



Telemedicine Licensure Report

Prepared by the
Center for Telemedicine Law

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The Center for Telemedicine Law (CTL) is a non-profit entity founded by organizations committed to providing high-quality patient services through the use of telemedicine systems throughout the United States and the World. CTL is a leader in the gathering and analysis of information related to the legal and regulatory aspects of telemedicine. Because uncertainty about legal and regulatory issues often serves as a deterrent to the use of telemedicine, CTL seeks to identify and clarify the legal and regulatory barriers and to offer solutions for overcoming these barriers.

Since 1996, CTL has provided periodic updates on state licensure activity impacting telemedicine. This report provides an overview of existing medical and nursing laws impacting telemedicine as well as 2003 state legislative activity.

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Table of Contents

I. Overview and Discussion.....	1
II. Maps and Summary.....	10
a. Medical Licensure Laws Affecting Telehealth.....	11
b. Nursing Licensure Laws.....	12
c. State Physical Examination Requirements.....	13
d. Summary of State Licensure Laws.....	14
III. Telehealth Licensure Laws by State.....	15
IV. Other State Laws Impacting Telehealth Practice.....	43
V. 2003 State Legislation Impacting Telehealth Licensure.....	48
VI. Charts	
a. Medical and Nursing Licensure Laws.....	54
b. Interstate Nurse Licensure Compact.....	57
c. Physical Examination Required Before Prescribing.....	58
d. Telehealth Licensure Summary Chart.....	59

Telemedicine Licensure Report

Introduction

As the U.S. health system evolves to meet the changing needs of consumers, traditional methods of health care delivery are being transformed. No longer are the patient and the provider always in the same location. Communication technologies are being used to address health professional shortages in rural and frontier areas. Development of regional and national delivery systems has opened new avenues for linking the patient with specialized medical experts. For these reasons, the number of physicians and other health providers practicing across state boundaries has increased in recent years and is expected to continue to increase in the foreseeable future. Yet, for the most part, the traditional state-based approach to health professional licensure remains in place.

Both the 1997 and 2001 Telemedicine Reports to Congress by the Office for the Advancement of Telehealth identified licensure as a major barrier to the development of telemedicine. (See Telemedicine report to the Congress, GPO No: 0126-E-04 (MF), Washington, DC. U.S. Department of Health and Human Services; and 2001 Telemedicine Report to Congress, GPO No: 619-261/65410, Washington, DC. U.S. Department of Health and Human Services). Since publication of these reports, state regulatory boards have attempted to address questions of practice across state lines in a variety of ways. Although a number of health professions are studying the issues, at this point, medicine and nursing have taken the lead by adopting formal approaches to adapting state licensure requirements to accommodate practice across state lines. In 1996, the Federation of State Medical Boards (FSMB) adopted *A Model Act to Regulate the Practice of Medicine Across State Lines*, calling on state medical boards to adopt a “special purpose license” to authorize limited practice in states other than the physician’s state of practice. The National Council of State Boards of Nursing (NCSBN) approved a Nurse Licensure Compact in 1998, by which states could agree to recognize a license granted by another participating state.

These new practice models have presented challenges to both providers and regulators. Health care providers are justifiably concerned about engaging in practice in states in which they do not hold a license and thus do not have clear legal authority. Regulators are uncertain regarding their ability to control and sanction the quality of care rendered to in-state residents by out of state providers.

This report provides a comprehensive listing of state medical and nursing licensure laws that affect telehealth services, accompanied by appropriate charts.

Background

Traditionally, the licensure of health professionals is a function performed at the state level. Laws governing individual health care providers are enacted through state legislative action, with authority to implement the practice acts delegated to the respective state licensing board. Over the past fifty years, the basic standards for medical and nursing licensure have become largely uniform in all states. Physicians and nurses must graduate from nationally approved educational

programs and pass a national medical and nursing licensure examination. Every state must “endorse” individual candidates moving from other states. However, there are significant differences in the administrative and filing requirements which can pose a barrier to physicians and other health providers attempting to establish a multi-state practice. For physicians these obstacles can sometimes be overcome through “consultation exceptions” which allow occasional, infrequent, or limited practice within a state. These exceptions take many forms.

In recent years, a number of challenges have been aimed at the traditional state-based licensure model. As health care practice changes, questions are raised about whether the traditional system is sufficient to meet the needs of health professionals in an interconnected electronic environment. For example, on an electronic encounter does the patient “visit” the doctor or vice versa? Licensees with multi-state practices are frustrated by the bureaucratic requirements associated with re-validating their education and licensing experience repeatedly. Regulatory boards struggle with ensuring that standards are reasonable and can be administered fairly and in a timely manner. Most importantly, boards are under increasing pressure to protect patients against inappropriate dispensing of prescription medications via the Internet. Providers are often confused by varying state requirements and question these requirements as arbitrary and designed to minimize competition. Indeed, some critics have gone so far as to challenge whether the current state licensure structure is actually created to protect the professions rather than the patient.

Licensure Options

Suggestions for reform vary. In considering any alternate approach to professional licensure, it is essential to remember that the ultimate purpose of professional licensure is to ensure public protection.

Both Telemedicine Reports to Congress presented a number of potential state licensure options to address telemedicine and other practice across state lines. State boards currently use a system of endorsement to recognize providers not initially licensed in their state. Endorsement is a process whereby each state issues an unrestricted license to practice a profession to an individual who holds a valid and unrestricted license in another jurisdiction. Endorsement requires a full review and analysis of the applicant’s qualifications, and can be a lengthy, complicated and expensive process.

While endorsement is the most common method used by states to recognize an individual already licensed by another state, the practicality and efficiency of this option are being tested by the multi-state nature of electronic practice. While the endorsement model works fairly well for a practitioner who moves from one state to another, there are still significant delays and duplication. These problems are substantially compounded for the multi-state telehealth practitioner. Practitioners must still apply for a license in each state where practice occurs. Even where states have substantially equivalent licensure requirements, each individual state has the authority to establish additional standards that are unique to that state, e.g., continuing education or practice requirements. In an effort to create a system that would allow for professional practice in multiple states, medical and nursing regulators have approached licensure revision in different ways.

Medicine — FSMB Model Act

Most state medical boards have taken the position that practice of medicine occurs in the state where the patient is located. Medical boards take seriously their mandate for public protection. They want at least some control over any physician treating patients in their state, even if that physician never enters the patient's state and is already licensed by another state.

Because of the increase in the practice of medicine across state lines by telemedicine and other means, the Federation of State Medical Boards established a special committee to evaluate the issues and make recommendations to state medical boards regarding potential regulation. At the time the committee began its work, physicians practicing medicine across state lines without physically being located in the state where the patient encounter occurred were either required to have a full and unrestricted license in that state or were unregulated. In response to the need to protect the public without being overly burdensome to the profession, the FSMB developed a model legislative act that called for an abbreviated licensure process for physicians not physically practicing within a state's jurisdiction, but providing services to patients within that jurisdiction. This model was designed to allow states to appropriately provide regulatory control over physicians providing services within their states. So far, a total of 8 states have adopted plans similar to the FSMB model.

Nursing — NCSBN Interstate Compact

In 1994, the National Council of State Boards of Nursing (the organization comprised of boards of nursing) created a task force which conducted extensive analysis of potential licensure models, ultimately finding the most appropriate model for nursing to be the mutual recognition model. The mutual recognition model of nurse licensure allows a nurse to have one license (in the state of residency) and to practice in other states, as long as that individual acknowledges that he or she is subject to each state's practice laws and discipline. To date, twenty states have adopted the interstate compact, with other states considering the model.

Mutual recognition is a system in which each state adopts comparable legislation authorizing licensing agencies to enter into an agreement with other states to grant licensees the authority to practice in any state that has adopted the agreed upon legislation. The mutual recognition approach to licensure is typically implemented by adoption of an interstate compact specifying the details of the agreement. Mutual recognition necessitates that states define a common set of requirements governing the agreement.

Under mutual recognition implemented by an interstate compact, practice across state lines is allowed, whether physical or electronic, unless the nurse is under discipline or a monitoring agreement that restricts practice across state lines. To implement this nursing licensure model, each state must adopt the interstate compact. The advantages of this model are:

- Authority is granted to practice in any party state;
- Dual jurisdiction for discipline is established;
- Uniform standards are not required;
- It can be phased in as states adopt the interstate compact; and
- A central licensee information system called NURSYS is a component of the infrastructure.

The interstate compact is an agreement between two or more states entered into for the purpose of addressing a problem that crosses state lines. Modification of the compact is only possible with the unanimous consent of all party states. Once enacted, it takes precedence over prior statutory provisions. The nursing licensure compact specifically addresses four areas:

- Jurisdiction,
- Discipline,
- Information sharing, and
- Administration of the compact.

Although the compact supersedes state provisions that are in direct conflict, all provisions that are not addressed by the compact, or are not in direct conflict, continue to be in full force and operation. From the perspective of the licensee, solid authority for practice is afforded in each party state. Since the nurse does not have to get a new license for temporary practice in a party state, the nurse can begin practice when needed. Elimination of the time and expense in gaining multiple licenses is a frequently cited benefit for licensees.

Other Health Professions

Although not yet addressed in state legislation, other professions are facing unique professional and regulatory issues in dealing with telepractice and other practice across state lines. Professionals in such fields as mental and behavioral health; speech-language-hearing; tele-dentistry; occupational therapy; and dietetics; are engaged in discussions about whether licensure changes should be made to accommodate telepractice.

These groups have engaged in some isolated efforts, generally on an individual state basis, to advocate for telepractice friendly regulation. However, at this point there are not any broad trends we can point to. The groups that have begun to increase their focus on telepractice issues have not as yet made significant inroads when compared to the nurses or even physicians, however, as more professionals become involved, these issues will be increasingly brought before the relevant regulators.

Other Models

Some in the telehealth community have suggested that the time has come to consider federal or national licensure. The federal government has the authority to play a more active role in setting national licensure standards for certain health professionals, particularly in an area such as telehealth where interstate commerce is clearly involved. Congress has previously passed legislation establishing certain national health and safety standards. For example, Congress passed the Mammography Quality Standards Act (MQSA) of 1992, which allows the FDA to establish national standards for mammography facilities and associated staff.

There might be some theoretical logic to adopting a federal standard for those health professions where the qualifications to practice have become uniform in virtually all states and where interstate practice is becoming increasingly prevalent. There might be some theoretical logic to adopting a federal standard, however, traditional notions of federal-state responsibility and vested political interests are likely to weigh against any

sudden moves in this direction. Nevertheless, Congress has called on the Administration to prepare a number of reports on state licensure barriers to telehealth. For example, in 2002, when the House Commerce Committee inserted language in the Safety Net Legislation that expressed the Congressional interest in collaboration among regulatory boards to facilitate elimination of barriers to telehealth practice. (Health Care Safety Net Amendments of 2002, Pub. L. No. 107-251, 116 Stat. 1621.). This legislation was ultimately signed by the President. Similar language was included in the Senate version of the prescription drug legislation pending on Capitol Hill. (See S. 1, 108th Cong., 1st Sess. § 450H, 2003). These actions are indicative of Congress becoming increasingly concerned over the restrictive nature of certain state licensure requirements and their negative impact on the delivery of telehealth services.

The term “national license” is often used interchangeably with federal license. The most direct means to achieve a “national license” would be for the federal government to adopt national licensing legislation or a requirement that licensure in one state would allow practice in other state. However, mutual recognition, reciprocity, the special purpose license, and registration models could afford a practitioner with the ability to practice across the country.

A number of concerns are raised in any discussion about federal licensure of health professionals. The primary concern is the strong history of state regulation of health professionals and accountability for public protection. Since monitoring of professional practice (and discipline when necessary) is a unique responsibility of regulatory boards, it is difficult to imagine the administrative mechanism to ensure that unsafe practitioners are removed from practice in a timely manner. Health care providers express anxiety over the complexity of a federal agency (bureaucracy) attempting to issue licenses (and renewals) for several million health professionals.

Factors to be Considered in Choosing a Professional Licensure Model

Selection of a licensure model requires analysis of relevant factors at several levels. Strategic leadership can provide an invaluable foundation when it facilitates consensus on the essential regulatory criteria for public protection related to professional practice. Any proposed model could then be evaluated in light of those essential regulatory elements. Potential criteria for regulation might include:

- Ensuring that every licensee complies with all laws governing practice;
- Identifying the professional scope of practice and establishing legal authorization for that practice;
- Development of a testing/credentialing mechanisms to demonstrate that applicants possess knowledge, skills, and attributes for safe and effective practice;
- Establishment of clear standards for education, practice, and discipline;
- Creation of an expeditious disciplinary process while ensuring due process;
- Systems to provide effective monitoring of practice; and
- Elimination of unnecessary barriers to interstate practice.

Experience has shown that relevant environmental, professional and organizational factors must be identified and analyzed early in the process -- even before final determination of a preferred model.

Emerging Trends

The rapid escalation of Internet websites offering prescription medications directly to consumers has resulted in an unprecedented challenge to medical boards and added confusion to telemedicine and e-health licensure discussions. Internet spam consistently contains direct offers to consumers for many medications which are only available with a prescription and have the potential to cause substantial harm without sufficient medical oversight. Most often, these Internet sites offer medications based on a questionnaire, with or without a physician consultation, a physical examination, or a legitimate prescription. Medical boards are faced with complex challenges in determining the location of the website, determining physician involvement, and ascertaining use by citizens of the state. Responding to their mandate for public protection as well as consumer complaints, a number of medical boards are engaged in investigatory and criminal actions against these websites. Adding to this complexity is fact that medical boards acknowledge that physicians are beginning to incorporate the Internet into their existing practices and within the framework of a “valid” physician-patient relationship. Thus, regulators must devise policies which allow incorporation of new communications into practice, while ensuring that unscrupulous providers do not cause harm.

The pharmacy profession is attempting to find the balance between using the Internet to augment legitimate prescription transactions, while limiting those who sell medications without a valid prescription. The FDA is aggressively monitoring Internet pharmacy transactions and has initiated a number of actions against illegal and unethical activities, as have coalitions of state Attorneys General. Information about these actions can be found at www.fda.gov.

In 2002, the FSMB Special Committee on Professional Conduct & Ethics developed *Model Guidelines for the Appropriate use of the Internet in Medical Practice* which specifies that “the physician-patient relationship is fundamental to the provision of acceptable medical care . . . physicians *must* recognize the obligations, responsibilities and patient rights associated with establishing and maintaining an appropriate physician-patient relationship whether or not interpersonal contact between physician and patient has occurred.” These guidelines further state that “it is the expectation of the Board that e-mail and other electronic communications and interactions between the physician and patient should supplement and enhance, but not replace, crucial interpersonal interactions that create the very basis of the physician-patient relationship.” An Internet Clearinghouse has been developed by FSMB to assist state medical boards with their online investigations.

Recent Developments

Since all state medical practice acts require that any physician practicing in the state must have a local license, many states espouse that their existing laws adequately reflect their position about licensure for telemedicine. Other states affirm that a full and unrestricted license is necessary to practice telemedicine and have reinforced that stance in law or policy. The primary option

available to those boards that advocate a more open approach to practicing medicine across state lines is adoption of the FSMB models establishing a special purpose license.

To date, thirty-three states have specifically addressed medical practice across state lines. Twenty-one states require full licensure for out-of-state physicians providing services via telemedicine directly to in-state patients. Many of these states have significant consultation exceptions for telemedicine providers, allowing development of consulting relationships with in-state providers. Some states also support telemedicine for use in emergencies or services unavailable in-state. Eight of the thirty-one states have adopted variations of the 1997 Federation of State Medical Board model law that authorizes a “special purpose” license for practicing across state lines. Some states have issued formal or informal opinions about the practice of telemedicine or the appropriate standard of care for electronic based practice. Though not statutory, these board policy statements do represent the position of the licensing board.

Consultation exception language varies from state to state, with some provisions broad enough to cover frequent telemedicine contacts with physicians in another state, while others are more restrictive. The most stringent regulations limit the number of consultations, while more broad exceptions allow nearly unfettered access to the advice of out-of-state physicians. Very few states have provided for telemedicine consultations by law. Even within states, regulatory authorities may take different approaches. For example, the Oregon legislature adopted legislation similar to the FSMB model, only to have the medical board require that the physician must conduct an in-person physical examination prior to engaging in telemedicine.

Many states that have attempted to incorporate regulations that support legitimate telemedicine services within their states and across state lines have been distracted by issues emerging from the rapid escalation in Internet sites offering prescription medication. This issue is perceived as a more immediate and widespread threat to public protection. The complexity of gathering evidence to take disciplinary action has further exacerbated state medical board resources devoted to this problem.

Nursing regulators are moving forward with an approach to licensure which is based on interstate collaboration and recognition of credentials granted by other states entering into the agreement. To date, twenty states have adopted the interstate compact. Language authorizing the compact has been introduced in other states, but has not yet been adopted for various reasons.

Moving the Process Along

Steady advancements in telecommunications and telemedicine technologies continue to afford new and expanded options for remote health care. Specialty consultation, telerehabilitation, telehomecare, and telemental health are being integrated into care as a viable means of providing services. In the years since the 1997 Report to Congress on Telemedicine, substantial progress has been made in both the quality and cost of the technology, but regulatory reforms have progressed at a slower pace. Thus far, only the Federation of State Medical Boards and the National Council of State Boards of Nursing have officially proposed licensure models to address practice across state lines. As consumers recognize telemedicine as a viable option for care, pressure will escalate for equity in access to health care providers via technology rather

than traveling substantial distances for the same care. Patient's Rights advocates are likely to bring additional public attention to this concern.

Potential strategies to advance development of sound licensing policy include:

- Convene a blue ribbon panel of key leaders in the health professions' licensure and regulatory fields to propose strategies and approaches which ensure that licensure policies do not pose a barrier to persons needing to access health services via telehealth.

The proposed objectives for this Licensure Roundtable would include:

- Identification of the current status of licensure regulations among the various health professions engaged in telehealth practice.
 - Update from state boards about the frequency and nature of questions related to practice across state lines.
 - Identification of current and potential barriers to the use of telehealth.
 - Analysis and evaluation of potential resolution to licensure barriers.
 - Development of strategies to ensure sound legal authority for practice, monitoring of professional practice and adherence to standards while facilitating telehealth.
 - Proposed timeframe for implementation of identified strategies.
- Explore the possibility for regional agreements, especially among medical boards in areas in which care frequently occurs across state lines. Demonstration projects could be developed to evaluate the effectiveness of multi-jurisdictional oversight of medical practice.
 - Patient's Rights legislation at the state and federal levels should be monitored for potential inclusion of language ensuring that patients are able to access the most expert providers without having to physically travel to do so.
 - Create educational material ("show and tell") to ensure that state medical boards understand the practice environment in which telemedicine occurs, as well as the expectation that quality standards are not compromised. The emphasis should be on benefits to patients as well as protecting patient safety.
 - Ensure that medical board members visit telemedicine programs and understand practice patterns and quality assurance mechanisms, with special emphasis on quality, cost-effective access for people in remote areas.
 - Telemedicine providers should ensure that regulators in all applicable professions are informed about the options and benefits for telepractice and have a knowledge base to make sound regulatory decisions.
 - Telemedicine providers could offer to participate in policy discussions, task forces, committees, etc, to ensure regulatory policies which benefit the all citizens of the state, especially those in remote or underserved areas.

Conclusion

Telehealth presents new and challenging legal issues for both providers and regulators in the area of interstate medical practice. Laws and regulations that often predate the widespread use of the Internet are now looked to for guidance in dealing with legal questions on the cutting edge of information and communications technology. This technology can be a mixed blessing for patients, though. On one hand, it could open the door for a wave of new fraudulent or dangerous medical practices. On the other hand, telemedicine offers tremendous possibilities in enhancing cost-effective access to care, especially to underserved areas. In the end, the best way to maximize the benefits of telemedicine and minimize its risks is to promote an effective dialogue between providers, patients, and regulators.

Sources:

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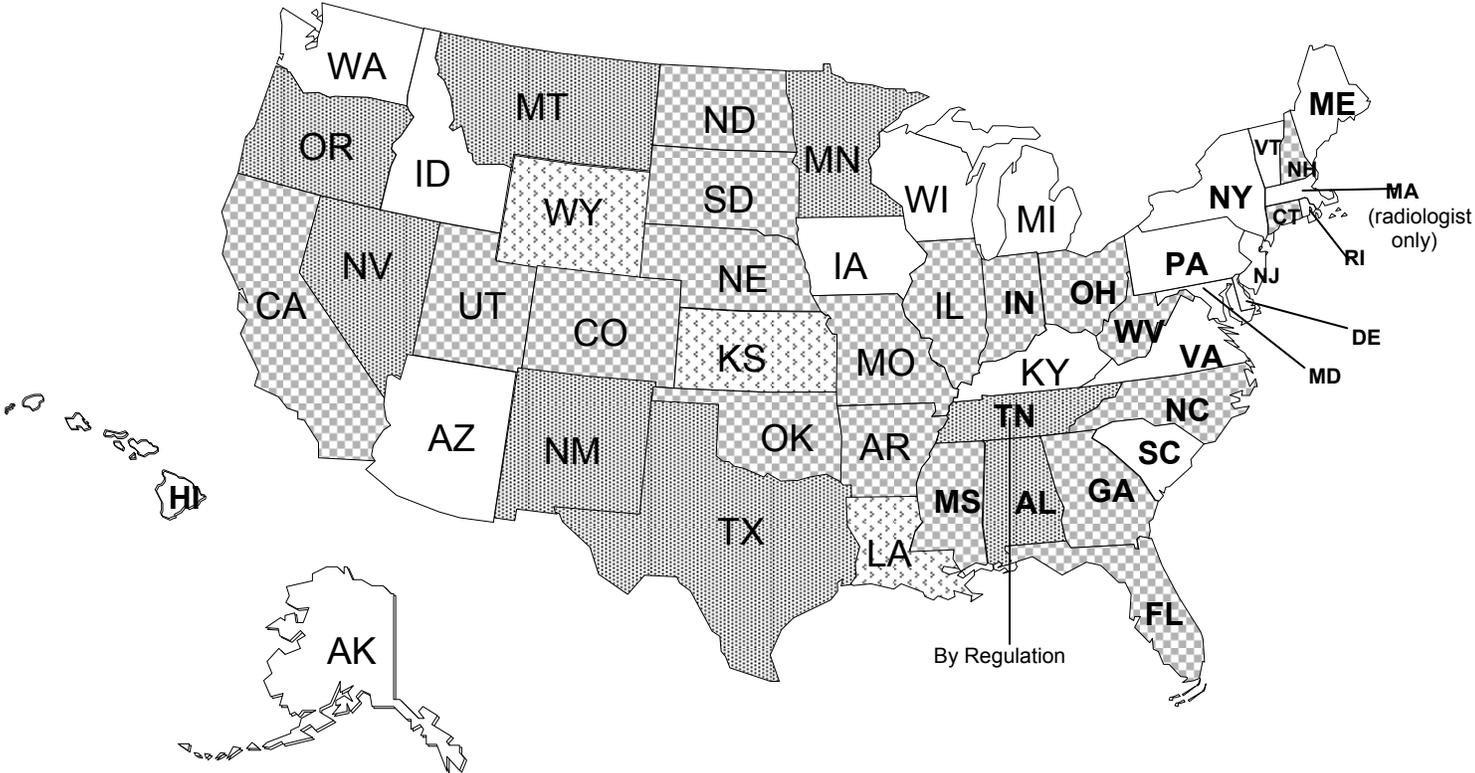
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National Council of State Boards of Nursing, Nurse Licensure Compact (www.ncsbn.org) 1998

II. Maps and Summary of State Licensure Requirements

Medical Licensure Laws Affecting Telehealth



	Requires License to Practice Medicine; Telehealth not Specifically Addressed
	Full License for Telehealth by <i>Law</i>
	Full License by <i>Regulation / Policy</i>
	Special Purpose License

Summary of State Licensure Requirements*

Requires License to Practice Medicine; Telehealth Not Specifically Addressed	Full License For Telehealth Required By Law	Full License For Telehealth Required By Regulation/Policy	Special Purpose License For Telehealth	Statute, as Written, Implicitly Allows for Telemedicine
19	21	3	9	1
Alaska Arizona Delaware Dist. of Columbia Hawaii Idaho Iowa Kentucky Maine Maryland Massachusetts Michigan New Jersey New York Rhode Island South Carolina Vermont Virginia Wisconsin	Arkansas California Colorado Connecticut Florida Georgia Illinois Indiana Mississippi Missouri Nebraska Nevada New Hampshire North Carolina North Dakota Ohio Oklahoma Pennsylvania South Dakota Utah West Virginia	Kansas (Regulation) Louisiana (Board Policy) Wyoming	Alabama Colorado (Shriner's only) Minnesota Montana New Mexico Ohio (Certificate) Oregon Tennessee Texas	Washington

*Colorado and Ohio are each counted in two columns, thus totals add up to 53.

III. Telehealth Licensure Laws by State

Telehealth Licensure Laws by State

Alabama

Doctors and osteopaths are required to be fully licensed in order to practice medicine in Alabama unless, they make no formal, written diagnoses or expect compensation. Optometrists may practice without an Alabama license as long as their practice remains small, infrequent, and less than 1% of their total practice and less than 10 times per year, though there is a limited consultation exception. A medical professional in another state may apply to the Alabama State Medical Board for a special purpose license to practice in Alabama, though they may not practice in Alabama more than 10 times per year or more than 1% of their total practice.

Defines the practice of medicine or osteopathy by a physician outside the state to a patient within Alabama to include the rendering of written or otherwise documented medical opinion or treatment, but excludes “informal consultations” provided there is no compensation or expectation of compensation and no formal medical opinion concerning diagnosis or treatment is provided.

Ala. Code § 34-24-501 (2000).

Provides exceptions for optometrists practicing across state line in an emergency situation or on an irregular basis (less than 10 times per calendar year or less than 1% of practice).

Ala. Code § 34-22-85 (1998).

Prohibits the practice of optometry across state lines without a special purpose license.

Ala. Code § 34-22-82 (1998).

Defines the practice of optometry across state lines to include the rendering of written or otherwise documented professional opinion concerning diagnosis or treatment of a patient within Alabama by an optometrist located outside Alabama. Exemptions for “informal consultations” provided there is no compensation or expectation of compensation and no formal written or professional opinion is provided.

Ala. Code § 34-22-81 (1998).

Special purpose licenses may only be issued to physicians whose primary practice is located in states that allow Alabama physicians to practice medicine with a special purpose licenses in their state.

Ala. Code § 34-24-507 (1997).

Special purpose license exemptions exist for medical emergencies and physicians who irregularly or infrequently practice across state lines. Irregular or infrequent practice is defined as practice occurring less than 10 times per calendar year or involving fewer than 10 patients in a calendar year or comprising less than 1% of the physician’s diagnostic or therapeutic practice.

Ala. Code §34-24-505 (1997).

Telehealth Licensure Laws by State

Issuance of a special purpose license to practice medicine or osteopathy across state lines subjects the licensee to the jurisdiction of the board and the commission.

Ala. Code § 34-24-503 (1997).

No person shall engage in the practice of medicine or osteopathy across state lines, hold himself out as qualified to do so, or use any title, word, or abbreviation to indicate to others that he is licensed to practice medicine or osteopathy across state lines unless he has been issued a special purpose license to practice medicine or osteopathy across state lines.

Ala. Code § 34-24-502 (1997).

The Board of Medical Examiners finalized an emergency rule requiring that a physician perform and document an appropriate history, a physical examination, make a diagnosis and formulate a therapeutic plan prior to prescribing medication.

Ala. Admin. Code r. 540-X-9-.11ER.

Alaska

Alaskan law makes no mention of telemedicine specifically, but requires a license to practice medicine in Alaska.

A person may not practice medicine, podiatry, or osteopathy in the state unless the person is licensed under this chapter.

A.S. 08.64.170(a) (1993).

The department may issue a citation for a violation of a license requirement under this chapter or A.S. 43.70 if there is probable cause to believe a person has practiced a profession or engaged in business for which a license is required without holding the license. Each day a violation continues after a citation for the violation has been issued constitutes a separate violation.

A.S. 08.01.102 (1988)

Arizona

A license is required to practice medicine in Arizona. Osteopathic and allopathic physicians must first either examine a patient in person or have a prior doctor-patient relationship in order to prescribe medication.

Codifies an interstate compact for the mutual recognition for nursing regulation.

Ariz. Rev. Stat. § 32-1668 (2001).

The Board of Osteopathic Examiners requires a physical examination or a previously

Telehealth Licensure Laws by State

established doctor-patient relationship to prescribe, dispense or furnish prescription medications.
Ariz. Rev. Stat. § 32-1831 (2000).

Modifies the Medical Practice Act by changing the definition of unprofessional conduct for Allopathic physicians to include physicians prescribing medications without first conducting a physical examination or establishing a doctor-patient relationship.
Ariz. Rev. Stat. § 32-1401 (2000).

The following acts are class 5 felonies: ... The practice of medicine by a person not licensed or exempt from licensure pursuant to this chapter.
Ariz. Rev. Stat. § 32-1455(A)(1) (1990).

Arkansas

Arkansas law makes no mention of telemedicine specifically, but requires a license to practice medicine in Arkansas. The only relevant exception is for services not available in the state.

Adopts the Nurse Licensure Compact. Permits telenursing without additional licensure for nurses practicing between compact states.
1999 Ark. Acts 220.

Requires full licensure for physicians that practice on Arkansas patients through the use of any medium. Exemptions for consultations to medical schools; insurance coverage decisions; services not available in the state.
Ark. Code Ann. § 17-95-206 (1997).

California

Allows some types of telemedicine, but regulates them comprehensively. Internet prescribing is generally illegal. Phone centers staffed by nurses are subject to state regulation. Telephone and e-mail communications do not qualify as telemedicine and therefore do not require informed consent, but telemedicine consultations do. The California Board of Medicine has the statutory power to regulate telemedicine.

Prohibits any health care service plan and certain disability insurers from contracting with an in-state or out-of-state telephone medical advice service unless that medical advice service is registered with the California Department of Consumer Affairs. Further requires that a physician and surgeon be available to the medical advice service on an on-call basis at all times the service is advertised to be available. Sets out licensure guidelines for call centers.
Cal. Bus. & Prof. Code § 4999 (2000).

Telehealth Licensure Laws by State

No person or entity shall prescribe, dispense, or furnish dangerous drugs on the Internet to a resident of California without a valid prescription.

Cal. Bus. & Prof. Code § 4067 (2000).

The Medical Practice Act makes it “unprofessional conduct” for a physician to prescribe, dispense, or furnish dangerous drugs on the Internet to a resident of California without a good faith prior examination and medical indication therefor.

Cal. Bus. & Prof. Code § 2242.1 (2000).

Prohibits physicians from furnishing dangerous drugs without a “good faith prior examination and medical indication.”

Cal. Bus. & Prof. Code § 2242 (1999).

Telephone conversations and e-mail between the patient and practitioner are not considered telemedicine and, therefore, do not necessitate informed consent. Telemedicine services in emergency situations are exempt from informed consent requirements.

Cal. Bus. & Prof. Code § 2290.5 (1997).

Requires full licensure for physicians that have the ultimate authority over the care or primary diagnosis of a California patient, unless the out-of-state physician is in actual consultation with a California-licensed physician. Informed consent is required for telemedicine consultations.

Cal. Bus. & Prof. Code § 2060 (1997).

Permits the Board of Medicine to create a registration program for telemedicine providers.

Cal. Bus. & Prof. Code § 2052.5 (1997).

Colorado

No license required for consultations or for work with Shriner’s Children’s Hospital, but out-of-state physicians must otherwise obtain a license to practice in Colorado via telemedicine.

On or after January 1, 2002, no health benefit plan that is issued, amended, or renewed for a person residing in a county with one hundred fifty thousand or fewer residents may require face-to-face contact between a provider and a covered person for services appropriately provided through telemedicine, if such county has the technology necessary for the provisions of telemedicine. Any health benefits provided through telemedicine shall meet the same standard of care as for in-person care. Specifically excludes telephone and fax consultations.

Colo. Rev. Stat. § 10-16-123 (2001).

Permits the issuance of a limited license for physicians affiliated with Shriner’s Hospital for Children for treatment either in-state or via telemedicine.

Colo. Rev. Stat. Ann. § 12-36-107 (1999).

Telehealth Licensure Laws by State

Requires full licensure for out-of-state physicians practicing on Colorado patients. Permits consultations between physicians without requiring licensure.

Colo. Rev. Stat. Ann. § 12-36-106 (1998).

Connecticut

Connecticut law makes no mention of telemedicine specifically, but requires a license to practice medicine in Connecticut. There exists an exception for irregular consultation.

Requires full licensure for physicians that provide, through electronic communications or interstate commerce, diagnostic or treatment services to a Connecticut resident. Exemptions for irregular consultations by out-of-state physicians with in-state physicians.

Conn. Gen. Stat. § 20-9 (1997).

Delaware

Delaware law makes no mention of telemedicine specifically, but requires a license to practice medicine in Delaware. There is a consultation exception.

The State Department of Finance shall issue a license, signed by the Director of Revenue and certifying that the licensee is licensed to practice medicine in this State in conformity with the laws hereof, to any person who presents to the Director of Revenue a current registration issued by the Board as provided in this subchapter together with payment of all applicable state fees and taxes. No person shall practice medicine in this State without having obtained a license therefor as provided in this subchapter; provided, however, that a temporary license shall be issued to any person presenting to the Director of Revenue a current registration, together with payment of any state license fee, such temporary license to be valid for the same length of time as is the temporary certificate.

Del. Code Ann. tit. 24 § 1724 (2002).

This chapter shall not prevent persons who are licensed to practice medicine in any of the United States, or a foreign country, from coming into this State in consultation with any person licensed to practice medicine in this State.

Del. Code Ann. tit. 24 § 1726 (2002).

Adopts the Interstate Nurse Licensure Compact.

Del. Code Ann. tit. 24 § 1901A (1999).

Telehealth Licensure Laws by State

District of Columbia

DC law makes no mention of telemedicine specifically, but requires a license to practice medicine in DC. There is a broad consultation exception, as well as an emergency exception.

A license issued pursuant to this chapter is required to practice medicine, acupuncture, chiropractic, registered nursing, practical nursing, dentistry, dental hygiene, dietetics, massage therapy, nutrition, nursing home administration, occupational therapy, optometry, pharmacy, physical therapy, podiatry, psychology, social work, professional counseling, and respiratory care or to practice as a physician assistant or occupational therapy assistant in the District, except as provided in this chapter. A certification issued pursuant to this chapter is required to practice advanced practice registered nursing.

D.C. Code § 3-1205.01 (1995).

The provisions of this chapter prohibiting the practice of a health occupation without a license shall not apply:

- (1) To an individual who administers treatment or provides advice in any case of emergency;
- (2) To an individual employed in the District by the federal government, while he or she is acting in the official discharge of the duties of employment;
- (3) To an individual, licensed to practice a health occupation in a state, who is called from the state in professional consultation by or on behalf of a specific patient to visit, examine, treat, or advise the specific patient in the District, or to give a demonstration or clinic in the District, provided that the individual engages in the consultation, demonstration, or clinic in affiliation with a comparable health professional licensed pursuant to this chapter;
- (4) 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 subsection.
 - (D) Notwithstanding the provisions of subparagraphs (A), (B), and (C) of this paragraph, a health professional practicing in the District pursuant to this paragraph shall not see patients or

Telehealth Licensure Laws by State

clients in the office or other place of practice of a District licensee, or otherwise circumvent the provisions of this chapter.

D.C. Code § 3-1205.01 (1986).

Florida

A full license is required to practice telemedicine in Florida. All telemedicine services for a Florida citizen must be recommended and initiated by a Florida-licensed physician.

Recognizes that the delivery of health care services by an unlicensed physician, regardless of means, constitutes the unlicensed practice of medicine in Florida. Establishes monetary fines and terms of imprisonment for violations.

Fla. Stat. Ann. § 455.637 (1999).

Florida Medical Practice Act requires that “electronic-communications diagnostic imaging or treatment services” be ordered by a Florida-licensed physician if they are to be rendered on a Florida patient.

Fla. Stat. Ann. § 458.3255 (1998).

Georgia

Full license specifically required for telemedicine, although there is an exception for occasional consultations.

Requires full licensure for out-of-state physicians that perform an act that is part of a patient care service through any means, including electronic, radiographic or other means of telecommunication. Exemptions for occasional consultations by out-of-state physicians with in-state physicians.

Ga. Code Ann. § 43-34-31.1 (1998)

Hawaii

Hawaiian law does not specifically mention telemedicine, but it requires physicians to be licensed to practice in the state of Hawaii. Out-of-state physicians may consult so long as they do not open an office in the state.

Telehealth Licensure Laws by State

Act requires full licensure for an out-of-state osteopathic physician practicing in Hawaii. Out-of-state licensed osteopathic physicians providing consultation to in-state licensed physicians and 1) physician operating no office in Hawaii or 2) administering treatment to any patient except in actual temporary consultation with the in-state licensed osteopathic physician are exempt.
Haw. Rev. Stat. § 460-1 (1999).

Requires licensure for allopathic physicians; permits out-of-state physicians to consult with licensed Hawaii physicians provided the consultations are temporary and that the out-of-state physician has no office in Hawaii.
Haw. Rev. Stat. § 453-2 (1997).

Idaho

Idaho law makes no mention of telemedicine specifically, but requires a license to practice medicine in Idaho. There is a consultation exception, provided the out-of-state physician works with an in-state physician.

(1) Under the circumstances described and subject in each case to limitations stated, the following persons, though not holding a license to practice medicine in this state, may engage in activities included in the practice of medicine:

...

(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, so long as he does not open an office or appoint a place to meet patients or receive calls in this state...

(2) Except as provided in subsection (1) of this section, it shall constitute a felony for any person to practice medicine in this state without a license....

Idaho Code § 54-1804 (1990)

Authorizes the Board of Nursing to enter into multi-state agreements or compacts; clarifies the authority of the board to submit significant investigative information to the coordinated licensure information system.

Idaho Code § 54-1418 (2001).

Illinois

Full license specifically required for telemedicine, although there is an exception for periodic consultations.

Telehealth Licensure Laws by State

Requires full licensure for physicians providing medical care to an Illinois resident as a result of transmission of individual patient data by telephonic, electronic or other means of communication. Exemptions for periodic consultations.

225 Ill. Comp. Stat. 60/49.5 (1998).

Indiana

Full license specifically required for telemedicine, and the definition of practice includes agreements to provide medical services.

The practice of medicine in Indiana is defined to include: [p]roviding diagnostic or treatment services to a person in Indiana when the diagnostic or treatment service: (A) are transmitted through electronic communications; and (B) are on a regular, routine, and non-episodic basis or under an oral or written agreement to regularly provide medical services.

Ind. Code Ann. § 25-22.5-1-1 (a)(4).

Iowa

Iowa law makes no mention of telemedicine specifically, but requires a license to practice medicine in Iowa.

Establishes Iowa's participation in the Nurse Licensure Compact.

Iowa Code § 152E.1 (2000).

A person shall not engage in the practice of medicine and surgery, podiatry, osteopathy, osteopathic medicine and surgery, psychology, chiropractic, physical therapy, nursing, dentistry, dental hygiene, optometry, speech pathology, audiology, occupational therapy, respiratory care, pharmacy, cosmetology, barbering, social work, dietetics, marital and family therapy or mental health counseling, massage therapy, mortuary science, or acupuncture, or shall not practice as a physician assistant as defined in the following chapters of this subtitle, unless the person has obtained from the department a license for that purpose.

For purposes of this section, a person who is licensed in another state and recognized for licensure in this state pursuant to the nurse licensure compact contained in section 152E.1 shall be considered to have obtained a license to practice nursing from the department.

Iowa Code § 147.2 (2000).

Telehealth Licensure Laws by State

Kansas

Kansas law makes no mention of telemedicine specifically, but requires a license to practice medicine in Kansas.

Regulation requires full licensure for out-of-state physicians that practice on Kansas patients. *Kan. Admin. Regs. r. 100-26-1 (1996).*

Kentucky

Kentucky law makes no mention of telemedicine specifically, but requires a license to practice medicine in Kentucky. There is an exception for infrequent consultations with in-state physicians.

(1) Except as provided in subsection (2) of this section, no person shall engage or attempt to engage in the practice of medicine or osteopathy within this state, or open, maintain, or occupy an office or place of business within this state for engaging in practice, or in any manner announce or express a readiness to engage in practice within this state, unless the person holds a valid and effective license or permit issued by the board as hereinafter provided.

(2) The provisions of subsection (1) of this section shall not apply to:

...
(b) 1. 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...

KRS § 311.560 (2002).

Louisiana

Louisiana law does not specifically address telemedicine licensure, but the Louisiana State Board of Medical Examiners is in the process of a drafting a policy to address this issue. Currently, all medical practitioners must be licensed by the state, although reciprocal licensure is available.

No person shall practice medicine as defined herein until he possesses a duly recorded license issued under this Part or a permit or registration as provided for herein. La. R.S. 37:1271

Telehealth Licensure Laws by State

A physician who has taken a written certification, recertification, or Special Purpose Examination (SPEX) test within the last ten years may apply for reciprocal licensing to the Louisiana Medical Board. LAC 46:XLV.353

Maine

Maine law makes no mention of telemedicine specifically, but requires a license to practice medicine in Maine.

Unless licensed by the board, an individual may not practice medicine or surgery or a branch of medicine or surgery or claim to be legally licensed to practice medicine or surgery or a branch of medicine or surgery within the State by diagnosing, relieving in any degree or curing, or professing or attempting to diagnose, relieve or cure a human disease, ailment, defect or complaint, whether physical or mental, or of physical and mental origin, by attendance or by advice, or by prescribing or furnishing a drug, medicine, appliance, manipulation, method or a therapeutic agent whatsoever or in any other manner unless otherwise provided by statutes of this State. *ME Ch. 48 § 3270 (2003).*

Empowers the Maine Board of Nursing to adopt the Interstate Nurse Licensure Compact via rule-making. *ME LD 2558 (2000).*

Maryland

Maryland law makes no mention of telemedicine specifically, but requires a license to practice medicine. There is also a consultation exception and limited reciprocity with neighboring states.

Establishes Maryland's participation in the Interstate Nurse Licensure Compact. *Md. Occ. Code Ann. §8-7A-01 (1999).*

Except as otherwise provided in this title or § 13-516 of the Education Article, an individual shall be licensed by the Board before the individual may practice medicine in this State. *Md. Health Occupations Code Ann. § 14-301.*

Subject to the rules, regulations, and orders of the Board, the following individuals may practice medicine without a license:

...

(2) A physician licensed by and residing in another jurisdiction, while engaging in consultation with a physician licensed in this State;

Telehealth Licensure Laws by State

...

(4) A physician who resides in and is authorized to practice medicine by any state adjoining this State and whose practice extends into this State, if:

(i) The physician does not have an office or other regularly appointed place in this State to meet patients; and

(ii) The same privileges are extended to licensed physicians of this State by the adjoining state....

Md. Health Occupations Code Ann. § 14-302.

Massachusetts

Massachusetts law makes no mention of telemedicine specifically, but requires a license to practice medicine in Massachusetts.

Except as provided in section sixty-five, whoever, not being lawfully authorized to practice medicine within the commonwealth and registered under section two, or corresponding provisions of earlier laws, or under section one or two of chapter five hundred and twenty-six of the acts of nineteen hundred and nine, holds himself out as a practitioner of medicine or practices or attempts to practice medicine in any of its branches...shall be punished by a fine of not less than one hundred nor more than one thousand dollars or by imprisonment for not less than one month nor more than one year, or both. A person rendering medical service in violation of this section shall recover no compensation therefor.

ALM GL ch. 112, § 6 (1927).

Michigan

Michigan law makes no mention of telemedicine specifically, but requires a license to practice medicine in Michigan.

Except as provided in section 16215, an individual who practices or holds himself or herself out as practicing a health profession regulated by this article without a license or registration or under a suspended, revoked, lapsed, void, or fraudulently obtained license or registration, or outside the provisions of a limited license or registration, or who uses as his or her own the license or registration of another person, is guilty of a felony.

MCL § 333.16294 (1993).

Telehealth Licensure Laws by State

Minnesota

Any physician wishing to practice telemedicine in the state of Minnesota must either be licensed by the state or register with the medical board. The list of acceptable activities is extensive. There are exceptions for emergency consultations and irregular consultations, the latter being defined as once a month or fewer than ten patients. There is also an exception for consultation when a Minnesota physician maintains final control over the diagnosis and treatment of the patient. The law also allows for appropriate use of telemedicine in the home.

Subdivision 1. Requirements; registration. (a) A physician not licensed to practice medicine in this state may provide medical services to a patient located in this state through interstate telemedicine if the following conditions are met:

- (1) the physician is licensed without restriction to practice medicine in the state from which the physician provides telemedicine services;
- (2) the physician has not had a license to practice medicine revoked or restricted in any state or jurisdiction;
- (3) the physician does not open an office in this state, does not meet with patients in this state, and does not receive calls in this state from patients; and
- (4) the physician annually registers with the board, on a form provided by the board.

...

Subd. 2. Exemptions from registration. 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

Telehealth Licensure Laws by State

diagnosis and care of the patient.
Minn. Stat. § 147.032 (2002)

Allows for provision of telehomecare services which do not require hands-on care between the home care nurse and recipient.
Minn. Stat. § 256B.0627 (2001).

Mississippi

Full license specifically required for telemedicine, although there is an exception for consultations requested by an in-state physician.

Enacts the Interstate Nurse Licensure Compact.
Miss. Code Ann. § 73-15-22 (2000).

Requires full licensure for out-of-state physicians who render a medical opinion concerning diagnosis or treatment of a Mississippi patient as a result of transmission of individual patient data by electronic or other means. Exemptions for consultations requested by a physician licensed in state.
Miss. Code Ann. § 73-25-34 (1997).

Missouri

Full license specifically required for telemedicine, although there is an exception for consultations.

Require full licensure for out-of-state physicians providing telemedicine services to citizens of Missouri. Provides a consultation exception for out-of-state physicians when a Missouri physician retains ultimate authority over the care of the patient.
Mo. Rev. Stat. §334.010 (1999).

Montana

Any physician who wishes to practice telemedicine must obtain a certificate from the state. The certificate places the physician under the jurisdiction of Montana courts and sets the limits of telemedicine.

Telehealth Licensure Laws by State

A physician granted a telemedicine certificate consents to the jurisdiction of the courts of Montana for the purpose of civil and criminal actions related to the physician's practice of telemedicine and jurisdiction of the board for the purposes of licensing and disciplinary action.
Mont. Code Ann. § 37-3-349 (1999).

Prohibits practice of telemedicine without a telemedicine certificate issued by Board of Medical Examiners.
Mont. Code Ann. §37-3-343 (1999).

Defines telemedicine and the scope of practice permitted with a telemedicine certificate.
Mont. Code Ann. § 37-3-342 (1999).

Nebraska

Full license specifically required for telemedicine, although there is an exception for consultations with an in-state physician.

Defines "telehealth" as the use of telecommunications technology by a health care practitioner to deliver health care services within his scope of practice at a site other than where the patient is located. Defines "telehealth consultation" as any contact between a patient and a health care practitioner relating to diagnosis or treatment of through telehealth but not including a telephone conversation, electronic mail message or facsimile transmission between a patient and practitioner or two practitioners.
Neb. Rev. Stat. § 71-8503 (2000).

Establishes Nebraska's participation in the Nurse Licensure Compact.
NE L.B. 523 (1999).

Requires full licensure for out-of-state physicians who perform any service that constitutes the healing arts through the use of any medium, including electronic medium. Exemption for consultation with a licensed in-state physician on a patient under treatment by the in-state physician.
Neb. Rev. Stat. § 71-1,102 (1998).

Nevada

Requires that any physician engaging in telemedicine obtain a special purpose license.

Authorizes a special purpose license to a physician who is licensed in another state to permit the use of equipment that transfers information concerning the medical condition of a patient in

Telehealth Licensure Laws by State

this state across state lines electronically, telephonically or by fiber optics if the physician (i) holds a full and unrestricted license to practice medicine in that state; (ii) has not had any disciplinary taken against him by any state or other jurisdiction; and (iii) meets other requirements as established by law.

Nev. Rev. Stat. Ann. § 630.261 (2001).

New Hampshire

New Hampshire law makes no mention of telemedicine specifically, but requires a license to practice medicine in New Hampshire. This includes contractual or frequent teleradiology.

Requires full licensure for out-of-state physicians who provide contractual or frequent teleradiology services to New Hampshire patients.

30 NH Rev. Stat. Ann. § 329 (2000).

New Jersey

New Jersey law makes no mention of telemedicine specifically, but requires a license to practice medicine in New Jersey. There is a consultation exception.

All persons commencing the practice of medicine or surgery in this State shall apply to the board “for a license so to do. The board shall, except as herein otherwise provided, examine all qualified applicants for such a license.”

State Board of Medical Examiners Statutes and Regulations 45:5-2 (2002).

Adopts the Interstate Nurse Licensure Code.

N.J. Admin. Code 45:11A (2001).

New Mexico

One must obtain a special telemedicine license to practice via telemedicine.

Prohibits any person from practicing medicine across state lines or attempting to practice medicine across state lines without first complying with the provisions of the Medical Practice Act and without being the holder of a telemedicine license entitling him to practice medicine

Telehealth Licensure Laws by State

across state lines. Punishable as a fourth degree felony.
N.M. Stat. Ann. § 61-6-20 (2001).

Authorizes issuance of a Telemedicine License to allow the practice of medicine across state lines to an applicant who holds a full and unrestricted license to practice medicine in another state or territory of the United States. The board shall establish by rule the requirements for licensure; provided the requirements shall not be more restrictive than those required for licensure by endorsement. A telemedicine license shall be issued for a period not to exceed three years but may be renewed.
N. M. Stat. Ann. § 61-6-11.1 (2001).

New York

Places limits on the prescription of medication that are prejudicial to Internet prescriptions. Otherwise, New York law makes no mention of telemedicine specifically, but requires a license to practice medicine in New York.

Anyone not authorized to practice under this title who practices or offers to practice or holds himself out as being able to practice in any profession in which a license is a prerequisite to the practice of the acts...shall be guilty of a class E felony.
NY CLS Educ § 6512(1) (1979).

It is considered 'misconduct' for a physician to prescribe medications without conducting a proper clinical assessment of the patient. This assessment frequently includes the taking of a medical history and performance of a physical examination.
N.Y. Educ. Law § 6530 (2001)

North Carolina

Full license specifically required for telemedicine, although there is an exception for irregular consultations. Treatment dispensed from telephone call centers or their Internet equivalents also requires a license.

Authorizes the State Medical Board to require any person treating a patient by use of the Internet or a toll-free telephone number to obtain a license in this State.
N.C. Gen Stat. § 90-18 (2001).

Enacts the Nurse Licensure Compact
1999 N.C. Laws 0245.

Telehealth Licensure Laws by State

Requires full licensure for out-of-state physicians who treat North Carolina patients by electronic or other mediums. Exemption for physicians who provide consultations to licensed North Carolina physicians on an irregular basis.

N.C. Gen Stat. § 90-18 (1997).

North Dakota

Allows out-of-state physicians one-time 24-hour consultations, but otherwise requires that all physicians be licensed by the state.

Allows any physician holding an unrestricted license to practice medicine in any state or territory of the United States, the District of Columbia or a province of Canada to practice medicine or Osteopathy in North Dakota under the following circumstances: to provide one-time consultations or teaching assistance for a period of not for that 24 hours, to provide consultations or teaching assistance previously approved by the board for charitable organizations, as a member of an organ harvest team, on board an air ambulance.

N.D. Cent. Code § 43-17-02.3 (2000).

State law authorizing a study relating to the desirability of adopting amendments to the professional licensing laws that will facilitate the development of telemedicine.

1997 N.D. Laws 15.

Ohio

State law requires that any physician wishing to practice telemedicine in the state acquire a telemedicine certificate and a special activity certificate, as well as submit to all relevant state laws.

The board may issue, without examination, a telemedicine certificate to a person wishing to practice telemedicine in this state if the person meets the requirements. The holder of a telemedicine certificate may engage in the practice of telemedicine in this state, but may not practice medicine in person in this state without obtaining a special activity certificate first.

Ohio Rev. Code Ann. §4731.296 (2001).

The state medical board may issue, without examination, a special activity certificate to any person seeking to practice medicine and surgery or osteopathic medicine and surgery in conjunction with a special activity, program, or event taking place in this state. An applicant for a special activity certificate shall hold a telemedicine certificate or submit other evidence satisfactory to the board.

Ohio Rev. Code Ann. §4731.294 (2001).

Telehealth Licensure Laws by State

Provides, with certain exceptions, that a physician licensed by another state who advertises or provides medical services in this state, either in person or through the use of any communication, including oral, written, or electronic communications, must comply with all laws governing the practice of medicine in this state and submit to the jurisdiction of the State Medical Board and the courts of this state.

Ohio Rev. Code Ann §4731.296 (2001).

Board adopted rule prohibiting physicians from prescribing, dispensing, or otherwise causing to be provided any dangerous drugs without a physical examination.

Ohio Rev. Code Ann. § 4731-11-09 (1999).

Oklahoma

Full license specifically required for telemedicine, although there is an exception for consultations with in-state physicians.

Physicians rendering care to patients in Oklahoma must be licensed in Oklahoma.

Okla. Stat. tit. 59 § 492A (2001)

A physician licensed in another state, who diagnoses or treats a patient in Oklahoma on a regular basis, through electronic communication, submits himself or herself to the jurisdiction of the courts of this state for the purposes of any cause of action resulting from the functions performed.

Okla. Stat. tit. 59 § 492C (2001).

Unprofessional conduct includes prescribing or administering a drug or treatment without sufficient examination and the establishment of a valid physician/ patient relationship.

‘Sufficient examination’ and ‘establishment of a valid physician/ patient relationship’ can NOT take place without an initial face-to-face encounter with the patient.

Okla. Stat. tit. 59 § 509-13 (2001).

Allows an osteopathic physician, licensed in Oklahoma, who engages in the prescription of drugs, devices, or treatments via electronic means may do so only in the context of an appropriate physician/patient relationship which includes, but is not limited to, a proper patient record with a current history and physical.

Okla. Stat. tit. 59, § 622 (2001).

Requires full licensure for out-of-state veterinarians practicing on Oklahoma animals. Broadly permits consultations without licensure.

Okla. Stat. tit 59, § 698.2 (1999).

Requires full licensure for out-of-state physicians who provide diagnostic or treatment services

Telehealth Licensure Laws by State

through electronic communication for any patient whose condition is being diagnosed or treated in Oklahoma. Permits ‘brief consultations’ with a licensed in-state physician.
Okla. Stat. tit 36, § 6802 (1997).

Oregon

Full license specifically required for telemedicine. There are exceptions for consultations, emergencies, and patients who need to contact their own doctor from out of state.

Requires special telemedicine licensure for out-of-state physicians practicing on Oregon patients from across state lines. Exceptions for consultations, emergency care and treatment for patients temporarily in Oregon who require direct medical treatment provided an established doctor-patient relationship.
Or. Rev. Stat. Ann. § 677.137 (1999).

Defines the “practice of medicine across state lines” as directly rendering medical treatment or directly rendering a documented medical opinion concerning the diagnosis or treatment of a person in Oregon by a physician located outside of Oregon by means of the transmission of data by electronic or other means.
Or. Rev. Stat. Ann. § 677.135 (1999).

Pennsylvania

Pennsylvania law makes no mention of telemedicine specifically, but requires a license to practice medicine in Pennsylvania. There is a limited consultation exception.

No person other than a medical doctor shall engage in any of the following conduct except as authorized or exempted in this act:

...

(3) Hold forth as authorized to practice medicine and surgery through use of a title, including, but not necessarily limited to, medical doctor, doctor of medicine, doctor of medicine and surgery, doctor of a designated disease, physician, physician of a designated disease, or any abbreviation for the foregoing.

(4) Otherwise hold forth as authorized to practice medicine and surgery.
63 P.S. § 422.10 (2002).

Telehealth Licensure Laws by State

Rhode Island
Rhode Island law makes no mention of telemedicine specifically, but requires a license to practice medicine in Rhode Island. There is an exception for consultations with in-state physicians.
<p>Any person who is not lawfully authorized to practice medicine within this state, and registered according to law, practices medicine or surgery or attempts to practice medicine or surgery, or any of the branches of medicine or surgery, after having received or with the intent of receiving, either directly or indirectly, any bonus, gift or compensation, or who opens an office with intent to practice medicine, or holds himself or herself out to the public as a practitioner of medicine, whether by appending to his or her name the title of doctor or any abbreviation, or M.D., or any other title or designation implying a practitioner of medicine, or in any other way, shall be imprisoned not more than three (3) years or fined not more than one thousand dollars (\$1,000) or shall suffer both fine and imprisonment; and in no case when any provision of this chapter has been violated shall the person violating these provisions be entitled to receive compensation for services rendered.</p> <p><i>R.I. Gen. Laws § 5-37-12 (2002).</i></p> <p>Nothing in this chapter or chapter 30 of this title ... shall ... apply to ... legally qualified physicians of another state called to see a particular case in consultation with a registered physician of this state, but who do not open an office or appoint any place in this state where they may meet patients or receive calls.</p> <p><i>R.I. Gen. Laws § 5-37-14 (2002).</i></p>
South Carolina
South Carolina law makes no mention of telemedicine specifically, but requires a license to practice medicine in South Carolina. There is a consultation exception.
<p>No person shall practice medicine, surgery or osteopathy within the State unless he is twenty-one years of age and has been authorized so to do pursuant to the provisions of this article.</p> <p><i>S.C. Code Ann. § 40-47-60 (1982).</i></p>
South Dakota
Full license specifically required for telemedicine, although there is an exception for irregular consultations.

Telehealth Licensure Laws by State

Enacts the Interstate Nurse Licensure Compact
S.D. Codified Laws § 36-9-92 (2000).

Requires full licensure for out-of-state physicians who provide diagnostic or treatment services through electronic means to a person located in South Dakota. Exemption for irregular consultations.
S.D. Codified Laws § 36-4-41 (1998).

Tennessee

Practice of telemedicine requires a specialty license. With a few exceptions, the most notable being for a second opinion, a physician not licensed in Tennessee cannot receive patient information transmitted electronically.

The board has the authority to issue restricted licenses and special licenses based upon licensure to another state for the limited purpose of authorizing the practice of telemedicine to current applicants or current licensees or both as it deems necessary
Tenn. Code Ann. § 63-6-209 (2001).

By regulation, the Board had the authority to issue a telemedicine license based on an osteopathic physician being licensed in another state. The special license permits the osteopathic physician to practice only the specialty area for which the physician has certification. Practice of telemedicine in Tennessee by an out-of-state osteopathic physician without such a license is prohibited.
Tenn. Comp. R. & Regs. Ch. 1050-2-.17 (2000). (Similar language to *Tenn. Comp. R. & Reg. Ch. 0880-2-.16*).

Amends the medical and osteopathic medical practice acts to prohibit the transfer of patient medical information via electronic, telephonic or fiber optic means to a person in another state who is not licensed to practice in Tennessee. Exceptions include when such information is to be used for a second opinion and was requested by a Tennessee licensed physician; or when such information is to be used by an out-of-state physician for treatment of a person who is seeking treatment out of Tennessee; or when such information is used by a physician in another state to provide occasional academic consultations to a medical school located in Tennessee.
Tenn. Code Ann. § 63-6-214 (1999).

Law requires that out-of-state physicians who receive patient medical information and use that information to diagnose or treat patients physically located inside Tennessee be licensed.
Tenn. Code Ann. § 63-6-201 (1998).

By regulation, the Board has the authority to issue restricted licenses and special licenses,

Telehealth Licensure Laws by State

based on licensure in another state, for the limited purpose of practicing telemedicine. That license is restricted to the specialty area in which the person is certified or is eligible for certification.

Tenn. Comp. R. & Regs. Ch. 0880-2-.16 (1998).

Texas

Full license specifically required for telemedicine, although there are exceptions, such as for consultation. Practitioners may acquire a special purpose license.

Refers to designated health professions and defines the terms “Telehealth service” and “Telehealth medical service.” “Telehealth service” is a health service, other than a telemedicine medical service, delivered by a licensed or certified health professional acting within the scope of the health professional’s license or certification who does not perform a telemedicine medical service that requires the use of advanced telecommunications technology, other than by telephone or facsimile. “Telemedicine medical service” means a health care service initiated by a physician or provided by a health professional acting under physician delegation and supervision, for purposes of patient assessment by a health professional, diagnosis or consultation by a physician, treatment, or the transfer of medical data, that requires the use of advanced telecommunications technology, other than by telephone or facsimile.

Tex. Government Code Ann. § 531.02171 (2001).

Relates to the regulation of certain health care activities using the Internet and states that “the fact that an activity occurs through the use of the Internet does not affect a licensing authority’s power to regulate an activity or person that would otherwise be regulated under this title.”

Tex. Occupations Code Ann. § 105.001 (2001).

To engage in the practice of medicine in Texas as defined under the Medical Practice Act, the person must be actively licensed to practice medicine in another state which is recognized by the Texas State Board of Medical Examiners for purposes of licensure, be certified in a medical specialty pursuant to the standards of and approved by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists and Boards of Certification, have passed the Texas Medical Jurisprudence Examination and be in possession of a special purpose license.

Tex. Admin. Code tit. 22, § 174.3 (2000).

Establishes that a person, who through the use of any medium performs an act that is part of patient care initiated in Texas, that would affect the diagnosis or treatment of the patient, is engaged in the practice of medicine in the state of Texas and is treated as practicing in Texas. Exceptions for 1.) a medical specialist who provides only episodic consultation services on request to a person licensed in Texas who practices the same medical specialty 2.) a medical

Telehealth Licensure Laws by State

physician who is providing consultation services to a medical school 3.) an institution (defined in education code).

The Board of Medical Examiners will consider a person using telemedicine within the state as engaging in the practice of medicine in Texas except in several enumerated situations.

Tex. Occupations Code Ann §151.056 (1999).

Enacts the Nurse Licensure Compact..

Tex. Admin. Code tit. 22, §220.1 - §220.4 (1999).

A physician who is physically located in another jurisdiction but who, through the use of any medium, including an electronic medium performs an act that is part of patient care initiated in Texas is practicing medicine in Texas. The implementing regulations permit a “special purpose” license for telemedicine practitioners.

Tex. Admin. Code tit. 22, § 174.1-174.15 (1999).

Utah

Utah law makes no mention of telemedicine specifically, but requires a license to practice medicine in Utah. There is a limited consultation exception.

Adopts the Nurse Licensure Compact. Permits telenursing without additional licensure for nurses practicing between compact states.

Utah Code Ann. § 58-31b-102 (1998).

Requires full licensure for out-of-state physicians who practice on patients within Utah. Limited consultation exceptions.

Utah Code Ann. § 58-1-307 (1998).

Vermont

Vermont law makes no mention of telemedicine specifically, but requires a license to practice medicine in Vermont. There is a consultation exception.

(a) A person who, not being licensed, advertises or holds himself out to the public as described in section 1311 of this title, or who, not being licensed, practices medicine or surgery as defined in section 1311 of this title...shall be imprisoned not more than three months or fined not more than \$200.00 nor less than \$50.00, or both.

(b) An action shall not be maintained by such person for the recovery of compensation for

Telehealth Licensure Laws by State

such services.
26 V.S.A. § 1314 (2003).

Virginia

Telemedicine is legal, but practitioner must be licensed by the state of Virginia.

“The provisions of this chapter shall not prevent or prohibit:

...

7. The rendering of medical advice or information through telecommunications from a physician licensed to practice medicine in Virginia or an adjoining state to emergency medical personnel acting in an emergency situation;

...

15. Any legally qualified out-of-state or foreign practitioner from meeting in consultation with legally licensed practitioners in this Commonwealth;”

Va. Code Ann. § 54.1-2952.1 (2001).

Expands the prescriptive authority of physician assistants and further defines the required practitioner-patient relationship. A bona fide practitioner-patient relationship means that the practitioner shall ... (iii) perform or have performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may be transmitted electronically; except for medical emergencies, the examination of the patient shall have been performed by the practitioner himself, within the group in which he practices, or by a consulting practitioner prior to issuing a prescription

Va. Code Ann. § 54.1-2952.1 (2001).

Defines “service or services” to include those delivered face-to-face and those delivered by electronic means solely within the Commonwealth, such as by telepsychiatry and via the Internet.

Va. Code Ann. § 37.1-179 1159 (2001).

Expands the definition of a bona fide patient-practitioner relationship to prescribe medication.

Va. Code Ann. § 54.1-3303 (2000).

Provides that a prescription for a controlled substance may be issued only to persons with whom that physician has a bona fide practitioner-patient relationship.

Va. Code Ann. § 54.1-3303 (1999).

It shall be unlawful for a person to practice or to hold himself out as practicing as a physician's or podiatrist's assistant unless he holds a license as such issued by the Board.”

Va. Code Ann. § 54.1-2949 (1988).

Telehealth Licensure Laws by State

West Virginia
Full license specifically required for telemedicine, although there is an exception for irregular consultations.
<p>No pharmacist may compound or dispense any prescription order when he or she has knowledge that the prescription was issued by a practitioner without establishing an ongoing practitioner-patient relationship. An online or telephonic evaluation by questionnaire is inadequate to establish an appropriate practitioner-patient relationship. <i>W. Va. HB 3052 (2001).</i></p> <p>Requires full licensure for the practice of telemedicine. A person engaged in the practice of telemedicine is considered to be practicing medicine within the state. Consultation exception if on an irregular or infrequent basis. Provides criminal penalties for violations. <i>W. Va. Code § 30-3-13 (2000).</i></p> <p>Requires full licensure for physicians engaging in telemedicine in WV. Exemptions are provided for one time only consultations, emergencies, and educational settings. <i>W.Va. S.B. 184 (2000).</i></p>
Washington
The relevant statute is written in such a way that it allows telemedicine without mentioning it by name.
<p>No person may practice or represent himself or herself as practicing medicine without first having a valid license to do so. <i>Rev. Code Wash. § 18.71.021 (2003).</i></p> <p>Nothing in this chapter shall be construed to prohibit: ...</p> <p>(6) 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.... <i>Rev. Code Wash. § 18.71.030 (2003).</i></p>

Telehealth Licensure Laws by State

Wisconsin
Wisconsin law makes no mention of telemedicine specifically, but requires a license to practice medicine in Wisconsin. There is an exception for consultations with in-state physicians.
<p>(1)...(a) No person may practice medicine and surgery, or attempt to do so or make a representation as authorized to do so, without a license to practice medicine and surgery granted by the board.</p> <p>...</p> <p>(2) Nothing in this subchapter shall be construed either to prohibit, or to require, a license or certificate under this subchapter for any of the following:</p> <p>...</p> <p>(d) 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.</p> <p>(e) Any person other than a physician assistant who is providing patient services as directed, supervised and inspected by a physician who has the power to direct, decide and oversee the implementation of the patient services rendered.</p> <p><i>Wis. Stat. § 448.03 (2002).</i></p> <p>Act to adopt the Interstate Nurse Licensure Compact.</p> <p><i>Wis. Stat. §441.50 (1999).</i></p>
Wyoming
Wyoming law makes no mention of telemedicine specifically, but requires a license to practice medicine in Wyoming. There is an exception for consultations with in-state physicians.
Regulation requires full licensure for out-of-state physicians rendering medical diagnosis and/or treatment to a person physically present in Wyoming. Exemption for actual consultations with an in-state licensed physician. <p><i>Weil's Code Wyo. R. 024-052-001 § 4(d) (1998).</i></p>

IV. Other State Laws Impacting Telehealth Practice

Other State Laws Impacting Telehealth Practice

Arkansas

Regulates Internet pharmacies.

The Arkansas Internet Prescription Consumer Protection Act requires Internet pharmacies doing business with AR consumers to comply with applicable federal and state laws for prescriptions. Further, it requires Internet sites to display a list of pharmacists and physicians associated with the site as well as the pharmacy name; address of the principal place of business; telephone number; Arkansas permit number; and certification by the National Association of Boards of Pharmacies as a Verified Internet Pharmacy Site. Disclaimers or limitations on liability are prohibited or void.

Ark. Code Ann. § 17-92-1001 - §17-92-1007 (Michie 2001).

California

Sets out regulations for informed consent and telephone medical services.

Prohibits any health care service plan and certain disability insures from contracting with an in-state or out-of-state telephone medical advice service unless that medical advice service is registered with the California Department of Consumer Affairs. Further requires that a physician and surgeon be available to the medical advice service on an on-call basis at all times the service is advertised to be available. Sets out licensure guidelines for call centers.

Cal. Bus. & Prof. Code § 4999 (2000).

Telephone conversations and e-mail between the patient and practitioner are not considered telemedicine and, therefore, do not necessitate informed consent. Telemedicine services in emergency situations are exempt from informed consent requirements.

Cal. Bus. & Prof. Code § 2290.5 (1997).

Colorado

Requires health plans in counties with low populations to cover telemedicine.

On or after January 1, 2002, no health benefit plan that is issued, amended, or renewed for a person residing in a county with one hundred fifty thousand or fewer residents may require face-to-face contact between a provider and a covered person for services appropriately

Other State Laws Impacting Telehealth Practice

provided through telemedicine, if such county has the technology necessary for the provisions of telemedicine. Any health benefits provided through telemedicine shall meet the same standard of care as for in-person care. Specifically excludes telephone and fax consultations.
Colo. Rev. Stat. § 10-16-123 (2001).

Indiana

Regulates Internet pharmacies.

Requires Internet based pharmacies to comply with the licensure laws of the state where the pharmacy is domiciled, and Indiana’s drug substitution laws.
Ind. Code Ann. § 25-26-18-2 (Michie 2001).

Louisiana

Indirectly bans most Internet pharmacies and requires a physician who prescribes medication or treatment to establish a physician-patient relationship.

It is the position of the Louisiana State Board of Medical Examiners that: (i) it is in contravention of the Louisiana Medical Practice Act 1 for a physician to prescribe medication, treatment or a plan of care generally if the physician has not established a physician-patient relationship; (ii) the issuance of a prescription or dispensation of medication to individuals who are residents of or physically located in the state of Louisiana constitutes the practice of medicine and may only be undertaken by physicians licensed to practice medicine in this state.

May 24, 2000 Position Statement: Internet/Telephonic Prescribing

Minnesota

Allows telehomecare services.

Allows for provision of telehomecare services which do not require hands-on care between the home care nurse and recipient.

Minn. Stat. § 256B.0627 (2001).

Other State Laws Impacting Telehealth Practice

Montana

Deals with telemedicine and interstate pharmacy.

Defines telemedicine and the scope of practice permitted with a telemedicine certificate.
Mont. Code Ann. § 37-3-342 (1999).

The board shall regulate the practice of pharmacy in this state by adopting and authorizing the department to publish rules for carrying out and enforcing requirements and procedures necessary to allow a pharmacy licensed in another jurisdiction to be registered to practice telepharmacy across state lines.

Mont. Code Ann. § 37-7-201 (2001).

Nebraska

Defines telehealth.

Defines “telehealth” as the use of telecommunications technology by a health care practitioner to deliver health care services within his scope of practice at a site other than where the patient is located. Defines “telehealth consultation” as any contact between a patient and a health care practitioner relating to diagnosis or treatment of through telehealth but not including a telephone conversation, electronic mail message or facsimile transmission between a patient and practitioner or two practitioners.

Neb. Rev. Stat. § 71-8503 (2000).

Nevada

Defines Internet pharmacy.

Defines “Internet pharmacy” as a person located within or outside this state who knowingly uses the Internet to communicate with or obtain information from another person; and who uses such communication or information to fill or refill a prescription or otherwise engage in the practice of pharmacy.

Nev. Rev. Stat. Ann. § 639.00865 (Michie 2001).

Other State Laws Impacting Telehealth Practice

North Carolina

Full license specifically required for telemedicine, although there is an exception for irregular consultations. Treatment dispensed from telephone call centers or their Internet equivalents also requires a license.

Authorizes the State Medical Board to require any person treating a patient by use of the Internet or a toll-free telephone number to obtain a license in this State.

N.C. Gen Stat. § 90-18 (2001).

Enacts the Nurse Licensure Compact

1999 N.C. Laws 0245.

Requires full licensure for out-of-state physicians who treat NC patients by electronic or other mediums. Exemption for physicians who provide consultations to licensed North Carolina physicians on an irregular basis.

N.C. Gen Stat. § 90-18 (1997).

Texas

Regulates Internet pharmacies.

Relates to the regulation of certain health care activities using the Internet and states that “the fact that an activity occurs through the use of the Internet does not affect a licensing authority’s power to regulate an activity or person that would otherwise be regulated under this title.”

Tex. Occupations Code Ann. § 105.001 (2001).

Requires an Internet pharmacy to link its site to the Internet site maintained by the state Board of Pharmacy. The link must be on the pharmacy’s home page and on any page where sales occur.

Tex. Occ. Code § 562.1045 (2001).

Defines “telepharmacy system” as a system that monitors the dispensing of prescription drugs and provides for drug use review and patient counseling by an electronic method, including the use of technology such as audio / video, still image capture, and store and forward.

Telepharmacy systems may be operated by Class A and Class C pharmacies; must be under the continuous supervision of a pharmacist; must be located at a regulated health care facility; and not located in a community where a Class A or Class C pharmacy is located.

Tex Occ. Code § 562.110 (2001).

**v. 2003 State Legislation
Impacting Telehealth Licensure**

2003 State Legislation Impacting Telehealth Licensure

BILL	PROVISIONS	ACTION
<p>Arizona HB 2103</p>	<p>Modifies exemptions to the Medical Practice Act, to include...any doctor of medicine who resides in another state, federal jurisdiction or country and who is authorized to practice medicine in that jurisdiction, if the doctor of medicine engages in actual single or infrequent consultation with a doctor of medicine who is licensed in this state and if the consultation regards a specific patient or patients.</p>	<p>1/15/03 Referred to House Committee on Rules</p>
<p>California AB 116</p>	<p>Existing law provides for the licensure and regulation of marriage and family therapists by the Board of Behavioral Sciences. Under existing law, the Telemedicine Development Act of 1996, a health care provider may deliver medical services using interactive audio, video, or data communications without person to person contact with the patient. This bill would specify that the provisions of law regulating the practice of a marriage and family therapist do not constrict, limit, or withdraw the application of the Telemedicine Development Act of 1996.</p>	<p>4/10/03 Passed Assembly To House</p>
<p>Florida H 507</p> <p>Similar S2066</p>	<p>Failure to disclose medical licensure in advertisements for health care services or to patients upon initiation of professional relationship or constitutes ground for discipline.</p>	<p>4/10/03 Reported favorably from House Health Care Subcommittee on Health Standards</p> <p>4/14/03 In Senate Committee on Health, Aging and Long Term Care</p>
<p>Georgia H 456</p>	<p>Amends the Georgia Distance Learning an Telemedicine Act of 1992 to allow use of Universal Service funds for any lawful purpose that promotes or supports enterprise information technology needs, including purposes unrelated to the creation, operation, administration, or maintenance of a distance learning and telemedicine network.</p>	<p>4/17/03 Passed Senate</p>

2003 State Legislation Impacting Telehealth Licensure

<p>Hawaii H.B 1675</p>	<p>Adds and exemption for a practitioner of medicine and surgery from another state when in actual consultation, including but not limited to, in-person, mail, electronic, telephonic, fiber-optic, or other telemedicine consultation with a licensed physician of this State, if the physician from another state at the time of such consultation is licensed to practice in the state in which the physician resides, provided that: (A) The physician from another state shall not open an office, or appoint a place to meet patients, or receive calls within the limits of the State; and (B) The licensed physician of this State retains control and remains responsible for the provision of care for the patient.</p>	<p>1/31/03 To House Committee on Health</p>
<p>Illinois HB 1201</p>	<p>Enacts the Nurse Licensure Compact</p>	<p>4/16/03 To Senate Committee on Licensed Activities</p>
<p>Missouri SB 200 (combined with SB 415) H 520</p>	<p>Enacts the Nurse Licensure Compact</p>	<p>3/13/03 To House Committee on Professional Registration and Licensing</p>
<p>Montana SB 109</p> <p>HB 285</p>	<p>Allows osteopathic physicians to be eligible for a telemedicine certificate. Updates requirements for telemedicine certificate.</p> <p>Requires a physician certified to practice telemedicine to renew the telemedicine certificate every two years.</p>	<p>4/03/03 Signed by Governor</p> <p>4/09/03 Signed by Governor</p>
<p>New Hampshire SB 153</p>	<p>Adopts the Nurse Licensure Compact.</p>	<p>4/03/03 Committee Amendment Adopted on Senate floor To Senate Committee on Public Institutions, Health and Human Services</p>

2003 State Legislation Impacting Telehealth Licensure

<p>New Mexico SB 186</p> <p>NM H 665</p>	<p>Enacts the Nurse Licensure Compact. Out-of-state nurses must register with the state board.</p> <p>New Mexico Telehealth Act Specifies rationale for the bill, defines terms and adds language stating: “The delivery of health care via telehealth is recognized and encouraged as a safe, practical and necessary practice in New Mexico. No health care provider or operator of an originating site shall be disciplined for or discouraged from participating in telehealth pursuant to the New Mexico Telehealth Act. In using telehealth procedures, health care providers and operators of originating sites shall comply with all applicable federal and state guidelines.”</p>	<p>4/18/03 Signed by Governor</p> <p>1/27/03 Do Pass from Senate Committee on Health, Human Services and Senior Citizens</p>
<p>New Jersey S 2267</p>	<p>Bans the practice of prescribing drugs online unless the patient has been examined by the prescribing physician.</p>	<p>1/27/03 To Senate Committee on Health, Human Services and Sr. Citizens</p>
<p>New York SB 1095</p> <p>SB 463</p>	<p>Enacts the "telemedicine access act" and amends the public health law, the insurance law and the education law, in relation to the utilization of telemedicine. Mandates insurance coverage of telemedicine. Both authorizes and regulates the practice of telemedicine.</p> <p>Establishes the statewide telemedicine/telehealth task force to report telemedicine issues such as licensure, reimbursement, and other topics.</p>	<p>1/27/03 To Senate Committee on Health</p> <p>2/04/03 From Senate Committee on Health</p>
<p>Pennsylvania S 260</p>	<p>Amends the Medical Practice Act by providing that “A physician from another state shall be authorized to order home care services to be delivered by a licensed home health agency if the physician shows, upon request by the board, or the home health agency that will deliver the home care services shows that the physician.” States rationale for and conditions under which services can be provided</p>	<p>2/10/03 To Senate Committee on Consumer Protection and Professional Licensure</p>

2003 State Legislation Impacting Telehealth Licensure

S 585	Defines practice across state lines and telemedicine. Establishes licensure requirement that a “nonresident physicians who performs services through electronic media, since they are engaged in the practice of medicine in this Commonwealth, shall obtain a license without restriction to practice medicine in this Commonwealth and shall be subject to the same requirements, including requirements to purchase malpractice insurance...”	4/11/03 To Senate Committee on Consumer Protection and Professional Licensure
Virginia HB 1871	Enacts the Interstate Nurse Licensure Compact.	3/16/03 Signed by the Governor
West Virginia HB 2183	Makes the unauthorized practice of medicine (including telemedicine) and surgery or podiatry or as a physician assistant a felony rather than a misdemeanor.	1/14/03 To House Committee on Health and Human Resources

VI. Charts

State Medical and Nursing Licensure Laws

State	Full License Required; Telehealth Not Specifically Addressed	Full License For Telehealth Required By Law	Full License For Telehealth Required By Regulation/Policy	Special Purpose License For Telehealth	Nurse Licensure Compact Adopted
Alabama				Ala. Code §34-24-507	
Alaska	A.S. 08.64.170				
Arizona	Ariz. Rev. Stat. § 32-1455				Ariz. Rev. Stat. § 32-1668
Arkansas		Ark. Code Ann. § 17-95-206			1999 Ark. Acts 220
California		Cal. Bus. & Prof. Code § 2052.5			
Colorado		Colo. Rev. Stat. Ann. §12-36-106		§ 12-36-107 (Shriner's Only)	
Connecticut		Conn. Gen. Stat. § 20-9			
Delaware	24 Del. C. 1724				Del. Code Ann. tit. 24 § 1901
District of Columbia	D.C. § 3-1205.01				
Florida		Fla. Stat. Ann. § 455.637			
Georgia		Ga. Code Ann. § 43-34-31.1			
Hawaii	Haw. Rev. Stat. §§ 453-2, 460-1				
Idaho	Idaho Code § 54-1804(2)				Idaho Code § 54-1418
Illinois		225 Ill. Comp. Stat. 60/49.5			
Indiana		Ind. Code Ann. §25-22.5-1-1(a)(4)			Ind. Code Ann. § 25-22.5-1-1
Iowa	Iowa Code § 147.2				Iowa Code § 152E.1
Kansas			Kan. Admin. Regs. r. 100-26-1		
Kentucky	KRS § 311.560(1)				
Louisiana			Board Policy		
Maine	ME Ch. 48 § 327				ME LD 2558
Maryland	Md. Code Ann. § 14-301				Md. Occ. Code Ann. § 8-7A-01

State Medical and Nursing Licensure Laws

State	Full License Required; Telehealth Not Specifically Addressed	Full License For Telehealth Required By Law	Full License For Telehealth Required By Regulation/Policy	Special Purpose License For Telehealth	Nurse Licensure Compact Adopted
Massachusetts	Mass. Laws Ann. 112 § 2				
Michigan	MCL § 333-16294				
Minnesota				Minn. Stat. § 147.032	
Mississippi		Miss. Code Ann. § 73-25-34			Miss. Code Ann. § 73-15-22
Missouri		Mo. Rev. Stat. § 334.010			
Montana				Mont. Code Ann. § 37-3-349	
Nebraska		Neb. Rev. Stat. § 71-1.102			NE L.B. 523
Nevada		Nev. Rev. Stat. Ann. § 630.261			
New Hampshire		30 NH § 329 (Teleradiology)			
New Jersey	N.J. Admin. Code 45:5-2				N.J. Admin. Code 45:11A
New Mexico				N.M. Stat. Ann. § 61-6-11.1	S.B. 186 Signed by Gov. 4/8/03
New York	NY Educ. Law § 6512				
North Carolina		N.C. Gen. Stat. § 90-18			1999 N.C. Laws 0245
North Dakota		N.D. Cent. Code § 43-17-02.3			N.D. Admin. Code 54-02-10
Ohio		Ohio Rev. Code Ann. § 4731.296		§ 4731.294 (Certificate)	
Oklahoma		Okla. Stat. tit. 59 § 292A			
Oregon				Or. Rev. Stat. Ann. § 677.137	
Pennsylvania		63 P.S. § 422.10			
Rhode Island	R.I. § 5-37-12				
South Carolina	S.C. Code Ann. § 40-47-60				
South Dakota		S.D. Codified Laws § 36-4-41			S.D. Codified Laws § 36-9-92

State Medical and Nursing Licensure Laws

State	Full License Required; Telehealth Not Specifically Addressed	Full License For Telehealth Required By <i>Law</i>	Full License For Telehealth Required By <i>Regulation/Policy</i>	Special Purpose License For Telehealth	Nurse Licensure Compact Adopted
Tennessee				Tenn. Code Ann. § 63-6-209	Tenn. Code Ann. § 63-7-302
Texas				Texas Admin. Code 22 § 174.1	Tex. Admin. Code 22 § 220.1
Utah		Utah Code Ann. § 58-1-307			Utah Code Ann. § 58-31b-102
Vermont	23 V.S.A. § 1314				
Virginia	VA § 54.1-2902				HB 1871 Signed by Gov. 3/16/03
Washington	Wash. Code Rev. §18.71.021*				
West Virginia		W. Va. HB 3052			
Wisconsin	Wis. Stat. § 448.03(1)				Wis. Stat § 441.50
Wyoming			Weil's Code Wyo. 023-02-001 §4(d)		

* Wash. Code Rev. §18.71.030(6) permits however, “[t]he 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 [Washington].”

Nurse Licensure Compact

State	Adopted by Law	Bill Introduced	No Action
Alabama			X
Alaska			X
Arizona	X		
Arkansas	X		
California			X
Colorado		X	
Connecticut			X
Delaware	X		
District of Columbia			X
Florida			X
Georgia		X	
Hawaii			X
Idaho	X		
Illinois		X	
Indiana	X		
Iowa	X		
Kansas			X
Kentucky			X
Louisiana			X
Maine	X		
Maryland	X		
Massachusetts			X
Michigan			X
Minnesota		X	
Mississippi	X		
Missouri		X	
Montana			X
Nebraska	X		
Nevada			X
New Hampshire		X	
New Jersey	X		
New Mexico	X		
New York			X
North Carolina	X		
North Dakota	X		
Ohio			X
Oklahoma			X
Oregon			X
Pennsylvania			X
Rhode Island			X
South Carolina		X	
South Dakota	X		
Tennessee	X		
Texas	X		
Utah	X		
Vermont			X
Virginia	X		
Washington			X
West Virginia			X
Wisconsin	X		
Wyoming			X

Physical Examination Required Before Prescribing

State	Required by <i>Law</i>	Required by <i>Regulation/Policy</i>
Alabama		Ala. Admin. Code r. 540-X-9-11ER
Alaska		
Arizona	Ariz. Rev. Stat. § 32-1831 (D.O. Only)	
Arkansas		Board Policy
California	Cal. Bus. & Prof. Code §§ 4067, 2242.1	
Colorado		Board Policy
Connecticut		
Delaware		
District of Columbia		
Florida		Position Statement
Georgia		Board Policy
Hawaii		
Idaho		
Illinois		
Indiana		
Iowa		
Kansas		
Kentucky	KRS § 311.597	
Louisiana		Position Statement
Maine		Board Policy
Maryland		
Massachusetts		Board Policy
Michigan		
Minnesota		
Mississippi		Board Policy
Missouri	Mo. Rev. Stat. § 334-010	
Montana		
Nebraska		Position Statement
Nevada	Nev. Rev. Stat. Ann. § 639.00865	
New Hampshire		
New Jersey		Board Policy
New Mexico		Board Policy
New York		
North Carolina		Position Statement
North Dakota		
Ohio	Ohio Rev. Code Ann. § 4731-11-09	
Oklahoma	Okla. Stat. tit. 59 § 509-13 (D.O.)	Board Policy (M.D.)
Oregon	ORS 847-025-0000	
Pennsylvania		
Rhode Island		
South Carolina		Position Statement
South Dakota		
Tennessee		Position Statement
Texas		Board Policy
Utah		Board Policy
Vermont		
Virginia	Va. Code Ann § 54.1-3303	
Washington		Position Statement
West Virginia		
Wisconsin		
Wyoming		

Telehealth Licensure Summary Chart

State	Full License Required; Telehealth Not Specifically Addressed	Full License For Telehealth Required By Law	Full License For Telehealth Required By Regulation/Policy	Special Purpose License For Telehealth	Nurse Licensure Compact Adopted
Alabama				X	
Alaska	X				
Arizona	X				X
Arkansas		X			X
California		X			
Colorado		X		X (Shriner's Only)	
Connecticut		X			
Delaware	X				X
District of Columbia	X				
Florida		X			
Georgia		X			
Hawaii	X				
Idaho	X				X
Illinois		X			
Indiana		X			X
Iowa	X				X
Kansas			X		
Kentucky	X				
Louisiana			X		
Maine	X				X
Maryland	X				X
Massachusetts	X				
Michigan	X				
Minnesota				X	
Mississippi		X			X
Missouri		X			
Montana				X	
Nebraska		X			X
Nevada		X			
New Hampshire		X (Teleradiology)			
New Jersey	X				X
New Mexico				X	X
New York	X				
North Carolina		X			X
North Dakota		X			X
Ohio		X		X (Certificate)	
Oklahoma		X			
Oregon				X	
Pennsylvania		X			
Rhode Island	X				
South Carolina	X				
South Dakota		X			X
Tennessee				X	X
Texas				X	X
Utah		X			X
Vermont	X				
Virginia	X				X
Washington	X*				
West Virginia		X			
Wisconsin	X				X
Wyoming			X		

* Wash. Code Rev. §18.71.030(6) permits however, “[t]he 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 [Washington].”

