working Group) – a group to be composed of a diverse group of stakeholders – to "compile and evaluate methods for facilitating the practice of health care professionals throughout the United States using telehealth modalities."[6]

The Working Group is directed to consider the following telehealth licensing policy methods:

1) Telehealth licenses
2) Waiver of licensure
3) National licensure compacts
4) Regional reciprocity agreements[7]

Further, for each of the policy modalities, Act 21 instructs the Working Group to consider the following issues:

1) Impacts and ethical considerations related to patient care and continuity of care;
2) Whether to limit to health care professionals with preexisting patient relationships;

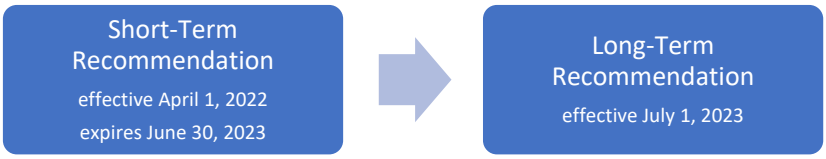
[2] 18 V.S.A. § 9361(b)
[3] Act 91, Sec. 17 (2020)
[4] *Id.*
[5] *Id.*
[6] Act 21, Sec. 1(a) (2021)
[7] Act 21, Sec. 1(c) (2021).

3) *Impacts on State regulatory oversight and enforcement, including the fiscal impacts;*
4) *effects on prescribing;*
5) *Differences between the various states and U.S. territories in scopes of practice, qualifications, regulation, and enforcement;*
6) *Different policy options for facilitating interstate practice, including the potential for reciprocity with health care professionals licensed in Vermont;*
7) *Whether to explore the international practice of health care professionals using telehealth; and*
8) *Other issues relevant to facilitating the interstate practice of health care professionals.*[8]

Finally, the Act directs the Office of Professional Regulation to provide the Working Group's findings and recommendations to the House Committees on Health Care and on Government Operations and the Senate Committees on Health and Welfare and on Government Operations.[9]

II. Recommendations

The Working Group recommends that, in the short-term, the General Assembly require out-of-state providers to obtain a temporary registration if they wish to continue to provide telehealth services in Vermont after the waiver authorized by Act 6 expires on March 31, 2022. The Working Group further recommends that, effective July 1, 2023 and thereafter, the General Assembly require an out-of-state provider to obtain a registration, telehealth license, full or compact license in order to provide telehealth services in Vermont. The type of license obtained after July 1, 2023 (registration, telehealth license, or full or compact license) depends on the extent (i.e., length of practice and number of patients or clients) of an out-of-state provider's telehealth practice in Vermont.



The use of telehealth by various health care professionals and the needs of these professionals' patients and clients can differ significantly. Some providers may use telehealth to assess or monitor images and data, others use it for psychotherapy sessions, and others for medical examinations. Different uses of the technology require different regulatory responses, from prescribing oversight to definitions of scopes of practice and educational requirements regarding in-state resources. The Working Group recognizes that the necessary level of licensing regulation shifts based on the extent of a health care professional's telehealth practice in Vermont and the type of healthcare that is being provided. To address these variations, the Working Group's recommends that all telehealth licensing policies adopted should

- ✓ Reflect the extent of a health care professional's practice in Vermont, and
- ✓ Give the health care professions a role, through professional board and agency rulemaking, in establishing these policies.

Short-Term Recommendation (effective April 1, 2022 – June 30, 2023)

To ensure continuity of care following the expiration of the telehealth license waiver provision in Act 6, the Working Group recommends establishing a temporary registration authorizing out-of-state health care professionals to practice in Vermont only via telehealth. This temporary registration would be effective April 1, 2022 through June 30, 2023.

[8] *Id.*
[9] Act 21, Sec. 1(e) (2021)

As noted above, because of the upcoming expiration of the existing Act 6 license waiver, the Working Group strongly recommends that the General Assembly act quickly to pass authorizing legislation at the beginning of the 2022 session.

The Working Group received comments that the expiration of the telehealth license waiver on March 31, 2022 poses a significant problem for people in Vermont receiving telehealth services from out-of-state providers. For example, comments received from college health and wellness programs noted that, given the challenges with finding Vermont providers who have availability to see new clients, out-of-state health care providers have been unable to find in-state providers to whom to refer students. In turn, students who are currently receiving services from out-of-state providers through telehealth may not have access to a provider after March 31, 2022. While mental health care providers have the option to register on the Roster of Psychotherapists Who Are Noncertified and Nonlicensed, this concern remains for patients and clients of out-of-state, non-mental health providers who face the end of the of the telehealth license waiver on March 31, 2022 and the associated benefits of access and continuity of care.

Temporary Registration

The Working Group recommends establishing a temporary registration for out-of-state providers seeking to begin or continue to provide telehealth services in Vermont after March 31, 2022 and before July 1, 2023. This temporary registration provides a transition plan to ensure that out-of-state providers can continue to provide services to people located in Vermont while the General Assembly, agencies, and professional boards establish telehealth licenses for health care professionals as part of a long-term telehealth licensing policy solution.

Types of Occupational Credentials in Vermont[10]			
Type of credential as defined by 26 V.S.A. § 3105(b).	**Level of risk to the public health, safety, or welfare, or necessity for the consumer to be informed of the qualifications**	**Restriction on practice**	**Qualification required to obtain the credential**
Registration	Appropriate if the risk to the public is relatively small	Mandatory: Everyone who practices the profession must be registered	No qualification (e.g., training or education) required to register to practice in Vermont
Certification	Appropriate if the public has a substantial interest in relying on the qualifications of the professional	Voluntary: Anyone can practice the profession but only those who are certified can say they are certified by the state to practice the profession	Significant qualification related to training and education required
License	Appropriate if the public cannot be adequately protected through other means	Mandatory: Everyone who practices the profession in the state must be licensed	Significant qualification related to training and education required

The Working Group recommends the following requirements for the temporary registration of out-of-state health care professionals:

[10] The analysis for the type of regulation that should be used on a regulated profession can be found in 26 V.S.A. Chapter 57. The law requires the state to assess the type of risk to the public or the necessity of the consumer to have information related to qualifications and dependent on that assessment the type of credential changes. This affects the restriction on practice and the required qualifications.

Recommendation Table One Temporary Registration Requirements	
Effective Dates	April 1, 2022 – June 30, 2023 Registration requirement includes out-of-state providers offering telehealth services in Vermont without a Vermont license prior to March 31, 2022 and those who begin offering telehealth services under a temporary registration in Vermont between March 31, 2022 and before July 1, 2023.
Information	Out-of-state providers must submit the following to OPR or the BMP: 1. Name 2. Contact information 3. Verification of licensure in good standing in that profession[11] from other state(s) of licensure[12]
Fee	To be determined based on resources required to implement and oversee.[13]
Term Length and Patient/Client Limit	No patient or client limits. No limit on the length of the term of practice but the registration expires on June 30, 2023.
Vermont Laws	Registered providers are subject to the Vermont 1. In-state, in-person standard of care 2. Scope of practice requirements for the profession 3. Legal jurisdiction 4. Supervision and collaboration requirements and 5. Prescribing requirements.

Long-Term Recommendations (effective July 1, 2023)

The Working Group recommends establishing a tiered system of regulation for telehealth licensing that should be effective by July 1, 2023 after the short-term temporary registrations expire on June 30, 2023. The tiered system would reflect the size and duration of an out-of-state provider's telehealth practice in Vermont, requiring *registration* for providers with fewer patients or clients practicing for a shorter period, a *telehealth license* for providers with a limited number of patients or clients intending to practice for a longer period, and *full or compact licensure* for providers with larger practices.

To accommodate the need for brief or intermittent access to telehealth care from an out-of-state provider, the Working Group recommends such out-of-state providers be required to obtain a registration. A registration would, for example, enable a patient or client to access a second opinion from an out-of-state provider, or would facilitate a provider offering treatment to a client who is in Vermont for the summer. The registration, available to an out-of-state provider once every three years, would authorize the out-of-state provider to practice telehealth in Vermont for a limited amount

[11] The Working Group recommends requiring out-of-state providers to be licensed in good standing in another state *in the same profession*. That is, the provider must hold a license in another state for a profession with the same scope of practice as the profession the provider is seeking to practice by telehealth in Vermont. For example, a Minnesota-licensed licensed professional counselor is not permitted to diagnose under that state's scope of practice laws. The Minnesota LPC may not, then, obtain a registration to engage in telehealth practice as a licensed clinical mental health counselor in Vermont because Vermont LCMHCs are authorized under our state's scope of practice laws to diagnose.

[12] Decision points about verification are further discussed in Section III of this report.

[13] Decision points about fees are further discussed in Section III of this report.

of time (a total of 120 consecutive days from the date of issuance) and for a maximum total of ten (10) patients or clients during the registration period.[14]

The Working Group further concluded that out-of-state health care providers who have longer-term telehealth practices in Vermont or who care for more than 10 but fewer than 20 patients or clients in Vermont have such a substantial practice in Vermont that they should be subject to greater regulatory oversight.[15] For these providers, the Working Group recommends the establishment of a telehealth license that would permit out-of-state providers to provide telehealth care to up to a total of twenty patients or clients in Vermont over a two-year period. The telehealth license would be renewable after two years. This form of licensure would permit health care providers and a limited number of clients and patients with longer-term relationships (e.g., an out-of-state occupational therapist providing ongoing telehealth services to a child in Vermont) to continue to see one another beyond the 120-day period authorized by a registration.

Finally, the Working Group concluded that out-of-state providers providing telehealth care in Vermont for more than 20 patients or clients have such a substantial practice in Vermont that they should be subject to the same licensing requirements and regulatory oversight as those providers holding full licenses (either in Vermont or under a national licensure compact) to practice in Vermont.

The following table summarizes the attributes of a tiered system of regulation:

Recommendation Table Two
Tiered Telehealth Regulation

Tier	Fee	Term	# of Patients or Clients In Vermont
1) Registration	To be determined	< 120 days (not renewable; available one time every 3 years)	< 10
2) Telehealth License	To be determined	2 years (Renewable)	Up to 20
3) Full License or Compact	Established in current statute	2 years (Renewable)	20+

1) Registration

The Working Group recommends establishing a registration that would permit out-of-state providers to provide telehealth services to a maximum of ten (10) Vermont patients or clients for up to a total of 120 consecutive days from the date of issuance. The Working Group recommends that registration include the following requirements and limits:

Recommendation Table Three
Registration Requirements

Information	Out-of-state providers must submit the following to OPR or the BMP: 1. Name 2. Contact information 3. Verification of licensure in good standing in that profession[16] from other state(s) of licensure[17]
Term Length	Term of practice is limited to a total period of 120 consecutive days from the date of issuance. Registrations may not be renewed. An out-of-state provider may only register once every three years.[18]
Telehealth Only	A registered professional may provide only telehealth services in Vermont.
Patient/Client Limit	Limited to caring for no more than a total of 10 patients or clients.[19]
Fees	To be determined based on resources required to implement and oversee.[20]

Protected Health Information	A provider must comply with all state and federal laws regarding sharing of protected health information, including obtaining consent when required.
Disclosure	Must provide a disclosure to patients or clients. Professions, through their boards and OPR, shall adopt rules regarding the content of disclosures. Such content may include 1. Information about how to file a complaint with OPR or the BMP 2. Information about resources for emergency or crisis care 3. Notice that the provider is not licensed in Vermont 4. The jurisdiction where the provider is licensed 5. The requirement that the provider comply with Vermont laws.
Vermont Laws	Registered providers are subject to the Vermont 1. In-state, in-person standard of care [21] 2. Scope of practice requirements for the profession 3. Legal jurisdiction 4. Supervision and collaboration requirements and 5. Prescribing requirements.

[14] The Working Group chose the limits of a registration (i.e., 120 days duration, a maximum of ten patients or clients, and only one registration every three years) based on other states' laws, policy reasons (e.g., when contacts in Vermont are sufficiently substantial to necessitate increase regulation and oversight), and practical considerations (e.g., opportunities for transition of care, reasons for needing care from an out-of-state provider, length of presence in Vermont). Some Working Group participants preferred a policy permitting registered professionals to provide services for a shorter period (e.g., 90 days) and for fewer patients or clients (e.g., five) but allowing these professionals to register every two years rather than every three.

[15] The Working Group found that more substantial provider practices increase the potential for harm to the public. In turn, more significant regulatory oversight is needed for providers who engage in more extensive practice in Vermont.

[16] *Supra* note 12.

[17] *Supra* note 13.

[18] *Supra* note 15.

[19] Out-of-state providers wishing to provide telehealth care for more than ten patients or clients have the option to obtain a telehealth license or a full license to practice in Vermont, either through the state or through a national licensure compact, as applicable.

[20] *Supra* note 14.

[21] The Working Group ultimately decided not to include a requirement that patients or clients receiving telehealth care regularly see a provider in-person. The Working Group opted instead to require out-of-state telehealth providers to comply with Vermont's in-person standard of care for the profession. There were, however, members of the Working Group who strongly supported requiring telehealth patients and clients to receive in-person care regularly. The members supporting an in-person care requirement were concerned that (a) the patients and clients receiving care by telehealth are particularly vulnerable because they are not seeing a provider in person; and (b) allowing telehealth-only care without an in-person requirement weakens state efforts to center primary care and create a medical home for patients and clients in their communities. Other Working Group members contended that requiring in-person care would increase barriers to accessing telehealth service rather than facilitate access to care, violate patients' and clients' rights to make health care choices, be inconsistent with the standard of care for some professions, drive unnecessary or excessive health care costs, and exceed the scope of licensing laws. Ultimately, the Working Group decided to include a requirement that out-of-state providers engaged in telehealth in Vermont must comply with the in-person standard of care for that profession in Vermont. Thus, if, for example, under the Vermont standard of care, an optometrist would refer a patient to an ophthalmologist for an in-person visit, an out-of-state optometrist providing telehealth services to a Vermont patient would also be expected to refer the patient to an ophthalmologist for an in-person visit.

Pursuant to Act 21, the Working Group considered six issues while evaluating registration as a potential policy option for facilitating telehealth practice in Vermont.[22] Below are the Working Group's findings and recommendations regarding these issues:

Continuity of Care

+ Registration facilitates fast and effective continuity of care with minimal effort and little possibility of being denied a registration.

Public Protection

+ Requiring providers to register their names and contact information and to submit verification of licensure in good standing from other state(s) of licensure provides some public protections, as patients and clients can look to OPR and the BMP to determine whether a provider is registered and in good standing, and can file complaints with the agencies if necessary.

+ Registration provides OPR and the BMP with the opportunity to verify a professional is licensed in good standing and that the provider is licensed in the same profession they are seeking to practice in Vermont.

Costs

– Permitting out-of-state professionals to practice in Vermont without a fee would place the cost of administering the registration and regulating and overseeing the registered providers on those holding a full license to practice in Vermont.

  + *Mitigating Policy Elements*: To mitigate this concern, the Working Group recommends permitting OPR and/or the BMP, with authorization from the General Assembly, to charge a fee for registration that reflects the costs of implementing and overseeing the registration program.

Qualifications

– A registration does not provide a means of determining whether an out-of-state provider meets the qualifications for licensure that full licensees in Vermont must meet. These qualifications have been determined to be the minimum necessary to protect the public in Vermont. Thus, disregarding them altogether may result in increased risk to the public's safety.

  + *Mitigating Policy Elements*: The registration only permits an out-of-state provider to practice telehealth in Vermont with a limited number of patients or clients and for a limited amount of time. These limitations mitigate the risk of not confirming a provider's qualifications prior to permitting telehealth practice in Vermont. After a registration is expired, the provider will likely need to demonstrate certain qualifications to obtain a

OPR ROSTER

The Roster of Psychotherapists Who Are Noncertified and Nonlicensed is an existing registration opportunity that permits any registrant to practice psychotherapy in Vermont. Out-of-state mental health providers wishing to provide telehealth services in Vermont may register on the Roster with no qualifications requirements and for an $80.00 initial fee and $150.00 to renew every two years. There are no established limits on the number of patients or clients a provider on the Roster can see through telehealth or a limit on the length of time an out-of-state provider on the Roster can provide services to Vermont patients or clients. If the legislature establishes a registration process like that described in this report for health care providers, the Working Group recommends retaining the Roster for mental health professionals as an alternative to the limited registration recommended by the Working Group. Professionals seeking to provide psychotherapy in Vermont through telehealth services could select between the Roster and a registration depending on their needs and the needs of their clients. The Working Group recommends that all Vermont laws and requirements for professionals on the Roster, including disclosure requirements, should be applied to out-of-state professionals on the Roster, as well.

telehealth license.[23] Further, each registered provider will need to demonstrate licensure in good standing in another state. OPR and the BMP would be relying on the qualifications the provider demonstrated to obtain their license in that other state, even if the qualifications to get that state's license were lower than those required to get licensed in the profession in Vermont.

In-State Resources

– Out-of-state providers who only practice telehealth may not have knowledge about in-state resources for referrals or emergency or urgent care.

  + *Mitigating Policy Elements*: The Working Group recommends that each profession adopt rules for registrants that include disclosure requirements. Professions may require that these disclosures include information about local resources for referrals and emergency or urgent care, as well as notice to the patient or client that the telehealth provider is located out-of-state and unable to provide in-person, in-state care. Professions may also adopt continuing education requirements regarding in-state resources.

Exploitation

– There is a risk of out-of-state providers marketing and recruiting patients or clients to telehealth services that may or may not actually be clinically indicated. This has implications for care quality, cost of care and fragmentation of care, and is a particular concern for vulnerable or isolated patients and clients.

  + *Mitigating Policy Elements*: The registration only permits an out-of-state provider to practice telehealth in Vermont with a limited number of patients or clients and for a limited amount of time. These limitations mitigate the risk of exploitation and limit incentives to market and recruit telehealth patients and clients in the state.

2) Telehealth Licensure

The Working Group recommends that out-of-state providers who wish to practice telehealth in Vermont for longer than 120 days or who wish to provide care for a total of 10 to 20 patients or clients be required to obtain a telehealth license. This telehealth license option provides out-of-state health care providers and their clients and patients an opportunity for longer-term relationships to continue

TELEPHARMACY

OPR offers an out-of-state telepharmacist license that permits any such licensee to practice telepharmacy in Vermont. Holders of such a license most often work for Vermont's hospitals, providing pharmacy services overnight when many institutional pharmacies are closed. Out-of-state pharmacists wishing to provide only telepharmacy services in Vermont can by demonstrating licensure in good standing in another state and paying a $110 fee. This differs from full pharmacist licensure in that the applicant is not required to take the Vermont-specific Multi-State Pharmacy Jurisprudence Exam. Out-of-state-telepharmacists must adhere to the same state and federal regulations as in-state pharmacists. There are no limitations on the number of patients a telepharmacy licensee may serve nor are there limits on the duration of the license or renewing it. The Working Group recommends retaining this license type, without applying any restrictions on the number of patients for whom out-of-state telepharmacists may provide care and without a limit on the duration of the license.

[22] *See* Act 21 (2021), §§ 1(c)(1)-(6).

[23] The Working Group recommends that each profession, through its licensing board or OPR, should determine the process for obtaining a telehealth license. In turn, a profession may include qualifications requirements for obtaining a telehealth license, or it may not, and the requirements may vary from those required to obtain a full license.

beyond 120 days. The Working Group further recommends that the General Assembly grant rulemaking authority to OPR and the BMP to establish telehealth licensing requirements specific to each health care profession.

The Working Group recommends that telehealth licensure include the following requirements and limits:

Recommendation Table Four Telehealth Licensure Requirements	
Patient/Client Limit	Limited to caring for no more than a total of 20 patients or clients.[24]
Term Limit	Renewable every two years; no other time restrictions
Telehealth Only	A telehealth licensee must provide only telehealth services in Vermont.
Profession-specific	Professions, through applicable boards and OPR, should be authorized to develop rules for the issuance and maintenance of telehealth licenses, and the BMP and OPR must be authorized to issue the telehealth licenses.[25]
Application	The application process should be abbreviated and less administratively burdensome than applying for a full license, but more comprehensive than the registration requirements. The process for obtaining the telehealth license should be determined by the professional board or OPR.
Applicants	Out-of-state providers should be required to be licensed in a profession with the same or similar scope of practice as the profession in Vermont to obtain a telehealth license to practice in Vermont.[26]
Protected Health Information	Providers with a telehealth license should be required to comply with all state and federal laws regarding sharing of protected health information, including obtaining consent when required.
Disclosure	Providers with telehealth licenses may be required to provide a disclosure to patients or clients, as determined by the profession. Professions, through their boards and OPR, may adopt rules regarding the content of disclosures. Such content may include 1. Information about how to file a complaint with OPR or the BMP 2. Information about resources for emergency or crisis care 3. Notice that the provider is licensed to provide only telehealth services in Vermont 4. The jurisdiction where the provider is licensed 5. The requirement that the provider comply with Vermont laws.
Vermont Laws	Providers with a telehealth license should be subject to the Vermont 1. In-state, in-person standard of care, 2. Scope of practice requirements for the profession 3. Legal jurisdiction 4. Supervision and collaboration requirements and 5. Prescribing requirements.
Venue and Oversight	Providers with a telehealth license should be subject to Vermont civil venue and state oversight and enforcement, and should be required to carry malpractice coverage that includes Vermont practice.[27]
In-State Resources	Telehealth licensees should be strongly encouraged to participate in health care information sharing systems in Vermont, such as VITL, or to share records with a patient or client's in-state provider(s), consistent with state and federal requirements for patient and client consent. Providers with a telehealth license should also be required to become familiar with in-state resources for referrals and emergency or crisis care. Requirements for sharing information and being educated about in-state resources should be addressed in rules adopted by each profession and should seek to balance quality of care and patient/client safety with patient/client access to care.
Fees	To be determined based on resources required to implement and oversee.[28]

[24] Out-of-state providers wishing to provide telehealth care for more than 20 patients or clients have the option to obtain a full license to practice in Vermont, either through the state or through a national licensure compact, as applicable.
[25] Delegating the authority to the professions to develop rules for obtaining and maintaining a telehealth license will permit each profession to adapt the licenses to reflect the nuances of telehealth practice in that profession.
[26] *Supra* note 12.
[27]The working group does not support the requirement for requiring an in-state registered agent for each licensee.
[28] *Supra* note 14.

Exemptions	An exemption from licensure requirements should be included for consultation between an out-of-state provider and in-state provider with little or no direct patient or client contact.

The Working Group considered the positive and negative impacts of a telehealth licensing policy in the context of the issues set forth in Act 21. Based on this review, the Working Group found that telehealth licensure has the benefits of oversight and protection for the safety of Vermonters, that many of the concerns about the policy can be mitigated by implementing the policy with the elements noted below. Below are the Working Group's findings and recommendations regarding these issues:

Patient/Client Care and Continuity of Care

+ Telehealth licenses will benefit continuity of care by encouraging more out-of-state providers to offer services to Vermonters, increasing access and convenience.

+ Telehealth licenses offer Vermonters the opportunity to continue care relationships with out-of-state providers with whom they have established care.

– Out-of-state providers may not be able to provide adequate follow-up for Vermont patients or clients or be able to inform the patient or client who to contact for follow-up care.

  + *Mitigating Policy Elements:* Encouraging telehealth licensees to participate in health care information sharing systems in Vermont, such as VITL, or to share records with a patient or client's in-state provider(s), consistent with state and federal requirements for patient and client consent will mitigate this concern. Additionally, this concern may be addressed by profession-specific rules requiring telehealth licensees to provide a disclosure with information regarding in-state resources.

– Telehealth licenses will likely not facilitate continuity of care for patients or clients who have traveled to Vermont for a brief period because out-of-state providers will need to go through an application process to obtain the license before providing care.

  + *Mitigating Policy Element*: This policy would be paired with a registration allowing out-of-state providers the opportunity to provide care in the state for a few patients or clients during a limited period.

– There is a risk of out-of-state providers exploiting Vermont patients or clients, or marketing and recruiting patients or clients to telehealth services that may or may not actually be clinically indicated. This has implications for care quality, cost of care and fragmentation of care, and is a particular concern for vulnerable or isolated patients or clients.

  + *Mitigating Policy Elements*: Encouraging telehealth licensees to participate in health care information sharing systems in Vermont, such as VITL, or to share records with a patient or client's in-state provider(s), consistent with state and federal requirements for patient and client consent will mitigate this concern. Additionally, this concern may be addressed by profession-specific rules requiring telehealth licensees to provide a disclosure with information regarding in-state resources.

Pre-Existing Relationship

- Requiring telehealth licensees to have a pre-existing relationship with a Vermont patient or client prior to providing telehealth services may address some accountability concerns about out-of-state providers' knowledge regarding in-state care resources, follow-up care, potential exploitation of patients or clients,

and the sharing of health care data. The Working Group, however, decided not to recommend that pre-existing relationships be required for providers with a telehealth license to provide care to a Vermont patient or client, however, because doing so would create significant barriers to access and continuity of care. Rather, the accountability concerns noted above can be addressed through other elements of the telehealth license policy recommended by the Working Group, such as subjecting telehealth licensees to Vermont's laws, in-person standard of care, and other legal and practice requirements.

Oversight and Enforcement

+ Under the telehealth license policy recommendation, professions can require out-of-state providers to demonstrate certain qualifications to be eligible for a license. This provides the opportunity to ensure an out-of-state provider is competent to provide care to Vermonters and to protect Vermonters' safety. Telehealth licensure also gives Vermonters an opportunity to review the disciplinary history of any telehealth licensee and provides Vermont's regulatory bodies the authority to revoke a license or otherwise discipline telehealth licensees for unprofessional conduct.

Fiscal Impact

- Currently, the cost of license administration, oversight and enforcement is borne by the licensed professionals in Vermont, who must pay a licensing fee to cover these costs of regulation. Offering a telehealth license for a reduced or full fee prevents Vermont's in-state licensees from paying for the costs of regulating out-of-state licensees. If the fee is too low, in-state licensees may still see an increase in their licensing fees to cover the costs of regulating out-of-state telehealth licensees. For this reason, telehealth licensing fees should be assessed with the goal of minimizing the impact on in-state licensees' fees.

+ Having a Vermont license in telehealth may streamline health insurer credentialing in Vermont, as Vermont health insurers are required to verify licensure before credentialing a provider and this would be more difficult and time consuming if out-of-state providers are not licensed in Vermont.

Differences Between States

+ Telehealth licenses provide a profession-specific opportunity for out-of-state professionals to practice in Vermont without the challenge of pursuing full licensure but with regulatory protections for the safety of Vermonters.

– Professional licensing and practice laws vary between states. Qualifications required for obtaining a license, prescribing requirements, standards of care, scopes of practice, supervision and collaboration practices can all differ. This can be a challenge when offering a telehealth license to practice in Vermont in reliance on another state's licensing laws.

  + *Mitigating Policy Elements*: Requiring professionals to comply with Vermont requirements for standard of care, prescribing, scope of practice, supervision and collaboration mitigate the above concern. Further, professional boards can determine what qualifications are required for obtaining a telehealth license in Vermont, which will mitigate the impact of variation between each state's qualifications for full licensure.

– Telehealth licenses would not facilitate Vermont providers practicing telehealth in other states. In turn, this policy does not offer Vermont providers the opportunity to offer care to their patients and clients when those patients or clients are not in Vermont.

Prescribing and In-State Resources

- Out-of-state providers who only practice telehealth may not have knowledge about in-state resources for referrals or emergency or urgent care.
- Out-of-state professionals may not be aware of Vermont regulatory or payer requirements, such as preferred drug lists, prior authorization requirements, and rules regarding prescribing controlled substances.

    + *Mitigating Policy Elements*: Requiring professionals to comply with Vermont requirements for standard of care, prescribing, scope of practice, supervision and collaboration mitigate the above concern. Further, professional boards can determine what qualifications are required for obtaining a telehealth license in Vermont, which will mitigate the impact of variation between each state's qualifications for full licensure.

Data Fragmentation

- It is more likely that an out-of-state provider practicing telehealth in Vermont will not be familiar with other providers treating a patient or client, or with Vermont's efforts to facilitate medical record and information sharing. This may result in a failure to share patient and client information with other providers and, potentially, with discordant or inconsistent diagnoses or treatments for patients and clients.

    + *Mitigating Policy Element*: Encouraging telehealth licensees to participate in health care information sharing systems in Vermont and to share information with in-state providers, and subjecting out-of-state providers to the Vermont standard of care will mitigate concerns about data fragmentation. Vermont-licensed health care providers are subject to a similar standard of encouraged participation and the standard of care.

3) Full Licensure – State or Compact

The Working Group recommends that out-of-state health care provider with a long-term telehealth practice in Vermont with more than twenty patients or clients should be required to obtain a full license through the state (OPR or BPM) or through a national licensure compact. The requirements for these licenses are set forth in existing statute and administrative law. National compact licensure is discussed more fully in Part IV of this report and Appendix C.

Recommendation: Maintain Full Licensure as An Option
Out-of-state professionals with a more extensive telehealth practice in Vermont (i.e., more than 20 patients or clients) should obtain a full license to practice in Vermont, through OPR, the BMP or a national licensure compact.

III. Legislative Decision Points and Policy Elements

The Working Group's tiered system of regulation, including short-term and long-term registration and licensing recommendations, establishes a foundation for furthering Vermont's telehealth licensing policies. However, the structure of these policies requires further discussion and deliberation to determine important details related to resources, impacted providers and license verifications. The following sections outline those areas requiring further discussion.

Resources

Implementing the tiered system of regulation recommended, including a short-term and long-term registration and an additional telehealth license for all health care professions, will require significant resources to establish, administer, and regulate. This is a strain on the special fund programs for regulating each profession that are supported solely by

the licensing fees of those professions. OPR and the BMP will need support from the General Assembly, in addition to licensing fees, to fund these initiatives. Discussion of the forms of resource support and amounts is beyond the scope of this report. However, these are critical elements of any legislative effort to implement these policies.

One possible solution for supporting this effort to facilitate increased access to health care through telehealth is to provide a one time or recurring funding allocation to the BMP and OPR for the costs of implementing, administering, and regulating telehealth licensing policies. OPR and the BMP also hope to have the flexibility and authority under any legislation adopted to adjust registration and telehealth licensing fees to reflect the impact these new registrations and telehealth licenses are having on the licensing fees for those holding full Vermont licenses. For example, licensees holding a full Vermont license may see a significant increase in licensing fees if a third of the profession's licensees shift from a full Vermont license to a telehealth license and the telehealth license fee is too low. In such situations, OPR and the BMP would like the authority to increase the telehealth license fee outside of legislative process to avoid increases in fees for a full license.

Impacted Health Care Providers

OPR regulates fifty professions, about half of which involve providing physical or mental care to a patient or client.[29] That said, it is not clear from existing statutes or regulations which of these professions are considered "health care professions." Before adopting any registration or telehealth licensing policies, it will be necessary to define which professions are eligible to be registered or to obtain a telehealth license. The Working Group did not come to a conclusion regarding which professions should be included in any future telehealth legislation. At the start of the legislative session, OPR will provide, for the General Assembly's consideration, a recommended list of professions to include in telehealth licensing legislation.

Verifications

When Vermont relies on a provider's licensure in another state as a basis for permitting that professional to work in Vermont (as would be the case for the telehealth licensing policies recommended by the Working Group), OPR and the BMP seek verification of the professional's license in good standing in those other state(s) of licensure. These verifications ensure that the provider is qualified to practice in Vermont and is not subject to any discipline or sanctions that should be applied in Vermont or should prevent that provider from practicing in Vermont. For applicants seeking a full Vermont license, the BMP currently requires verification from every state where an individual is licensed before granting a Vermont license, and OPR requires verification from the state where the applicant was initially licensed and from the state where the applicant most recently practiced.[30]

Waiting for verification of a provider's licensure from another state or multiple states can delay the Vermont licensing process. This delay could be particularly problematic when transitioning from the Act 6 telehealth license waiver, discussed in Section I of this Report, to the short-term registration requirement recommended by the Working Group, as a delay in the registration while waiting for verifications could interrupt care. A delay in receipt of verifications and subsequent registration or licensure could also thwart one of the purposes of the registration and telehealth licenses: to provide access to telehealth services from out-of-state providers in an efficient and expeditious manner (e.g., when a patient or client is on vacation in Vermont).

[29] A full list of OPR and BMP regulated professions that provide physical or mental care to patients or clients is included in Appendix E.

[30] OPR uses the applicant's address to determine state of current or most recent practice.

To address this concern, OPR and the BMP would like the authority to issue provisional licenses to applicants who are seeking short-term and long-term telehealth registrations and telehealth licenses.[31] This will allow an individual to begin quickly practicing in Vermont, while providing notice to the public that verifications of licensure in good standing in the other states of licensure are outstanding. This provisional license would be granted on a short-term basis, for example 90 days, it would be non-renewable, and could be added to any license with a small fee.

Elements of Telehealth Policymaking

In developing the short and long-term recommendations, the Working Group identified several policy elements that they recommend be incorporated into any telehealth licensing policy adopted.

Regulation

Vermont must regulate out-of-state providers practicing telehealth in the state rather than continuing to waive licensing requirements for out-of-state telehealth providers.

Public Safety

In deciding to license health care professions, the State has determined that there is a demonstrated need to protect the public by regulating the profession. See 26 V.S.A. § 3101. State regulation of health care providers is the way patient and client safety is maintained, particularly for vulnerable populations. State regulation provides patients and clients with the tools necessary to select a provider who has met certain qualifications, and who has not been subject to discipline for unprofessional conduct. Regulation allows patients and clients to submit unprofessional conduct complaints about their health care providers. Regulation also informs health care providers and the public about which services providers are permitted to provide.

Further, the state's licensing enforcement authority allows it to discipline and, if necessary, remove providers from the market who have committed unprofessional conduct. This authority helps warn the public and offers protection against unprofessional and dangerous care. Based on the determined need for public protection and the protections regulation offers, the Working Group recommends the continued licensure of providers even when a provider is practicing by telehealth from outside of Vermont.

Costs

Waiving all regulatory requirements, including licensing fees, for out-of-state health care providers offering telehealth services in Vermont places the burden of paying for administration and regulation of the profession, including enforcement costs, on holders of full Vermont licenses. See Section III, Resources, for additional discussion about cost implications.

Policy

Multiple, interactive policies must be implemented to facilitate the interstate practice of telehealth in Vermont. The Working Group found that several of the policies identified in Act 21 offered unique benefits depending on the needs of the providers, clients and patients, and regulators. For example, the Working Group supports national compacts and encourages their adoption. However, these compacts are specific to each profession and may not be available to every health care provider seeking to practice telehealth in Vermont or patient or client seeking care from an out-of-

[31] OPR strongly recommends that the general assembly also authorize OPR and the BMP to issue provisional licenses, pending receipt of verifications of licensure from other states, to applicants seeking traditional, full licenses to practice in Vermont. Applicants for traditional licenses also experience delays in licensure due to lags in the receipt of verifications from other states. Even when the state has sought to expedite the licensure process, such as with fast-track endorsement licenses (see 3 V.S.A. § 136a, Uniform Process for Endorsement from Other States), verifications can delay licensure for weeks and even months. OPR is happy to provide more information about this proposal upon request.

state provider. In turn, the Working Group recommends adoption of additional policies – registrations and telehealth licenses – to accommodate the needs of these providers, patients, and clients.[32]

Balance

The State must balance the interests of reducing barriers to licensure and facilitating fast professional licensing with the need to protect the public. 26 V.S.A. Chapter 57 provides that the regulation of a profession and the licensure process should be "the least restrictive form of regulation necessary to protect the public interest." This balance between reducing barriers to licensure and protecting the public's safety is fundamental to Vermont's full licensing laws and should be applied to any policy facilitating interstate telehealth licensure, as well.

Jurisdiction

Out-of-state health care providers practicing telehealth in Vermont should be subject to Vermont's laws and jurisdiction, including laws regarding standards of practice, scope of practice and prescribing. Regardless of the laws in the provider's state of licensure, it must be made clear in any telehealth licensing policies adopted that the provider is subject to Vermont's laws and jurisdiction while providing services to a patient or client in Vermont. Such a provision ensures the necessary authority for the state to oversee the practice of an out-of-state provider and to take enforcement actions if needed. This authority also reflects federal and state legal principles granting authority to a state to regulate the scope of practice and standards of practice for professionals practicing within the boundaries of the state.

Records and Protected Health Information (PHI)

Out-of-State providers practicing telehealth in Vermont should be required to comply with state and federal laws for sharing protected health information, including obtaining consent for disclosure of information and the use of telehealth when required. Participation in the Vermont Health Information Exchange Network, subject to patient and client consent requirements, should be encouraged. The Working Group recognizes the importance of maintaining patient records and sharing essential health information between providers to facilitate comprehensive, continuous, and quality care. The Working Group does not, however, recommend creating additional requirements for record sharing or obtaining patient or client consent. Rather, out-of-state providers should be informed about existing infrastructure in Vermont to share patient and client information, along with the associated patient and client consent requirements, and encouraged to participate in these opportunities.

Pre-Existing Patient or Client Relationships

Because of the diversity of health care providers participating in the Working Group and the different standards of care for each of these professions, the Working Group recommends deferring to each profession to establish, through rulemaking, requirements regarding whether a pre-existing patient or client relationship should be required prior offering care using telehealth. Each health care profession has unique needs regarding telehealth and the establishment of patient or client relationships. For this reason, each profession, through its professional board or the Office of Professional Regulation, should determine whether a pre-existing patient or client relationship should be a mandatory pre-requisite to receiving telehealth services. The Working Group recommends that each professional board or the Office of Professional Regulation be authorized to adopt rules regarding pre-existing patient or client relationships as a prerequisite to telehealth services.

Resource Awareness

Out-of-state providers practicing telehealth in Vermont must be knowledgeable about in-state resources for referrals and urgent, emergent and crisis care. Because of the diverse professions represented in the Working Group, the

[32] The Working Group's recommendations regarding a tiered system of regulation can be found in Section II, Long-Term Recommendations.

Working Group recommends deferring to each profession to establish rules, though its board or OPR, regarding requirements for understanding in-state crisis and referral resources.

IV. Act 21 Evaluation and Considerations

Act 21 directed the Working Group to consider four policy methods for facilitating interstate telehealth licensure: telehealth licenses, waiver of licensure, national licensure compacts and regional reciprocity agreements. The Working Group divided into four subgroups to discuss each of these telehealth modalities and an additional sub-group to explore international telehealth licensing laws.

National Licensure Compacts

The Working Group encourages the General Assembly to adopt profession-specific, national licensure compacts when available and consistent with the compact analysis recommendations (Table 6). Though compacts can vary by profession, the national licensing compacts developed so far tend to include provisions regarding the following:

a. Qualifications for obtaining a compact license
b. Process for applying for a compact license
c. Terms for licensee practice in other compact states
d. Compact commission establishment, staffing, financing, and rulemaking procedures
e. Fee distribution (between third-party compact commission and state) requirements
f. Specifying the jurisdiction, scope of practice and standards of practice of the state of practice apply
g. Enforcement actions and processes for licensees
h. Dispute resolution and arbitration requirements for participating states

The Working Group recommends that the General Assembly consider the following criteria when reviewing a proposed compact:

Compact Analysis Recommendations	
As-is Agreement	The General Assembly must adopt a compact "as is" with very few exceptions. A compact is in the form of a contract with terms that states "accept" by adopting the compact as state law. Because many states consider the compact at one time, the terms of the compact cannot be modified or adapted to each state. Otherwise, the different "parties" to this compact "contract" would be working from an agreement with different terms.
Compact License Authority	Compacts offer various methods for facilitating licensure and practice in other states. The Working Group did not prefer any method but encourages familiarity with the process in compacts proposed in the future. For some compacts, like the enhanced Nurse Licensure Compact (adopted in Vermont in 2020), once a provider obtains a compact license, the provider can work in any state. For other compacts, like the Interstate Medical Licensure Compact (IMLC), a provider who holds a compact license may apply through an abbreviated application process to obtain a license in another compact state. A third type of compact requires compact licensees to notify the compact commission of which states the licensee plans to practice in. The compact commission then notifies the state licensing agency that the compact licensee will be practicing in the state.
Fees	Compacts distribute fees in different ways. The Working Group recommends adopting compacts that ensure fees are shared in a manner that minimizes the impact on in-state licensee costs, since remaining in-state licensees will bear the burden of paying for state-based licensing regulation. Typically, the compact commission determines how much the fee will be for each licensee and whether and how the fee will be shared with state regulatory bodies. For some compacts, like the IMLC, the state regulatory body retains the state licensing fee, and the professional pays a separate fee for a license in each compact state. For other compacts, fees for the compact license are shared between the board and the commission.
In-State License	State licenses remain available after the adoption of a compact. If a professional chooses only to hold an in-state license or if a professional is ineligible for a compact license, the in-state license should remain as an option for the professional to practice.

Access	Compacts do not necessarily lead to an increase in health care providers in a compact state. It is difficult to predict whether the number of health care providers will grow, or access will increase after the adoption of a compact because the number of compact licensees practicing in the state may be off-set by the number of in-state licensees who obtain a compact license and decide to practice elsewhere.
Markets	Adopting a compact may increase market competition in a compact state by permitting more providers to offer services in the state.
Practice	Some compacts limit the types of practice compact licensees may engage in in compact states. PsyPact, for example, permits compact licensees to practice telehealth in another or to see a client or patient in-person only temporarily. Other compacts permit licensees to engage in the full breadth of practice in other compact states.

The Working Group considered the positive and negative impacts of national licensure compacts in the context of the issues set forth in Act 21.[33] Below is a summary of the Working Group's findings and recommendations regarding national licensure compacts. A further analysis of the benefits and concerns associated with compacts is included in Appendix C of this report.

Continuity of Care

+ Compacts facilitate continuity of care for patients or clients who have moved to another compact state or who are seeking care from a provider who is from another compact state.

+ Adopting a compact potentially increases the diversity of the health care providers in Vermont to reflect the diversity of the population.

+ Compacts facilitate Vermont providers caring for their patients and clients in other compact states in addition to permitting out-of-state providers to care for Vermont patients and clients. This facilitates continuity of care for Vermonters who travel out of state.

+ Though it is not certain, it is possible that access to health care services may improve by adopting a compact. This is contingent on compact licensees offering their services in Vermont at a greater rate than Vermont compact licensees departing.

– Because the process of obtaining a compact license is lengthy, it is unlikely a provider would obtain a compact license to permit short-term interstate telehealth care, such as when a patient or client goes on a vacation.

– Compacts do not usually include terms regarding the maintenance of or the sharing of patient and client medical information.

[33] *Supra* note 22.

Public Protection

+ Compacts can offer a centralized database of disciplinary actions against compact licensees, allowing other compact states access to more comprehensive information.

Costs

+ Compacts could potentially lead to savings in medical costs by allowing patients or clients to seek the care of their provider while out of state rather than going to an emergency room or urgent care center.

– Fiscal impacts on states and in-state licenses can be challenging if the compact licensing fees are shared with the third-party compact commission.

Qualifications

+ Compacts include qualification requirements so other compact states can rely on the compact license as an indicator that the compact licensee is qualified to practice in a safe manner.

In-State Resources

- Adoption of a compact results in the delegation of some state authority to the third-party compact commission, though the state typically retains the authority to discipline compact licensees practicing in Vermont who engage in unprofessional conduct.

– Out-of-state providers may be unaware of resources in Vermont for referrals or crisis care.

Reciprocity

There are two different types of reciprocity: regional reciprocity agreements and endorsement reciprocity. The state has already adopted multiple policies facilitating extensive endorsement reciprocity. Thus, the Working Group has no further recommendations regarding endorsement reciprocity.

The Working Group generally supports regional reciprocity agreements and the benefits they offer. However, the Working Group had significant concerns about the immense resources needed to negotiate, draft, adopt, implement, administer, and enforce such agreements.

A full cost and benefit analysis of reciprocity agreements is available in the Appendix C of this report.

Endorsement Reciprocity

Vermont currently engages in reciprocity with other states' professional licensing programs by offering out-of-state licensees pathways to licensure in Vermont based on their out-of-state license. In many professions, out-of-state licensees, who are licensed in good standing in another state with substantially

COMPACTS

National licensure compacts are contractual agreements, typically drafted by a third party, that facilitate professional practice in multiple states based on a professional's compact license or license in another state. After a compact is drafted, it is proposed to state legislatures as a bill. If adopted, the compact becomes law and the state "joins" the compact. Once a state joins a compact, it agrees to permit professionals holding a compact license or a license in another state participating in the compact to practice in the state. Similarly, professionals from the state where the compact license is adopted can obtain a compact license and practice in other states that have joined the compact. After the compact is adopted by a threshold number of states, a third-party, quasi-governmental compact commission is created. The states that have joined the compact each assign a delegate to serve on the compact commission. The commission makes rules for compact licensees and compact states. These rules have the effect of law in the states that have joined the compact. The commission also typically maintains a centralized database of enforcement actions against compact license holders. Vermont is currently participating in two national licensure compacts: the interstate medical licensure compact (for medical doctors and doctors of osteopathy) and the enhanced nurse licensure compact (for registered nurses and licensed practical nurses).

equivalent licensing requirements as Vermont requires for licensure, are eligible for licensure in Vermont without demonstrating qualifications or taking an examination. Recently, Vermont implemented a "Fast-Track Endorsement" policy permitting out-of-state licensees who have been licensed in good standing in a profession for three, consecutive years in another state, and have been in active practice of the profession in that state for those three years, to obtain a Vermont license without demonstrating qualifications or taking examinations.

Regional Reciprocity

Regional reciprocity agreements could facilitate interstate telehealth practice through the development of contractual agreements between two or more states for each profession. These contractual agreements would detail qualifications for licensure and requirements for one state's licensees to practice in the other state. The agreements could specify which states laws regarding scope of practice, standard of care, supervision and collaboration requirements, enforcement and prescribing requirements apply. The agreement could also delegate administrative, oversight, regulatory and enforcement authorities, and responsibilities between the two states. Fees and their distribution between states may also be negotiated in the agreement. Legislatures in each of the participating states would then need to adopt the agreements and professional licensing regulatory bodies in each state would administer and enforce the agreements.

The Working Group's concern about the resources need to enact reciprocity agreements is multiplied when assessing regional reciprocity agreements. A regional reciprocity approach would require negotiating, drafting, adopting, implementing, administering and enforcing reciprocity agreements for each of the thirty or more health care professions regulated by the BMP and OPR. These resources would need to be expended for each state with which Vermont seeks to enter into an agreement, and adoption would be dependent on acceptance by the legislature in each participating state.

National licensure compacts provide very similar benefits to reciprocity agreements on a broader scale and require much fewer resources to negotiate, implement and administer.

Waiver

In response to COVID-19, Vermont has waived all licensure and registration requirements for out-of-state professionals, who are licensed and in good standing in another state, to practice telehealth in Vermont. This waiver is in effect until March 31, 2022. Although this policy was necessary in a pandemic situation, the Working Group does not recommend continuing the telehealth license waiver beyond the March 31, 2022 expiration date. State regulation of health care providers is the way patient and client safety is maintained, particularly for vulnerable populations. Without some notice to the state that a professional is practicing within its borders, the state has a more difficult time enforcing professional conduct laws and ensuring professionals are qualified to provide care. Further, absent such notice, the public has no way of determining whether a provider has previously engaged in misconduct or with whom to file a complaint about a professional who engages in misconduct while providing telehealth in Vermont. Additionally, since waiver does not generate fee revenue, licensees with full, traditional licenses bear the costs for regulating out-of-state licensees if the regulator does receive a complaint.

Rather than a waiver, the Working Group recommends that the General Assembly adopt a registration policy to facilitate the interstate practice of telehealth.[34] A recommendation for a short-term registration process to take effect on April 1, 2022 that would facilitate ongoing interstate telehealth practice until the longer-term telehealth licensing recommendations are established is discussed in Section II, Short-Term Recommendations of this report. In the long-term, the Working Group recommends the establishment of a registration for limited telehealth practice.[35]

[34] See Section II.

[35] See Section II, Long-Term Recommendations, Subsection 1.

A full cost and benefit analysis of waivers is available in the Appendix C of this report.

International and Other Considerations

The Working Group encourages the General Assembly to explore the international practice of health care professionals using telehealth and other countries' policies facilitating cross-border telehealth practice. The Working Group recommends that focus be paid to the following elements of existing international policies:

a. How policies address issues relevant to the practice of telehealth in the United States (e.g., data security, citizen access to technology)
b. How to care for unique populations (e.g., minors)
c. Processes for sharing and protecting protected health information.

Appendices

Appendix A

Facilitation of Interstate Practice Using Telehealth Working Group

Participation List

Interstate Telehealth Working Group
Invitation List

State of Vermont
Agatha Kessler, Associate Director, Office of Professional Regulation
Carrie Phillips, Executive Officer, Board of Pharmacy, Office of Professional Regulation
David Herlihy, Executive Director, Board of Medical Practice
Debora Teixeria, Oral Health Program Administrator, Vermont Department of Health
Dylan Bruce, Senior Policy/Planning Analyst, Office of Professional Regulation
Erin Carmichael, Director of Quality Management, Department of Vermont Health Access
Hillary Hill, Medicaid Policy Analyst, Department of Vermont Health Access
Jennifer Rotblatt, Office of Professional Regulation
Kelsi Alger, Administrative Services Coordinator, Office of Professional Regulation
Lauren Hibbert, Director, Office of Professional Regulation
Lauren Layman, Staff Attorney, Office of Professional Regulation
Michele Degree, Health Policy Project Director, Green Mountain Care Board
Patricia Breneman, Vermont Department of Health
Robin Miller, Director of Oral Health, Vermont Department of Health
Scott Strenio, Medicaid Medical Officer, Department of Vermont Health Access
Sebastian Arduengo, Attorney, Department of Financial Regulation

Board Members and Advisors to the Office of Professional Regulation
Gary Mitchell, Alcohol and Drug Counselors, Advisor to the Office of Professional Regulation
Jesper Brickley, DO, Board of Osteopathic Physicians, Chair
James Huitt, Psychologist, Board of Psychological Examiners
Ken Lawenda, Optometrists, Board of Optometry
Mike Sommers, Chiropractor, Board of Chiropractic
Tammy Austin, LMFT, Board of Allied Mental Health, Chair
William Chatoff, Pharmacist, Board of Pharmacy

Providers and Members of Organizations and Associations
Andrew Seaman, MD, Assistant Professor of Medicine, Oregon Health and Science University
Anne Culp, DVM
Cathy Fulton, Executive Director, Vermont Program for Quality in Health Care, Inc.
Christine Moldovan, Nutrition and a Wellness Director, Age Well
Christine Ryan, Executive Director, Vermont State Nurses Association
Christopher Gilding, Telehealth Program Strategist, The University of Vermont Medical Center
David Rettew, MD
Dean Barcelow, Optometrist, Vermont Optometric Association, Legislative Committee, Chair
Devon Green, Vice President of Government Relations, Vermont Association of Hospitals and Health Systems
Dillon Burns, Mental Health Services Director, Vermont Care Partners
Dustin Redlein, Director of Special Projects, Rutland Mental Health Services
Erika Wolffing, Government Relations, MMR
Georgia Maheras, Vice President, Policy and Strategy, Bi-State Primary Care Association
Hillary Wolfey, Associate Director, Vermont Program for Quality in Health Care, Inc.
James Henzel, Phoenix House
Jeanne Kennedy, Lobbyist

Jessa Barnard, Executive Director, Vermont Medical Society
Jill Olson, Executive Director, VNAs of Vermont
Julie Adams, Physical Therapist, Association of Physical Therapists, VT Chapter, Government Affairs Committee and Payment and Policy Committee, Chair
Kent Henderson, DVM, Co-Chair, Vermont Veterinary Medical Association, Government Relations Committee
Kirke McVay, LCMHC, Vermont Mental Health Counselor Association, President
Lauren Bode, Pharmacist, Vice President, Vermont Pharmacists Association
Linda Waite-Simpson, Associate Director, Vermont Veterinary Medical Association
Lisa Avery, Physical Therapist
Lucie Garand, Senior Government Relations Specialist, MMR
Lynn Stanley, LISCW, Executive Director, National Association of Social Workers - Vermont and New Hampshire
Mary Kate Mohlman, Vermont Director of Public Policy, Bi-State Primary Care Association
Meredith Roberts, RN, Executive Director, American Nursing Association - Vermont
Nicole Hackney, DNP, Psychiatric-Mental Health Nurse Practitioner
Patrick Gallivan, Executive Director, Vermont State Dental Society
Reid Plimpton, NorthEast Telehealth Resource Center
Sam Peisch, Health Policy Analyst, Vermont Legal Aid, Inc.
Sarah Kessler, Senior Telehealth Program Specialist, The University of Vermont Health Network
Stephanie Winters, Deputy Executive Director, Vermont Medical Society
Todd Young, Associate Vice President of Digital Health Services, The University of Vermont Health Network
William Keithcart, LADC, President, Vermont Addiction Professionals Association

Commercial Payers
Brian Duffy, Vice President and General Counsel, Northeast Delta Dental
Elizabeth Boody, MD, Government Affairs, MVP Healthcare
Josh Plavin, MD, Vice President and Chief Medical Officer, Blue Cross and Blue Shield of Vermont
Kimberly Kilby, MD, Senior Leader, Regional Medical Director Health Management, MVP Healthcare
Lisa Fearon, Manager of Provider Contracting and Provider Relations, Blue Cross and Blue Shield of Vermont
Matt Capuano, MD, Medical Director, MVP Healthcare
Rebecca Copans, Government and Media Affairs, Blue Cross and Blue Shield of Vermont
Sarah Teachout, Corporate Director, Government and Media Affairs, Blue Cross and Blue Shield of Vermont
Tiffany Pierce, MD, New England Market Medical Executive, Cigna

Appendix B
Statutory Criteria Worksheet

Act 21 asks the ITWG to consider several issues when evaluating the policy methods for facilitating interstate telehealth practice. For each general policy area, please respond to the following questions. Please use research and data to arrive at and support the sub-group's response and note the resource(s) used, below.

If the sub-group has developed specific policy recommendations (e.g., waiver of licensure for up to 10 telehealth visits per year) or is considering specific forms of a policy (e.g., the PsyPact Compact), please respond to the following questions for each of specific policies or forms using research or data to arrive at and support the responses. Please also note the resources used to inform the response.

If there is no impact or response, please note that. Use additional sheets of paper as needed.

Sub-Group: _____

Policy description:

What ethical considerations related to patient care are implicated by this policy?

Resource: _____
Resource: _____
Resource: _____

What ethical considerations related to continuity of care are implicated by this policy?

Resource: _____
Resource: _____
Resource: _____

Should this policy be limited to health care professionals with pre-existing patient relationships with the patient?

Resource: _____
Resource: _____
Resource: _____

What impact does this policy have on State regulatory oversight and enforcement?

Resource: _____
Resource: _____
Resource: _____

What fiscal impact does this policy have?

Resource: _____
Resource: _____
Resource: _____

What effect does this policy have on prescribing?

Resource: _____
Resource: _____
Resource: _____

Would variations in state regulations of the profession (e.g., scopes of practice, qualifications for licensure, regulation, enforcement) create concerns or barriers to implementing this policy? How so? What, if any, adaptations in the policy prevent or mitigate these concerns or barriers?

Resource: _____
Resource: _____
Resource: _____

What, if any, other benefits does this policy offer for the facilitation of interstate telehealth practice? What, if any, additional barriers does this policy impose on interstate telehealth practice?

Resource: _____
Resource: _____
Resource: _____

What, if any, recommendations does this group have regarding the policy?

Resource: _____
Resource: _____
Resource: _____

Appendix C

Benefit Analyses for Telehealth Licenses, Compacts, Reciprocity Agreements, and Waiver

Benefits of Telehealth Licensure	
Access	Benefit continuity of care by encouraging more out-of-state providers to offer services to Vermonters, increasing access and convenience.
Continuity of Care	Offer Vermonters the opportunity to continue care relationships with out-of-state providers with whom they have established care.
Allows for Interstate Practice	Telehealth licenses provide a profession-specific opportunity for out-of-state professionals to practice in Vermont without the challenge of pursuing full licensure but with regulatory protections for the safety of Vermonters.
Oversight and Enforcement	Under the telehealth license policy recommendation, professions can require out-of-state providers to demonstrate certain qualifications to be eligible for a license. This provides the opportunity to ensure an out-of-state provider is competent to provide care to Vermonters and to protect Vermonters' safety. Telehealth licensure also gives Vermonters an opportunity to review the disciplinary history of any telehealth licensee and provides Vermont's regulatory bodies the authority to revoke a license or otherwise discipline telehealth licensees for unprofessional conduct.
Fiscal Impact	Currently, the cost of license administration, oversight and enforcement is borne by the licensed professionals in Vermont, who must pay a licensing fee to cover these costs of regulation. Offering a telehealth license for a reduced or full fee prevents Vermont's in-state licensees from paying for the costs of regulating out-of-state licensees. If the fee is too low, in-state licensees may still see an increase in their licensing fees to cover the costs of regulating out-of-state telehealth licensees. For this reason, telehealth licensing fees should be assessed with the goal of minimizing the impact on in-state licensees' fees.
Insurers	Having a Vermont license in telehealth may streamline health insurer credentialing in Vermont as Vermont health insurers are required to verify licensure before credentialing a provider and this would be more difficult and time consuming if out-of-state providers are not licensed in Vermont.

Concerns and Mitigating Policies of Telehealth Licensure	
Out-of-State Providers Only	Telehealth licenses would not facilitate Vermont providers practicing telehealth in other states. In turn, this policy does not offer Vermont providers the opportunity to offer care to their patients and clients when those patients or clients are not in Vermont.
Prescribing and In-State Resources	Out-of-state providers who only practice telehealth may not have knowledge about in-state resources for referrals or emergency or urgent care. Out-of-state professionals may not be aware of Vermont regulatory or payer requirements, such as preferred drug lists, prior authorization requirements, and rules regarding prescribing controlled substances. *Mitigating Policy Element: Requiring professionals to comply with Vermont requirements for standard of care, prescribing, scope of practice, supervision and collaboration mitigate the above concern. Further, professional boards can determine what qualifications are required for obtaining a telehealth license in Vermont, which will mitigate the impact of variation between each state's qualifications for full licensure.*
Exploitation	There is a risk of out-of-state providers marketing and recruiting patients to telehealth services that may or may not actually be clinically indicated. This has implications for care quality, cost of care and fragmentation of care, and is a particular concern for vulnerable or isolated patients or clients. *Mitigating Policy Element: Encouraging telehealth licensees to participate in health care information sharing systems in Vermont, such as VITL, or to share records with a patient or client's in-state provider(s), consistent with state and federal requirements for patient and client consent will mitigate this concern. Additionally, this concern may be addressed by profession-specific rules requiring telehealth licensees to provide a disclosure with information regarding in-state resources.*
Continuity of Care	Telehealth licenses will likely not facilitate continuity of care for patients or clients who have traveled to Vermont for a brief period because out-of-state providers will need to go through an application process to obtain the license before providing care. *Mitigating Policy Element: This policy would be paired with a registration allowing out-of-state providers the opportunity to practice in the state for a few patients and limited amount of time.*

Variation in State Laws	Professional licensing and practice laws vary between states. Qualifications required for obtaining a license, prescribing requirements, standards of care, scopes of practice, supervision and collaboration practices can all differ. This can be a challenge when offering a telehealth license to practice in Vermont in reliance on another state's licensing laws. *Mitigating Policy Element: Requiring professionals to comply with Vermont requirements for standard of care, prescribing, scope of practice, supervision and collaboration mitigate the above concern. Further, professional boards can determine what qualifications are required for obtaining a telehealth license in Vermont, which will mitigate the impact of variation between each state's qualifications for full licensure.*
Data Fragmentation	It is more likely that an out-of-state provider practicing telehealth in Vermont will not be familiar with other providers treating a patient or client, or with Vermont's efforts to facilitate medical record and information sharing. This may result in a failure to share patient and client information with other providers and, potentially, with discordant or inconsistent diagnoses or treatments for patients and clients. *Mitigating Policy* Element: *Encouraging telehealth licensees to participate in health care information sharing systems in Vermont and to share information with in-state providers, and subjecting out-of-state providers to the Vermont standard of care will mitigate concerns about data fragmentation. Vermont-licensed health care providers are subject to a similar standard of encouraged participation and the standard of care.*

National Licensure Compacts

Benefits of Compacts	
Vermont Providers	Compacts facilitate Vermont providers caring for their patients and clients in other compact states in addition to permitting out-of-state providers to care for Vermont patients and clients. This facilitates continuity of care for Vermonters who travel out of state.
Continuity of Care	Compacts facilitate continuity of care for patients or clients who have moved to another compact state or who are seeking care from a provider who is from another compact state.
Qualifications	Compacts include qualifications requirements so other compact states can rely on the compact license as an indicator that the compact licensee is qualified to practice in a safe manner.
Public Protection	Compacts can offer a centralized database of disciplinary actions against compact licensees, allowing other compact states access to more comprehensive information.
Access	Though it is not certain, it is possible that access to health care services may improve by adopting a compact. This is contingent on compact licensees offering their services in Vermont at a greater rate than Vermont compact licensees departing.
Diversity	Adopting a compact potentially increases the diversity of the health care providers in Vermont to reflect the diversity of the population.
Potential Savings	Compacts could potentially lead to savings in medical costs by allowing patients or clients to seek the care of their provider while out of state rather than going to an emergency room or urgent care center
Concerns of Compacts	
Patient Information	Compacts do not usually include terms regarding the maintenance of or the sharing of patient medical information
Continuity of Care	Because the process of obtaining a compact license is lengthy, it is unlikely a provider would obtain a compact license to permit short-term interstate care, such as when a patient or client goes on a vacation.
Costs	Fiscal impacts on states and in-state licenses can be challenging if the compact licensing fees are shared with the third-party compact commission.
Delegation of Authority	Adopting a compact results in the delegation of some state authority to the third-party compact commission.
Access	As it is possible that compacts could increase access to health care in Vermont, so it is also possible that the compacts could decrease access by allowing Vermont providers to shift their practices in other states.
In-State Resources	Out-of-state providers may be unaware of resources in Vermont for referrals or crisis care.

Regional Reciprocity Agreements

Benefits of Regional Reciprocity Agreements	
Vermont Providers	In addition to permitting out-of-state providers to care for Vermont patients and clients, regional reciprocity agreements could facilitate Vermont providers caring for their patients and clients in other states that are party to the reciprocity agreement. This facilitates continuity of care for Vermonters who travel out of state.
Continuity of Care	A reciprocity agreement could facilitate fast and efficient continuity of care if it included provisions permitting providers to care for their patients in another state without a need for licensure.
Access	By increasing the number of providers available, access could potentially be increased for Vermont patients and clients.
Communication	Potential for increased communications between the states and to increase opportunities for collaboration and overall systemic improvement.
Connection to Resources	By providing a home-state provider to continue to provide care to a patient or client when that patient or client is in another state, the patient or client is still connected to the home-state resources and health care system.
Diversity	Facilitating out-of-state practice encourages a diversity of perspective in providers.
Potential Savings	Compacts could potentially lead to savings in medical costs by allowing patients or clients to seek the care of their provider while out of state rather than going to an emergency room or urgent care center.
Regional and Local Focus	Regional reciprocity agreements can be tailored to address more regional needs and perspectives, unlike national compact agreements.
Concerns about Regional Reciprocity Agreements	
Resource Intensive	An agreement, including multiple the terms (e.g., scope of practice, standard of practice, enforcement and oversight, fees, cost sharing, administration, etc.) would need to be negotiated for each profession with each state. Potentially, a regional agreement could be negotiated with multiple states. Then, each state's legislature would need to adopt the agreement without any changes. Each state's licensing board or regulatory agency would then need to implement and enforce the agreement for interstate licensees. To do this with one agreement would be challenging. The resources it would require to do for each of the over thirty health care professions licensed by the BMP and OPR with potentially more than one agreement per profession, depending on which states are a party to each agreement, would be immense.
In-State Resources	Out-of-state providers who only practice telehealth may not have knowledge about resources for referrals or emergency or urgent care where the patient or client is located.
Access	It is possible that more Vermont providers would work out-of-state, leading to a decrease in access for Vermont patients and clients.

Waiver

Benefits of Waiver	
Continuity of Care	Waiver of all state licensing requirements does facilitate fast and efficient continuity of care by permitting providers to care for their patients in Vermont without a need for licensure.
Access	By increasing the number of providers available, access could potentially be increased for Vermont patients and clients.
Concerns about Waiver	
Oversight and Enforcement	Full waiver sacrifices public protections such as oversight of professional conduct and assurance of qualified providers. Without in-state regulation, patients and clients may not know where to file complaints or seek information about a provider's disciplinary history. Additionally, there is no way to determine whether a provider is licensed (a) in good standing in all other states of licensure, and (b) in the same profession that the provider is practicing in Vermont
Costs	Full waiver of state licensing requirements and regulation would result in increased costs for those holding full Vermont licenses as the costs of regulating out-of-state providers would fall on those licensed in Vermont.
Prescribing	Waiver would provide no mechanism for overseeing the prescribing of professionals, which can result in fraudulent behavior, overprescribing and diversion.
Patient Care	There is a risk of out-of-state providers marketing and recruiting patients to telehealth services that may or may not actually be clinically indicated. This has implications for care quality, cost of care and fragmentation of care, and is a particular concern for vulnerable or isolated patients or clients.
In-State Resources	Out-of-state providers who only practice telehealth may not have knowledge about in-state resources for referrals or emergency or urgent care.

Appendix D
State Law Research

State Research:
Telehealth Licenses

Telehealth Licenses: State-by-State		
State	**Summary**	**Citation**
Alabama	"Special Purpose" license for MD/DO telehealth only (must come from a state that permits issuance of a license to practice medicine across state lines (list on site); hold unresetricted license in good standing in home state; telehealth only; good for 3 years) MD/DOs may practice in AL without a license if doing so "on an irregular or infrequent basis" (i.e., fewer than 10 times or invovles fewer than 10 patients in a calendar year or less than 1% of a physician's diagnostic or therapeutic practice) Psychologists: allowed to practice up to 60 days without an AL license; registration required including emergency practice registration form; no fee; must be licensed in good standing in another jurisdiction; only available in a declared state of emergency (expired)	**AL ME Site:** https://www.albme.gov/licensing/md-do/license-types/special-purpose-license/ Statutes specific to professions. **Dentists** Section 34-9-10: http://alisondb.legislature.state.al.us/alison/CodeOfAlabama/1975/Coatoc.htm PTs, PAs, DOs, MDs, et al (regualted by ME Board) Section 34-24-502 et seq: http://alisondb.legislature.state.al.us/alison/CodeOfAlabama/1975/Coatoc.htm
Connecticut	Statute Section 20-12 permits the Commissioner of Public Health to establish a process for accepting out-of-state licenses for practicing telehealht in the state. Act 21-9 authorizes the Commissioner of Public Health to waive state law and grant licenses to certain health care professionals licensed, certified or registered in another state or territory of the US or District of Columbia to provide telehealth services if the professional maintains professional liability insurance or other indemnity against liability for professional malpracticein an amount that is equal to or greater than that required for similarly licensed, certified, or registered CT health care providers. Act 21-9 (HB 5596). The Commissioner has not waived state law since the expriation of the Executive Order that previously waived the licensure requirement. In turn, an in-state license is currently required to provide telehealth services in CT. Law applies to MDs, physician assistants, physical therapists and physical therapist assistants, chiropractors, naturopaths, podiatrists, OTs and OT assistants, optometrists, RNs and APRNs, psychologists, marital and family therapists, clinical social workers, masters social workers, alcohol and drug counselors, professional counselors, dieticians-nutritionists, SLPs, respiratory care practitioners, audiologists, pharmacists, paramedics, nurse midwives, dentists, behavior analysts, genetic counselors, music therapists, art therapists, and athletic trainers.	**Statutes Section 20-12:** https://www.cga.ct.gov/CURRENT/PUB/chap_370.htm#sec_20-12 **Act 21-9:** https://www.cga.ct.gov/2021/ACT/PA/PDF/2021PA-00009-R00HB-05596-PA.PDF **EO 7-G, Section 5(b) - expired:** https://portal.ct.gov/-/media/Office-of-the-Governor/Executive-Orders/Lamont-Executive-Orders/Executive-Order-No-7G.pdf
Florida	Telehealth license offered for multiple health care providers	**FL Statutes, Ch. 2019-137:** http://laws.flrules.org/2019/137 **Main Page:** https://www.flhealthsource.gov/telehealth/
Indiana	Telehealth certification (out-of-state provider certifies to agency agreement to be subject to IN regulations and jurisdiction). Broad application to multiple professions	IN Code 25-1-9.5-9 https://www.in.gov/pla/professions/telemedicine/

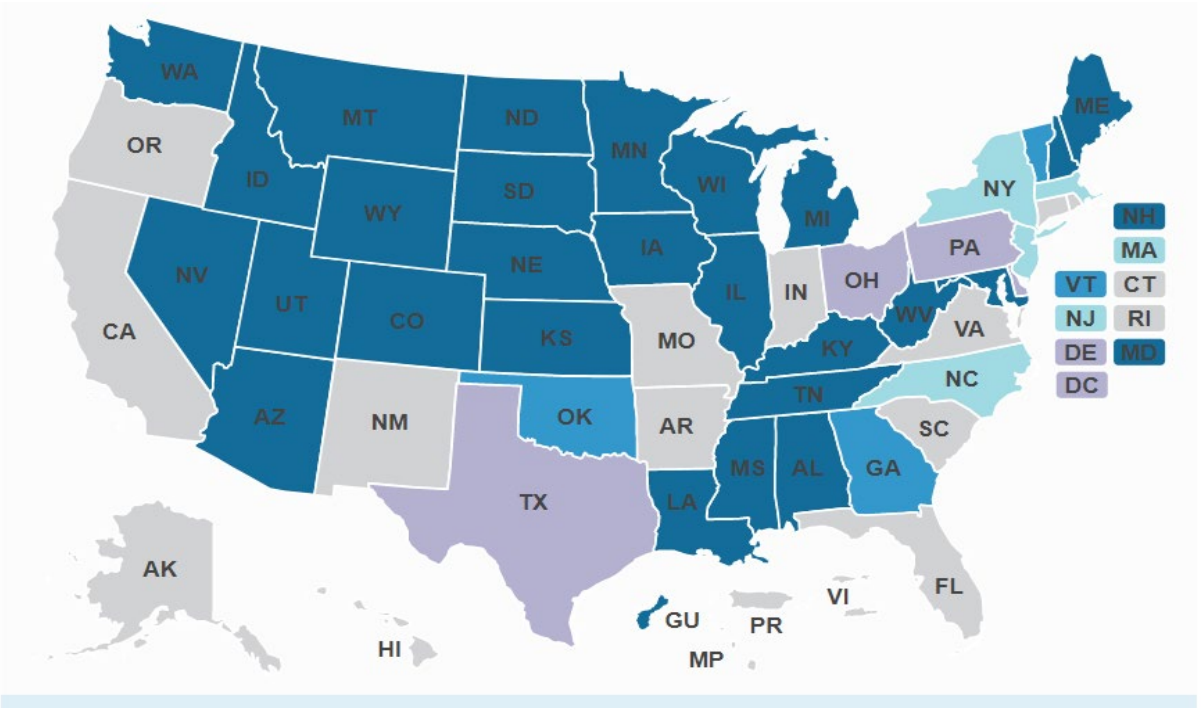
Louisiana	Telemedicine permit: 1) possess the qualifications for medical licensing (e.g., age and character and medical degree requirements), 2) possess a medical license in another state, and 3) complete a board-approved application and fee. In addition, the application for a telemedicine permit now requires an affirmation that the applicant has an arrangement with one or more physicians who maintain a physical practice location in Louisiana to accept patients for referral and follow-up care. Limited to physicians and SLPs.	RS 37:1276.1 http://legis.la.gov/legis/Law.aspx?d=631318 https://www.lbespa.org/page/telehealth-registration
Maine	Registration required; consultation ONLY with ME licensee only (physicians only) No patient care permitted.	**ME Statute 32 Section 3300-D** http://legislature.maine.gov/legis/statutes/32/title32sec3300-D.html **ME Rules 02-373, Ch. 1, pp 13-14:** https://www.maine.gov/sos/cec/rules/02/chaps02.htm
Minnesota	Telemedicine registration (physicians only)	https://mn.gov/elicense/a-z/?id=1083-230667#/list/appId//filterType//filterValue//page/1/sort//order/ https://www.revisor.mn.gov/statutes/cite/147.032
New Mexico	Telemedicine licenses available for physicians	**NM Statutes Annotated 61-6-11.1 (allopathic):** https://nmonesource.com/nmos/nmsa/en/item/4397/index.do#!fragment//BQCwhgziBcwMYgK4DsDWszIQewE4BUBTADwBdoBbyCgSgBpltTCIBFRQ3AT0otokLC4EbDtyp8BQkAGU8pAELcASgFEAMioBqAQQBbRS1SYAEbRS2ONWpA **NMAC (allopathic):** 16-10.2.7, 8, 11, et seq. https://www.srca.nm.gov/parts/title16/16.010.0002.pdf **NMAC (osteopaths):** 16.17.2.14, 7&8: https://www.srca.nm.gov/parts/title16/16.017.0002.html
Ohio	REPEALED its telemedicine certificate in 2019	Previously Title 47, 4731.296

Oregon	Telemedicine license (appears to be limited to physicians)	https://www.oregon.gov/omb/Topics-of-Interest/Pages/Telemedicine.aspx **OR Statutes Ch. 847, Div. 25:** https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=mXUaMuNbqM1-oPn6PkOsaeBoXosIcbVcgz6ORbKr-uDCxvwpDCnM!-528628539?selectedDivision=3887 **ORS 677.135-677.141:** https://www.oregonlegislature.gov/bills_laws/ors/ors677.html
Texas	The Out-of-State Telemedicine License is a limited license that allows a physician to practice medicine across state lines. An Out-of-State Telemedicine License holder is not authorized to physically practice medicine in the state of Texas. The license holder's practice of medicine under this license is limited exclusively to the interpretation of diagnostic testing and reporting of results to a Texas fully licensed physician practicing in Texas or for the follow-up of patients where the majority of patient care was rendered in another state. The holder of an Out-of-State Telemedicine License is subject to the Medical Practice Act and the same Rules of the board as a person holding a full Texas medical license, which includes paying the same fees and meeting all other requirements (such as CME) for issuance and renewal of the license as a person holding a full Texas medical license.	https://www.tmb.state.tx.us/page/telemedicine-license http://txrules.elaws.us/rule/title22_chapter172_sec.172.12

State Research:
National Licensure Compacts

Interstate Medical Licensure Compact

31 Participating States and Guam

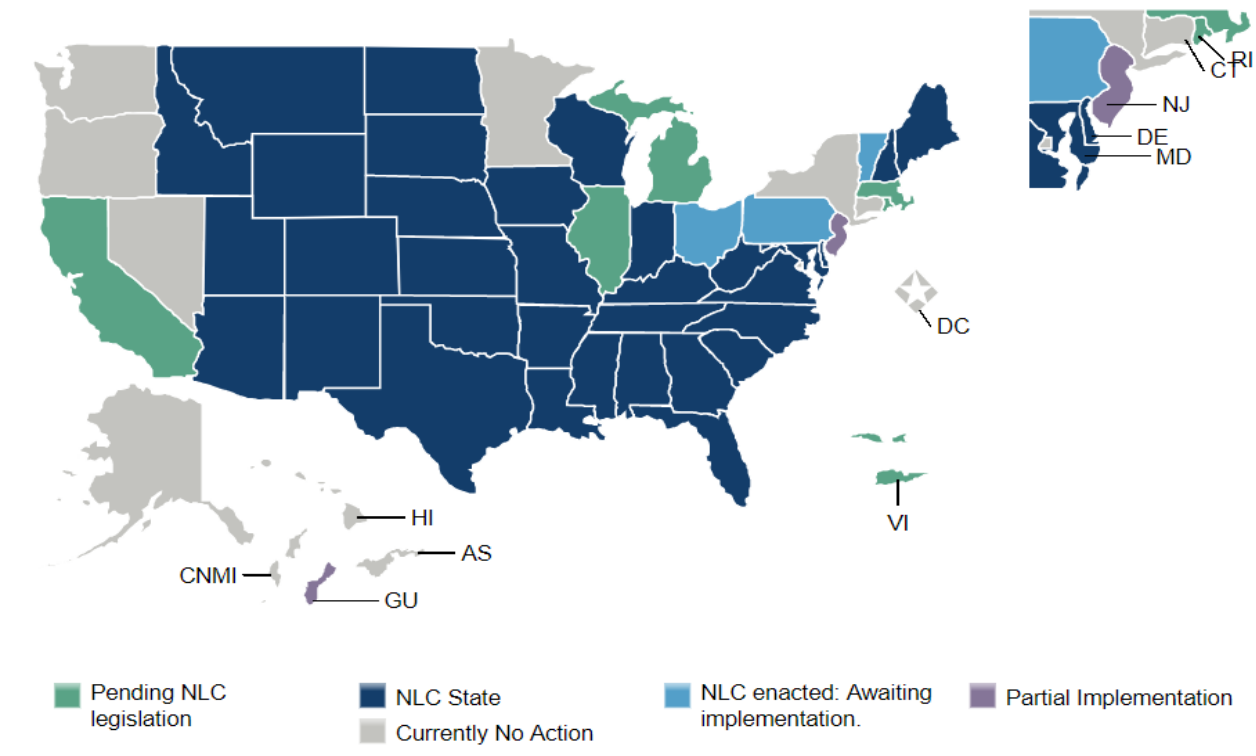


= Compact Legislation Introduced
= IMLC Member State serving as SPL processing applications and issuing licenses*
= IMLC Member State non-SPL issuing licenses*
= IMLC Passed; Implementation In Process or Delayed*

* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the respective state boards.

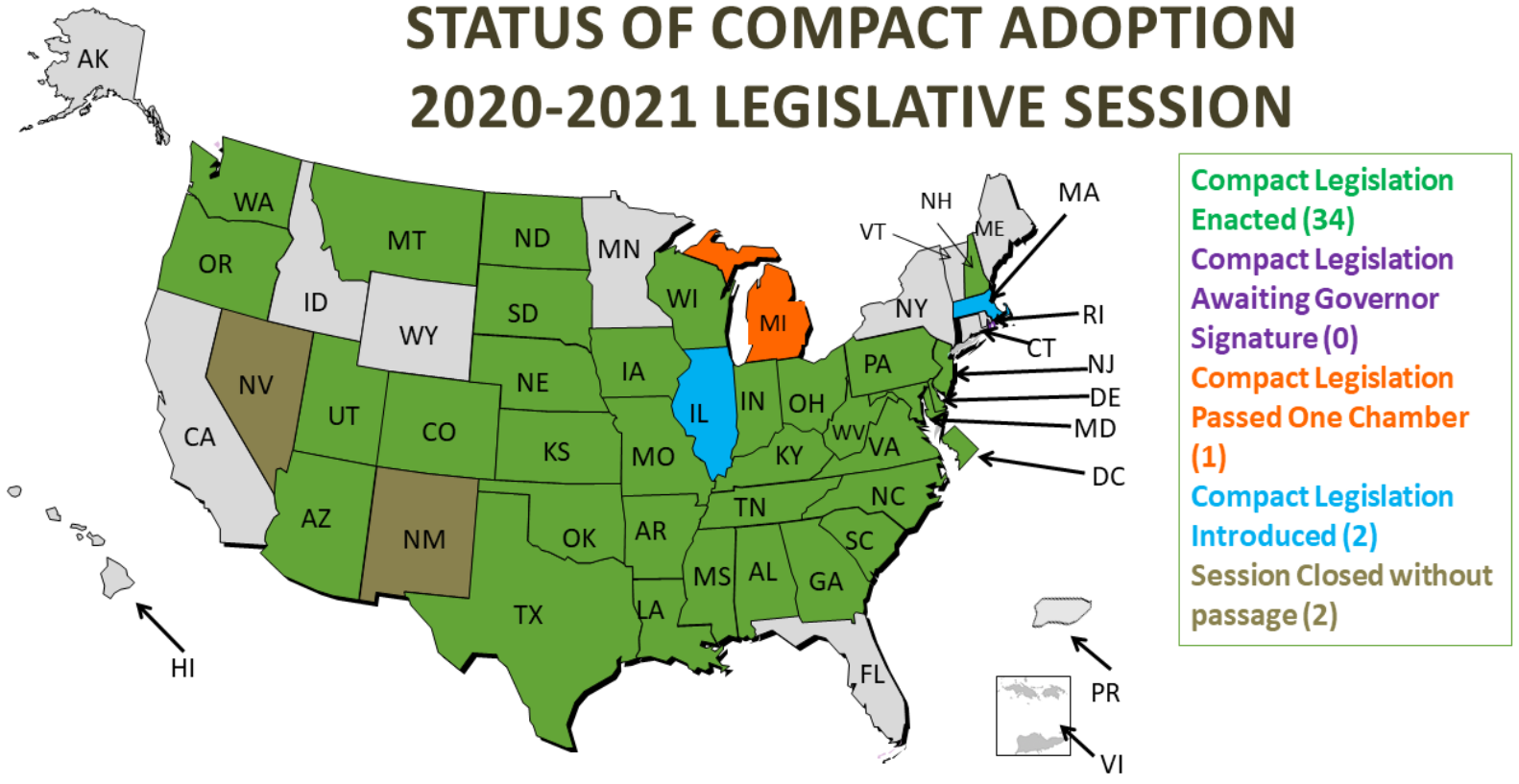
enhanced Nurse Licensure Compact

37 Participating States and Guam



Physical Therapy Compact

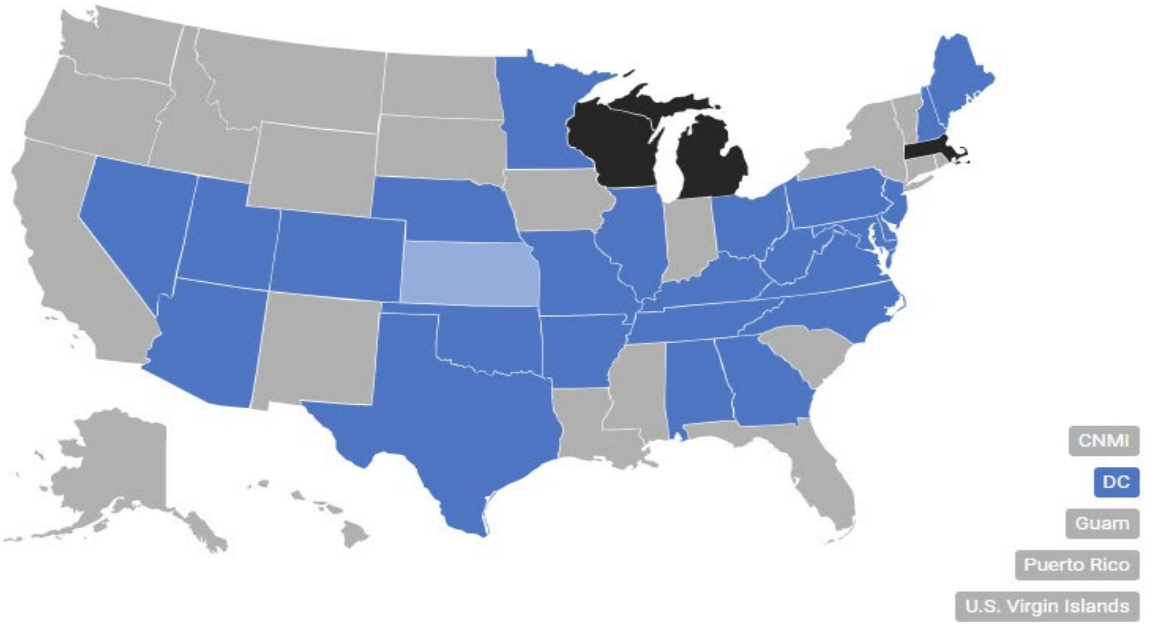
34 Participating States and DC



PsyPact

26 Participating States and DC

Legislative Resources » PSYPACT Map/States

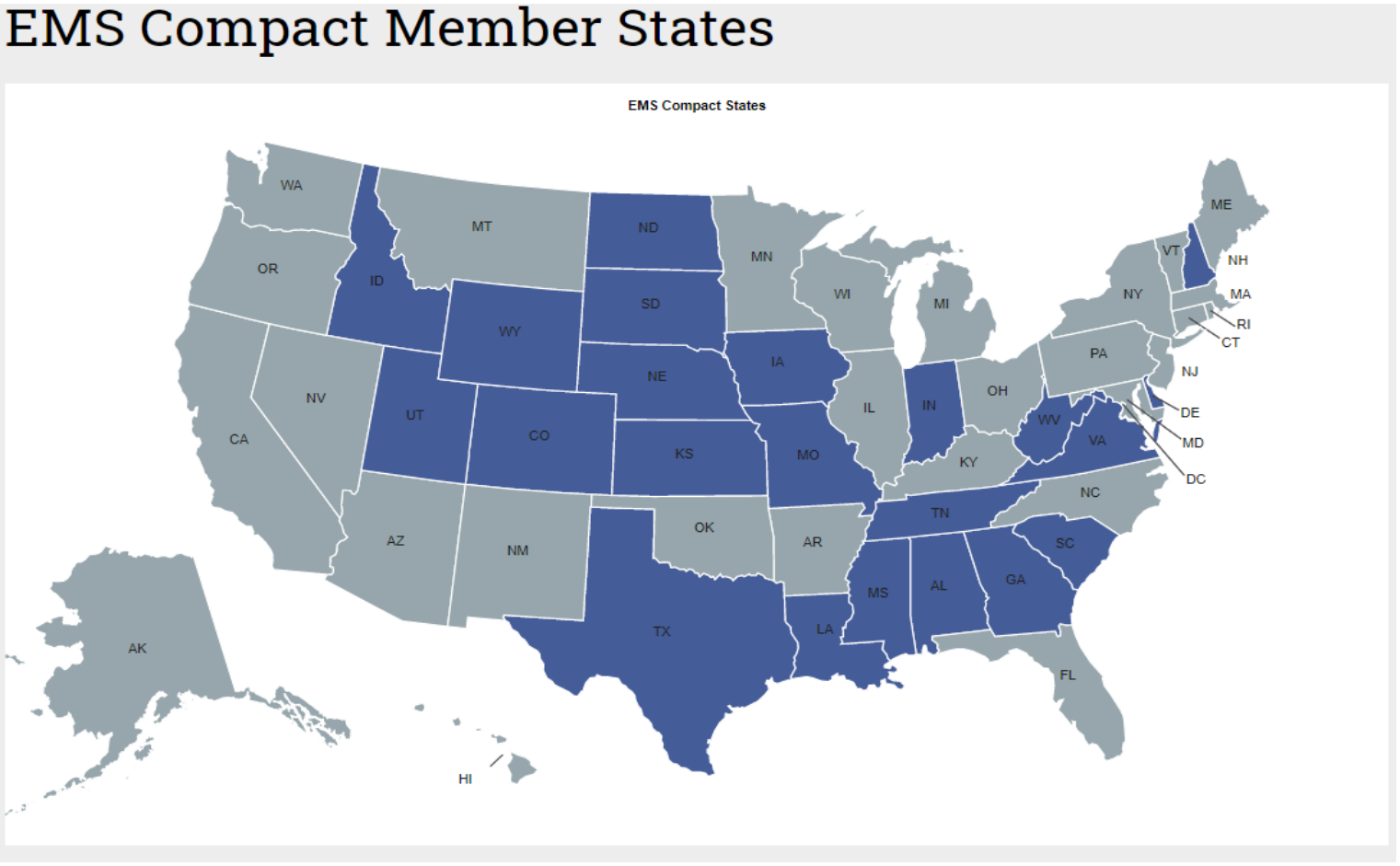


Map Key

- PSYPACT Participating State
- Enacted PSYPACT Legislation -practice under PSYPACT not permitted
- PSYPACT Legislation introduced

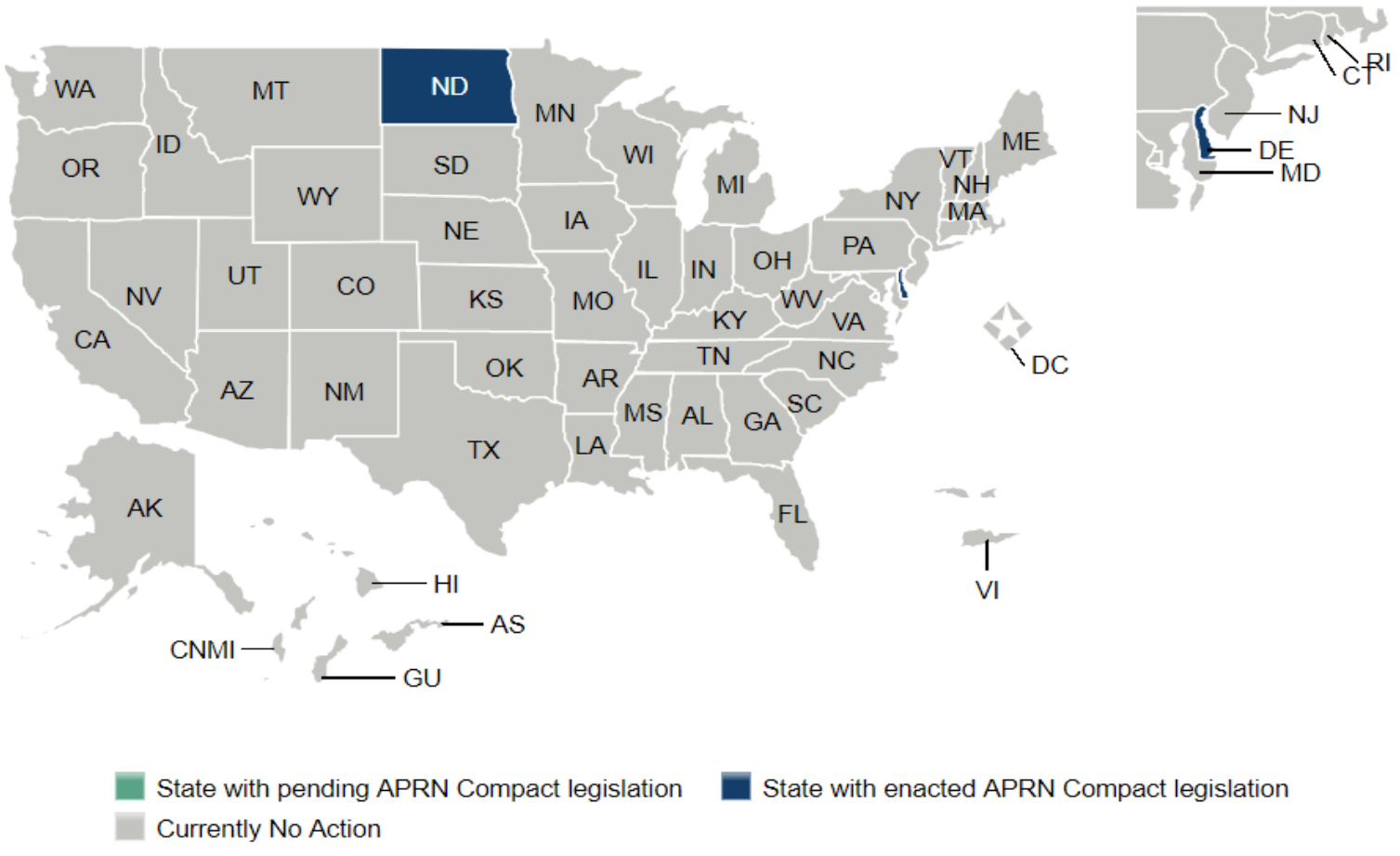
EMS Compact

21 Participating States



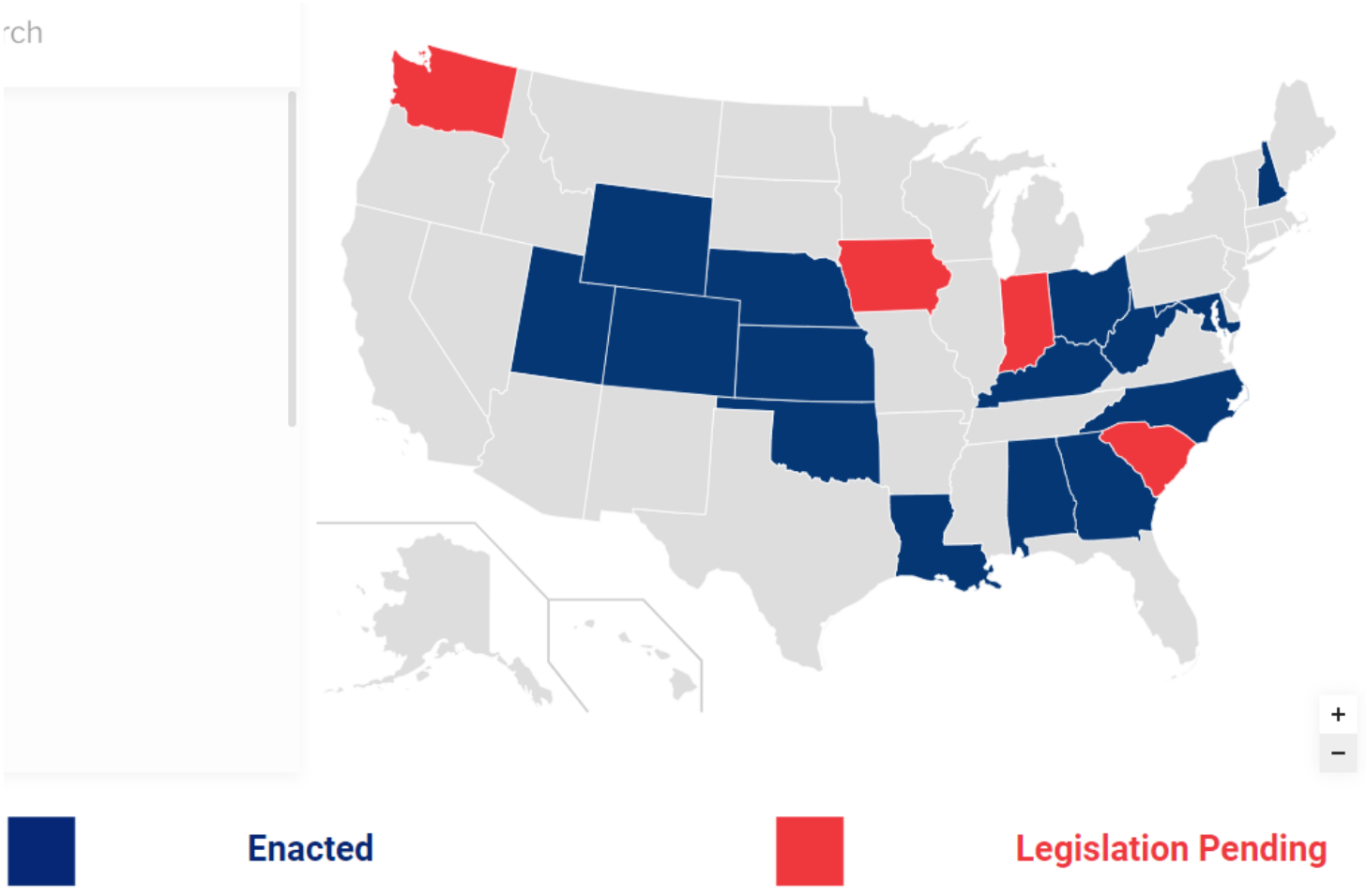
APRN Compact (Not Yet Active)

1 Participating State



Audiology and Speech Language Pathology Compact

15 Participating States



State Research:
Reciprocity Policies

State-to-State Reciprocity State-to-state reciprocity is a policy under which a home state agrees to grant a license to another state's licensed professional if that other state grants reciprocity to the home state's licensees.		
State	**Policy**	**Citation**
PA	Pennsylvania issues extraterritorial licenses that allow practice in Pennsylvania to physicians residing or practicing with unrestricted licenses in an adjoining state, near the Pennsylvania boundary, and whose practice extends into Pennsylvania. Pennsylvania bases the granting of this license on the availability of medical care in the area involved, and whether the adjoining state extends similar privileges to Pennsylvania physicians. The Pennsylvania State Board of Medicine reports that an extraterritorial license has not been applied for or issued in the state in the 25 years staff could recollect.	PA Statutes Annotated, Title 63 Sec. 422.34(a) and (c)(2).

Active Practice Endorsement Active practice endorsement is a policy under which states grant licenses to professionals licensed, in good standing, in another state who have been engaged in active practice of the profession for a certain period of time before applying for a license in the other state.		
State	**Policy**	**Citation**
AZ	1 year licensed active practice The professional must be a resident of the state before applying for licensure by this pathway. May provide telehealth without a license.	Arizona House Bill 2569 Engrossed
VT	3 years licensed in good standing, full time, active practice immediately preceding application in VT	3 V.S.A. Section 136a
UT	The legislation allows the state to issue a license by endorsement to an applicant currently holding a license in another state, district or territory given that they meet certain conditions. These conditions include that the applicant must be licensed for at least one year, in good standing with their home licensing board and holding a license that encompasses a similar scope of practice as the license they are seeking in Utah.	Utah Code § 58-1-302

Universal Licensure

A modified form of endorsement policy permitting professionals who are licensed in another state and in active practice in that state to obtain a license in the state where universal licensure has been adopted *if* the original state of licensure has some equivalent requirements for licensure (e.g., education, examinations) as the universal licensure state.

State	Citation
Idaho	Statute 67-9409
Missouri	RSMo Section 324.009
Jersey	NJ Rev Stat § 45: 1-7.5.
Utah	Utah Code Section 58-1-302

Substantial Equivalence Policies: Examples Only

Substantial equivalence policies (i.e, policies that permit licensure of individuals who are licensed in other states that have substantially equivalent standards for licensure as the state in which the individual has applied) often vary by profession in a state and can be components of other licensing policies (e.g., universal licensure). Because of the variation by profession and by state, a full summary of all substantial equivalence policies in the country is not possible. Below is an example of some substantial equivalence policies.

State	Policy	Citation
CO	Regulators in the Division must grant an equivalent Colorado credential to an applicant with a credential in good standing from another state or U.S. jurisdiction, upon: -Submission of satisfactory proof that the applicant's experience or credentials are substantially equivalent to that specified in the relevant practice act, and that the applicant has not committed an act that would be considered unprofessional conduct or grounds for discipline in Colorado; -Payment of all applicable fees -Compliance with any other requirements set out in the relevant practice act for the profession/occupation, such as passing an exam	HB 20-1326
PA	If a board's existing endorsement/reciprocity options do not provide a means of licensure, applicants who hold a license in another state or country will be given Act 41 consideration on a case-by-case basis. Most boards have an application review subcommittee to review applications. Under Act 41, the subcommittee will consider whether you: -hold the same or similar license in another jurisdiction and the jurisdiction's licensing requirements are substantially equivalent to those required in Pennsylvania; -are in good standing with the other jurisdiction; -demonstrate competency in the occupation or profession; and -meet other administrative and background requirements.	Act 41 of 2019
MT	A board shall issue a license to practice without examination to an applicant if the board determines that the original state's license standards are substantially equivalent and is in good standing.	MCA § 37-1-304

State Research:
COVID-19 Telehealth Waivers

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 22, 2021

States with Waivers: 18
States with Waivers, not allowing new applications: 0
States without Waivers (or closed waivers): 32 + DC
States with long-term or permanent interstate telemedicine: 14 + GU + CNMI + PR + USVI

State	Note	Citation
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. • [6/8/21 Update] - It is not the case that a physician may practice telemedicine in any state as long as there is a license in at least one other state. **To practice telemedicine in Alabama, the physician must hold one of the Alabama medical licenses that are available** (Alabama full traditional license, a license via the Interstate Medical Licensure Compact, or special purpose license to practice medicine across state lines). • **Status – Inactive,** waivers currently rescinded **-** On July 20, 2020, the Board and Commission extended the expiration of existing and new emergency licenses to **November 17, 2020**. All temporary emergency licensees that wish to continue practicing in Alabama after November 17 should apply now for permanent licensure through the Board (typically 2-3 months) or the Interstate Medical Licensure Compact (within 30 days). It is anticipated that licenses should be issued within 48 hours of receipt of application. • Re: Special purpose license – However, the Alabama Board of Medical Examiners does issue a license "limited solely to the **practice of medicine or osteopathy across state lines via telecommunications**. These licensees are not authorized to provide in-person treatment in Alabama."	ALBME Emergency Rule Statement ALBME Telemedicine Guidance Initial Emergency License Instructions Temporary License Application Guidance re: AL Medicaid State Resource Page
Alaska	• On April 10, 2021, 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	AK SB 241

	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 legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice 2) Is conducted using an audio-visual, real-time, two-way interactive communication system. 3) The practitioner is acting in accordance with applicable federal and state law. • Re: opioid use disorder treatment - On May 7, 2020, the State Medical Board adopted, as emergency regulations, changes in 12 AAC 40, to allow a physician or PA to examine, diagnose and treat a patient for an opioid use disorder without a healthcare provider present with the patient, during a public health emergency disaster declared by the governor. • [2/16/21 Update] Re: expiration of state of emergency - Alaska on [February 14] became one of two states in the United States without a formal COVID-19 public health disaster declaration and the only state without any disaster-related provisions, at least right now. • [2/19/21 Update] Re: waivers - While certain authorities under the DD have expired, the Department of Health and Social Services (DHSS) is making every effort to minimize potential disruption to interactions between Alaskans and DHSS as we transition out of the DD. DHSS will continue to operate its COVID-19 response under the same guidance and direction that had previously been provided, **which includes all prior waived or suspended statutes and regulations**. • [6/30/21 Update] re: Interstate telemedicine – Alaska offers **Emergency Courtesy Licenses** for physicians licensed in other jurisdictions, which are valid for 6 months, and can be renewed for 6 months "if the board has determined the urgent situation still exists." (Article). (State Medical Board guidance). • **Status – Inactive.** AK HB 76, which was signed April 30, formally ended Alaska's state of emergency. (Article). According to the 4/30 Public Health Order, no interstate licensing waivers are included. ○ **However,** SB 241 allows a licensed health care provider in good standing in another jurisdiction to provide services via telemedicine to Alaska patients, with the exception of prescribing controlled substances (see above) **during a declared state of emergency**.	Courtesy License Application Emergency Regulation Telehealth & Licensing During COVID-19 Bulletin 20-07 re: Telehealth Coverage Article re: Waiver expiration DHSS Guidance re: Waivers AK HB 76 4/30 PHO State Resource Page
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. • Re: Telemedicine coverage - Gov. Ducey [on March 25, 2020] issued an Executive Order [EO 2020-15] 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. • [5/5/21 Update] – On June 5, AZ HB 2454 was signed, **which permanently allows health care providers licensed in another jurisdiction**, in good standing and not subject to current or past disciplinary actions; **to practice telemedicine with Arizona patients**. Licensees must register with the act in compliance with Arizona laws including scope of practice and liability insurance, among others. The venue for any violation is that of the resident. • **Status – Inactive**, on May 5, Gov. Ducey issued EO 2021-13, rescinding prior telemedicine-related executive orders, and referencing the comprehensive HB 2454.	AZ DHS Guidance EO 2020-15 Press Release re: Telemedicine Coverage EO 2020-07 AZ HB 2454 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. • [5/21/21 Update] – Re: Recission of State of Emergency - Gov. Asa Hutchinson on [5/20/21] said he won't seek another extension of the emergency he declared because of the coronavirus pandemic, allowing it to expire at the end of the month. Hutchinson said the declaration that he first issued March 11, 2020, because of the pandemic will **expire May 30**. • [8/3/21 Update] re: **New** State of Emergency Declaration - Hutchinson said the declaration will allow the Arkansas Department of Emergency Management to seek staffing assistance from health workers outside the state. It also eases the process for retired health workers to re-enter the workforce and for medical students to become licensed. (Article). • EO 21-14: The Arkansas Division of Emergency Management is hereby ordered to seek necessary staffing assistance… through available avenues to include the Emergency Management Assistance Compact… the Arkansas Dept. of Health is ordered to identify any regulatory statutes, orders, or rules related to licensure of healthcare professionals that may be preventing, hindering, or delaying necessary action for coping with this emergency… ○ The Emergency Management Assistance Compact (EMAC) is a congressionally ratified interstate mutual aid mechanism (Public Law 104-321) that is supported through legislation enacted by all 50 States, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. It provides a general framework (and legal basis) for interstate coordination and mutual aid during Governor-declared emergencies or disasters… including **Licensure and permit waivers for medical and other professionals** • [9/29/21 Update] re: Emergency declaration recission - Arkansas Gov. Asa Hutchinson on [9/28/21] said he'd allowed the state's public health emergency for the coronavirus pandemic to end, saying he didn't need any additional powers to respond to it. (Article). • **Status – Inactive**, the state's emergency declaration **expired September 27, 2021** (see above).	Border State Emergency License Instructions & Application Executive Order 20-16 Executive Order 20-05 ASMB Telemedicine Guidance Article re: SoE recission 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: (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	Emergency Declaration EMSA Guidance Temporary License Application EO N-43-20

	as any implementing regulations, are suspended. ○ [10/5/21 Update] - California Governor Gavin Newsom has extended an Executive Order enabling physicians to conduct routine and non-emergency telehealth services without risk of being penalized for the inadvertent release of patient data. (Executive Order N-16-21). • [8/10/21 Update] re: Continuing telehealth flexibilities - The main telehealth update came with the Governor's signing of AB 133 on July 27th, which extends California's temporary COVID-19 telehealth flexibilities **until the end of 2022**. The extension ensures *payment parity for all telehealth modalities, including audio-only, and all providers, including federally qualified health centers (FQHCs) and rural health clinics (RHCs*). • **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, which is currently scheduled to expire **March 31, 2022**, per EO N-21-21.	CA AB 133 Fact Sheet (CCHP) State Resource Page
Colorado	• Existing law allows a physician who is not currently licensed in Colorado to provide medical care in connection with an emergency so long as such services are "gratuitous," that is, free of charge via § 12-240-107(3)(a), C.R.S. The Medical Practice Act also currently allows for a physician licensed and lawfully practicing medicine in another state or territory without restrictions to provide occasional services in Colorado through § 12-240-107(3)(b). This provision does require that the physician not have a regular practice in Colorado and maintain malpractice insurance. • Suspension of requirements that patients must be located in Colorado at time of consultation to expand treatment for traveling Colorado citizens, as currently required under § 12-240-107(1)(g), C.R.S., which defines telemedicine as the practice of medicine requiring a Colorado license to practice telemedicine on patients located in Colorado at time of consultation. • Re: permanent telehealth changes - On July 6, Colorado Governor Jared Polis signed SB 20-212, expanding access to telehealth for Colorado residents by prohibiting insurers from requiring an established in-person practitioner/patient relationship or imposing location or additional licensure requirements, as well as preventing limitations on the use of HIPAA-compliant technologies to deliver telehealth. • **Status – Inactive**, Colorado's State of Emergency was **rescinded on July 8, 2021**, per 7/8 announcement.	DORA Guidance Article re: Telehealth changes CO SB 20-212 Article re: SB 212 State Resource Page
Connecticut	• [EO 7G] - Suspends the licensure/certification/registration requirements in § 19a-906(a)(12) – which establishes who may qualify as a "telehealth provider" in Connecticut – for telehealth providers enrolled in Medicaid or in-network in fully-insured commercial plans, in accordance with orders issued by the Commissioner of the Department of Public Health (DPH). ○ Section 5(b) of Executive Order 7G allows a clinician licensed in another state to treat someone in CT through telehealth without getting a license in CT. [CT.gov] • Re: licensure by endorsement - Existing Connecticut law provides that "Department of Public Health may establish a process of accepting an applicant's license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met" (Conn. Gen. Stat. § 20-12) • Re: originating sites - Waiving the homebound requirements for all otherwise coverable medical telemedicine services; Addition of specified "New Patient" Evaluation and Management (E&M) Services; and Waiving the originating site requirements for psychiatric diagnostic evaluations. • [EO 7G] Re: telemedicine modality - The order expands Medicaid and commercial health insurance telehealth coverage to audio-only telephone. • Re: State of Emergency extension – On July 14, 2020, Gov. Lamont signed Executive Order 7HHH, which extends the suspension of the requirements of licensure for physicians and PAs for six months [January 14, 2021] unless earlier modified or terminated. • Re: telemedicine waiver extensions - CT HB 6001, which was signed into law July 31, 2020, extends Gov. Lamont's emergency orders regarding telemedicine until March 15, 2021, including expanding the type of healthcare professionals that can provide telehealth services to dentists, genetic counselors, and occupational or physical therapist assistants, among others; allowing audio-only telemedicine modalities, and prohibiting insurers from reducing reimbursement for telemedicine services. • [3/16/21 Update] re: telemedicine waiver extensions – On March 14, 2021, Gov. Lamont issued Executive Order No. 10C that extends the act's expiration date to April 20, 2021. • ~~[5/14/21 Update] re: two-year waiver extension – On May 10, 2021, Gov. Lamont signed CT HB 5596, which, among other things, allows for physicians licensed out-of-state to provide services via telemedicine to Connecticut residents **for two years**. Requires any Connecticut~~	Article re: Telemedicine Executive Order 7G Conn. Gen. Stat. § 20-12) CMAP Telemedicine Guidance CT HB 6001 Article re: 2nd Telemedicine Extension

	~~entity, institution, or provider who contracting with an out of state provider to verify the provider's credentials and confirm they have professional liability insurance. Bill allows audio-only modalities when appropriate, also limited to a two-year time frame. (Article).~~ • [7/27/21 Update] re: status of waivers - The executive order that allowed a physician or PA licensed in another state to practice in Connecticut without a Connecticut license **expired on July 20,2021. The order did not distinguish between in-person and telehealth.** Public Act 21-9 (HB 5596) authorizes the Commissioner of Public Health to issue an order allowing an out of state licensed physician or PA to provide services via telehealth without obtaining a Connecticut license through June 30, 2023. **However, there is no such order in place at this time.** • **Status – Inactive**, please see the 7/27/21 update for more information.	CT HB 5596 Executive Order 7HHH State Resource Page
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) that had been instituted with executive order waivers, until July 1, 2021. • [6/25/21 Update] On June 23, 2021, Delaware Governor John Carney signed the Telehealth Access Preservation and Modernization Act of 2021 into law. This legislation allows the first-time encounter to establish the physician/patient relationship to occur via telehealth and allows for audio-only telehealth visits. The law will also bring Delaware into the Interstate Medical Licensure Compact, which makes it easier for physicians to practice in multiple states. (Article). • **Status – Inactive,** 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. • [6/29/21 Update] re: Recission of waivers - But after Gov. Ron DeSantis let an executive order declaring a public-health emergency expire [6/26/21], many regulatory flexibilities that health-care providers received during the pandemic, including flexibilities related to telehealth, also expired. As of 6/26, **telephones no longer are an acceptable platform for delivering telehealth services to non-Medicare patients** in Florida. Physicians also **cannot use telehealth to prescribe controlled substances to existing patients** for treating chronic non-malignant pain. Also, physicians **cannot use telehealth to recertify medical-marijuana**	Article re: Telemedicine DOH EO 20-002 DOH EO 20-003 DOH EO No. 20-004 FL DOH Guidance Article re:

	patients. (Article).
	• [7/1/21 Update] re: waiver recission - Out-of-state health care practitioners are no longer authorized to perform telehealth services for patients in Florida unless they become licensed or registered in Florida.
	  ○ Qualified physicians are required to conduct an in-person physical examination to issue a physician certification for any patient.
	  ○ Controlled substance prescribers are required to conduct an in-person physical examination to issue a renewal prescription for a controlled substance. (FBOM Guidance).
	• 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 –** Florida's temporary waivers are **inactive,** because Florida's State of Emergency expired June 26, 2021 (EO 21-94). However, **out-of-state professionals can provide telemedicine services to Florida residents if they are registered with the Medical Board per Florida Law § 2019-137**.
		Telemedicine Waivers Rescinded
		
		§ 2019-137 re: Permanent OOS Telemedicine
		
		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. • Re: **permanent out-of-state telemedicine** - 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. • [6/25/21 Update] re: establishing patient-physician relationship and prescribing - In May, 2021, Governor Kemp enacted legislation to prevent insurance companies from mandating a patient receive an in-person consultation before seeing a health care provider virtually. The law also says insurers can't place additional restrictions on prescribing medications through telehealth visits. (Article). • [8/10/21 Update] re: license flexibility – "…Georgia Composite Medical Board is authorized to grant temporary licenses to physicians who apply for a temporary medical license and are currently licensed as a physician in good standing by equivalent boards in other states to assist with the needs of the State of Emergency for Continued COVID-19 Economic Recovery" per EO 7.22.21.02. • **Status – Active**, licensing waivers are currently scheduled to expire **December 27, 2021**, according EO 11.19.21.01. In addition, Georgia issues telemedicine licenses for OOS physicians, see above for more information.	Article re: Telemedicine GA Code § 43-34-31.1 Emergency Practice Application State Resource Page
Guam	• Existing Guam Code allows physicians that are licensed somewhere in the United States to practice telemedicine (10 GCA § 12202(b)).	10 GCA § 12202(b) Territory Resource Page
Hawaii	• The suspension of the following laws:… Section 453-1.3, HRS, practice of telehealth, to the extent necessary to allow individuals currently and actively licensed… to engage in telehealth without an in-person consultation or a prior existing physician-patient relationship; and to the extent necessary to enable out-of-state physicians, osteopathic physicians, and physician assistants with a current and active license, or those who were previously licensed… but who are no longer current and active, to engage in telehealth in Hawai'i without a license, in person consultation, or prior existing physician-patient relationship, provided that they have never had their license revoked or suspended and are hired by a state or county agency or facility or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory. • [6/22/21 Update] re: Establishing patient-physician relationship - SB 970, which was signed into law on June 10, authorizes the establishment of a physician-patient relationships via a	Executive Order 20-02 HI SB 970 State Resource Page

	telehealth interaction *if the physician is licensed to practice in the state*. • **Status – Active**, until the end of the COVID-19 emergency, which is currently scheduled to expire **November 30, 2021** according to the Governor's 10/1 Proclamation.	
Idaho	• 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. • Temporary Suspension of rules: 57 - Idaho Telehealth Access Act 54-5705 [preexisting provider-patient relationship not required before initiating telemedicine services]; 54-5707 [prescribing prescription drugs via telemedicine is allowable - but not controlled substances]. • [Article re: Changes] - Idaho Gov. Little [on June 22] signed an executive order [EO 20-13] [proposing] 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… • [EO 20-13] - If a state agency determines that the regulation is required by law to remain in place or that permanently suspending the regulation would be deleterious to public health or safety, the agency head shall submit a signed letter to the administrator of DFM no later than July 24, 2020 outlining the law that compels the specific regulation, or the substantiated consumer health and safety issues that arose from suspending the rule during the declared emergency, and any other information that justifies the continuation of the original regulation… • **Status – Inactive**, the state's emergency declaration **expired April 24, 2021**, per 5/23 proclamation. The BOM's Summer Newsletter states: "When Governor Little lifts the Emergency Declaration, **all out-of-state practitioners (MDs, DOs, PAs, and RTs) must be fully licensed in Idaho to continue practicing in person or via telemedicine**. For those out-of-state practitioners who plan to discontinue their Idaho practice, please timely transition your patients to an Idaho-licensed provider to ensure continuity of care. Any practitioner who is practicing in Idaho or providing telemedicine services to Idaho residents without an active Idaho license after the Emergency Declaration is lifted may be disciplined by the Board. The Board is no longer issuing new temporary licenses to retired and inactive practitioners for COVID-19 purposes."	Board of Med Proc. Gov's Proc. (4/3) Idaho Telehealth Access Act Article re: Changes EO 20-13 Gov's Proc. (6/11) Idaho Admin. Rules (Board of Medicine) BOM Summer Newsletter re: Rescinding Waivers Temp Licensure App. State Resource Page
Illinois	• The IDFPR interprets Executive Order 2020-9 to permit an out-of-state health care provider not licensed in Illinois to continue to provide health care services to an Illinois patient via telehealth where there is a **previously established provider/patient relationship**. The Department deems such a provider to be "authorized to practice in the State of Illinois" pursuant to Section 5 of the Executive Order without further need to obtain licensure in Illinois. • "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. • 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. • 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… May establish reasonable requirements and parameters for Telehealth Services. • **Status – Active,** until end of Disaster Proclamation, *for established patients only*, currently scheduled to expire **December 11, 2021**, per EO 2021-30.	IDFPR Clarification EO 2020-09 Article re: Telehealth Article re: Origination Site IL Executive Orders State Resource Page
Indiana	• (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. • 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*.	Executive Order 20-05 PLA Guidance

	• 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**, currently scheduled to expire **December 1, 2021,** per EO 21-29. According to the IPLA, "The State of Indiana has created a registry of individuals who do not hold a valid license to practice in Indiana but can be mobilized to help fight COVID-19 by issuing temporary permits to practice. **Any individual who utilizes the registry may work initially for 90 days (extendable in 30-day increments) or until the public health emergency is over**. Once the emergency is over, their license will expire, and all existing application procedures must be followed such as taking the appropriate licensure exam and passing a criminal background check. This registry will be open to: **Out-of-state healthcare practitioners**; retired healthcare professionals; and recent graduates of accredited medical, registered nursing, pharmacy, physician assistant, and respiratory care programs."	Initial Telemedicine Provider Certification Request IC § 25-1-9.5-8 Article re: Chronic pain, controlled substances and telemedicine guidelines Executive Order 20-13 Executive Order 20-45 IN Executive Orders State Resource Page
Iowa	• A physician may practice medicine/telemedicine in Iowa without an Iowa medical license on a temporary basis to aid in the emergency, if a physician holds at least one active medical license in another United State jurisdiction, and all medical licenses held by a physician in other United States jurisdictions are in good standing, without restrictions or conditions. All rules which establish preconditions, limitations, or restrictions on the provision of telehealth or telemedicine services in Iowa are temporarily suspended… • [Covid-19 Emergency Proclamation] - Telemedicine and Telehealth Services: All rules which establish preconditions, limitations, or restrictions on the provision of telehealth or telemedicine services in Iowa, including the use of audio-only telephone transmissions, continue to be suspended. **All rules which require face-to-face interactions with health care providers**, and impose requirements for residential and outpatient substance use disorder treatment and for face-to-face visitations, **continue to be suspended**. • **Status – Active**, but out-of-state telemedicine waivers are currently scheduled to expire **December 12, 2021,** per 11/12 Emergency Proclamation.	Board of Med Emergency Declaration (3/16 & 4/27) Governor's Press Release State Resource Page
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 writing and in a manner	Article Executive Order 20-08 Telemedicine Application

	determined by the state board of healing arts; and (B) holds an unrestricted license to practice medicine and surgery in the other state and is not the subject of any investigation or disciplinary action by the applicable licensing agency..." • [1/22/21 Update] Re: controlled substances, establishing physician/patient relationship – SB 14, signed into law January 25, allows physicians to issue prescriptions (including for controlled substances) **without conducting an in-person examination**. It also extends the ability for out-of-state practitioners in good standing and without disciplinary or investigation actions to practice telemedicine on Kansas patients until March 31, 2021, provided that they notify the Board in writing in a manner determined by the Board. Lastly, the bill gives the Board flexibility to extend these waivers to other healthcare professionals. (Article). • [9/14/21 Update] re: Permanent out-of-state telemedicine – "Notwithstanding any other provision of law, **a physician holding a license issued by the applicable licensing agency of another state** or who otherwise meets the requirements of this section may **practice telemedicine** to treat patients located in the state of Kansas, if such physician **receives a telemedicine waiver issued by the state board of healing arts**. The state board of healing arts shall issue such a waiver within 15 days from receipt of a complete application…" [KS HB 2208]. • **Status – Inactive**, the Kansas state of emergency expired **June 15, 2021.** (Article). However, Kansas does allow for OOS telemedicine for physicians that register with the state Board of Healing Arts, for more information, see above.	KS HB 2016 KS SB 14 KS HB 2208 re: Permanent OOS Telemedicine State Resource Page
Kentucky	• (Broad provision in Executive Order) - Medical and Osteopathic physicians not already licensed to practice in the Commonwealth of Kentucky may register to practice within Kentucky during the state of emergency declared by Governor Beshear. • Additionally, the law [KY SB 150] waives requirements of in-person examination for establishing a provider-patient relationship for the purposes of providing telehealth (to the extent this complies with federal law). It also gives the Kentucky Board of Medical Licensure, the Kentucky Board of Emergency Medical Services, and the Board of Nursing the ability to waive or modify state statutes and regulations: … (f) For standards that are not necessary for the applicable standards of care to establish a patient-provider relationship, diagnose, and deliver treatment recommendations utilizing telehealth technologies. • Other temporary changes DMS has made to the 1915(c) HCBS (Medicaid) waivers include:… Expanding the provider base by waiving requirements that out of state providers be licensed and located in Kentucky as long as they are licensed by another state's Medicaid agency. • DMS is allowing providers to deliver services via phone and telehealth, as is appropriate. • **Status - Active**, until end of the ongoing Kentucky State of Emergency, currently scheduled to expire **January 15, 2022** per HJR 1 (Article).	KBML Guidance OOS Registration Form Article re: OOS Licensing KY SB 150 CFHS Guidance (4/1) CFHS Guidance (3/13) State Resource Page
Louisiana	• 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 LSBME has a list of approved out-of-state telemedicine permits, implying it is allowed. • [Proc. 2020-32] - 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: (A) 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. (B) It will not be considered a violation of licensing standards… to provide a service via telehealth. (C) The practice of the provider… must be within the scope of the provider's license, skill, training… (D) 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. • [LDH Guidance] Re: modality, origination site - 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. • **Status – Active**, in addition, **licenses will expire 90 days after the PHE**, currently scheduled to expire on **November 24, 2021**, per 204 JBE 2021. "For an orderly transition and continuity	LSBME OOS Telemedicine Permits Emergency Temporary Application Proclamation 2020-32 LDH Guidance 3/20 Telehealth Guidance During COVID-19 Pandemic LSBME Guidance re:

	of care for Louisiana citizens, the LSBME will extend the duration of all temporary permits issued during the Covid public health emergency **until 90 days after the termination of the declared health care emergency**, whenever that is determined by the governor or the judicial branch of the state of Louisiana." (LBSME Guidance).	Covid Changes State Resource Page
Maine	• The order signed by Gov. Mills gives greater flexibility to physicians, physician assistants and nurses to practice in Maine. According to the order, those who are licensed in these professions in other states and in good standing can now: (1) Receive an emergency license to provide health care services via telehealth to Maine people with no application fee; (2) See patients via telehealth without obtaining a license if already serving those patients at out-of-state locations; (3) Get their licenses automatically renewed during the state of emergency if their active license is about to expire. • [3/20 EO] – A physician, physician assistant, or nurse who is licensed and in good standing in another state and has no disciplinary or adverse action in the last ten years involving loss of license, probation, restriction or limitation, and who seeks immediate licensure to assist in the health care response to COVID-19, shall forthwith be issued an emergency Maine license that shall remain valid during the state of emergency. All physicians, physician assistants, or nurses licensed under this provision may provide health care services in-person in Maine or across state lines into Maine using telemedicine or telehealth. • Re: Telemedicine waivers - Maximize the use of telemedicine and telehealth and eliminates the need for some in-person patient visits for the duration of the emergency by: (1) Allowing voice-only technology to be used; and (2) Suspending any laws or rules related to state medical record privacy and HIPAA that would interfere with the use of telemedicine and telehealth technology. • **Status – Inactive**, the Maine State of Emergency **expired June 30, 2021**, per 6/11 Proclamation.	3/20 Executive Order Article re: OOS Licensing Supplemental Order 3/20 Executive Order 3/24 State Resource Page
Maryland	• Passed SB 1080, which, among other things, authorizes the Governor to establish or waive telehealth protocols for COVID-19, including authorizing health care professionals licensed out-of-state to provide telehealth to patients in the State, and to order the Department of Health to reimburse synchronous and asynchronous telehealth services for COVID-19 provided to a patient, without regard to whether the patient is at a clinical site, if the service is covered by Medicaid, provided by a participating Medicaid provider, and authorized under the health care provider's scope of practice. • [Maryland BOP Telehealth FAQs] - 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: preexisting relationships - SB 402 and HB 448 authorized certain health care practitioners the ability to establish a practitioner-patient relationship through telehealth interactions. Require a health care practitioner provide telehealth services to be held to the same standards of practice that are applicable to in-person settings and, if clinically appropriate, provide or refer a patient for in-patient services or another type of telehealth service. • Re: prescribing controlled substances – Maryland law requires that licensed healthcare practitioners have a Maryland controlled dangerous substances (CDS) registration in order to prescribe CDS… Federal law also requires that licensed healthcare practitioners have a DEA registration to prescribe CDS… the DEA has waived the requirement registration in each state in which the practitioner practices for the duration of the PHE… Accordingly, the MDOH interprets the order to allow out-of-state practitioners to practice in Maryland… **to be allowed to prescribe CDS in Maryland without obtaining a Maryland CDS registration**. • Re: privacy requirements - The requirement that a link must be a secure and private telehealth connection in accordance with state and federal law and the required use of encryption has been relaxed during the Federal and Maryland states of emergency. During the Federal and Maryland states of emergency a provider shall make good faith efforts to prevent access to data by unauthorized persons. • Re: opioids - Yes, during the state of emergency, prescriptions for Opioids may be prescribed for pain. Please see the Office of Controlled Substances Administration frequently asked questions for more details about prescribing Controlled Dangerous Substances during the State of Emergency • Re: real-time evaluations - One of the bills Gov. Hogan is signing expands the list of doctors and practitioners who can make use of telehealth platforms, and it allows evaluations to be done in real time. It also allows for a physician to perform an evaluation after data is collected via a telehealth meeting… Another bill allows mental health providers to use telehealth to deliver services directly to a patient in their home.	Maryland SB 1080 Maryland BOP Telehealth FAQs Notice re: CDS prescription (5/8) Article re: Telemedicine Expansion Executive Order (4/1) COVID-19 Pandemic: Orders and Guidance

	• 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. • [9/8/21 Update] re: reciprocal licenses – Maryland statute provides that "Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license: … (2) A physician licensed by and residing in another jurisdiction, while engaging in consultation with a physician licensed in this State… (4) A physician who resides in and is authorized to practice medicine by any state adjoining this State and whose practice extends into this State, if: (i) The physician does not have an office or other regularly appointed place in this State to meet patients; and (ii) The same privileges are extended to licensed physicians of this State by the adjoining state (MD Health Occ Code § 14-302). • **Status – Inactive**, out-of-state waivers **expired August 15, 2021,** per Board of Physicians Guidance.	Board of Physicians Guidance re: End of the Maryland State of Emergency MD Health Occ Code § 14-302 re: Reciprocal Licensing State Resource Page
Massachusetts	• Massachusetts' Order offers broad credentialing privileges: "With the Governor declaring a State of Emergency, the Board of Registration in Medicine has established an Emergency Temporary License Application for out-of-state physicians to assist in meeting the increased demand for physician services in Massachusetts. To qualify for an Emergency Temporary License a physician must hold an active full, unlimited and unrestricted medical license in good standing in another U.S. state/territory/district. "Good standing" shall not include a license that has been revoked, cancelled, surrendered, suspended, or is subject to disciplinary restrictions." • 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. • 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." • Re: uninsured populations - Doctor on Demand has struck a deal with the state of Massachusetts to provide free telehealth 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. • [5/18/21 Update] Re: end of State of emergency - And the state of emergency that's been in place since March 10, 2020 will be lifted **June 15, [2021]**, Gov. Charlie Baker announced late [May 17]. (Article). • **Status – Inactive**, the state of emergency was **rescinded** on **June 15, 2021,** ending the temporary license waiver. (Article).	BORIM Press Release Expedited License Application Article re: Preexisting relationship requirements Article re: Coverage Article re: Uninsured State Resource Page
Michigan	• Michigan law provides: "Under the circumstances and subject to the limitations stated in each case, the following individuals are not required to have a license issued under this article for practice of a health profession in this state: (c) An individual who by education, training, or experience substantially meets the requirements of this article for licensure while rendering medical care in a time of disaster..." (MCL § 333.16171). This provision does not require an individual apply for or be granted an exemption by the Department. • Re: origination site - 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. • [EO 2020-86] 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…	LARA Clarification Article re: Origination site Executive Order 2020-86 Article re: Rescinding waivers

	• Re: Rescinding out of state waivers - On July 13, 2020, Gov. Whitmer issued Executive Order 2020-150 to rescind a previous order (Executive Order 2020-61) that had permitted… **health care professionals who are licensed in good standing in other states or United States territories to practice in Michigan without criminal, civil or administrative/licensure penalties for lack of Michigan licensure.** • **Status – Inactive,** out-of-state practice privileges rescinded per EO 2020-150.	Executive Order 2020-150 State Resource Page
Minnesota	• Minnesota's April 25 Executive Order provides: "qualified out-of-state healthcare professionals to render aid in Minnesota to meet the healthcare needs of Minnesotans during the COIVD 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… • 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 infrequent basis, or the physician provides interstate telemedicine services in consultation with a physician licensed in Minnesota" (MN Stat. § 147.032). • Re: establishing patient-physician relationship – Minnesota law provides "that a physician-patient relationship may be established through telemedicine, and that physicians who provide services by telemedicine are held to the same standards of practice and conduct as apply to the provision of in-person services. (MN Stat. § 147.033). • Re: telemental health - On April 6, Gov. Walz authorized out-of-state mental health providers to provide telehealth services to Minnesota patients (this waiver appears to be explicitly limited to mental health professionals). • Re: Medicaid waivers - On March 27, 2020, CMS approved Minnesota's state Medicaid waiver request allowing certain flexibilities, including: Temporarily waiving the requirement that out-of-state providers be licensed in Minnesota. The temporary waiver still requires minimum data collection about the out-of-state provider, exclusion screening, and no payments to providers who temporarily enrolled six months after the Public Health Emergency ends. • Re: SUD treatment – Minnesota's legislature passed a law that "allows the examination requirement for prescribing drugs to treat substance use disorder to be met if the prescribing practitioner performs a telemedicine examination." This provision is time-limited and terminates 60 days after the peacetime emergency ends (Laws 2020, ch. 115, art. 2, § 30). • **Status – Inactive,** as of **May 6, 2021,** out-of-state telehealth registration applications will no longer be processed. (Minnesota Board of Behavioral Health and Therapy Guidance). However, **out-of-state professionals can provide telemedicine services to Florida residents if they are registered with the Medical Board per Minnesota Statute § 147.032**.	Press Release re: OOS Waivers Executive Order 20-46 MN Statute § 147.032 MN Statute § 147.033 Governor's Press Release Emergency Executive Order 20-28 Article re: Medicaid/Waivers Laws 2020, ch. 115, art. 2, § 30 State Resource Page
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 – Inactive**, **waivers expired January 31, 2021,** for out-of-state physicians *currently holding an emergency license*, per 10/26 Proclamation.	10/26 Proclamation Supplemental Proclamation 4/5 Amended Proc. 3/24 Emer. Telemedicine Licensure Form State Resource Page

Missouri	• 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: establishing physician/patient relationship – HB 1682, signed July 13, allows physicians to establish physician-patient relationship via a telemedicine encounter, if the standard of care does not require an in-person encounter, and in accordance with evidence-based standards of practice and telemedicine practice guidelines. • [8/30/21 Update] re: Renewed waivers: I do hereby order suspension of certain statutory and regulatory provisions related to telemedicine, and I further vest state agencies and executive boards and commissions with authority to waive or suspend statutory or regulatory requirements, subject to my approval, where strict compliance would hinder the State's recovery from COVID-19, and to ease licensing requirements to eliminate barriers to the provision of health care services and other professions. [EO 21-09]. • **Status – Active,** until the end of the COVID-19 emergency, currently scheduled to expire **December 31, 2021** per EO 21-09.	Article re: Telehealth Executive Order 20-04 MO HB 1682 MO Executive Orders State Resource Page
Montana	• Pursuant to § 10-3-118, MCA, the Montana Department of Labor and Industry may provide interstate licensure recognition whenever a state of emergency or disaster is in effect by registering professionals who 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. • 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 – Inactive,** the Montana State of Emergency was rescinded on **June 30, 2021,** per EO 2021-10.	3/20 Directive on Telehealth MCA § 10-3-118 Gubernatorial Directive (4/21) EO 2021-10 re: Recission of SoE State Resource Page
Nebraska	• Out-of-state providers who work in Nebraska pursuant to Executive Order 20-10, Coronavirus, Additional Healthcare Workforce Capacity, are authorized to use telehealth under the same statutory provisions that permit Nebraska health care providers to use telehealth… Because a declared state of emergency related to the coronavirus (COVID-19) is in effect, health care providers are not required to obtain a patient's signature on a written agreement prior to providing telehealth services, and insurance claims for telehealth will not be denied solely on the basis of lack of a signed written statement. • **Status – Inactive,** waivers expired 30 days after the end of the COVID-19 emergency, which was **rescinded on June 30, 2021**, per Gov. Rickett's 6/28 announcement, meaning the waivers **expired July 30, 2021.**	DHHS Guidance Executive Order 20-10 State Resource Page
Nevada	• Professional licensing boards regulating providers of medical services shall temporarily waive certain licensing requirements to allow the practice of currently unlicensed skilled medical professionals during the pendency of the COVID-19 crisis… including without limitation, medical doctors, physician assistants… The waiver and exemption of professional licensing requirements shall apply to qualified providers of medical services during this declared emergency who currently hold a valid license in good standing in another state, providers of medical services whose licenses currently stand suspended for licensing fee delinquencies, providers of medical services whose licenses 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. • [6/22/21 Update] re: audio-only telemedicine/establishing patient-physician relationship –	Emergency Directive 011 NV SB 5 [MDs]: Emergency License Application [DOs]: Emergency License Application

	SB 5, which was signed into law on June 4, 2021, allows the delivery of telehealth services through audio-only interactions and allows providers to establish a patient relationship through telehealth, among other actions. • [9/8/21 Update] re: Special licensure – Nevada statute provides for **Special Purpose Medical Licenses** that "can be issued to a physician who is licensed in another state to perform any of the acts described in subsections 1 and 2 of NRS 630.020 by using [telemedicine] if the physician: i) Holds a full and unrestricted license to practice medicine in that state; ii) Has not had any disciplinary or other action taken against him or her by any state or other jurisdiction; and iii) Is certified by a specialty board of the American Board of Medical Specialties or its successor. (NRS 630.261). • **Status – Active** until the end of the ongoing COVID-19 emergency, per ED 34.	NRS 630.261 re: Special Purpose License State Resource Page
New Hampshire	• (Broad provision in Executive Order) - Temporary authorization for out of state medical providers to provide medically necessary services and provide services through telehealth… any out-of-state medical provider whose profession is licensed within this State shall be allowed to perform any medically necessary service as if the medical provider were licensed to perform such service within the state of New Hampshire subject to the following conditions: (a) The medical provider is licensed and in good standing in another United States jurisdiction. (b) The medical services provided within New Hampshire are in-person or through appropriate forms of telehealth, c) …Such medical providers shall be issued an emergency New Hampshire license at no cost, which shall remain valid during the declared state of emergency… • Re: modality - Allowed to perform health care services through the use of all modes of telehealth, including video and audio, audio-only, and/or other electronic media • Re: reimbursement - All carriers shall cover, without any cost-sharing (i.e. copayments, deductibles, or coinsurance), medically necessary treatment delivered via telehealth related to COVID-19 by in-network providers. There shall be no restriction on eligible originating sites for telehealth services… including locations such as a practitioner's 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… • Re: telemental health – A New Hampshire licensed mental health provider will not be disciplined in New Hampshire for providing inter-state services through telehealth, consistent with the requirements for telehealth… Before providing such services, licensees shall review the laws and rules of the jurisdiction where the client is receiving the services to determine whether the licensee needs to also be licensed in that jurisdiction. • 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 – Inactive**, the NH State of Emergency **expired June 11, 2021**. (Article).	Emergency Order #15 Executive Order #8 Exhibit H to EO #29 Board of Mental Health Practice Guidance NH HB 1623 Article re: HB 1623 State Resource Page
New Jersey	• In response to the on-going COVID-19 state of emergency, the State of New Jersey has waived certain regulatory provisions regarding licensure of health care practitioners through reciprocity. These waivers will allow health care providers licensed in other states to obtain New Jersey temporary licensure and provide services to New Jersey patients either through **telemedicine**, pursuant to P.L. 2017, c. 117, or in-person. The following boards have temporarily waived criminal history background check and fee for licensure requirements, among other requirements: State Board of Medical Examiners • New Jersey will waive a host of regulatory requirements for healthcare professionals licensed in other jurisdictions to become licensed in New Jersey and offer services to New Jersey residents, including telemedicine and telehealth services. The waivers will apply during the public health emergency related to COVID-19. • Re: telehealth Reimbursement/Coverage Expansion: Increased access to telehealth under state Medicaid and direct third-party insurance administrators to inform beneficiaries about the availability of telemedicine and telehealth services. • Re: controlled substances – An Administrative Order signed [August 11] by the Acting Director of the Division temporarily waives certain regulatory requirements for in-person medical evaluations when providers prescribe controlled dangerous substances ("CDS") in	NJ DCA Guidance AG Guidance Temp. License Application Telehealth Insurance Bulletin (3/10)

	the treatment of chronic pain or authorize medical marijuana. It is effective immediately… The Order will remain in effect… [until] the end of the state of emergency or public health emergency… • Re: continuity of care - On July 1, Gov. Murphy signed NJ S. 2467, which ensures that out-of-state healthcare practitioners may continue to provide telemedicine to New Jersey residents until 90 days following the public health emergency. • Re: telemedicine providers - The state's Division of Consumer Affairs last month adopted standards for telehealth use by audiologists, speech language pathologists, acupuncturists, physical therapists, psychologists, social workers, genetic counselors and nurses. The new rules will remain in effect for the duration of the COVID-19 public health emergency. • **Status – Inactive**, "This notice is to advise you that the Division of Consumer Affairs is modifying the previously announced terms of the Temporary Emergency Reciprocity Licensure Program for out-of-state licensed health care practitioners. Specifically, all licenses that have previously been issued – *all of which are currently scheduled to expire on February 28, 2021* -- will have their expiration date extended through **June 30, 2021**, **provided that the Public Health Emergency remains in place**. However, the **PHE expired June 4, 2021**, per EO 244, so the waivers are now inactive.	Press Release re: CDS NJ S. 2467 Article re: professions State Resource Page
New Mexico	• New Mexico's order offers broad credentialing privileges: "The Department of Health and the Department of Homeland Security and Emergency Management shall credential out-of-state professionals who can render aid and necessary services during the pendency of this order. NMSA 1978 §§ 12-10-10.1 through 12-10-13." • NM Stat § 12-10-11: During an emergency, a person who holds a license, certificate or other permit that is issued by a state or territory of the United States and that evidences the meeting of qualifications for professional, mechanical or other skills may be credentialed, if appropriate and approved by the department of health or the homeland security and emergency management department, to render aid involving those skills to meet an emergency, subject to limitations and conditions as the governor may prescribe by executive order or otherwise. • Use of electronic means (internet, texting, phone, email) to assess and provide responsible care during emergency will not be considered unethical or a violation of Medical Board rules. • [6/29/21 Update] re: permanent interstate telemedicine – On April 6, 2021, Gov. Lujan Grisham signed SB 279 into law, which, among other things, states "The [Medical] board shall issue a licensed physician **a telemedicine license** to allow the practice of medicine across state lines **to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States**. • **Status – Inactive**, Temporary licenses issued in June 2020 or were active until **July 1, 2021** per Federal Emergency Licensure FAQs. However, SB 279 creates a process that allows physicians licensed in other jurisdictions to provide services via telemedicine to New Mexico residents, please see above for more information. • Further, the Board of Osteopathic medicine offers a limited telemedicine license that allows an osteopathic physician located outside New Mexico to practice osteopathic medicine on patients located in New Mexico. The annual fee is $100. (NMAC 16.17.2.7 & .8.)	Emergency Declaration NM Stat § 12-10-11 Instructions and Application for Temporary Licensure NMMB Guidance re: Electronic Means SB 279 (Interstate Telemedicine) State Resource Page
New York	• [EO 202.5] (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 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 co-pays 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.	Executive Order 202.5 Executive Order 202 Statement on Co-Pay Waived (3/14) NYC Health Advisory 5/29 NYSED FAQs

	• Re: audio-only telehealth – On July 12, 2021, Gov. Cuomo signed SB 8416, which added audio-only forms of telehealth (e.g., telephone) to the state's definition of telehealth and telemedicine. • [8/10/21 Update] re: distant sites – On April 19, 2021, Gov. Cuomo signed SB 2507, which amends the definition of "distant site" so that "any site within the United States or United States' territories is eligible to be a distant site for delivery and payment purposes." • [10/4/21 Update] re: waivers reinstated - Governor Kathy Hochul [Sept. 27] signed an executive order to alleviate potential staffing shortages in hospitals and other health care facilities statewide. The executive order significantly expands the eligible health care workforce and allows additional health care workers to administer COVID-19 testing and vaccinations. (Press Release). ○ EO #4 - Effective September 27, 2021 • Temporary Suspension and Modification of Education law and Regulations, 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, and to allow physicians **licensed and in current good standing in any province or territory of Canada**, **or any other country as approved** by the Department of Health to practice medicine in New York State without civil or criminal penalty related to lack of licensure… to the extent necessary 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… to allow physician assistants licensed and in current good standing in any state in the United States to practice in New York State… • **Status – Active**, currently scheduled to expire **November 27, 2021**, per EO #4. Please see above for more information.	NY SB 8416 NY SB 2507 Executive Order 4 re: Reinstituting Waivers NYSED COVID EO Directory State Resource Page
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, which is currently scheduled to expire **January 5, 2022**, per EO 236.	Executive Order No. 130 Executive Order No. 116 Emergency Disaster License Application Article re: Reimbursement COVID-19 Telemedicine FAQs State Resource Page
North Dakota	• (North Dakota's order offers broad credentialing privileges) - The licensure requirements for health care or behavioral health professionals licensed under the following Chapters of the North Dakota Century Code are hereby suspended… Chapter 43-17 (Physicians and Surgeons)… who are licensed and in good standing in other states, as needed to provide health care and behavioral health services, **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 – Inactive,** the North Dakota state of emergency was rescinded on **April 30, 2021** (Article). EO 2021-09 rescinded prior Covid executive orders.	Executive Order 2020-05.1 State Resource Page
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).	P.L. 15-105 Health Care Professions Licensing Act of 2007 § 2214 Territory Resource Page
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	ODH Telehealth FAQs

	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, including asynchronous modalities. Lastly, the requirement to provide written documentation of potential risks and obtain written acknowledgment prior to services being rendered is removed (the practitioner is required to describe the potential risks). ○ [6/22/21 Update] - In response to the COVID-19 pandemic, the Medical Board temporarily suspended the enforcement of rules that require in-person visits and allowed providers to use telemedicine to safely treat patients. On June 9, the board voted to resume enforcement of these rules and prioritize continuity of care for Ohio patients. Enforcement of these rules were to begin three months after the lifting of the state declaration of emergency. Governor DeWine has announced that the state emergency order will be lifted on Friday, June 18. The board intends to resume enforcement of these rules on **September 17, 2021**. • Re: controlled substances - Effective March 9, 2020, providers can use telemedicine in place of in-person visits. Throughout the declared Covid-19 emergency, the SMBO will not enforce in-person visit requirements normally required in SMBO rules. Suspension of these enforcement requirements includes, but is not limited to: (1) Prescribing controlled substances (2) Prescribing for subacute and chronic pain (3) Prescribing to patients not seen by the provider (4) Pain management (5) Medical marijuana recommendations and renewals (6) Office-based treatment for opioid addiction. • Re: permanent changes to telehealth (Medicaid) - The rule changes to Ohio Administrative Code §5160-1-18 include: Expanding the definition of telehealth to include telephone calls, remote patient monitoring and other electronic communication that does not have both audio and video elements… Fewer restrictions on patient and practitioner site locations… Expanding the types of telehealth services that may be paid for by Medicaid… • ~~[7/1/21 Update] re: reversing pandemic waivers: Ohio State Medical Board (OSMB) – On June 17, the OSMB announced it would revert back to requirements for in-person visits and various telemedicine laws on **September 17, 2021**. OSMB will post more detail on these changes. (Article).~~ • [8/25/21 Update] re: pandemic waivers - At a June meeting, the Medical Board decided to resume enforcing the pre-pandemic telemedicine rules effective September 17, 2021, 90 days after the lifting of the state of emergency order. However, at a subsequent meeting on August 11, 2021, the Medical Board reconsidered and delayed the enforcement date to December 31, 2021. (Article). • [11/11/21 Update] re: prescription drugs/medical marijuana - Ohioans will be able to continue using telemedicine through March 2022 for doctor visits that involve prescribing drugs or renewing medical marijuana cards. The State Medical Board on delayed the scheduled expiration of COVID-19 emergency rules [Dec. 31, 2021] that allow for more liberal use of telemedicine. The extended telemedicine rules will continue to lift in-person visitation requirements for: Prescribing controlled substances, Prescribing for subacute and chronic pain, Prescribing to patients not seen by the provider… Medical marijuana recommendations and renewals, Office-based treatment for opioid addiction. (Article). • **Ohio licensure required during the state of emergency -** The Medical Board has received many inquiries regarding temporary licensure during the state emergency. **Please be aware, Ohio law does not currently offer emergency or temporary licensure for out-of-state physicians**. Unless an exemption applies (Ohio Revised Code 4731.36), physicians must hold an active Ohio license to practice medicine in the state of Ohio. • **Status –** Ohio has no waivers for license reciprocity.	(May 2020) Board of Med 4/20 Meeting Summary Ohio Rev. Code § 4731.36 Med Board Telemedicine Guidance Article re: EO 2020-29D EO 2020-29D Article re: Permanent Medicaid changes OMB Newsletter (re: No license reciprocity) Article re: Reversing waivers OMB Telemedicine FAQs 8/11/21 State Resource Page
Oklahoma	• Oklahoma's order offers broad credentialing privileges: "Any medical professional who holds a license, certificate, or other permit issued by any state that is a party to the Emergency Management Compact evidencing the meeting of qualifications for the practice of certain medical services… shall be deemed license to practice in Oklahoma so long as this order is in	Amended Executive Order 2020-07

	effect… b) Any medical professional intending to practice in Oklahoma… must receive approval from appropriate Board; c) It is the responsibility of each Board to verify the license status of any applicant. All occupational licenses… shall be extended so long as this Order is in effect." • Telemedicine and Telehealth (a) To the extent not already allowed by applicable law, licensed medical doctors, surgeons, and physician assistants may utilize telemedicine or telehealth to provide care for new or existing patients. (b) Subsection (a) shall not be construed to allow licensed medical doctors, surgeons, or physician assistants to prescribe opiates and other controlled dangerous substances COVID - 19 Emergency Rules Adopted by the Oklahoma Medical Board in its Virtual Special Meeting on April 14, 2020 Page 4 of 4 without a preexisting physician-patient relationship… • Re: establishing relationship - Gov. Stitt's order also waives part of Oklahoma state law requiring an existing doctor-patient relationship before telemedicine consultations can be conducted. • Re: controlled substances – [5th Amended EO 2020-20] Telemedicine shall be used to maximum potential and shall be allowed for non-established patients… The preexisting patient relationship requirement for telemedicine… **only applies to the prescribing of opiates and other controlled substances**… • [8/25/21 Update] re: reinstituting waivers - The Oklahoma Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners recently passed emergency rules to fast-track temporary, "critical need" licenses for physicians and other medical professionals. The rules approved by Gov. Kevin Stitt allow inactive or **out-of-state doctors**, respiratory therapists and physician assistants **in good standing to quickly qualify for a temporary license to be able to get to work**… The temporary licenses aren't reserved solely for physicians treating COVID-19 patients, said Board of Osteopathic Examiners Executive Director Michael Leake Jr. (Article). • **Status – Active** (see above).	COVID-19 Pandemic Emergency Rules Article re: Preexisting Relationship **[MDs]:** Application for Emergency Licensure **[DOs]:** Emergency Temporary License Application EO 2021-11 State Resource Page
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. • [9/8/21 Update] re: Out-of-state license – Upon application, the Oregon Medical Board may issue to an out-of-state physician a license for the practice of medicine across state lines if the physician holds a full, unrestricted license to practice medicine in any other state of the United States, has not been the recipient of a professional sanction by any other state of the United States and otherwise meets the standards for Oregon licensure under this chapter… (4) A license for the practice of medicine across state lines is not a limited license… (5) A license for the practice of medicine across state lines does not permit a physician to practice medicine in this state… (ORS 677.139). • **Status - Inactive**, the Oregon State of Emergency was **rescinded June 28, 2021,** per EO 21-15.	Board of Med Guidance Emergency Application ORS 677.139 re: OOS License State Resource Page
Pennsylvania	• Governor Wolf also granted the department's request for a suspension to allow licensed practitioners in other states to provide services to Pennsylvanians via the use of telemedicine, without obtaining a Pennsylvania license, for the duration of the emergency. Out-of-state practitioners must: (1) Be licensed and in good standing in their home state, territory or country; (2) provide the Pennsylvania board from whom they would normally seek licensure with the following information prior to practicing telemedicine with Pennsylvanians: (1) their full name, home or work mailing address, telephone number and email address; and (2) their license type, license number or other identifying information that is unique to that practitioner's license, and the state or other governmental body that issued the license. • Re: Opioid use disorder treatment – The Pennsylvania Department of Drug and Alcohol Programs (DDAP) suspended the requirement that licensed Narcotic Treatment Programs (NTPs) make a face-to-face determination before admission to treatment for clients who receive buprenorphine treatment. DDAP also suspended the requirement that NTPs have narcotic treatment physician services onsite. These regulatory suspensions by DDAP will remain in effect for the duration of the COVID-19 disaster emergency in Pennsylvania. • [8/10/21 Update] re: telemedicine prescriptions - **Physicians providing Prescriptions**: This waiver suspends a State Board of Medicine regulation requiring physicians to provide paper	Press Release PA Dept. of State Guidance PA Dept. of State Guidance 9/4 PA DOS Waived and Suspended Licensing

	prescriptions within 72 hours of issuing an emergency prescription by telephone. **Expiring: September 30** • **Buprenorphine Treatment Via Telemedicine Expands Access to Treatment of Opioid Use Disorder:** This waiver suspends the requirement that physician and surgeons must take an initial medical history and physical examination requirement to expand access to buprenorphine treatment to treat opioid use disorder. **Expiring: September 30** • [9/7/21 Update] re: Extraterritorial licenses - Pennsylvania issues extraterritorial licenses that allow practice in Pennsylvania to physicians residing or practicing with unrestricted licenses **in an adjoining state**, near the Pennsylvania boundary, and whose practice extends into Pennsylvania… [based] on the availability of medical care in the area involved, and whether the adjoining state extends similar privileges. (PA Stat. tit. 63, § 422.34) • [10/4/21 Update] re: Waiver extension - **Out-of-State Health Care Practitioners:** This waiver allows for the issuance of expedited temporary licenses to practitioners in other states to provide services to Pennsylvanians. The suspension applies to the State Board of Medicine, the State Board of Osteopathic Medicine, and the State Board of Nursing. **Expiring: March 31, 2022** • **Status - Active** until **March 31, 2022**, per PA DOS Guidance.	Regulations PA Stat. tit. 63, § 422.34 re: Extraterritorial Licenses PA Proclamations State Resource Page
Puerto Rico	• Existing PR law provides for broad discretion during emergencies: "The Board may grant a provisional license to any physician who legally practices medicine in other state[s] or jurisdiction[s], contingent upon the request by the physician to the Board and on condition that the physician comes to the Commonwealth of Puerto Rico to assist in emergency services during a disaster, as authorized by the Department of Justice. The Department of Health shall approve regulations to such effect... (4) The Board may grant a provisional license to any physician who legally practices medicine at a state or jurisdiction, with the purpose of having said physician render gratis and volunteer medical services or assistance in Puerto Rico during a period of time that is not to exceed ninety (90) days a year as of its date of issue. Provided, that this license shall be granted without paying any fees… (4) The Board may grant a provisional license to any physician who legally practices medicine at a state or jurisdiction, with the purpose of having said physician render gratis and volunteer medical services or assistance in Puerto Rico during a period of time that is not to exceed ninety (90) days a year as of its date of issue. Provided, that this license shall be granted without paying any fees." (P.R. Laws tit. 20, § 133g) • On March 20, 2020, the Governor of Puerto Rico signed Joint Senate Resolution 491, which provides the flexibility for physicians who are authorized to practice in Puerto Rico to use telemedicine and telephone medical consultations as a remote means to care for patients, regardless of whether or not they have telemedicine certification issued by the Medical Licensure and Discipline Board. Under the Joint Resolution, in its relevant part, it is provided that individuals who are authorized to practice the profession in Puerto Rico may invoice for services rendered through telemedicine, telephone consultations, or by any other authorized method, and the health insurers and health service organizations shall have the obligation to pay for such as if it were an in-person consultation for the health services rendered.	P.R. Laws tit. 20, § 133g Ruling Letter re: Telemedicine Territory Resource Page
Rhode Island	• 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. • [1/21/21 Update] - If you are providing telehealth services to a patient who lives in Rhode Island and you wish to continue providing treatment you must apply for a full Rhode Island license or the patient must obtain treatment from a provider who holds an active Rhode Island license. • Re: insurance - Health insurers must cover telemedicine for primary care, specialty care and mental and behavioral health care. • [6/22/21 Update] - If you are providing telehealth services to a patient who lives in Rhode Island and you wish to continue providing treatment you **must apply for a full Rhode Island license or the patient must obtain treatment from a provider who holds an active Rhode Island license.** • [7/19/21 Update] EO 20-06 terminated – On July 6, 2021, EO 20-06 (Fourth Supplemental	RIDOH Guidance Executive Order 20-06 re: Expanded Telemedicine Press Release re: Coverage RI Executive Orders State Resource Page

	Emergency Declaration - Expanding Access to Telemedicine Services) was rescinded per EO 21-76. • **Status – Inactive**, the waiver allowing out-of-state physicians to practice telemedicine with RI *established patients*, was rescinded by EO 21-76.	
South Carolina	• The South Carolina Board of Medical Examiners is temporarily waiving South Carolina licensing requirements for physicians, physician assistants, and respiratory care practitioners licensed and in good standing in another state and whose services are determined to be necessary by the South Carolina Department of Health and Environmental Control (DHEC). The Board has indicated that this means South Carolina will permit these categories of out-of-state practitioners to treat South Carolina residents, in person or through telehealth technologies, to screen or treat patients for the coronavirus. The scope of permitted practice and treatment by these practitioners may expand during the course of the coronavirus emergency, subject to additional agency input. • 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 – Inactive**, the state's emergency declaration **expired June 6, 2021**, per EO 2021-25. (Article).	Article re: OOS Licensing BME Order Temporary License Application Emergency Order 2020-BME-PH-03 re: controlled substances Emergency Order 2020-BME-PH-05 re: MAT SC Executive Orders State Resource Page
South Dakota	• Pursuant to [South Dakota Code], [Gov. Noem] will grant full recognition to the licenses held by a professional by any compact member state, in accordance with the Uniform Emergency Management Assistance Compact (EMAC) should those facilities require additional professionals to meet patient demand during the COVID-19 emergency, whether in-person or by remote means. • 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 23, 2020, Gov. Noem issued Executive Order 2020-07 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)… • [EO 2020-16] – I hereby suspend… requirements that telehealth may not be utilized without a prior provider-patient relationship… ability to prescribe certain medications based on a telehealth encounter… requiring real-time visual technology or prohibiting audio-only… the statutory provision… requiring healthcare providers to obtain a South Dakota controlled substance license… so long as the individual possesses a federal DEA controlled substance registration… • [1/21/21 Update] - South Dakota Gov. Kristi Noem announced plans to permanently extend emergency telehealth rules enacted during the coronavirus pandemic. The governor announced this week that she would introduce two bills, one to keep in place telehealth access and coverage rules and the other to "**make permanent the recognition of certain out-of-state healthcare licenses**."… Whether Noem is calling for license recognition only during an emergency or at all times will depend on how the bills are phrased. • [9/8/21 Update] re: Reciprocal licenses – South Dakota allows "**Reciprocity.** An applicant who holds a valid medical license issued by another state may be licensed by reciprocity in South Dakota under the provisions of SDCL 36-4-19 only if i) the applicant has completed a residency program in the United States or Canada; ii) has passed one of the following licensure examinations…; iii) has not had any allegations of misconduct or proceedings	Executive Order 2020-07 SDMOE Guidance Article re: Permanent changes SDAR 20:78:03:12 re: Reciprocal Licenses

	instituted for the cancellation, conditioning, suspension or revocation of the applicant's license in any state; and completion of a state and federal criminal background investigation. (SDAR 20:78:03:12) • **Status – Inactive**, the South Dakota State of Emergency **expired June 30, 2021**, per EO 2020-34 and was not renewed. However, South Dakota does offer a reciprocal license, see above for more information.	State Resource Page
Tennessee	• Out of state health care professionals authorized pursuant to this Order to temporarily practice in Tennessee are permitted to engage in telemedicine with respect to Tennessee patients if scope of practice of applicable professional license would authorize professional to diagnose and treat humans. • Statutory restrictions on telehealth with respect to pain management clinics and chronic nonmalignant pain treatment are suspended. • The provisions of Tennessee Code Annotated… [the establishment of provider-patient relationship], are hereby suspended to the extent necessary to allow telehealth or telemedicine services to be provided by any provider license… regardless of the provider's authority to diagnose. This suspension does not otherwise alter or amend any licensee's scope of practice or record keeping requirements. • The relevant provisions of Tennessee Code Annotated… are hereby suspended to the extent necessary to give the Commissioner of Health the authority to allow persons who have completed a master's degree or doctoral degree in a behavioral or mental health field… to treat diagnosed behavioral or mental health conditions without a license and through use of telemedicine services; provided, that the person is, at all times, supervised by a person licensed… with authorization to diagnose a behavioral or mental health condition. • Re: insurers - Blue Cross Blue Shield of Tennessee has seen telehealth use surge during the coronavirus crisis… The insurer is making its coverage of virtual visits with in-network providers permanent. • **Status – Inactive**, waivers allowing out-of-state healthcare professionals were **not included** in EO 81.	Article re: OOS Licensing Executive Order #15 Executive Order #20 Executive Order #24 Emergency License Application State Resource Page
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 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. • [TMB Guidance 4/9] - 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. • [TMB Guidance 5/8] - 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. • [TMB Guidance 6/5] - 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. (until June 30, 2021 at 11:59 p.m. per 4/30/21 TMB Guidance. • [Article re: Telemedicine] - 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-	Article re: OOS Practice Governor's Press Release TMB Guidance 4/9 TMB Guidance 5/8 TMB Guidance 6/5

	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 30 days after the end of the Texas State of Emergency, which is currently scheduled to **November 27, 2021**, per 10/28 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.)	Article re: Telemedicine Article re: Reimbursement State Resource Page
Utah	• Utah law provides: "**An out-of-state physician may practice without a Utah license if**: (1) The physician is licensed in another state, with no licensing action pending and at least 10 years of professional experience; (2) The services are rendered as a public service and for a noncommercial purpose; (3) No fee or other consideration of value is charged, expected or contemplated, beyond an amount necessary to cover the proportionate cost of malpractice insurance; (4) The physician does not otherwise engage in unlawful or unprofessional conduct." (UT Code Annotated § 58-67-305(7)). • A medical provider that pursuant to this Order offers telehealth services that do not comply with HIPAA or HITECH, so long as the provider: (1) inform the patient the telehealth service does not comply with those federal acts; (2) give the patient an opportunity to decline use of the telehealth service; and (3) take reasonable care to ensure security and privacy of the telehealth service. • [EO 2020-68] Continues the suspension of certain aspects of the Utah Telehealth Act, including allowing HIPAA exceptions (with proper notice). • **Status – Active,** until end of Utah State of Emergency, currently ongoing per 10/14 DOH Public Health Order. In addition, OOS practitioners can provide	UT Code Annotated § 58-67-305(7) re: Permanent interstate telemedicine DOPL COVID Resources EO 2020-07 EO 2020-68 DOH Orders and Directives State Resource Page
Vermont	• Special provisions for the COVID-19 public health emergency have been passed to facilitate practice in Vermont by healthcare professionals who are not licensed in Vermont. This sets forth information for physicians (MD), physician assistants, and podiatrists. There are two different paths available to be able to practice during the emergency, "deemed" and "emergency", both are expedited and free. • MDs, physician assistants, and podiatrists who meet all the criteria below can be deemed to be licensed to practice in Vermont for practice in the following circumstances: (1) Providing remote services by telemedicine (note that this refers to "telemedicine" in a generic sense, following the guidance in the emergency law and advisories issued by Vermont agencies and federal authorities). (2) As part of the staff of a licensed facility in Vermont. • To be deemed licensed to practice in one of the settings specified above, you must: (1) Be licensed in at least one US jurisdiction and be in good standing in all jurisdictions where you are licensed. (2) Not be subject to professional disciplinary proceedings in any other US jurisdiction… (3) Not be barred from practice in Vermont for reasons of fraud or abuse, patient care, or public safety. • VT H. 960, which was signed into law on July 6, ensures that physicians licensed out-of-state will be able to practice in-person or provide telemedicine or to Vermont residents until March 31, 2021. • VT H. 795, signed into law October 5, extends telehealth waivers including the expansion of telehealth access, provider reimbursement, and audio-only coverage through July 1, 2021. • **Status –** Although the Vermont State of Emergency expired on **June 15, 2021** (Press Release), on March 29, 2021, Gov. Phil Scott signed S. 117, which extends pandemic-related waivers until **March 31, 2022**; including reimbursement parity for audio-only telephone, early prescription refill, authorization to prescribe buprenorphine, and **allowing healthcare professionals licensed in other jurisdictions**, as well as professionals with inactive licenses, to practice in VT as a volunteer member of the Medical Reserve Corps or as part of the staff of a licensed facility or federally qualified health center.	Med Board Guidance Deemed License Application VT H. 960 VT H. 795 VT S. 117 State Resource Page

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 heath 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…"	Virgin Islands Telehealth Act Territory Resource Page
Virginia	• [Board Brief #91] - Governor Northam's Executive Order 57 allowed practice by out-of-state health care professionals and expanded authority for physician assistants, nurse practitioners, interns/residents/fellows/senior medical students... • 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. • [EO 57] - 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 medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state. • Re: modality - A healthcare practitioner may use any non-public facing audio or remote communication product that is available to communicate with patients. This exercise of discretion applies to telehealth provided for any reason regardless of whether the telehealth service is related to the diagnosis and treatment of COVID-19. • Re: originating site - Virginia Governor Ralph Northam has signed legislation (**HB 5046/SB 5080**) that amends the Commonwealth's telehealth laws to eliminate originating site restrictions and the requirement that the patient be accompanied by a care provider during the telehealth session… The bill expands the telehealth platform to allow care providers to treat patients in their own homes or other locations, including businesses, schools and clinics. It also mandates that payers cover telehealth services regardless of the originating site and whether a provider is with the patient and directs the state Medicaid program to continue covering audio-only phone services. • **Status – Inactive,** Gov. Northam stated he will allow the Virginia State of Emergency declaration to **expire June 30, 2021**. (Article).	BOM Board Brief #91 (November 2020) Board of Medicine Guidance Executive Order #42 Executive Order #57 Article re: Adjoining state licensing exceptions Article re: originating sites State Resource Page
Washington	• Washington offers broad credentialing privileges: "If volunteers are registered in the volunteer health practitioner system and verified to be in good standing in all states where they are licensed, they may practice in Washington without obtaining a Washington license once activated and assigned by DOH… Out-of-state practitioners may: (1) Become volunteers via RCW § 70.15 by registering and completing the Emergency Volunteer Health Practitioners Application; (2) Out of state MDs and DOs that would like an expedited Washington license and to volunteer, may use the Interstate Medical License Compact and become registered under RCW § 70.15. • RCW § 70.15.050: "(1) While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system that complies with RCW 70.15.040 and licensed and in good standing in the state upon which the practitioner's registration is based,	Medical Commission Guidance Emergency Volunteer Health Practitioners Application

	may practice in this state to the extent authorized by this chapter as if the practitioner were licensed in this state…" • [Proc. 20-29] - Re: payment parity - I also prohibit the following activities by health carriers to encourage… telemedicine services by providing for payment parity between telemedicine and in-person medical services: (1) Reimbursing in-network providers for telemedicine claims for medically necessary covered services at a rate lower than the contracted rate that would be paid if the services had been delivered through traditional (in-person) methods. (2) Denying a telemedicine claim from an in-network provider for a medically necessary covered service due to an existing provider contract term with that provider that denies reimbursement for services provided through telemedicine. (3) Establishing requirements for the payment of telemedicine services that are inconsistent with the emergency orders, rules or technical advisories to carriers issued by the Office of the Insurance Commissioner. • Re: establishing relationship – New administrative code rule, WAC 182-551-2040, allows face-to-face requirements for home health care to be met using telemedicine or telehealth services (makes permanent a COVID-19 emergency rule). • **Status – Active** throughout the currently ongoing COVID-19 emergency, per Proclamation 20-05 (citing 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.")	RCW § 70.15.050 Emergency Proclamation 20-29 State Resource Page
Washington, DC	• Any healthcare provider who is licensed in their home jurisdiction in their field of expertise who is providing healthcare to residents of the District shall be deemed temporary agents of the District for the duration of this Order, pursuant to the limitations: (1) the healthcare provider is only providing healthcare services to **individuals at a licensed healthcare facility in the District of Columbia**; (2) the healthcare provider **has an existing relationship with a patient** who has returned to the District, providing continuity of services via telehealth. • The use of telehealth does not eliminate the requirement for licensure. The practice of your healthcare profession occurs where the patient is located, so any practitioner providing telehealth services to patients located in the District of Columbia must be licensed in the District of Columbia by their appropriate licensing board. • Existing Washington D.C. law provides that "The provisions of this chapter prohibiting the practice of a health occupation without a District of Columbia license, registration, or certification shall not apply: (1) To an individual who administers treatment or 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. • [7/19/21 Update] re: Valid waivers – A. Licensure, registration or certification requirements, permits and fees be waived for healthcare practitioners appointed as temporary agents of the District of Columbia… C. **Any healthcare provider who is licensed in their home jurisdiction in their field of expertise who is providing healthcare to District residents shall be deemed a temporary agents of the District of Columbia…** a. The healthcare provider is only providing healthcare services to individuals at a licensed healthcare facility located in the District of Columbia. This includes providing any services via telehealth… per 3/18/21 Revised Administrative Order. • [10/29/21 Update] – On October 25, DC B 24-0399 was enacted, which amends UEVHPA to allow healthcare professionals licensed in other jurisdictions to practice in DC without a "state" license until **August 10, 2022**, *regardless of whether an emergency declaration is in effect.* As it pertains to telemedicine, the law allows for out-of-state telemedicine for "an established patient who has returned to the District… for the purposes of continuity of care." • **Status – Inactive**, DC's Public Health Emergency, which governs physician licensure waivers, was **terminated on July 25, 2021** per Mayor's Order 2021-096. The 60-day grace period for the waivers expired on **September 23, 2021**, per DC DOH website.	Waiver of Licensure Requirements Guidance on use of Telemedicine DC Code § 3–1205.02 Press Release re: Extension 3/18/21 Revised Administrative Order Resource Page
West Virginia	• The following statutory regulations are to be suspended for the duration of the State of Emergency: Requirement for telemedicine providers to be licensed in West Virginia… provided that such provider possess a license within their own state… requirement that telemedicine be performed by video only. • West Virginia has expanded the use of audio-visual telehealth for non-emergent E&M services to Medicaid members, for mental health visits and in federally qualified health centers (FQHCs) and rural health clinics (RHCs). • [WV BOM Fall 2020 Newsletter] Re: preexisting relationships/audio-only modalities/reimbursements – For the duration of the COVID-19 emergency, the prohibition on establishing a provider-patient relationship via audio-only communication is suspended temporarily. If audio-only communication satisfies the standard of care for a particular patient presentation, it may be used to establish a provider-patient relationship and to	Executive Order 07-20 Article re: Audio-only telehealth

	provide patient care. Effective March 1, the U.S. Department of Health and Human Services and Centers for Medicare & Medicaid Services increased telehealth reimbursements to equal other audiovisual and in-person visitation reimbursements. • **Status – Active** until the end of the ongoing COVID-19 emergency. • [6/22/21 Update] In addition to the emergency waivers, WV HB 2024, which was signed into law on May 20, 2021, allows health care practitioners licensed and in good standing in another jurisdiction to pay a fee to become registered with the appropriate medical board (allopathic or osteopathic) and become an "interstate telehealth practitioner" and practice medicine with West Virginia patients. West Virginia holds jurisdictional authority, but the registrant has the responsibility to report any restrictions placed on their license in other jurisdictions to WV boards.	WV BOM Fall 2020 Newsletter WV HB 2024 State Resource Page
Wisconsin	• [EO 16] - III. Telemedicine. A. The following is ordered as it relates to telemedicine for Wisconsin residents: 1) A physician providing telemedicine in the diagnosis and treatment of a patient located in this state must have a valid and current license issued by this State, another state, or Canada… 2) A physician practicing under this section cannot be currently under investigation and must not currently have any restrictions or limitations placed on their license by their credentialing state or any other jurisdiction. • Re: recission of waivers – [Em. O 16; 3/27/20] This Order is effective immediately and shall remain in effect for the duration of the public health emergency as declared in Executive Order #72 [3/12/20], including any extensions. On May 11, 2020, EO 72 expired and was replaced by EO 82, which **did not adopt** EOs #16 & #20 (a modification of EO 16) and thus an out-of-state practitioner is not able to work in Wisconsin through Interstate Reciprocity. • [Wisconsin DSPS Memo] - The legislature did not extend the public health emergency and it ended May 11, 2020. Therefore, your temporary license will expire on June 10, 2020. This temporary license cannot be renewed. • [October 1, 2020 Update] – [The October 1] order provides for temporary interstate license reciprocity for healthcare providers to work in Wisconsin healthcare facilities, extends licenses that may expire during the federal emergency declaration for 30 days after its conclusion, and makes it easier for healthcare providers with a recently lapsed license to apply for a reinstatement with the Department of Safety and Professional Services (DSPS). **Out-of-state physicians can also practice telemedicine in Wisconsin with proper notification of DSPS**. • [April 5, 2021 Update] – EO 105 expired on April 5, 2021, meaning that Em. Order #2 is no longer in force and Wisconsin is no longer in a state of emergency. • **Status – Inactive,** waivers rescinded with the expiration of EO 105 on **April 5, 2021**.	Executive Order #16 Telemedicine Physician Notification of Healthcare Provision Wisconsin DSPS Guidance (re: recission of EOs 16 &20) Wisconsin DSPS Memo Emergency Order #2 (reinstituting waivers) State Resource Page
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.	Board of Med Guidance Emergency Licensure Application State Resource Page

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

Appendix E
OPR and BPM Regulated Professions

Below is a list of professions regulated by OPR and the BMP that are involved in providing physical or mental care for patients or clients. The Working Group did not conclude which of these professions should be included as health care providers in any future telehealth licensing programs. At the start of the legislative session, OPR will provide, for the General Assembly's consideration, a recommended list of professions to include in as health care providers in any telehealth licensing legislation.

OPR Professions Providing Physical or Mental Health Care for Patients or Clients	**BMP Professions Providing Physical or Mental Health Care for Patients or Clients**
Acupuncturists	Allopathic physicians
Alcohol & Drug Abuse Counselors	Physician assistants
Allied Mental Health (LMHCs, FMTs, and Roster of Non-Licensed, Non-Certified Psychotherapists)	Podiatrists
Applied Behavior Analysis	Certified Anesthesiologist Assistants
Athletic Trainers	Certified Radiologist Assistants
Audiologist	
Chiropractic	
Dental Examiners	
Dietitians	
Hearing Aid Dispensers	
Midwives	
Naturopathic Physicians	
Nursing	
Nursing Home Administrators	
Occupational Therapy	
Opticians	
Optometry	
Osteopathic Physicians	
Pharmacy	
Physical Therapists	
Psychoanalysts	
Psychological Examiners	
Radiologic Technology	
Respiratory Care Practitioners	
Social Workers	
Speech-Language Pathologist	
Veterinary Medicine	

Appendix F
Research Resources

ITWG Research Resources

I. Policy Discussion

Center for Connected Health Policy

- State Telehealth Laws and Reimbursement Policies, Fall 2021 https://www.cchpca.org/resources/state-telehealth-laws-and-reimbursement-policies-report-fall-2021/
- State Telehealth Laws and Reimbursement Policies, Spring 2021 https://cchp.nyc3.digitaloceanspaces.com/2021/04/Spring2021_ExecutiveSummary.pdf

National Conference of State Legislatures

- Telehealth Explainer Series: A Toolkit for State Legislatures https://www.ncsl.org/research/health/the-telehealth-explainer-series.aspx
- Licensure and Interstate Compacts https://www.ncsl.org/Portals/1/Documents/Health/Licensure-and-interstate-compacts_36242.pdf

mHealth Intelligence: 4 Strategies for Solving the Telehealth Licensure Debate
https://mhealthintelligence.com/features/4-strategies-for-solving-the-telehealth-licensure-debate

Healthcare across Boundaries: Urban-Rural Differences in the Financial and Healthcare Consequences of Telehealth Adoption, Boston University Questrom School of Business Research
https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3807577

Health Affairs: Mutual Recognition of Physician Licensure by States Would Provide for Better Patient Care
https://www.healthaffairs.org/do/10.1377/hblog20210505.311262/full/

JAMA Network

- The COVID-19 Pandemic- An Opportune Time to U[date Medical Licensing https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2775345
- Implications for Telehealth in a Postpandemic Future https://jamanetwork.com/journals/jama/article-abstract/2766369

Telemedicine and e-Health: Pandemic Actin Plan Policy and Regulatory Summary Telehealth Policy and Regulatory Considerations During a Pandemic
https://www.liebertpub.com/doi/full/10.1089/tmj.2021.0216

Telemedicine Overview and Application in Pulmonary, Critical Care, and Sleep Medicine
https://books.google.com/books?hl=en&lr=&id=-G4hEAAAQBAJ&oi=fnd&pg=PA15&dq=telehealth+licensing&ots=keHIJrWZto&sig=eTTPoBZz8PvAKMLxV2FVYawe34U#v=onepage&q=telehealth%20licensing&f=false

U.S. Department of Justice, Drug Enforcement Administration: Controlled Substances Act Letter
https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-018)(DEA067)%20DEA%20state%20reciprocity%20(final)(Signed).pdf

The Role of Telehealth in Decentralized Clinical Trials

https://www.foley.com/-/media/files/insights/publications/2021/05/jhcc_0304_21_faget.pdf

Modern Healthcare: Telehealth's Limits: Battle over state lines and licensing threatens patients' options
https://www.modernhealthcare.com/technology/telehealths-limits-battle-over-state-lines-and-licensing-threatens-patients-options

CNBC: These telemedicine doctors are getting licenses in all 50 states to treat patients in most remote areas
https://www.cnbc.com/2019/10/13/telemedicine-doctors-are-getting-licenses-in-all-50-states.html

Taskforce on Telehealth Policy (TTP) Findings and Recommendations
https://www.ncqa.org/wp-content/uploads/2020/09/20200914_Taskforce_on_Telehealth_Policy_Final_Report.pdf

Nursing 2021: Licensure barriers to telehealth nursing practice
https://journals.lww.com/nursing/FullText/2019/11000/Licensure_barriers_to_telehealth_nursing_practice.17.aspx

Departmental Experience and Lessons Learned with Accelerated Introduction of Telemedicine During the COVID-19 Crisis
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7195846/

Best Telehealth Practices for Dieticians
https://cdr.lib.unc.edu/concern/file_sets/2r36v666c?locale=en

Kaiser Family Foundation: Coronavirus Fuels Explosive Growth in Telehealth- And Concern About Fraud
https://khn.org/news/coronavirus-fuels-explosive-growth-in-telehealth-%E2%80%95-and-concern-about-fraud/

JDSUPRA: Just What the DOJ Ordered: Telehealth Enforcement Actions Are Here to Stay
https://www.jdsupra.com/legalnews/telehealth-enforcement-actions-48714/

Centers for Medicaid and Medicare Services: COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers
https://www.cms.gov/files/document/summary-covid-19-emergency-declaration-waivers.pdf

Department of Health and Human Services: Letter from HHS to States, March 2020:
https://ncsbn.org/HHS_Secretary_Letter_to_States_Licensing_Waivers.pdf

Brookings Foundation: Removing regulatory barriers to telehealth before and after COVID-19
https://www.brookings.edu/wp-content/uploads/2020/05/Removing-barriers-to-telehealth-before-and-after-COVID-19_PDF.pdf

II. State-by-State Policy Tables
Center for Connected Health Policy
https://www.cchpca.org/topic/cross-state-licensing-professional-requirements/

Alliance for Connected Care
https://connectwithcare.org/wp-content/uploads/2020/04/State-Emergency-Declarations-Telehealth-and-Licensure-Flexibilities-During-and-Post-COVID-19.pdf

Federation of State Medical Boards
https://www.fsmb.org/siteassets/advocacy/pdf/states-waiving-licensure-requirements-for-telehealth-in-response-to-covid-19.pdf

University of Chicago Medicine
https://compliance.bsd.uchicago.edu/Documents/Table%20of%20State%20Licensure%20Requirements.pdf

University of Nebraska Medical Center
https://digitalcommons.unmc.edu/cgi/viewcontent.cgi?article=1113&context=coph_slce

III. Compacts
Council of State Governments, National Center for Interstate Compacts
https://compacts.csg.org/compacts

Health Resources and Services Administration: Telehealth licensing requirements and interstate compacts
https://telehealth.hhs.gov/providers/policy-changes-during-the-covid-19-public-health-emergency/telehealth-licensing-requirements-and-interstate-compacts/

U.S. Constitution, Article I, Section 10, Clause 3
https://constitution.congress.gov/browse/essay/artI-S10-C3-3/ALDE_00001106/#ALDF_00002267

American Bar Association: Developments in Interstate Compact Law and Practice 2020
https://www.americanbar.org/groups/state_local_government/publications/urban_lawyer/2021/51-1/developments-interstate-compact-law-and-practice-2020/

National Law Review: Interstate License Compacts Arrive to Ohio for Physicians, Nurses, and Audiology/Speech Language Pathologists
https://www.natlawreview.com/article/interstate-license-compacts-arrive-to-ohio-physicians-nurses-and-audiologyspeech

Martin School of Public Policy and Administration
https://www.martin.uky.edu/sites/martin.uky.edu/files/fannin_clay_capstone_final_interstate_medical_licensure_compact_2020_4_16.pdf

IV. Telehealth License

Wolters Kluwer: How are states addressing licensing of out-of-state telehealth providers
https://www.wolterskluwer.com/en/expert-insights/how-are-states-addressing-licensing-of-out-of-state-telehealth-providers

James Madison Institute: Expanding Access to Telehealth in Florida: Recent Progress and Opportunities for Improvement
https://www.jamesmadison.org/wp-content/uploads/2021/03/Telehealth_Policy_Brief_Mar2021_v01.pdf

The Reality of Florida's New Telehealth Law, Jeff Scott
https://www.flmedical.org/Florida/Florida_Public/Docs/Telehealth.pdf

V. Waiver

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VI. Reciprocity and Endorsement

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