



State Telemedicine Gaps Analysis

Physician Practice
Standards & Licensure

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January 2016





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None of the information contained in the Gaps Analysis Series or in this document constitutes legal advice. The information presented is informational and intended to serve as a reference for interested parties, and not to be relied upon as authoritative. Your own legal counsel should be consulted as appropriate.

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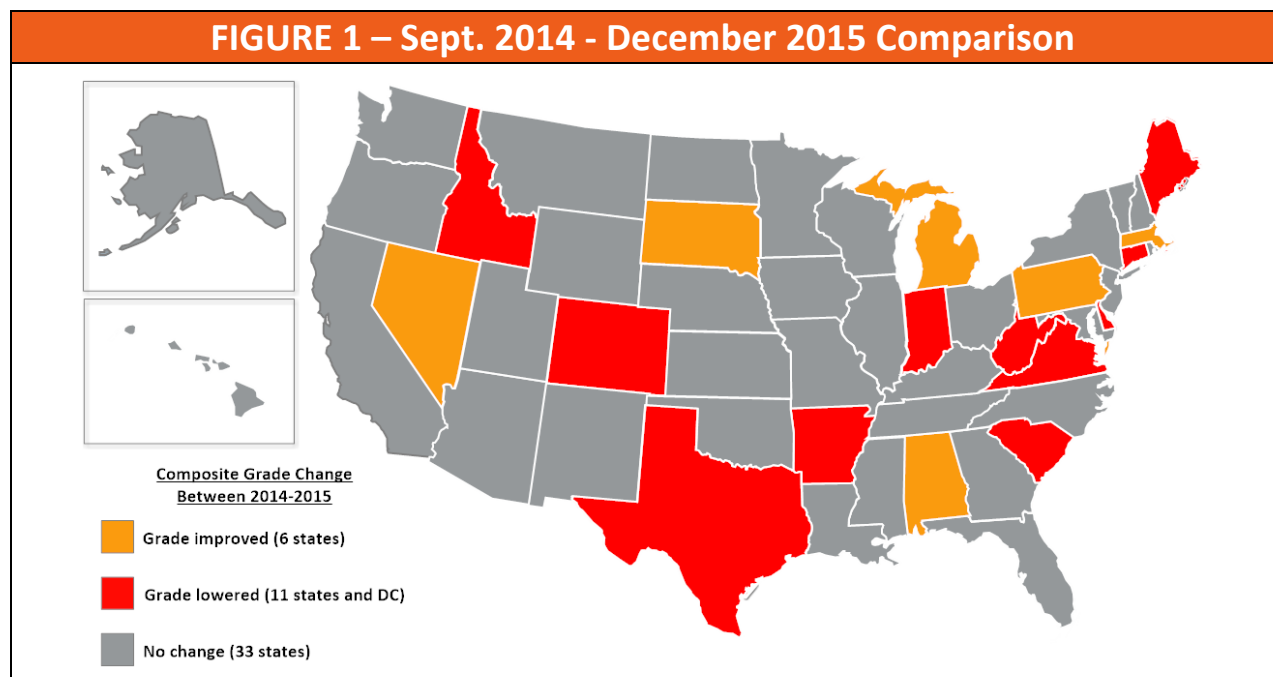
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EXECUTIVE SUMMARY

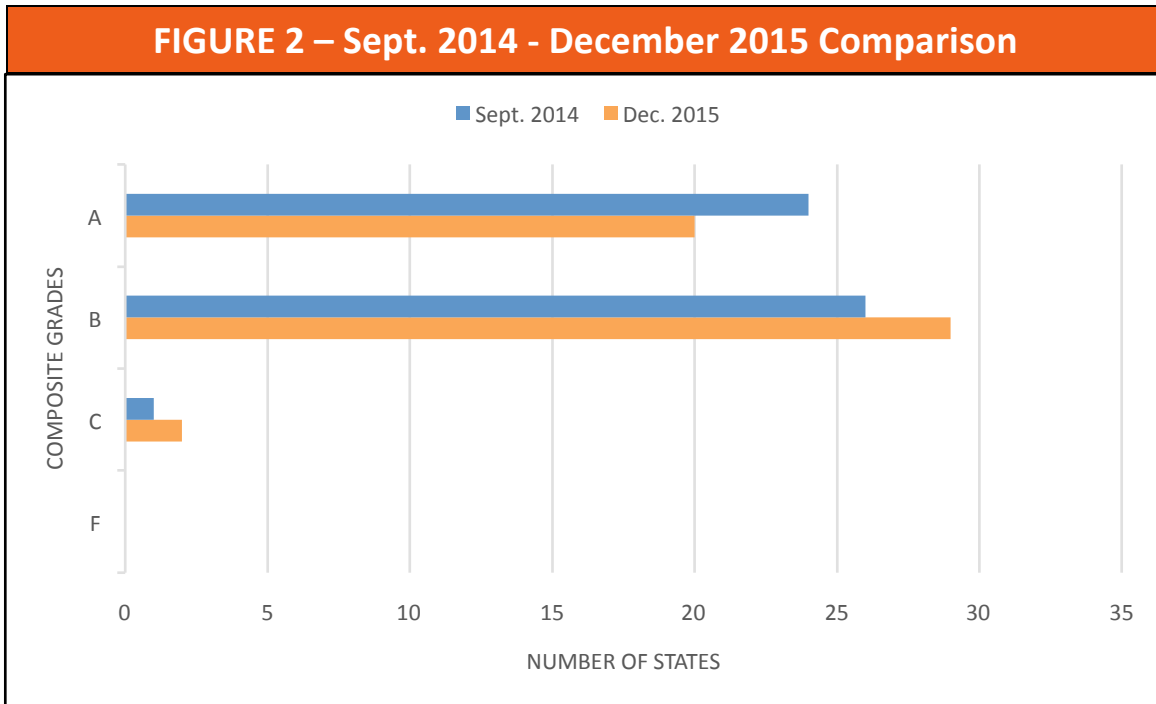
Professional licensure portability and practice standards for providers using telemedicine are some of the biggest challenges for health care providers considering telemedicine adoption. Providers often encounter a patchwork of conflicting and disparate requirements for insurance claims and practice standards that prohibit them from fully taking advantage of telemedicine.

The American Telemedicine Association (ATA) has captured the complex policy landscape of 50 states with 50 different telemedicine policies, and translated this information into an easy to use format. This report complements our *50 State Gaps Analysis: Coverage & Reimbursement*, and extracts and compares physician practice standards for telemedicine for every state in the U.S. ultimately assigning a grade which indicates existing policy barriers that inhibit the use of telemedicine that would enable patient and provider choice to quality health care services.

Our analysis indicates that decades of evidence-based research highlighting positive patient compliance, clinical outcomes and increasing telemedicine utilization have been met with a mix of strides and stagnation in state-based policy. Since the first version of this report in 2014, medical boards have moved towards a trend to impose different regulations or guidance for medical practice via telemedicine when compared to in-person practice. Further, states are becoming more prescriptive in their requirements for an additional patient informed consent and the types of modalities permitted for appropriate clinical practice when using telemedicine. As a result of incongruent guidance and regulation for telemedicine when compared to in-person practice, more states have dropped a letter grade than those that have improved since 2014 (Figures 1 and 2).



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When comparing the numerous current state laws and differing medical board standards regarding telemedicine, twenty states averaged the highest “composite grade” suggesting a supportive policy landscape that accommodates telemedicine adoption and usage. Alabama made the most significant improvement by repealing their telemedicine rules and observing medical practice parity standards regardless of the delivery method. More states and D.C. fall in the middle with room for improvement, while two states averaged the lowest composite score suggesting many barriers for telemedicine advancement (Figure 2).

Since the May 2015 update of this report three states (Alabama, Michigan, and South Dakota) have earned higher scores suggesting a supportive policy landscape that accommodates telemedicine. However, seven states saw a drop in their composite grade. Connecticut, Delaware, Indiana, Maine, South Carolina, and Virginia, dropped from an ‘A’ to ‘B’ as a result of adopted language that enforces different standards for telemedicine compared to in-person practice. Despite the adoption of a private insurance parity law earlier this year, Arkansas joins Texas with the lowest composite score suggesting many clinical practice barriers and little opportunity for telemedicine advancement (Table 1).

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TABLE 1 – Composite Scores by State					
State	Composite Grades	Physician-patient Encounter	Telepresenter	Informed Consent	Licensure & Out-of-State Practice
AL	A	A	A	A	B
AK	B	B	C	A	C
AZ	B	B	A	B	C
AR	C	F	A	A	C
CA	B	B	A	B	C
CO	B	B	A	B	C
CT	B	A	A	B	C
DC	B	B	A	B	B
DE	B	B	A	B	C
FL	B	B	A	A	C
GA	B	C	A	A	C
HI	B	B	C	A	C
ID	B	B	A	B	C
IL	A	A	A	A	C
IN	B	B	A	F	C
IA	B	B	A	B	C
KS	A	A	A	A	C
KY	B	A	A	B	C
LA	B	B	A	B	C
ME	B	B	A	B	B
MD	A	B	A	A	B
MA	A	A	A	A	C
MI	A	A	A	A	C
MN	A	A	A	A	B
MS	B	B	A	B	C
MO	B	B	A	A	C
MT	A	A	A	A	C
NE	B	B	A	A	C
NV	A	B	A	B	B
NH	A	A	A	A	C
NJ	A	A	A	A	C
NM	A	A	A	A	B
NY	A	B	A	A	B
NC	B	B	A	A	C
ND	B	B	A	A	C

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State	Composite Grades	Physician-patient Encounter	Telepresenter	Informed Consent	Licensure & Out-of-State Practice
OH	A	B	A	A	B
OK	B	B	A	F	C
OR	A	A	A	A	B
PA	A	A	A	A	C
RI	B	B	A	B	C
SC	B	B	A	A	C
SD	A	A	A	A	C
TN	A	A	A	A	B
TX	C	F	B	F	B
UT	A	A	A	A	C
VT	B	B	A	B	C
VA	B	B	A	B	B
WA	B	B	A	F	C
WV	B	B	A	B	C
WI	A	A	A	A	C
WY	B	B	A	A	C

When compared to the May 2015 report and broken down using the four indicators, the state-by-state comparisons still reveal great disparities in the ways licensing boards regulate clinical practice when telemedicine is used.

- Regarding physician-patient encounters, Alabama repealed its telemedicine rules and leads 19 states which rank the highest, while Arkansas and Texas are ranked the lowest with failing scores mainly because they create the most stringent clinical practice rules for telemedicine providers when compared to in-person practice. (Figure 3).
- Regarding telepresenter requirements, Alaska and Hawaii are ranked the lowest with failing scores (Figure 4). An overwhelming majority of states do not require the presence of a health professional during a telemedicine encounter. Although most of the country does not require patient informed consent before a telemedicine encounter, 19 states and D.C. require physicians to obtain patient informed consent (Figure 5). This growing trend is largely due to states adopting language developed by the Federation of State Medical Boards (FSMB) and the American Medical Association (AMA) which promotes a regulatory requirement for patient informed consent for telemedicine encounters.

According to our scale, no state achieved a top score (A) for their licensure policies. This means that every state imposes a policy that makes practicing medicine across state lines difficult

regardless of whether or not telemedicine is used.

PURPOSE

A frequently asked question among people interested in telemedicine is “How does my state compare?” To answer that question for two key areas, reimbursement and medical practice rules, ATA has developed an easy-to-use, state-by-state report for each area.

This report on medical practice rules is especially timely with several licensing boards reviewing the emerging and evolving telemedicine practices and telemedicine use within their state.

This report helps answer the basic questions:

- “How does my state’s telemedicine policies compare to others?”
- “Which states offer the best policies for physicians using telemedicine?”
- “Which states impose barriers to telemedicine access for patients and providers?”

It is important to note that this report is not a “how-to guide” for becoming a telemedicine provider. This is a reference tool aimed to inform future policy decision making and serve as a reference for interested parties. The results presented in this document are based on information collected from state statutes, regulations, medical board statements, and other federal and state policy resources. However, the report does not assess unwritten medical board policies. It is ATA’s best effort to interpret and understand each state’s policies. Your own legal counsel should be consulted as appropriate.

OVERVIEW

Health care providers have seen a considerable amount of state policy activity to improve coverage and reimbursement of telemedicine-provided services by various payers. However, despite improvements to address the payment challenges, health care providers are encountering conflicting and sometimes confusing policies from their own colleagues.

Within the past year, over 25 states have considered proposals, with varied results, to revise health professional standards and licensure requirements when using telemedicine. Some states are creating new laws that impact access to care via telemedicine, while others are amending existing policies with greater implications.

More notably a few state medical boards are adopting practice standards with higher specifications for telemedicine than in-person care. Specifically, these boards have considered legal guidelines requiring an initial examination be conducted in-person and a physician-patient

relationship be established in-person. Boards have also considered other telemedicine barriers including requirements for a telepresenter, in-person follow up exam, and additional patient informed consent. These decisions leave telemedicine providers no choice but to navigate the medical practice laws in their state or risk punitive action by their board.

Licensure portability, the ability for health care providers to practice out-of-state using one license, is a contentious issue for health care providers whether services are deployed via telemedicine or not. Most states require that a physician is licensed in the state where their patient is located. However, these state-by-state approaches prevent people from receiving critical, often life-saving medical services that may be available to their neighbors living just across the state line. They also create economic trade barriers, restricting access to medical services and artificially protecting markets from competition.

ASSESSMENT METHODS

Scoring

This report evaluates telemedicine policies in each state based on two categories:

- Physician practice standards
- Licensure.

These categories were measured using four indicators. The indicators were chosen based on the most recent and generally accessible information assembled and published by state public entities. Using this information, we took qualitative characteristics based on standards for the physician-patient encounter and licensure requirements and assigned those quantitative values. States were given a certain number of points for each indicator depending on its effectiveness. The points were then used to rank and compare each state by indicator. We used a four-graded system to rank and compare each state. This is based off of the scores given to each state by indicator.

Each indicator was given a maximum number of points ranging from 1 to 9. The aggregate score for each indicator was ranked on a scale of A through F based on the maximum number of points. Unlike previous reports, the grades in this version also include assessments based on arbitrary medical board requirements for prescribed patient settings and in-state medical facility affiliation/establishment to qualify for licensure.

The report includes a category to capture the existence of a state policy or statement on internet prescribing in each state. We have included a matrix with hyperlinks to the policy or board statement language highlighting the position on internet prescribing.

Limitations

Physician licensure and medical practice policies vary in each state. Although groups such as the FSMB offer a uniform application for physician state licensure and guideline recommendations on practice standards, each state medical board has their own unique requirements and process for authorizing and permitting medical practice standards.

We analyzed statutes, regulations, and medical board statements/positions regarding the clinical permissibility of telemedicine. As such, the information in this report is a snapshot of information gathered through December 2015. This report does not assess unwritten medical board policies. The analysis and scores are reflective of the written medical policies regarding telemedicine.

INDICATORS

Physician Practice Standards

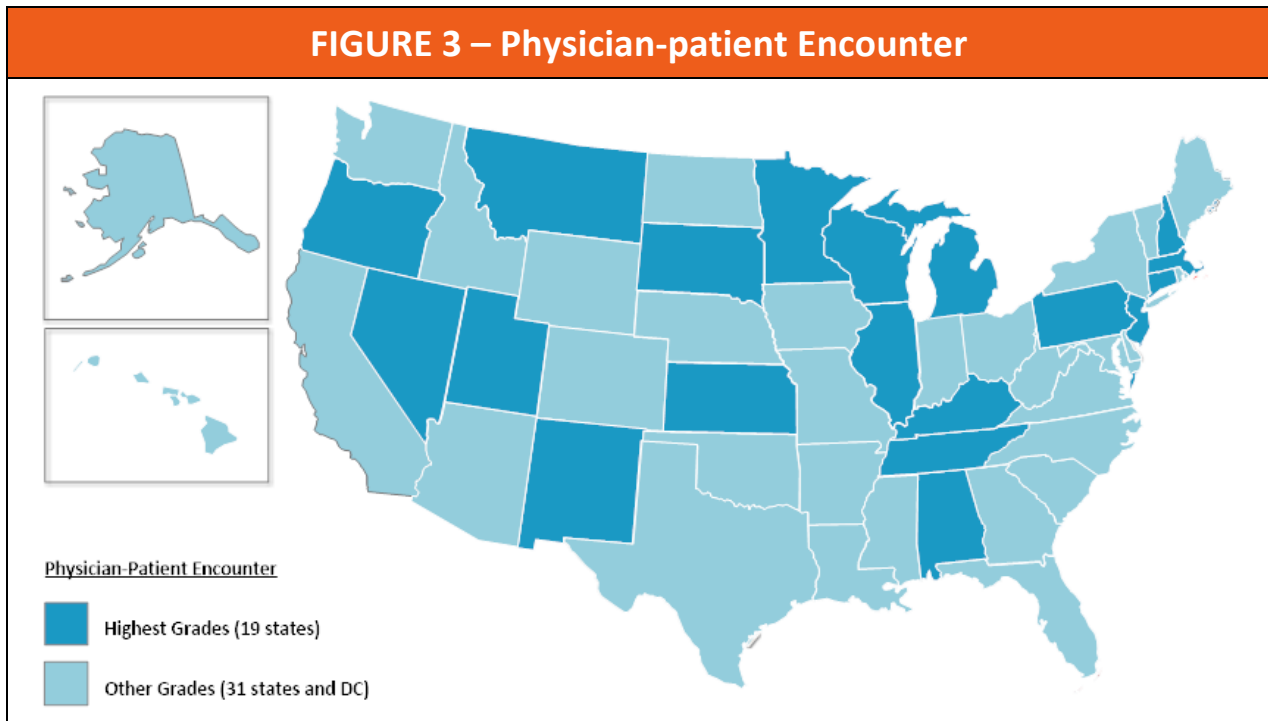
A. Physician-patient Encounter

Telemedicine is the use of telecommunications to facilitate health care delivery. As such, telemedicine is seen as a tool to augment, and not replace, the clinical practice, judgment, and expertise of a health care provider.

Each state was assessed based on policies pertaining to the use of telemedicine before, during, and after a patient encounter. Some states institute more stringent standards for physicians when using telemedicine, and may require an in-person visit in addition to any clinical examination performed via telemedicine. Unlike similar policies related to conditions of payment, these policies affect a provider's licensure status and permissibility to practice medicine.

We measured components of state policies that permit or obstruct the professional use of telemedicine before, during, or after the physician-patient encounter.

Scale – Physician-patient Encounter	
A	9+ points
B	7-8 points
C	5-6 points
F	≤ 4 point

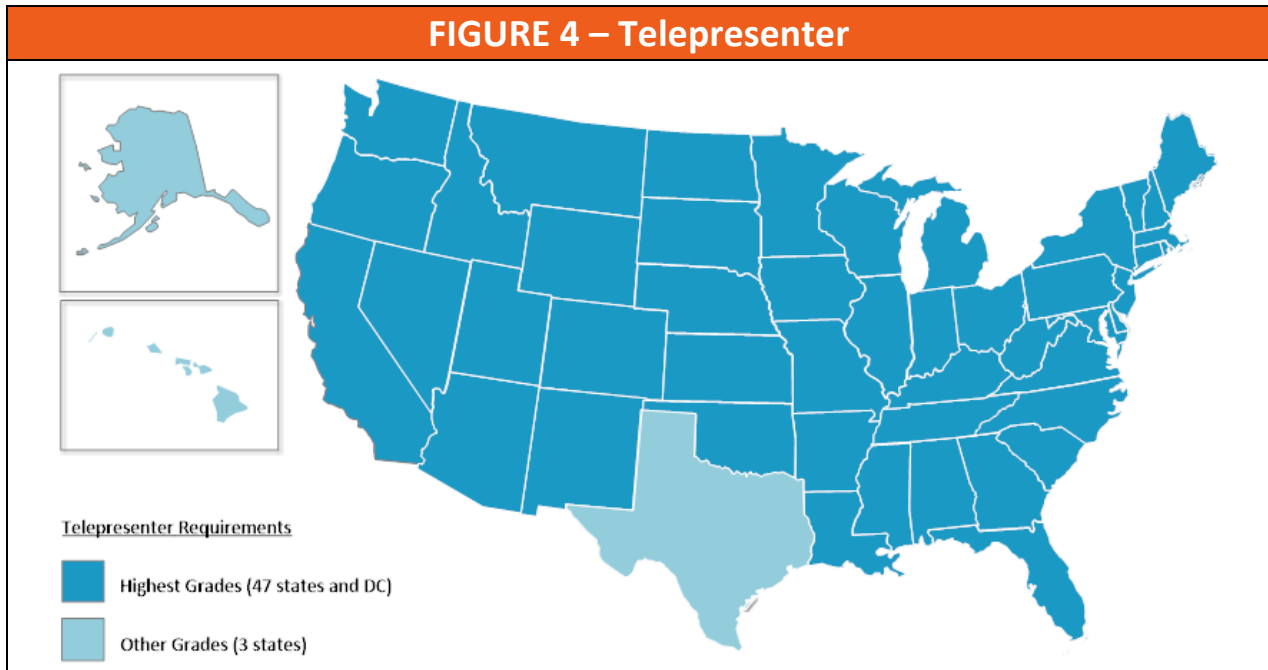


Nineteen states rank the highest, while Arkansas and Texas are ranked the lowest with failing (F) scores mainly because they create the most stringent clinical practice rules for telemedicine providers when compared to in-person practice (Figure 3). When compared to the May 2015 report, some states are ranking lower because they are developing separate and distinct clinical practice standards for telemedicine when compared to in-person care delivery. Alabama improved its grade to an “A” when the medical board repealed their cumbersome telemedicine regulations in the fall. Arkansas is the only state that requires an in-person visit before most telemedicine encounters. Georgia and Texas are the only states that require an in-person follow-up after a telemedicine encounter.

B. Telepresenter

For this report, we measured components of state Medical board policies and private insurance parity laws that apply more stringent requirements for telemedicine as opposed to in-person services. States were evaluated based on requirements for a telepresenter or health care provider on the premises during a telemedicine encounter.

Scale – Telepresenter	
A	3 points
B	2 points
C	1 point
F	0 points



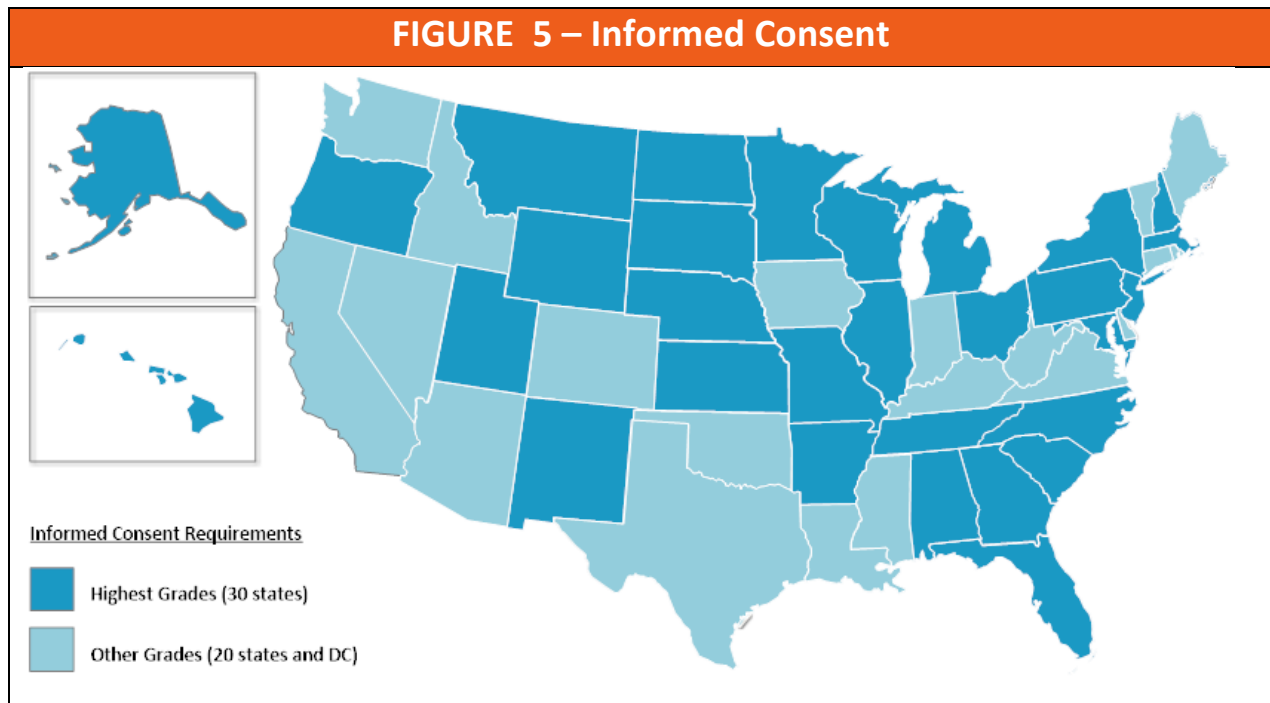
Alabama repealed its telemedicine rules making Texas the only state that requires a health care provider to be on the premises and not physically with the patient during a telemedicine encounter. Alaska and Hawaii are ranked the lowest with failing (F) scores (Figure 4). Legislation enacted in Louisiana removed the telepresenter requirements for telemedicine providers.

C. Informed Consent

We measured components of state Medical board and private insurance parity policies that apply more stringent requirements for telemedicine as opposed to in-person services. States were evaluated based on requirements for written or verbal informed consent, or unspecified methods of informed consent before a telemedicine encounter can be performed.

Scale – Informed Consent	
A	4 points
B	3 points
C	2 points
F	≤ 1 point

Most of the country does not require an additional patient informed consent before a telemedicine encounter (Figure 5). Nineteen states and D.C. have informed consent requirements with Indiana, Oklahoma, Texas, and Washington requiring written acknowledgement from the patient.



Licensure

D. Licensure and Out-of-State Practice

Licensure portability is an often debated topic. “Where should a health care provider be licensed”? “Which states allow health care providers to consult with one another across state lines”? “Which states inhibit patient choice by limiting the types of providers that can treat them”?

As the use of telecommunication to complement health care service delivery becomes readily available, some states have responded with policies that accommodate patient choice, peer consultation, and health provider shortages. For this report, we measured components of state Medical board licensure requirements for out-of-state telemedicine providers including reciprocity for bordering states, physician-to-physician (P2P) consultation exemptions, conditional/telemedicine licenses, and in-state brick-and-mortar affiliation/establishment to qualify for licensure.

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Scale – Licensure and Out-of-State Practice	
A	9 points
B	6-8 points
C	3-5 points
F	≤ 2 points

According to our scale, no state achieved a top score (A) for this indicator. This means that every state imposes a policy that makes practicing medicine across state lines difficult regardless of whether or not telemedicine is used. The Michigan, North Dakota, and Pennsylvania medical boards confirm that telemedicine is allowed to facilitate a peer-to-peer out-of-state consultation. Further, D.C., Maryland, New York, and Virginia, are the only states that have adopted language that would permit licensure reciprocity from bordering states.

Alabama, Louisiana, Minnesota, Nevada, New Mexico, Ohio, Oregon, Tennessee, and Texas are the only states that extend a conditional or telemedicine license to out-of-state physicians. Alternatively, 12 states have enacted laws adopting the FSMB compact which enforces an expedited license for out-of-state practice. Maine enacted a law this year to allow a licensure registration process that would permit qualified out-of-state physicians to practice in-state.

Internet Prescribing

This report also includes a category to capture the existence of a medical and/or pharmacy board policy or statement on internet prescribing in each state. We have included a matrix with hyperlinks to the policy or board statement language highlighting the position on internet prescribing.

State Report Card

Telemedicine in Alabama



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> • Last policy revision: August 2015. • The board repealed all telemedicine rules. There are no unique laws regulating practice of telemedicine. Standards are the same as in-person care. • The removal of the telemedicine rules also repealed the special purpose license for out-of-state providers to practice in AL. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

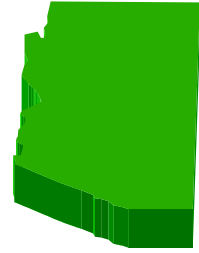
Telemedicine in Alaska



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: December 2014. The Board issued guidance to revise their practice standards for telemedicine providers. In-person and physician-patient relationships are required. However, telemedicine may be used to satisfy both requirements if a licensed healthcare provider is present with the patient. A physician is exempt from the telepresenter requirements if they are providing services in a community where no physician, physician assistant, nurse practitioner, nurse, or community health aid is available to conduct an examination. Radiologists, pathologists, and physicians providing on-call or cross-coverage emergency care are exempt from the previously stated requirements. Requires full license and allows P2P exemption. Effective November 2014, physicians physically located in AK may remotely prescribe non-controlled medications without conducting a physical exam in certain cases.
Telepresenter	C	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

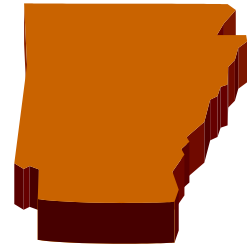
Telemedicine in Arizona



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: April 2014. • Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. • Requires written or verbal patient informed consent with some exceptions. • Requires full license and allows P2P exemption. • 2014 law codifies the allowance of telemedicine to be used in lieu of a physical exam and to establish the patient-physician relationship for the purposes of internet prescribing.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

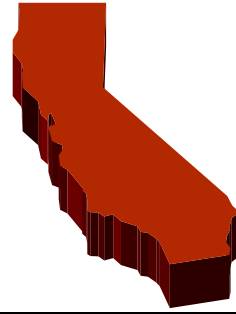
Telemedicine in Arkansas



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	F	<ul style="list-style-type: none"> Last policy revision: April 2015. Act 887 requires a pre-existing physician-patient relationship before a telemedicine encounter. The relationship may be established via an in-person exam, personally knowing the patient and their health status, in consultation with or referral by another health care provider who has a relationship with the patient or through an on-call or cross-coverage arrangement with the patient's regular treating provider.¹
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	<ul style="list-style-type: none"> The patient must be located in a healthcare facility or office, or the home only if they are receiving treatment for end-stage renal disease. Store-and-forward technology is not considered telemedicine and the law does not restrict the use of store-and-forward. Requires full license and allows P2P exemption. The board developed a stakeholder committee to review telemedicine policies. Discussions are ongoing.
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

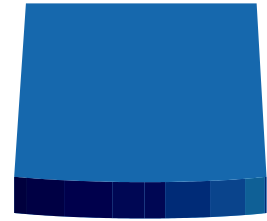
Telemedicine in California



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: September 2014. • Allows telemedicine to establish the patient-physician relationship. • Chapter 404 allows physicians the option to obtain written or verbal patient informed consent.² • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

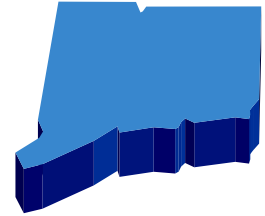
Telemedicine in Colorado



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: August 2015. • Board issued new guidance which allows telemedicine to establish the patient-physician relationship. • The new guidance also requires that a physician obtain patient informed consent. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Connecticut



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Last policy revision: June 2015. CT private insurance parity law includes a provision that defines telehealth practice standards for licensed professionals. Standard of care requirements for telemedicine are on par with requirements for in-person services, not including remote prescribing. The new law also requires that a physician obtain patient informed consent. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Delaware



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: July 2015. DE private insurance parity law includes a provision that requires a physician-patient relationship either in-person or via telehealth. Standard of care requirements for telemedicine are on par with requirements for in-person services, not including remote prescribing. The new law also requires that a physician obtain patient informed consent. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in D.C.



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: November 2014. Revised guidelines require a physician to establish a relationship and perform a patient evaluation. The relationship may be established via real-time auditory or real-time visual and auditory communications, or from a patient evaluation performed by another DC licensed physician Requires the physician to obtain and document patient informed consent except when providing interpretive services Requires full license, and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Florida



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: June 2014. • Allows telemedicine to establish the patient-physician relationship and conduct examination. • Rules do not apply to emergency medical conditions or emergency medical services provided by emergency physicians, emergency medical technicians, paramedics, and emergency dispatchers. • Phone, e-mail, text messages, and fax do not constitute telemedicine. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

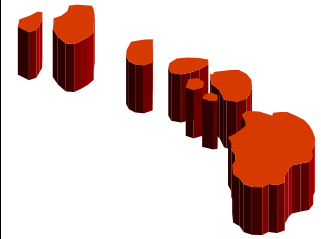
Telemedicine in Georgia



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	C	<ul style="list-style-type: none"> Last policy revision: April 2014. Allows telemedicine in lieu of an in-person examination in certain instances. Requires an in-person follow-up annually. Medical records must be kept by distant site and referring providers. Rule does not apply to telephonic consultations in an established physician-patient relationship. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Hawaii



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: June 2014. Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. Private insurance parity law requires a telepresenter except for cases involving behavioral health services.³ Requires full license and allows P2P exemption.
Telepresenter	C	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Idaho



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Latest policy revision: July 2015 • In March 2015, Chapter 121 was enacted to create clinical practice standards for telehealth providers. A provider may use two-way audio-video interaction to establish a provider-patient relationship.⁴ • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Illinois



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> • Last policy revision: January 1998. • Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. • Requires full license and allows P2P exemption. • Telemedicine rules scheduled to be repealed on December 31, 2016.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

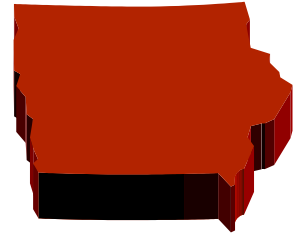
Telemedicine in Indiana



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: January 2015. Allows telemedicine in lieu of an in-person examination and to establish physician-patient relationship. The board is accepting proposals for its Telehealth Services Pilot Program. The pilot will allow IN licensed physicians, who have an established practice in the state, to provide primary, urgent, and nonemergent care via real-time video, secure chat/e-mail, or integrated telephony without establishing an in-person physician-patient relationship.⁵ Requires written patient informed consent for patient-physician e-mail communication. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	F	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Iowa



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Latest policy revision: June 2015 • The board voted to approve new regulations concerning the medical practice via telemedicine.⁶ • The rules will require a physician to have a valid physician-patient relationship and physical exam that may be satisfied using telemedicine. • Requires unspecified method of obtaining patient's informed consent. • The new regulations also outline special circumstances where the standard of care may not require a licensed provider to examine the patient. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Kansas



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

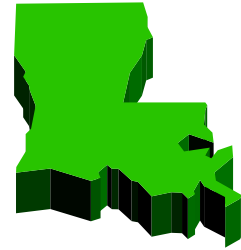
Telemedicine in Kentucky



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> • Last policy revision: July 2002. • Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. • Requires unspecified method of obtaining patient's informed consent. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Louisiana



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: October 2015. • Online, electronic or written mail message, or telephonic evaluation does not constitute telemedicine. • Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. • Requires unspecified method of obtaining patient's informed consent. • No physician may use telemedicine to treat non-cancer related chronic pain/intractable pain, obesity, or prescribe/dispense/administer amphetamines or narcotics unless board certified (with some exceptions). • Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in LA but must be affiliated with another in-state practice/facility. • Act No. 442 amends telemedicine practice guidelines for LA licensed health care providers.⁷
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

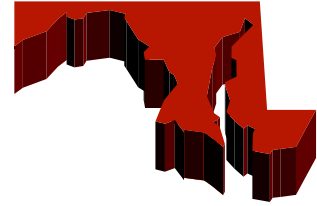
Telemedicine in Maine



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: September 2014. Board issued new guidance which allows telemedicine to establish the patient-physician relationship. The new guidance also requires that a physician obtain patient informed consent. Requires full license and allows P2P exemption. LD 662 enacted in 2015 allows out-of-state physicians to register for a telemedicine license.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

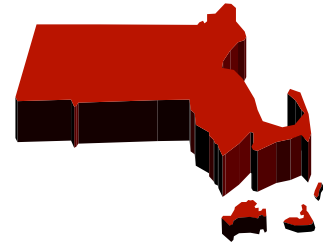
Telemedicine in Maryland



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: December 2013. Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. Requires full license and allows P2P exemption. Extends licensure reciprocity to bordering states.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Massachusetts



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Michigan



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Minnesota



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in MN.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Mississippi



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: May 2010. Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. MS Medical Board requires unspecified method of obtaining patient’s informed consent. Requires full license and allows P2P exemption. In April 2015, the board issued a hearing notice concerning a draft regulatory proposal to revise physician practice standards.⁸
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

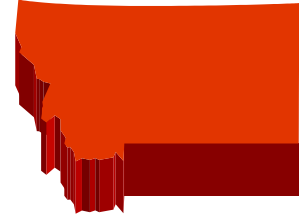
Telemedicine in Missouri



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: August 2013. Allows telemedicine in-lieu of an in-person exam and to establish physician-patient relationship. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Montana



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption. Chapter 154 removed the state's telemedicine license.⁹
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

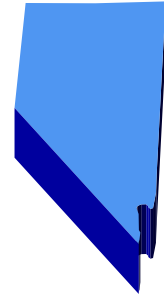
Telemedicine in Nebraska



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: December 2013. Allows telemedicine in-lieu of an in-person exam and to establish physician-patient relationship. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Nevada



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: May 2015. NV parity law includes provision defining telehealth. Standard of care requirements for telemedicine are on par with requirements for in-person services, not including remote prescribing. Requires unspecified method of obtaining patient's informed consent for osteopathic physicians only. Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in NV.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in New Hampshire



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption. In 2015, SB 84 was enacted to allow a physician-patient relationship to be established via telemedicine for the purpose of prescribing.¹⁰
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

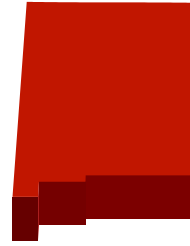
Telemedicine in New Jersey



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

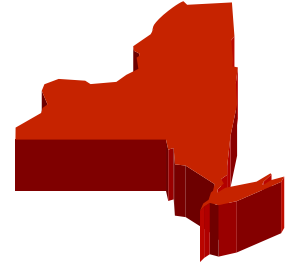
Telemedicine in New Mexico



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in NM.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

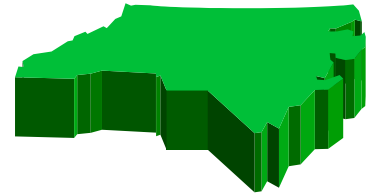
Telemedicine in New York



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: January 2009. • Allows telemedicine to establish the patient-physician relationship. • Requires full license and allows P2P exemption. • Extends licensure reciprocity to bordering tri-states.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

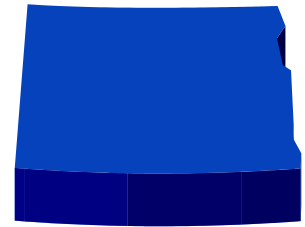
Telemedicine in North Carolina



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: November 2014 • Allows telemedicine in lieu of an in-person examination and to establish a physician-patient relationship. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

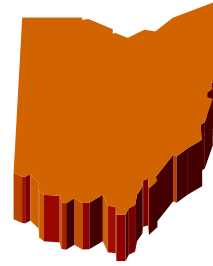
Telemedicine in North Dakota



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: March 2014 Allows telemedicine in lieu of an in-person examination and to establish a physician-patient relationship. Requires full license and allows P2P exemption. The board has a revised draft proposal pending.¹¹
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

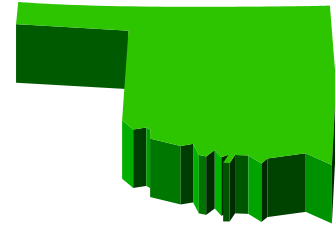
Telemedicine in Ohio



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Allows telemedicine in lieu of an in-person examination. Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in OH. OH Medical Board issued draft regulations for public comment concerning prescribing to persons the physician has not personally examined.¹²
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

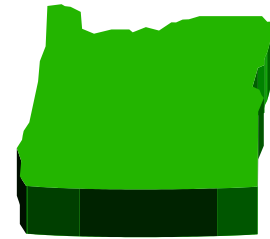
Telemedicine in Oklahoma



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: 2014. • Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. • Requires written patient informed consent. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	F	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Oregon



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in OR.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

Telemedicine in Pennsylvania



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

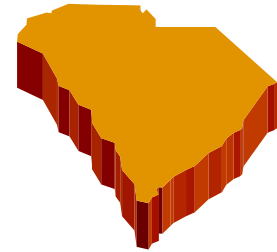
Telemedicine in Rhode Island



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: June 2014. Allows telemedicine to establish the patient-physician relationship. Requires patient-informed consent. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

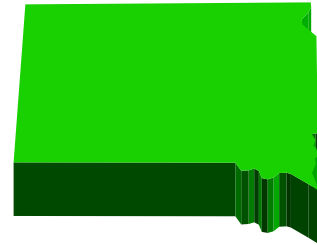
Telemedicine in South Carolina



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: August 2015 Board issued guidance which allows a physician-patient relationship and evaluation to be established via telemedicine. Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in South Dakota



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

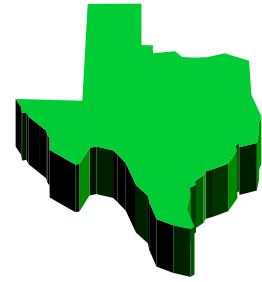
Telemedicine in Tennessee



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient Encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in TN. Proposed medical board regulations are pending approval.¹³ HB 699 was also enacted to prevent the board from adopting stricter stands for telemedicine than in-person care.¹⁴
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Texas



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	F	<ul style="list-style-type: none"> • Latest policy revision: June 2015.¹⁵ • Allows face-to-face telemedicine in lieu of an in-person examination and to establish the patient-physician relationship only when patient is located at established medical site. The home or patient's residence is considered an established medical site for purposes of mental health services. • A physician-patient relationship may not be established through an online questionnaire or questions and answers exchanged through e-mail, text, chat, or telephonic evaluation or consultation • Requires an in-person follow-up at least once a year. • Telepresenter on premises required for new conditions with the exception of mental health services. • Requires written patient informed consent. • Qualifying out-of-state physician has the option of applying for a full license or a telemedicine permit to practice in TX.
Telepresenter	B	
Informed Consent	F	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

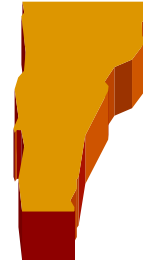
Telemedicine in Utah



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

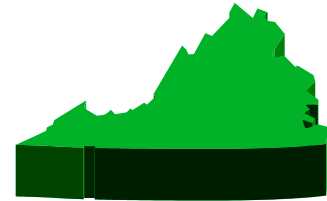
Telemedicine in Vermont



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: May 2015. Board issued new guidance which allows telemedicine to establish the patient-physician relationship. The new guidance also requires that a physician obtain patient informed consent. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

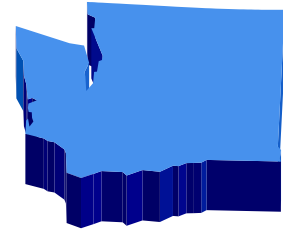
Telemedicine in Virginia



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: February 2015 • Board issued new guidance which allows telemedicine to establish the patient-physician relationship and evaluation. • The new guidance also requires that a physician obtain patient informed consent. • Requires full license and allows P2P exemption. • Extends licensure reciprocity to bordering states. • Enacted in March 2015, Chapter 115 permits the use of telemedicine to remotely prescribe Schedule VI controlled substance under certain conditions.¹⁶
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	B	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	

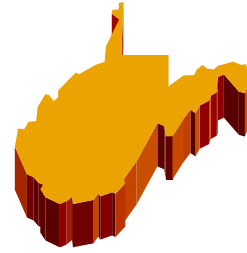
Telemedicine in Washington



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: October 2014. • Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. • Requires written patient informed consent. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	F	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in West Virginia



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	B	<ul style="list-style-type: none"> • Last policy revision: November 2014 • Allows telemedicine in lieu of an in-person examination and to establish the patient-physician relationship. • Requires unspecified method of obtaining patient's informed consent. • Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	B	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

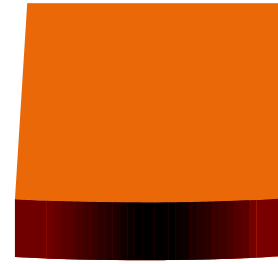
Telemedicine in Wisconsin



PHYSICIAN PRACTICE STANDARDS & LICENSURE:

Physician-patient encounter	A	<ul style="list-style-type: none"> Requirements for telemedicine are on par with requirements for in-person services, not including prescribing. No unique practice standard requirements for telemedicine. Requires full license and allows P2P exemption. Draft regulations are pending.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Telemedicine in Wyoming

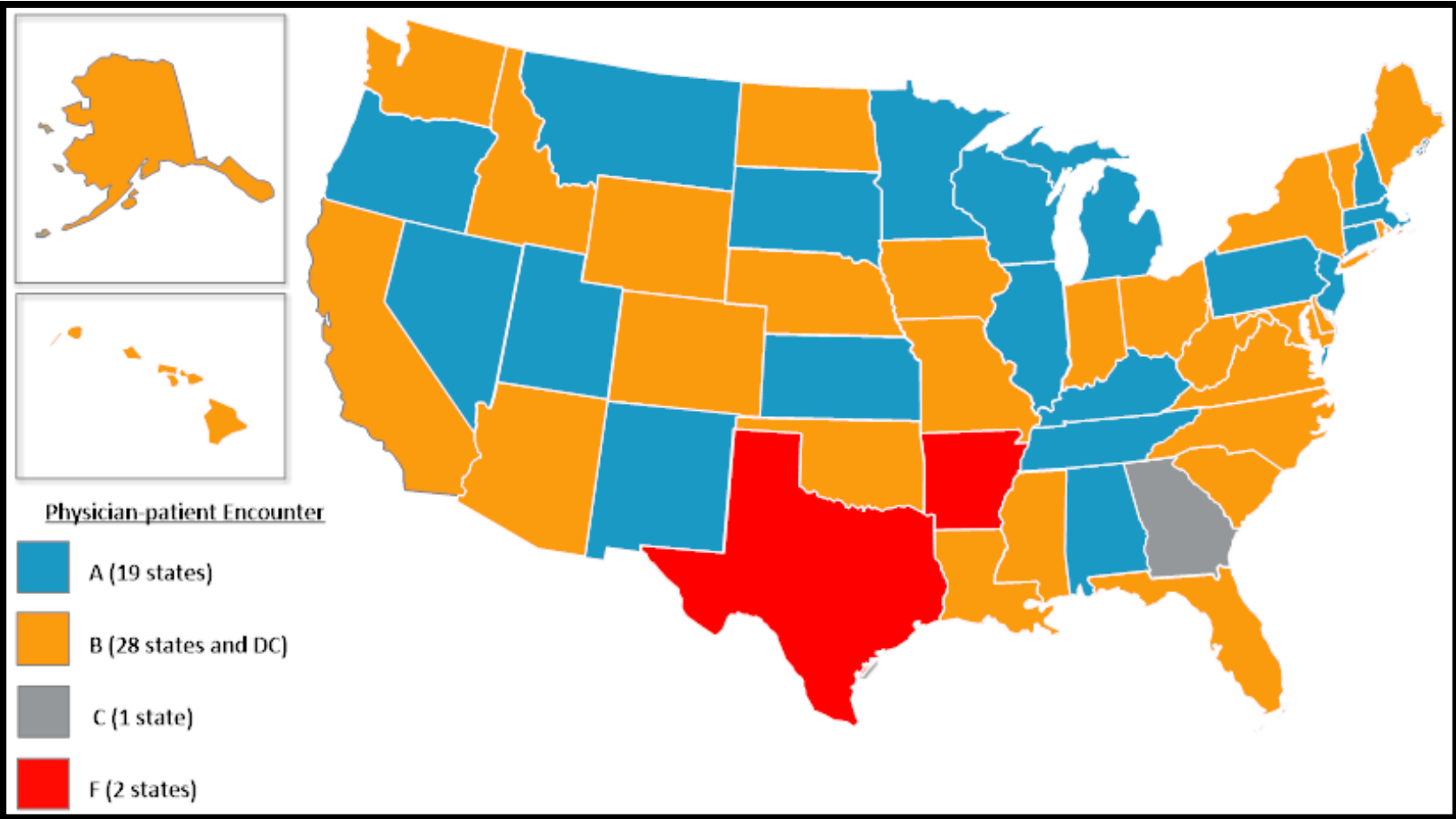


PHYSICIAN PRACTICE STANDARDS & LICENSURE:

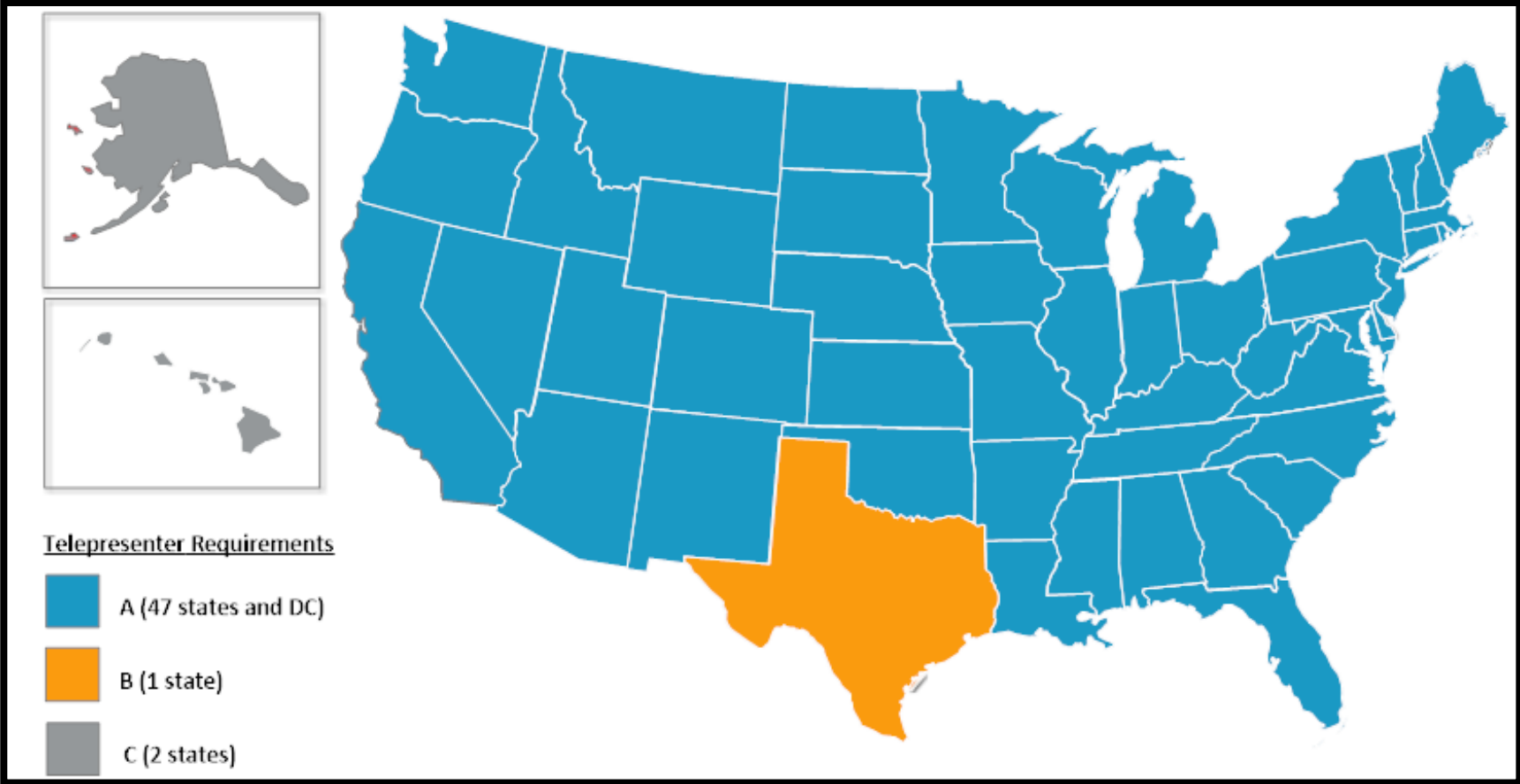
Physician-patient encounter	B	<ul style="list-style-type: none"> Last policy revision: August 2009. Allows telemedicine to establish the patient-physician relationship. Requires full license and allows P2P exemption.
Telepresenter	A	
Informed Consent	A	
Licensure & Out-of-State Practice	C	
MEDICAL BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:	✓	
PHARMACY BOARD POLICY OR STATEMENT ON INTERNET PRESCRIBING:		

Appendix

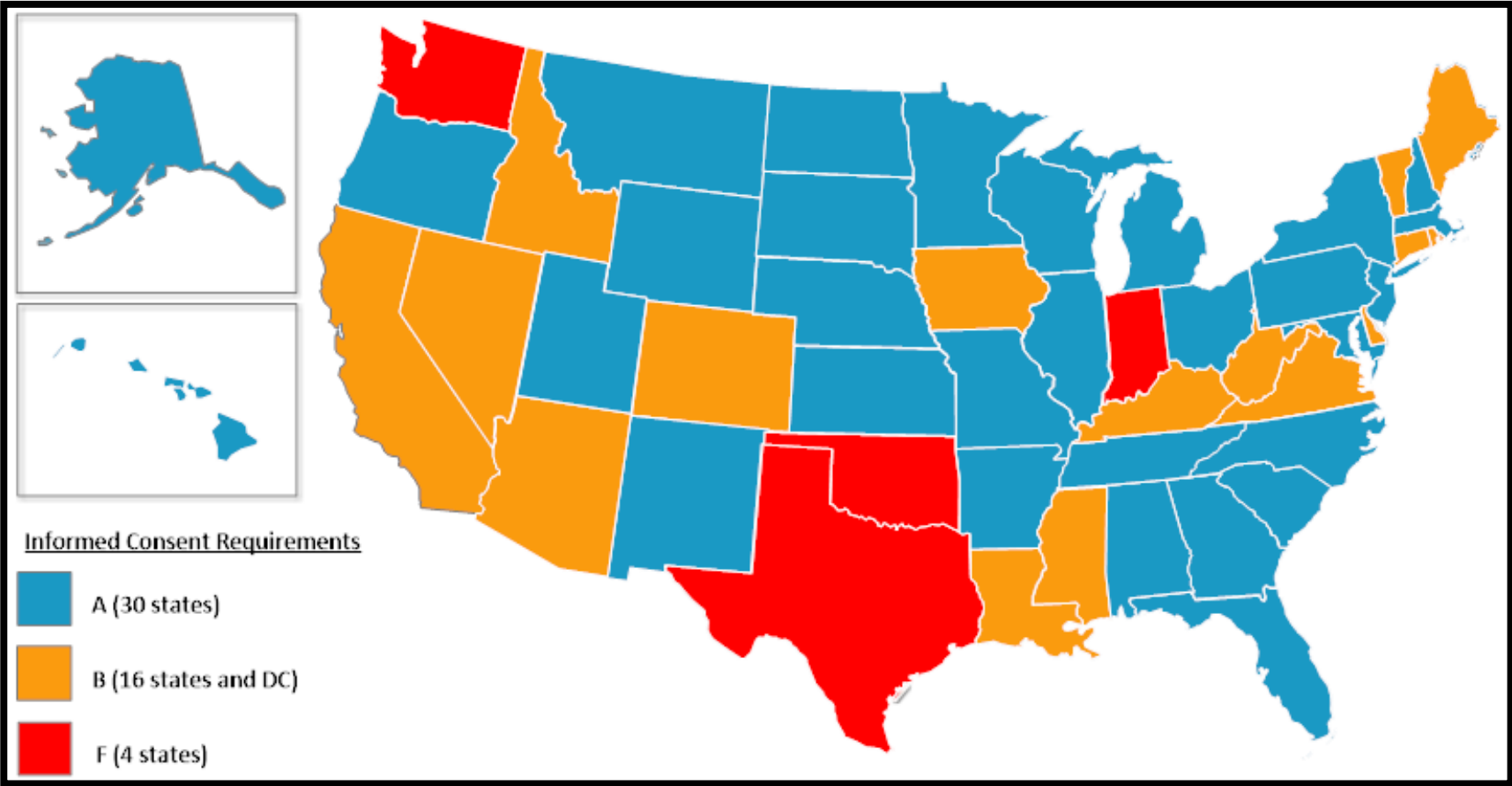
State Ratings – Physician-Patient Encounter via Telemedicine



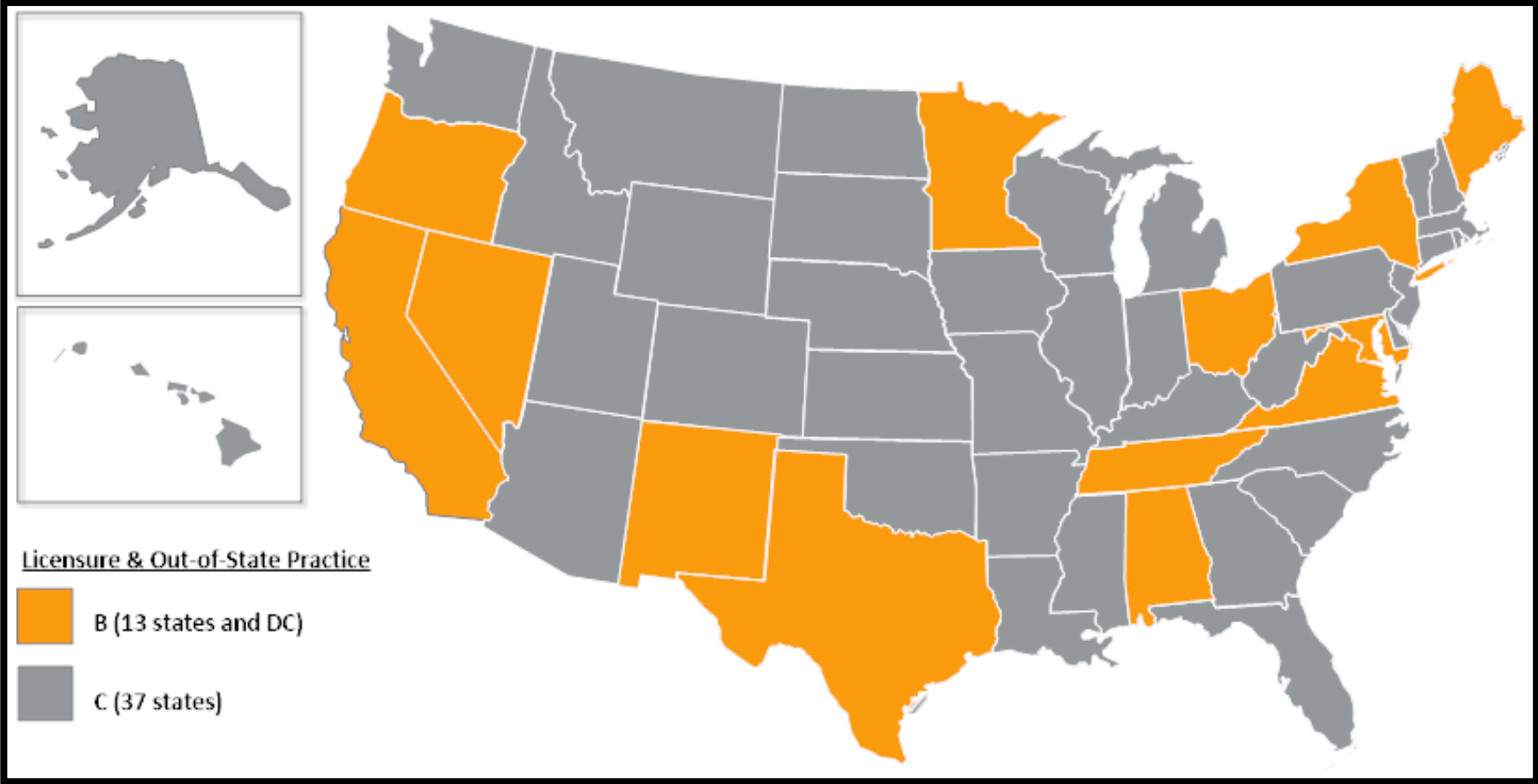
State Ratings – Telepresenter Requirements



State Ratings – Informed Consent Requirements



State Ratings – Licensure and Out-of-State Practice



Matrix - Physician State Practice Standards for Telemedicine (as of December 2015)

State	Requires Physical Exam/Evaluation	Requires Established Relationship	Allows Physical Examination/Relationship to be established via Telemedicine	Requires Follow-up in-person visit	Informed Consent	Telepresenter Required	Definition if applicable	Process to appeal exemption from Rules	Specifies telehealth/distant site provider	Technology Specified	Notes	State statutes/code/policy
Alabama		✓	✓								Alabama Admin. Code r. 540-X-15 REPEALED	Alabama Admin. Code r. 540-X-15 REPEALED
Alaska	✓	✓	✓			✓					The Board is considering revised rules related to unprofessional conduct.	Alaska Admin. Code, tit. 17, § 40.967 Alaska Board Issued Guidelines December 2014
					✓ - Written or Oral with the following exceptions: 1. If the telemedicine interaction does not take place in the physical presence of the patient. 2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent. 3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.		Telemedicine" means the practice of health care delivery, diagnosis, consultation and treatment and the transfer of medical data through interactive audio, video or data communications that occur in the physical presence of the patient, including audio or video communications sent to a health care provider for diagnostic or treatment consultation.				2014 law enacted that codifies the allowance of telemedicine to be used in lieu of a physical exam and to establish the patient-physician relationship for the purposes of internet prescribing.	Arizona Board Statement Position Aria. Rev. Stat. § 32-1401(i27)(ss)
Arizona	✓	✓	✓									
							(5) "Store and forward technology" means the transmission of a patient's medical information from an originating site to the provider at the distant site without the patient being present; and (6) "Telemedicine" means the medium of delivering clinical healthcare services by means of real-time two-way electronic audio-visual communications, including without limitation the application of secure video conferencing, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, or treatment of a patient's health care while the patient is at an originating site and the healthcare professional is at a distant site.		(1) "Distant site" means the location of the healthcare professional delivering services through telemedicine at the time the services are provided; (3) "Originating site" means: (A) The offices of a healthcare professional or a licensed healthcare entity where the patient is located at the time services are provided by a healthcare professional through telemedicine; and (B) The home of a patient in connection with treatment for end-stage renal disease	(6) "Telemedicine" means the medium of delivering clinical healthcare services by means of real-time two-way electronic audio-visual communications, including without limitation the application of secure video conferencing, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, or treatment of a patient's health care while the patient is at an originating site and the healthcare professional is at a distant site.	Store-and-forward technology is not considered telemedicine and the law does not restrict the use of store-and-forward; and (6) "Telemedicine" means the medium of delivering clinical healthcare services by means of real-time two-way electronic audio-visual communications, including without limitation the application of secure video conferencing, to provide or support healthcare delivery that facilitates the assessment, diagnosis, consultation, or treatment of a patient's health care while the patient is at an originating site and the healthcare professional is at a distant site.	Act 887; April 2014 Board Decision; Arkansas State Medical Board Regulation 2.8; Arkansas State Medical Board Physician Licensure Information Packet https://www.armedicalboard.org/Professionals/pdf/H3_AispPack.pdf https://www.armedicalboard.org/Professionals/pdf/mos.pdf
Arkansas	✓	✓									Telemedicine Committee in ongoing discussions to review telemedicine policies.	
					✓ - Verbal or written with the following exception: shall not apply to a patient under the jurisdiction of the Department of Corrections and Rehabilitation or any other correctional facility.							
California	✓	✓	✓									Cal. Bus. & Prof. Code § 2242.1(a) Cal. Bus. & Prof. Code § 2290.5
							"Telehealth" means a mode of delivery of health care services through telecommunications systems, including information, electronic, and communication technologies, to facilitate the assessment, diagnosis, consultation, treatment, education, care management, or self-management of a person's health care while the person is located at an originating site and the provider is located at a distant site. The term includes synchronous interactions and store-and-forward transfers. Telemedicine means the delivery of medical services and any diagnosis, consultation, or treatment using interactive audio, interactive video, or interactive data communication.					CRS § 12-36-106(1)(a); CRS § 12-36-102.5 Policy Statement 40-27, 40-3, 40-9
Colorado		✓	✓		✓							

Physician Practice Standards Licensure

Matrix - Physician State Practice Standards for Telemedicine (as of December 2015)												
State	Requires Physical Exam/Evaluation	Requires Established Relationship	Allows Physical Examination/Relationship to be established via Telemedicine	Requires Follow-up in-person visit	Informed Consent	Telepresenter Required	Definition if applicable	Process to appeal exemption from Rules	Specifies telehealth/distant site provider	Technology Specified	Notes	State statutes/code/policy
Connecticut			✓		✓		"Telehealth" means the mode of delivering health care or other health services via information and communication technologies to facilitate the diagnosis, consultation and treatment, education, care management and self-management of a patient's physical and mental health, and includes (A) interaction between the patient at the originating site and the telehealth provider at a distant site, and (B) synchronous interactions, asynchronous store and forward transfers or remote patient monitoring. Telehealth does not include the use of facsimile, audio-only telephone, texting or electronic mail.			Real time or store-and-forward		Public Act No. 15-88
Delaware	✓	✓	✓		✓		"Telehealth" means the use of information and communications technologies consisting of telephones, remote patient monitoring devices or other electronic means which support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services as described in regulation. "Telemedicine" means a form of telehealth which is the delivery of clinical health care services by means of real time two-way audio, visual, or other telecommunications or electronic communications, including the application of secure video conferencing or store and forward transfer technology to provide or support healthcare delivery, which facilitate the assessment, diagnosis, consultation, treatment, education, care management and self-management of a patient's health care by a health care provider practicing within his or her scope of practice as would be practiced in-person with a patient, legally allowed to practice in the state, while such patient is at an originating site and the health care provider is at a distant site.			Audio and video		HB 69
DC	✓	✓ - Using audio-video or audio only	✓		✓ - Not required for interpretive services such as S&F and RPM		"Telemedicine" means the practice of medicine by a licensed practitioner to provide patient care treatment or services, between a licensee in one location and a patient in another location with or without an intervening healthcare provider, through the use of health information and technology communications, subject to the existing standards of care and conduct. Generally, telemedicine is not an audio-only telephone conversation, electronic mail or instant messaging conversation or via fax. Telemedicine typically involves the application of secure videoconferencing or store and forward technology to provide or support the delivery of healthcare by replicating the interaction of a traditional encounter in person between a licensee and patient.				Policy notice issued November 2014	Telemedicine Policy 15-01
Florida		✓	✓				"Telemedicine" means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.		✓ - MD/DO and PA	Does not prohibit the transmission or review of digital images, pathology specimens, test results or other medical data by physicians or other qualified health providers		Fla. Admin. Code, r. 6488-9.0141; Fla. Admin. Code, r. 64B15-14.0081. https://www.frcrules.org/gateway/RuleNo.asp?Title=PRACTICES%20REQUIREMENTS&ID=64B15-14.0081
Georgia	✓		✓	✓							Does not interfere with telephonic follow-up or phone/internet consultations with other providers	Ga. Comp. R. & Regs 360-3-.07

Physician Practice Standards Licensure

Matrix - Physician State Practice Standards for Telemedicine (as of December 2015)												
State	Requires Physical Exam/Evaluation	Requires Established Relationship	Allows Physical Examination/Relationship to be established via Telemedicine	Requires Follow-up in-person visit	Informed Consent	Telepresenter Required	Definition if applicable	Process to appeal exemption from Rules	Specifies telehealth/distant site provider	Technology Specified	Notes	State statutes/code/policy
Hawaii	✓	✓	✓			✓	Telemedicine means the use of telecommunications services, including real-time video or web conferencing communication or secure web-based communication to establish a physician-patient relationship, to evaluate a patient, or to treat a patient. "telehealth" means the use of telecommunications as that term is defined in section 269-1, including but not limited to real-time video conferencing-based communication, secure interactive and non-interactive web-based communication, and secure asynchronous information exchange, to transmit patient medical information, including diagnostic-quality digital images and laboratory results for medical interpretation and diagnosis, for the purposes of delivering enhanced health care services and information to parties separated by distance, establishing a physician-patient relationship, evaluating a patient, or treating a patient.					Haw. Rev. Stat. § 453-1.3
Idaho		✓	✓		✓		"Telehealth services" means health care services provided by a provider to a person through the use of electronic communications, information technology, asynchronous store and forward transfer or synchronous interaction between a provider at a distant site and a patient at an originating site. Such services include, but are not limited to, clinical care, health education, home health and facilitation of self-managed care and caregiver support.					Idaho Session Law Chapter 121
Illinois			✓				Telemedicine means the performance of any of the activities listed in section 49, including but not limited to rendering written or oral opinions concerning diagnosis or treatment of a patient in Illinois by a person located outside the State of Illinois as a result of transmission of individual patient data by telephonic, electronic, or other means of communication from within this State. "Telemedicine" does not include the following: (1) periodic consultations between a person licensed under this Act and a person outside the State of Illinois; (2) a second opinion provided to a person licensed under this Act; and (3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine.					225 ILCS 60/49.5
Indiana	✓		✓		✓ - Written		An interactive internet medical practice site is a practice location and requires a defined physician-patient relationship. (b) Internet medical practice sites must clearly disclose the following: (1) The owner of the site. (2) The specific services provided. (3) The office address and contact information for the medical practice. (4) Licensure and qualifications of the physician or physicians and associated health care providers. (5) Fees for on-line consultation and services and how payment is to be made. (6) Financial interests in any information, products, or services. (7) Appropriate uses and limitations of the site, including providing health advice and emergency health situations. (8) Uses and response times for e-mails, electronic messages, and other communications transmitted via the site. (9) To whom patient health information may be disclosed and for what purpose. (10) Rights of patients with respect to patient health information (11) Information collected and any passive tracking mechanisms utilized.					844 Ind. Admin. Code 5-3-2; 844 Ind. Admin. Code 5-3-3 844 IAC 5-8-1

Matrix - Physician State Practice Standards for Telemedicine (as of December 2015)												
State	Requires Physical Exam/Evaluation	Requires Established Relationship	Allows Physical Examination/Relationship to be established via Telemedicine	Requires Follow-up in-person visit	Informed Consent	Telepresenter Required	Definition if applicable	Process to appeal exemption from Rules	Specifies telehealth/distant site provider	Technology Specified	Notes	State statutes/code/policy
Iowa	✓	✓	✓		✓		"Asynchronous store-and-forward transmission" means the transmission of a patient's health information from an originating site to a health care provider at a distant site without the presence of the patient. "Telemedicine" means the practice of medicine using electronic audio-visual communications and information technologies or other means, including interactive audio with asynchronous store-and-forward transmission, between a licensee in one location and a patient in another location with or without an intervening health care provider. Telemedicine includes store-and-forward technologies, remote monitoring, and real-time interactive services, including tele-radiology, tele-pathology. Telemedicine shall not include the provision of medical services only through an audio-only telephone, e-mail messages, facsimile transmissions, or U.S. mail or other parcel service, or any combination thereof. "Telemedicine technologies" means technologies and devices enabling secure electronic communications and information exchanges between a licensee in one location and a patient in another location with or without an intervening health care provider.					AC 653-13.11
Kansas			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Kentucky			✓		✓							Ky. Rev. Stat. Ann. § 311.5925
Louisiana	✓	✓	✓		✓		Telemedicine—the practice of health care delivery, diagnosis, consultation, treatment, and transfer of medical data by a physician using interactive telecommunication technology that enables a physician and a patient at two locations separated by distance to interact via two-way video and audio transmissions simultaneously. Neither a telephone conversation, an electronic mail message between a physician and a patient, or a true consultation constitutes telemedicine for the purposes of this Part.				Revised rules final	La. Admin. Code tit. 46, § 75, R.S. 37:1271
												LA Board Statement
												HCR No. 88
Maine	✓		✓		✓		Telemedicine - The practice of medicine at a distance through the use of any electronic means.					02-373 CMR 1 § 1101
Maryland	✓	✓	✓									Maine Board Telemedicine Guidelines Md. Code Regs. 10.12.05.05
Massachusetts			✓				The Practice of Medicine includes the following: 1. Telemedicine, as defined in 243 CMR 2.01: Telemedicine; and 2. Providing an independent medical examination or a disability evaluation. Telemedicine is the provision of services to a patient by a physician from a distance by electronic communication in order to improve patient care, treatment or services.					243 CMR 2.01
Michigan			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Minnesota			✓				Telemedicine means the practice of medicine as defined in section 147.081, subdivision 3, when the physician is not in the physical presence of the patient.					No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
							Telemedicine" is the practice of medicine using electronic communication, information technology or other means between a physician in one location and a patient in another location with or without an intervening health care provider. This definition does not include the practice of medicine through postal or courier services. Teleemergency medicine" is a unique combination of telemedicine and the collaborative/consultative role of a physician board certified in emergency medicine, and an appropriate skilled health professional (nurse practitioner or physician assistant).					
Mississippi	✓	✓	✓		✓						Revised rules pending	Code Miss. R. 30-5-2635
Missouri	✓	✓										MO Revised Statutes § 334.108, MO Revised Statutes § 376.1900.1
Montana			✓									Montana 2015 Regular Session Act 154
Nebraska	✓	✓									✓ - Medicaid encounters only	88 Neb. Admin. Code R. § 010.02

Matrix - Physician State Practice Standards for Telemedicine (as of December 2015)												
State	Requires Physical Exam/Evaluation	Requires Established Relationship	Allows Physical Examination/Relationship to be established via Telemedicine	Requires Follow-up in-person visit	Informed Consent	Telepresenter Required	Definition if applicable	Process to appeal exemption from Rules	Specifies telehealth/distant site provider	Technology Specified	Notes	State statutes/code/policy
Nevada	✓	✓	✓		✓ - D.O. only		"Practice of medicine" means: 1. To diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy. 2. To apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions. 3. To perform any of the acts described in subsections 1 and 2 by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics from within or outside this State or the United States.					NRS 630.020; NRS 633.165
New Hampshire			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
New Jersey			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
New Mexico			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
New York		✓	✓									NY Board Statement
North Carolina	✓	✓	✓				Practice of medicine - The performance of any act, within or without this State, described in this subdivision by use of any electronic or other means, including the Internet or telephone.					NC Medical Board Position 2014, N.C. Gen. Stat. § 90-1.115(f)
North Dakota	✓	✓	✓								Regulations pending	Board position statement
Ohio	✓		✓				Practice of telemedicine is defined in Ohio as the practice of medicine in this state through the use of any communication, including oral, written or electronic communication, by a physician located outside this state.					Ohio Board Position May 2012
Oklahoma	✓	✓	✓		✓ - Written		Telemedicine means the practice of healthcare delivery, diagnosis, consultation, treatment, including but not limited to, the treatment and prevention of conditions appropriate to treatment by telemedicine management, transfer of medical data, or exchange of medical education information by means of audio, video, or data communications. Telemedicine is not a consultation provided by telephone or facsimile machine (Oklahoma Statutes, Title 36, Sec.6802). This definition excludes phone or internet contact or prescribing and other forms of communication, such as web-based video, that might occur between parties that does not meet the equipment requirement as specified in OAC 435:10-7-13 and therefore requires an actual face-to-face encounter. Telemedicine physicians who meet the requirements of OAC 435:10-7-13 do not require a face to face encounter.					OK Board Position September 2013; Okla. Revised Statutes §36-6804; OK Rule 435-10-7-13 http://www.okmedicalboard.org/download/721/EmerRule_10-7-12.pdf
Oregon			✓								The Oregon Medical Board considers the full use of the patient history, physical examination, and additional laboratory or other technological data all important components of the physician's evaluation to arrive at diagnosis and to develop therapeutic plans. In those circumstances when one or more of those methods are not used in the patient's evaluation, the physician is held to the same standard of care for the patient's outcome.	No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Pennsylvania			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Rhode Island		✓	✓		✓		Telemedicine is defined very generally as the delivery of health care where there is no in-person exchange. Telemedicine, more specifically, is a mode of delivering health care services and public health utilizing information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health care providers.					RI Medical Board Policy (2014)
South Carolina	✓	✓	✓									SC Board Telemedicine Advisory Opinion
South Dakota			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Tennessee	✓		✓								Revised regulations pending state approval	Tenn. Comp. R. & Regs. 0880-02-14; Tenn. Code Ann. § 63-1-155
												2015 legislation enacted which prevents the Medical Board from imposing harsher practice standard requirements on telemedicine physicians Pub. Ch. 261

Matrix - Physician State Practice Standards for Telemedicine (as of December 2015)												
State	Requires Physical Exam/Evaluation	Requires Established Relationship	Allows Physical Examination/Relationship to be established via Telemedicine	Requires Follow-up in-person visit	Informed Consent	Telepresenter Required	Definition if applicable	Process to appeal exemption from Rules	Specifies telehealth/distant site provider	Technology Specified	Notes	State statutes/code/policy
Texas	✓	✓	✓ - Only when patient is located at established medical sites or the home for behavioral health services	✓ - At least once a year	✓ - Written	✓ - Onsite only, not required for telemental health	Telemedicine medical service--The practice of medical care delivery, initiated by a distant site provider, who is physically located at a site other than the site where the patient is located, for the purposes of evaluation, diagnosis, consultation, or treatment which requires the use of advanced telecommunications technology that allows the distant site provider to see and hear the patient in real time.		Distant site provider--A physician or a physician assistant or advanced practice nurse who is supervised by and has delegated authority from a licensed Texas physician, who uses telemedicine to provide health care services to a patient in Texas. Distant site providers must be licensed in Texas.		Patient's home is only permissible only for behavioral health services; In-person exam required when patient is not located at an established medical site; Revised regulations on cross call coverage pending	TX Statute Title 3, Sec. 111.002, 22 TAC §§174.1-174.12 http://www.tmb.state.tx.us/idf/45407014-79CD-93CE-1A70-102486693374
Utah			✓									No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Vermont	✓	✓	✓		✓							18 V.S.A. § 9361
Virginia	✓	✓	✓		✓							Vermont Board Guidelines VA Board Guidelines
Washington	✓	✓	✓		✓ - Written							WA Medical Quality Assurance Commission Policy 2014
West Virginia			✓		✓		Practice of telemedicine means the use of electronic information and communication technologies to provide health care when distance separates participants and includes one or both of the following: (1) The diagnosis of a patient within this state by a physician located outside this state as a result of the transmission of individual patient data, specimens or other material by electronic or other means from within this state to the physician or his or her agent; or (2) the rendering of treatment to a patient within this state by a physician located outside this state as a result of transmission of individual patient data, specimens or other material by electronic or other means from within this state to the physician or his or her agent.					WV Code Sec. 30-5-4
Wisconsin			✓								Proposed rules pending	No unique laws regulating practice of telemedicine. Standards are the same as in-person care.
Wyoming		✓	✓				Telemedicine® means the practice of medicine by electronic communication or other means from a physician in a location to a patient in another location, with or without an intervening health care provider.					WY Board Rules Chapter 1 Sec. 3, Wyo. Stat. § 33-26-102

✓= Existing Policy

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)				
State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
Alabama	✓	(2) Exemptions. Exemptions to the practice of medicine or osteopathy across state lines are defined as follows: (a) A physician who engages in the practice of medicine across state lines in a medical emergency, as defined in these rules, is not subject to the provisions of 97-166 Ala. Acts; (b) A physician who engages in the practice of medicine or osteopathy across state lines on an irregular or infrequent basis, as defined in these rules, is not subject to the provisions of 97-166 Ala. Acts.		Alabama Admin. Code r. 540-X-16-.02
Alaska	✓	This chapter does not apply to a physician or osteopath, who is not a resident of this state, who is asked by a physician or osteopath licensed in this state to help in the diagnosis or treatment of a case;		AS 08.64.370
Arizona	✓	A doctor of medicine residing in another jurisdiction who is authorized to practice medicine in that jurisdiction, if the doctor engages in actual single or infrequent consultation with a doctor of medicine licensed in this state and if the consultation regards a specific patient or patients.		Arizona Rev. Stat. Ann. § 32-1421(B)
Arkansas	✓	This section does not apply to: (1) The acts of a medical specialist located in another jurisdiction who provides only episodic consultation services; (2) The acts of a physician located in another jurisdiction who is providing consultation services to a medical school; (3) Decisions regarding the denial or approval of coverage under any insurance or health maintenance organization plan; (4) A service to be performed which is not available in the state; (5) A physician physically seeing a patient in person in another jurisdiction; or (6) Other acts exempted by the board by regulation.		AR Statute 17-95-206
California	✓	Exemption applies only to sporting events		Cal. Bus. & Prof. Code § 2076 and 2076.5
Colorado	✓	(3) A person may engage in, and shall not be required to obtain a license or a physician training license under this article with respect to, any of the following acts: (a) The gratuitous rendering of services in cases of emergency; (b) The occasional rendering of services in this state by a physician if the physician: (I) Is licensed and lawfully practicing medicine in another state or territory of the United States without restrictions or conditions on the physician's license; (II) Does not have any established or regularly used medical staff membership or clinical privileges in this state; (III) Is not party to any contract, agreement, or understanding to provide services in this state on a regular or routine basis; (IV) Does not maintain an office or other place for the rendering of such services; (V) Has medical liability insurance coverage in the amounts required pursuant to section 13-64-302, C.R.S., for the services rendered in this state; and (VI) Limits the services provided in this state to an occasional case or consultation.		CRSA § 12-36-106(3)(a)(b)
Connecticut	✓	(3) Any person who furnishes medical or surgical assistance in cases of sudden emergency; (4) Any person residing out of this state who is employed to come into this state to render temporary assistance to or consult with any physician or surgeon who has been licensed in conformity with the provisions of this chapter; (5) Any physician or surgeon residing out of this state who holds a current license in good standing in another state and who is employed to come into this state to treat, operate or prescribe for any injury, deformity, ailment or disease from which the person who employed such physician, or the person on behalf of whom such physician is employed, is suffering at the time when such nonresident physician or surgeon is so employed, provided such physician or surgeon may practice in this state without a Connecticut license for a period not to exceed thirty consecutive days;		CT Statute Chapter 370 Sec. 20-9
Delaware	✓	Consultation may be done telephonically, electronically or in person. Consultation shall ordinarily consist of a history and physical examination, review of records and imaging pathology or similar studies. Consultation includes providing opinions and recommendations. An active Delaware certificate is required of any out of state physician who comes into Delaware to perform a consultation more than twelve (12) times per year. A physician who comes into Delaware to perform consultations less than once a quarter must be actively licensed in another State or country on a full and unrestricted basis. Any consultations done for teaching and/or training purposes may include active participation in procedures and treatment, whether surgical or otherwise, provided a Delaware licensed physician remains responsible as the physician of record, and provided the patient is not charged a fee by the consultant.		24-1700 Del. Code Regs. § 6.0

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)				
State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
DC	✓	<p>To an individual, licensed, registered, or certified to practice a health occupation in a state, who is providing care to an individual or group for a limited period of time, or who is called from a state in professional consultation by or on behalf of a specific patient or client to visit, examine, treat, or advise the specific patient or client in the District, or to give a demonstration of a procedure or clinic in the District; provided, that the individual engages in the provision of care, consultation, demonstration, or clinic in affiliation with a comparable health professional licensed, registered, or certified pursuant to this chapter;</p> <p>To a health professional who is authorized to practice a health occupation in any state adjoining the District who treats patients in the District if: (A) The health professional does not have an office or other regularly appointed place in the District to meet patients; (B) The health professional registers with the appropriate board and pays the registration fee prescribed by the board prior to practicing in the District; and (C) The state in which the individual is licensed allows individuals licensed by the District in that particular health profession to practice in that state under the conditions set forth in this section.</p>		DC Statute § 3-1205.02
Florida	✓	<p>Provisions of this chapter shall have no application to any physician lawfully licensed in another state or territory or foreign country, when meeting duly licensed physicians of this state in consultation.</p> <p>A person who is physically located in another state or foreign country and who, through the use of any means, including electronic, radiographic, or other means of telecommunication, through which medical information or data are transmitted, performs an act that is part of a patient care service located in this state, including but not limited to the initiation of imaging procedures or the preparation of pathological material for examination, and that would affect the diagnosis or treatment of the patient is engaged in the practice of medicine in this state. Any person who performs such acts through such means shall be required to have a license to practice medicine in this state and shall be subject to regulation by the board. Any such out-of-state or foreign practitioner shall not have ultimate authority over the care or primary diagnosis of a patient who is located in this state.</p>		Fla. Stat. § 458.303
Georgia	✓	<p>This Code section shall not apply to: (1) The acts of a doctor of medicine or doctor of osteopathic medicine located in another state or foreign country who: (A) Provides consultation services at the request of a physician licensed in this state; and (B) Provides such services on an occasional rather than on a regular or routine basis; (2) The acts of a physician or osteopathic physician licensed in another state or foreign country who: (A) Provides consultation services in the case of an emergency; (B) Provides consultation services without compensation, remuneration, or other expectation thereof; or (C) Provides consultation services to a medical school which is located within this state and approved by the board; or (3) The acts of a physician or osteopathic physician located in another state or foreign country when invited as a guest of any medical school or osteopathic medical school approved by the board or a state medical society or component thereof, for the sole purpose of engaging in professional education through lectures, clinics, or demonstrations, provided that such physician or osteopathic physician is licensed to practice medicine or osteopathic medicine in the state or foreign country in which he or she is located.</p>		GA Code Ann. § 43-34-31

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)

State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
Hawaii	✓	<p>Exception: Any practitioner of medicine and surgery from another state when in actual consultation, including in-person, mail, electronic, telephonic, fiber-optic, or other telemedicine consultation with a licensed physician or osteopathic physician of this State, if the physician or osteopathic physician from another state at the time of consultation is licensed to practice in the state in which the physician or osteopathic physician resides; provided that:</p> <p>(A) The physician or osteopathic physician from another state shall not open an office, or appoint a place to meet patients in this State, or receive calls within the limits of the State for the provision of care for a patient who is located in this State;</p> <p>(B) The licensed physician or osteopathic physician of this State retains control and remains responsible for the provision of care for the patient who is located in this State; and</p> <p>(C) The laws and rules relating to contagious diseases are not violated;</p> <p>Provision of emergency medical services by physician, or any physician assistant when the services are rendered under the direction and control of a physician or osteopathic physician licensed in this State except for final refraction resulting in a prescription for spectacles, contact lenses, or visual training as performed by an oculist or optometrist duly licensed by the State. The direction and control shall not be construed in every case to require the personal presence of the supervising and controlling physician or osteopathic physician. Any physician or osteopathic physician who employs or directs a person certified under part II of this chapter to provide emergency medical services, or a physician assistant, shall retain full professional and personal responsibility for any act that constitutes the practice of medicine when performed by the certified person or physician assistant.</p>		HAW. REV. STAT. § 453-2
Idaho	✓	<p>b) A person residing in another state or country and authorized to practice medicine there, who is called in consultation by a person licensed in this state to practice medicine, or who for the purpose of furthering medical education is invited into this state to conduct a lecture, clinic, or demonstration, while engaged in activities in connection with the consultation, lecture, clinic, or demonstration, so long as he does not open an office or appoint a place to meet patients or receive calls in this state;</p> <p>(c) A person authorized to practice medicine in another state or country while rendering medical care in a time of disaster or while caring for an ill or injured person at the scene of an emergency and while continuing to care for such person;</p>		Idaho Statutes 54-1804
Illinois	✓	<p>No person shall practice medicine, or any of its branches, or treat human ailments without the use of drugs and without operative surgery, without a valid, existing license to do so, except that a physician who holds an active license in another state or a second year resident enrolled in a residency program accredited by the Liaison Committee on Graduate Medical Education or the Bureau of Professional Education of the American Osteopathic Association may provide medical services to patients in Illinois during a bonafide emergency in immediate preparation for or during interstate transit.</p> <p>"Telemedicine" does not include the following: (1) periodic consultations between a person licensed under this Act and a person outside the State of Illinois; (2) a second opinion provided to a person licensed under this Act; and (3) diagnosis or treatment services provided to a patient in Illinois following care or treatment originally provided to the patient in the state in which the provider is licensed to practice medicine.</p>		225 ILL. COMP. STAT. ANN. 60/3 and 60/49.5(c)
Indiana	✓	<p>A nonresident physician who is located outside Indiana does not practice medicine or osteopathy in Indiana by providing a second opinion to a licensee or diagnostic or treatment services to a patient in Indiana following medical care originally provided to the patient while outside Indiana.</p> <p>An individual who is not a licensee who resides in another state or country and is authorized to practice medicine or osteopathic medicine there, who is called in for consultation by an individual licensed to practice medicine or osteopathic medicine in Indiana.</p>		IC 25-22.5-1-1.1 and 25-22.5-1-2
Iowa	✓	<p>Physicians and surgeons or osteopathic physicians and surgeons of the United States army, navy, air force, marines, public health service, or other uniformed service when acting in the line of duty in this state, and holding a current, active permanent license in good standing in another state, district, or territory of the United States, or physicians and surgeons or osteopathic physicians and surgeons licensed in another state, when incidentally called into this state in consultation with a physician and surgeon or osteopathic physician and surgeon licensed in this state.</p>		IA Code §148.2

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)				
State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
Kansas	✓	Practitioners of the healing arts licensed in another state when and while incidentally called into this state in consultation with practitioners licensed in this state. Practitioners of the healing arts duly licensed under the laws of another state who do not open an office or maintain or appoint a place to regularly meet patients or to receive calls within this state, but who order services which are performed in this state in accordance with rules and regulations of the board. The board shall adopt rules and regulations identifying circumstances in which professional services may be performed in this state based upon an order by a practitioner of the healing arts licensed under the laws of another state.		KS Statutes 65-2872
Kentucky	✓	Persons who, being nonresidents of Kentucky and lawfully licensed to practice medicine or osteopathy in their states of actual residence, infrequently engage in the practice of medicine or osteopathy within this state, when called to see or attend particular patients in consultation and association with a physician licensed pursuant to this chapter		Ky. Rev. Stat. Ann. § 311.560
Louisiana	✓	A true consultation, e.g., an informal consultation or second opinion, provided by an individual licensed to practice medicine in a state other than Louisiana, provided that the Louisiana physician receiving the opinion is personally responsible to the patient for the primary diagnosis and any testing and treatment provided.		La. Admin. Code tit. 46, § 7515
Maine	✓	Consultation shall be considered to occur when a physician not licensed in the State of Maine reviews records or interviews or examines a patient in any way, and provides a professional opinion or recommendation to a physician licensed in the State of Maine who is the physician of record for the patient being diagnosed or treated. Such consultant must be fully licensed in another state. A non-resident physician does not need a license in this State if he/she consults on an irregular basis with a physician or physicians licensed in this State.		02-152 CMR 1 § 2(4)(B)
Maryland	✓	Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license: a physician licensed by and residing in another jurisdiction, while engaging in consultation with a physician licensed in this State; 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 the physician does not have an office or other regularly appointed place in this State to meet patients; and the same privileges are extended to licensed physicians of this State by the adjoining state;	Adjoining states	Annotated Code of Maryland, HEALTH OCCUPATIONS § 14-302
Massachusetts	✓	They shall not apply to a physician authorized to practice medicine in another state, when he is called as the family physician to attend a person temporarily abiding in the commonwealth; to a physician authorized to practice medicine in another state or country, when he is providing medical services only to athletes or team personnel attending a sporting event sponsored by the US Olympic Committee or a World Cup Organizing Committee		MCL Ch. 112 section 7
Michigan	✓			Public Health Code 333.16171
Minnesota	✓	A physician who is not licensed to practice medicine in this state, but who holds a valid license to practice medicine in another state or jurisdiction, and who provides interstate telemedicine services to a patient located in this state is not subject to the registration requirement of subdivision 1, paragraph (a), clause (4), if: (1) the services are provided in response to an emergency medical condition. For the purposes of this section, an emergency medical condition means a condition, including emergency labor and delivery, that manifests itself by acute symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected to result in placing the patient's health in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any body organ or part; (2) the services are provided on an irregular or infrequent basis. For the purposes of this section, a person provides services on an irregular or infrequent basis if the person provides the services less than once a month or provides the services to fewer than ten patients annually; or (3) the physician provides interstate telemedicine services in this state in consultation with a physician licensed in this state and the Minnesota physician retains ultimate authority over the diagnosis and care of the patient.		Minn. Stat. § 147.032

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)

State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
Mississippi	✓	However, a valid Mississippi license is not required where the evaluation, treatment and/or medicine given to be rendered by a physician outside of Mississippi is requested by a physician duly licensed to practice medicine in Mississippi, and the physician who has requested such evaluation, treatment and/or medical opinion has already established a doctor/patient relationship with the patient to be evaluated and/or treated.		Code Miss. R. 30-5-2635
Missouri	✓	A physician located outside of this state shall not be required to obtain a license when: (1) In consultation with a physician licensed to practice medicine in this state; and (2) The physician licensed in this state retains ultimate authority and responsibility for the diagnosis or diagnoses and treatment in the care of the patient located within this state; or (3) Evaluating a patient or rendering an oral, written or otherwise documented medical opinion, or when providing testimony or records for the purpose of any civil or criminal action before any judicial or administrative proceeding of this state or other forum in this state; or (4) Participating in a utilization review pursuant to section 376.1350.		MO Revised Statutes § 334.010
Montana	✓	This chapter does not prohibit or require a license with respect to any of the following acts: (a) the gratuitous rendering of services in cases of emergency or catastrophe; (b) the rendering of services in this state by a physician lawfully practicing medicine in another state or territory. However, if the physician does not limit the services to an occasional case or if the physician has any established or regularly used hospital connections in this state or maintains or is provided with, for the physician's regular use, an office or other place for rendering the services, the physician must possess a license to practice medicine in this state.		MT Code Ann. 37-3-103
Nebraska	✓	(6) Physicians who are licensed in good standing to practice medicine under the laws of another state when incidentally called into this state or contacted via electronic or other medium for consultation with a physician licensed in this state. For purposes of this subdivision, consultation means evaluating the medical data of the patient as provided by the treating physician and rendering a recommendation to such treating physician as to the method of treatment or analysis of the data. The interpretation of a radiological image by a physician who specializes in radiology is not a consultation; (7) Physicians who are licensed in good standing to practice medicine in another state but who, from such other state, order diagnostic or therapeutic services on an irregular or occasional basis, to be provided to an individual in this state, if such physicians do not maintain and are not furnished for regular use within this state any office or other place for the rendering of professional services or the receipt of calls; (8) Physicians who are licensed in good standing to practice medicine in another state and who, on an irregular and occasional basis, are granted temporary hospital privileges to practice medicine and surgery at a hospital or other medical facility licensed in this state; (9) Persons providing or instructing as to use of braces,		NE STAT. 38-2025
Nevada	✓	1. Any physician licensed in this State shall notify the Board if any unlicensed physician comes into this State for consultation with or assistance to the physician licensed in this State and specify the date of the consultation or assistance, whether the unlicensed physician has provided such consultation or assistance, or both, to the licensed physician in the past, and the date of that consultation and assistance. 2. A physician licensed in this State who consults with or receives assistance from a physician licensed in another state pursuant to subsection 1 shall comply with the provisions of chapter 629 of NRS governing the preparation, retention or dissemination of any health care record resulting from the consultation or assistance between the physician licensed in this State and the physician licensed in another state.		NAC 630.225
New Hampshire	✓	A physician located outside of this state shall not be required to obtain a license when: 1) in consultation with a physician licensed to practice medicine in this state who has a bona fide doctor-patient relationship with the patient; AND 2) the physician licensed in this state retains the ultimate authority and responsibility for the diagnosis and treatment in the care of the patient located within this state.		Board State April 2004
New Jersey	✓	Exemption: A physician or surgeon of another state of the United States and duly authorized under the laws thereof to practice medicine or surgery therein, if such practitioner does not open an office or place for the practice of his profession in this State		NJ STAT. ANN. § 45:9-21
New Mexico	✓	Physician licensed to practice under the laws of another state who acts as a consultant to a NM physician on an irregular or infrequent basis		NMSA § 61-6-17

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)

State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
New York	✓	The following persons under the following limitations may practice medicine within the state without a license: 2. Any physician who is licensed in a bordering state and who resides near a border of this state, provided such practice is limited in this state to the vicinity of such border and provided such physician does not maintain an office or place to meet patients or receive calls within this state; 3. Any physician who is licensed in another state or country and who is meeting a physician licensed in this state, for purposes of consultation, provided such practice is limited to such consultation	Bordering state	N.Y. EDN. LAW § 6526: NY Code - Section 6526
North Carolina	✓	The practice of medicine or surgery by any nonregistered reputable physician or surgeon who comes into this State, either in person or by use of any electronic or other mediums, on an irregular basis, to consult with a resident registered physician or to consult with personnel at a medical school about educational or medical training. This proviso shall not apply to physicians resident in a neighboring state and regularly practicing in this State.		NC Medical Board Position July 2010
North Dakota	✓			ND Code 43-17-02
Ohio	✓	Exemptions:(3) A physician or surgeon in another state or territory who is a legal practitioner of medicine or surgery therein when providing consultation to an individual holding a certificate to practice issued under this chapter who is responsible for the examination, diagnosis, and treatment of the patient who is the subject of the consultation, if one of the following applies: (a) The physician or surgeon does not provide consultation in this state on a regular or frequent basis. (b) The physician or surgeon provides the consultation without compensation of any kind, direct or indirect, for the consultation. (c) The consultation is part of the curriculum of a medical school or osteopathic medical school of this state or a program described in division (A)(2) of section 4731.291 of the Revised Code. (4) A physician or surgeon in another state or territory who is a legal practitioner of medicine or surgery therein and provided services to a patient in that state or territory, when providing, not later than one year after the last date services were provided in another state or territory, follow-up services in person or through the use of any communication, including oral, written, or electronic communication, in this state to the patient for the same condition; (5) A physician or surgeon residing on the border of a contiguous state and authorized under the laws thereof to practice medicine and surgery therein, whose practice extends within the limits of this state. Such practitioner shall not either in person or through the use of any communication, including oral, written, or electronic communication, open an office or appoint a place to see patients or receive calls within the limits of this state.		OH. REV. CODE § 4731.36
Oklahoma	✓	Any person licensed to practice medicine and surgery in another state or territory of the United States who renders emergency medical treatment or briefly provides critical medical service at the specific lawful direction of a medical institution or federal agency that assumes full responsibility for that treatment or service and is approved by the Board; 8. Any person who is licensed to practice medicine and surgery in another state or territory of the United States whose sole purpose and activity is limited to brief actual consultation with a specific physician who is licensed to practice medicine and surgery by the Board, other than a person with a special or restricted license		Okla. Stat. tit. 59, § 492(D)
Oregon	✓	(1) A license to practice across state lines is not required of a physician: (a) Engaging in the practice of medicine across state lines in an emergency (ORS 677.060 (3)), or (b) Located outside this state who consults with another physician licensed to practice medicine in this state, and who does not undertake the primary responsibility for diagnosing or rendering treatment to a patient within this state; (c) Located outside the state and has an established physician patient relationship with a person who is in Oregon temporarily and who requires the direct medical treatment by that physician.		OR Admin. Rules 847-025-0020; OR Stat 677.137
Pennsylvania	✓			63 PS 422.16
Rhode Island	✓	A physician who is licensed to practice medicine in another state or states, but not in this state, and who is in good standing in such state or states, may exercise the privilege to practice medicine for a patient located in this state under the following circumstances only: The physician, whether or not physically present in this state, is being consulted on a singular occasion by a physician licensed in this state, or is providing teaching assistance in a medical capacity, for a period not to exceed seven (7) days. Under no circumstance may a physician who is not present in this state provide consultation to a patient in this state who does not have a physician patient relationship with that physician unless that patient is in the physical presence of a physician licensed in this state.		Law Signed by Gov. 6/30/14

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)

State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
South Carolina	✓	prohibit a physician from practicing in actual consultation with a physician licensed in this State concerning an opinion for the South Carolina physician's consideration in managing the care or treatment of a patient in this State. (B)(1) A physician licensed in another state, territory, or other jurisdiction of the United States or of any other nation or foreign jurisdiction is exempt from the requirements of licensure in this State, if the physician: (a) holds an active license to practice in the other jurisdiction; (b) engages in the active practice of medicine in the other jurisdiction; and (c) is employed or designated as the team physician by an athletic team visiting the State for a specific sporting event.		S.C. Code Ann. § 40-47-25
South Dakota	✓			SD Code 36-2-9
Tennessee	✓	(a) A physician who practices medicine across state lines in an emergency; or (b) A physician who engages in the practice of medicine across state lines that occurs less than once a month or involves fewer than ten patients on an annual basis, or comprises less than one percent (1%) of the physician's diagnostic or therapeutic practice; or (c) Physicians who engage in the practice of medicine across state lines without compensation or expectation of compensation unless the practice exceeds the limits established by paragraph (6)(b); or (d) The informal practice of medicine in the form of uncompensated consultations regardless of their frequency; or (e) Licensed/registered physicians or surgeons of other states when called in consultation by a Tennessee licensed/registered physician as provided by T.C.A. §63-6-204 (a) (3).		Tenn. Comp. R. & Regs 0880-02-.16
Texas	✓	(f) Exemptions. The following activities shall be exempt from the requirements of an out-of-state telemedicine license and this chapter: (1) episodic consultation by a medical specialist located in another jurisdiction who provides such consultation services on request to a person licensed in this state; (2) consultation services provided by a physician located in another jurisdiction to a medical school as defined in the Education Code, §61.501; (3) consultation services provided by a physician located in another jurisdiction to an institution defined in either Subchapter C, Chapter 73, or Subchapter K, Chapter 74 of the Education Code; (4) informal consultation performed by a physician outside the context of a contractual relationship and on an irregular or infrequent basis without the expectation or exchange of direct or indirect compensation; (5) furnishing of medical assistance by a physician in case of an emergency or disaster if no charge is made for the medical assistance; and (6) ordering home health or hospice services for a resident of this state to be delivered by a home and community support services agency licensed by this state, by the resident's treating physician who is located in another jurisdiction of a state having borders contiguous with the borders of this state.		22 TAC §§172.12
Utah	✓	(7) an individual engaging in the practice of medicine when: (a) the individual is licensed in good standing as a physician in another state with no licensing action pending and no less than ten years of professional experience; (b) the services are rendered as a public service and for a noncommercial purpose; (c) no fee or other consideration of value is charged, received, expected, or contemplated for the services rendered beyond an amount necessary to cover the proportionate cost of malpractice insurance; and (d) the individual does not otherwise engage in unlawful or unprofessional conduct;		Utah Code Ann. § 58-67-305
Vermont	✓	a nonresident physician coming into this state to consult or using telecommunications to consult with a duly licensed practitioner herein		26 V.S.A. § 1313
Virginia	✓	Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth; The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state, or from a licensed nurse practitioner, to emergency medical personnel acting in an emergency situation	Adjoining states	Va. Code Ann. § 54.1-2901
Washington	✓	The practice of medicine by any practitioner licensed by another state or territory in which he or she resides, provided that such practitioner shall not open an office or appoint a place of meeting patients or receiving calls within this state; The practice of medicine, in any part of this state which shares a common border with Canada and which is surrounded on three sides by water, by a physician licensed to practice medicine and surgery in Canada or any province or territory thereof	Canadian privileges	RCW 18.71.030

Matrix - State Policies on Provider-to-Provider Consultations (as of December 2015)

State	Allows some exemptions for consultations by out-of-state physicians	Legal Language	Notes	Reference to State statutes/code/policy
West Virginia	✓	Physicians or podiatrists licensed in other states or foreign countries who are acting in a consulting capacity with physicians or podiatrists duly licensed in this state for a period of not more than three months: Provided, That this exemption is applicable on a one-time only basis; An individual physician or podiatrist, or physician or podiatrist groups, or physicians or podiatrists at a tertiary care or university hospital outside this state and engaged in the practice of telemedicine who consult or render second opinions concerning diagnosis or treatment of patients within this state: (i) In an emergency or without compensation or expectation of compensation; or (ii) on an irregular or infrequent basis which occurs less than once a month or less than twelve times in a calendar year;		WV Code Sec. §30-3-13
Wisconsin	✓	Actual consultation or demonstration by licensed physicians or perfusionists or certified respiratory care practitioners of other states or countries with licensed physicians or perfusionists or certified respiratory care practitioners of this state.		WI Statute 448.03
Wyoming	✓	Any individual residing in and licensed in good standing to practice medicine in another state or country brought into this state for consultation by a physician licensed to practice medicine in this state, provided the physician licensed in this state notifies the board of the consultation in compliance with regulations adopted by the board This requirement shall not apply to an out-of-state physician who consults by telephone, electronic or any other means with an attending physician licensed by this board or to an out-of-state physician who is specifically exempt from licensure pursuant to W.S. 33-26-103		W.S. 33-26-103; WY Board Rules Chapter 1 Sec. 4 http://wyomedboard.state.wy.us/PDF%5CRules%5CBO%20Rules%20August%202009.pdf

✓= Existing Policy

Matrix - State Licensure Laws for Telemedicine					
State	Full License	Special Telehealth or Conditional or Special Purpose License	FSMB Compact	Notes	State statutes/code/policy
Alabama	✓		✓		
Alaska	✓				
Arizona	✓				
Arkansas	✓				
California	✓				
Colorado	✓				
Connecticut	✓				
Delaware	✓				
DC	✓				
Florida	✓				
Georgia	✓				
Hawaii	✓				
Idaho	✓		✓		
Illinois	✓		✓		
Indiana	✓				
Iowa	✓		✓		
Kansas	✓				
Kentucky	✓				
Louisiana	✓	✓		Finalized regulations	RS 37:1271 and 1276.1
Maine	✓	✓		Enacted legislation authorizing special registration for out-of-state telemedicine providers	Maine 2015 Regular Session Chapter 137
Maryland	✓				
Massachusetts	✓				
Michigan	✓				
Minnesota	✓	✓	✓		Minn. Stat. § 147.032
Mississippi	✓				Miss. Code Ann. § 73-25-34
Missouri	✓				
Montana	✓		✓		Montana 2015 Regular Session Act 154
Nebraska	✓				
Nevada	✓	✓	✓		NRS 630.261
New Hampshire	✓				
New Jersey	✓				
New Mexico	✓	✓			NMAC 16.10.2.8; NMSA 61-6-11.1
New York	✓				
North Carolina	✓				
North Dakota	✓				
Ohio	✓	✓			Ohio Admin. Code 4731.296
Oklahoma	✓				
Oregon	✓	✓			OR Rev. Stat. Ann § 677.139
Pennsylvania	✓				
Rhode Island	✓				
South Carolina	✓				
South Dakota	✓		✓		
Tennessee	✓	✓		Proposed regulations pending	Tenn. Comp. R. & Regs 0880-02-.16
Texas	✓	✓			22 TAC 172.12
Utah	✓		✓		
Vermont	✓				
Virginia	✓				
Washington	✓				
West Virginia	✓		✓		
Wisconsin	✓				
Wyoming	✓		✓		

✓= Existing Policy

Matrix - State Internet Prescribing Policies (as of December 2015)				
State	Policy or Statement on Internet Prescribing:	Notes	State statutes/code/policy	
Alabama	✓	No remote prescribing/dispensing abortion inducing medication	Alabama Admin. Code r. 540-X-9.11	
Alaska	✓	2014 Legislation enacted to allow prescribing, dispensing, or administering a prescription drug to a person without conducting a physical examination under certain conditions.	Alaska Admin. Code, tit. 12, § 40.967(27)(29)	
Arizona	✓	No remote prescribing/dispensing abortion inducing medication	Arizona Rev. Stat. Ann. § 32-1401(ss); Arizona Rev. Stat. Ann § 32-1901.01; Board Position Statement	http://www.azleg.gov/DocumentsForBill.asp?Session_ID=112&Bill_Number=SB1339
Arkansas	✓	No remote prescribing/dispensing abortion inducing medication	Ark. Code Ann. § 17-92-1003; Ark. Admin. Code 070.00.7-07-00-0009; Arkansas State Medical Board Regulation 2.8; Ark. Code Ann. § 17-92-1004.	
California	✓		Cal. Bus. & Prof. Code § 2242.1(a); Cal. Bus. & Prof. Code § 4607	
Colorado	✓		3 CO Code of Regulation 719-1.; CO Medical Board Policy 40-09; CO Medical Board Policy 40-09 – Last revised 7/1/10	
Connecticut			No specific reference for internet prescribing found in state policies.	
Delaware	✓		DE Code, Title 16 Sec. 4744(d)(1)	
DC	✓		22 DC Code § 1300.8	
Florida	✓	Defines telemedicine to include, but is not limited to, prescribing legend drugs to patients through the following modes of communication: (a) Internet; (b) Telephone; and (c) Facsimile.	Fla. Admin. Code r. 64B8-9.014; Fla. Stat. § 465.016; Fla. Admin. Code r. 64B15-14.008	https://www.flrules.org/gateway/RuleNo.asp?title=PRACTICE%20REQUIREMENTS&ID=64B15-14.008
Georgia	✓		Ga. Comp. R. & Regs 360-3-.02	
Hawaii	✓		Haw. Rev. Stat. § 453-1.3; Haw. Rev. Stat. § 329-1	
Idaho	✓	No remote prescribing/dispensing abortion inducing medication	Idaho Statute 54-1733	
Illinois			No specific reference for internet prescribing found in state policies.	
Indiana	✓	No remote prescribing/dispensing abortion inducing medication	844 Ind. Admin. Code 5-3-2; 844 Ind. Admin. Code 5-3-3; 844 Ind. Admin. Code 5-4-1	
Iowa	✓	No remote prescribing/dispensing abortion inducing medication	IA Admin. Code, 657 8.19(124,126,155A): Pharmacists are prohibited from dispensing prescription drugs if the pharmacist knows or should have known that the prescription was issued solely on the basis of an Internet-based questionnaire, an Internet-based consult, or a telephone consult, and was completed without a pre-existing patient-provider relationship.	
Kansas	✓	No remote prescribing/dispensing abortion inducing medication	KS Admin. Regs., Sec. 68-2-20	
Kentucky	✓		Ky. Rev. Stat. Ann. § 311.597; 201 KAR 9:260	
Louisiana	✓	No remote prescribing/dispensing abortion inducing medication	La. Admin. Code tit. 46, § 2515; La. Admin. Code tit. 46, § 7513	
Maine	✓		ME Medical Board Policy Section IV; 32 MRSA, §3282-A, 2, (f)	
Maryland	✓		Md. Code Regs. 10.32.05.05	
Massachusetts	✓		MA Medical Board Policy 03-06;	
Michigan		No remote prescribing/dispensing abortion inducing medication	MI Compiled Laws Sec. 333.17751	
Minnesota	✓		Minn. Stat. § 151.37	
Mississippi	✓	No remote prescribing/dispensing abortion inducing medication	Miss. Code Ann. § 41-127-1	
Missouri	✓	No remote prescribing/dispensing abortion inducing medication	MO Revised Statutes § 334.108	
Montana			No specific reference for internet prescribing found in state policies.	
Nebraska	✓	No remote prescribing/dispensing abortion inducing medication	88 Neb. Admin. Code R. § 010.02	
Nevada	✓		NV Revised Statutes Annotated Sec. 633.165; Revised Statutes Chapter 453.3611-453.3648	
New Hampshire	✓		N.H. Rev. Stat. Ann. § 329:1-c; N.H. Rev. Stat. Ann. § 318:37; Board State April 2004	http://www.gencourt.state.nh.us/rsa/html
New Jersey	✓		N.J. Administrative Code § 13:35-7.1A	http://www.gencourt.state.nh.us/rsa/html
New Mexico	✓			
New York			No specific reference for internet prescribing found in state policies.	

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Matrix - State Internet Prescribing Policies (as of December 2015)				
State	Policy or Statement on Internet Prescribing:	Notes	State statutes/code/policy	
North Carolina	✓	No remote prescribing/dispensing abortion inducing medication	NC Medical Board Policy (1999)	
North Dakota	✓		ND Centennial Code, Sec. 19-02.1-15.1	
Ohio	✓		Ohio Admin. Code 4731-11-09	
Oklahoma	✓	No remote prescribing/dispensing abortion inducing medication	Okla. Stat. tit. 59, § 509; OK Admin. Code Sec. 435:10-1-4; Revised Statutes §59-622	
Oregon			OR. Admin. R.855-019-0210: Pharmacists are prohibited from dispensing prescription drugs if the pharmacist knows or should have known that the prescription was issued without a valid physician-patient relationship.	
Pennsylvania			No specific reference for internet prescribing found in state policies.	
Rhode Island	✓		RI Medical Board Policy (2007)	
South Carolina	✓		S.C. Code Ann. § 40-47-113; S.C. Admin. Ann. Regs. § 81-28.	http://www.scstatehouse.gov/code/t40c047.php
South Dakota		No remote prescribing/dispensing abortion inducing medication	No specific reference for internet prescribing found in state policies.	
Tennessee	✓	No remote prescribing/dispensing abortion inducing medication	Tenn. Comp. R. & Regs 0880-02-.14	
Texas	✓	No remote prescribing/dispensing abortion inducing medication	TX Admin. Code, Title 22, Sec. 174.8; TX Medical Board Rules (1999)	
Utah	✓		Utah Code Ann. § 58-1-501; Utah Code Ann § 58-83-305	http://le.utah.gov/code/TITLE58/htm/5883_030500.htm
Vermont	✓		26 V.S.A. § 1354(a)(33); 18 V.S.A. § 9361	
Virginia	✓		Va. Code Ann. § 54.1-3303	
Washington	✓		WA Medical Quality Assurance Commission Policy October 2002	
West Virginia	✓	A face-to-face physical examination adequate to establish the medical complaint has been performed by the prescribing practitioner or in the instances of telemedicine through telemedicine practice approved by the appropriate practitioner board	Code of State Rules §11-1A-12.2; WV Code Sec. 30-5-4	http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=30&art=5#05
Wisconsin			Wis. Stat. Ann. § 33-26-402	
Wyoming	✓		WY Board Rules Chapter 4 Sec. 3	

✓ = Existing Policy

REFERENCES

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- ¹ Arkansas 2015 Regular Session Act 887, <http://www.arkleg.state.ar.us/assembly/2015/2015R/Acts/Act887.pdf>
 - ² California Code Chapter 404; <http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=15075025205+5+0+0&WAIAction=retrieve>
 - ³ Hawaii SB 2469 – 27th Legislature; http://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=SB&billnumber=2469&year=2014
 - ⁴ Idaho Session Law Chapter 121; <http://www.legislature.idaho.gov/legislation/2015/H0189.pdf>
 - ⁵ Indiana 884 IAC 5-8; <http://www.in.gov/legislative/iac/20141231-IR-844140442PRA.xml.pdf>
 - ⁶ ARC 1769C – Amend IAC 653 – Chapter 13; [http://www.medicalboard.iowa.gov/iowa_code/proposed%20rules/pdf/ARC%201769C%20-%20February%206%202015%20\(2\).pdf](http://www.medicalboard.iowa.gov/iowa_code/proposed%20rules/pdf/ARC%201769C%20-%20February%206%202015%20(2).pdf)
 - ⁷ Louisiana Act No. 442; <http://www.legis.la.gov/legis/ViewDocument.aspx?d=913612>
 - ⁸ Mississippi Medical Board Hearing Notice; <http://www.sos.ms.gov/ACProposed/00021186a.pdf>
 - ⁹ Montana 2015 Regular Session Act 154; <http://leg.mt.gov/bills/2015/sesslaws/ch0154.pdf>
 - ¹⁰ New Hampshire 2015 Session SB 84; <http://www.gencourt.state.nh.us/legislation/2015/SB0084.html>
 - ¹¹ North Dakota Board of Medical Examiners; Telemedicine Policy; https://www.ndbomex.org/news/current_topics.asp?id=125
 - ¹² Ohio Medical Board Proposed Rule 4731-11-09
 - ¹³ Tennessee Board of Medical Examiner Proposed Rule 0880-02; http://state.tn.us/sos/rules_filings/01-09-15.pdf
 - ¹⁴ Tennessee 2015 Regular Session SB 1223; <http://cqstatetrack.com/texis/redirect?id=54ddb7424&rtype=text&original=y>
 - ¹⁵ Texas Medical Board Press Release; <http://www.tmb.state.tx.us/dl/DAD89645-F81F-CF51-6FF8-D0E20891625A>
 - ¹⁶ Virginia Chapter 115; <http://lis.virginia.gov/cgi-bin/legp604.exe?151+ful+CHAP0115>