



## **State Emergency Declarations: Telehealth and Licensure Flexibilities During COVID-19 and Current State of Emergency Waivers**

### **As of June 15, 2022:**

- 39 states and D.C. have ended their emergency declarations: AL, AK, AZ, AR, CO, DC, FL, GA, HI, ID, IN, IA, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, ND, OH, OK, OR, PA, SC, SD, TN, UT, VT, VA, WV, WI, WY.
  - IN, NJ, OK, PA and VT, however, have licensure flexibilities still in place.
    - IN will extend out-of-state health care registry through the duration of the federal PHE.
    - NJ passed legislation to temporary authorize licensed out-of-state providers to practice in the state through June 30, 2022 + 60-day grace period after the conclusion of the federal PHE.
    - OK providers can obtain a temporary critical needs license until Sept. 14, 2022.
    - PA began to phase out licensing waivers on May 23, 2022. The remainder of the waivers will expire June 30, 2022.
    - VT passed legislation that extends pandemic-era license waivers through June 30, 2023.
  - Out-of-state professionals can provide telemedicine services to MN residents if they are registered with the Medical Board per Minnesota Statute § 147.032.
- 11 states continue to have emergency declarations in place: CA, CT, DE, IL, KS, NM, NY, NC, RI, TX, WA.
  - Of these 11 states, 8 states still have licensure flexibilities in place. Licensure flexibilities have expired in CT, DE, and NM, despite emergency declarations still in place.
  - CA is going through a phased rollback of COVID-era waivers, however waivers on telehealth and licensure are still in place.
- In total, 13 states still have licensure flexibilities in place.
- Other state licensure-related updates:
  - AZ and FL allow out-of-state providers to register with the state to practice telemedicine in the state, per state law.
  - VT pandemic-related waivers, including allowing health care professionals licensed in other jurisdiction to practice in the state as a volunteer member of the Medical Reserve Corps or part of a staff of a licensed facility/FQHC, will be extended through March 31, 2022 per SB 117. The state's emergency declaration was lifted on June 15, 2021.
  - WV passed a bill to allow health care practitioners licensed and in good standing in another jurisdiction to pay a fee to become registered with the appropriate medical board and become an interstate telehealth practitioner in the state.
  - AK passed a bill (S.B. 241) that allows a licensed health care provider in good standing in another jurisdiction to provide services via telemedicine to Alaska patients, with the exception of prescribing controlled substances during a declared state of emergency.



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Alabama	<a href="#">Governor Executive Order</a> pursuant to <a href="#">State Code</a>  <a href="#">Bulletin No. 2020-02</a>  <a href="#">ALBME Press Release</a>  <a href="#">Board of Medicine Guidance</a>		Health carriers are asked to review and ensure their telehealth programs with participating providers are robust and will be able to meet any increased demands.	<p>The Alabama Board of Medical Examiners and the Medical Licensure Commission have adopted emergency licensing of qualified medical personnel. These measures will allow physicians and physician assistants who possess full and unrestricted medical licenses from appropriate medical licensing agencies to apply for and receive temporary emergency licenses to practice in Alabama for the duration of the declared COVID-19 health emergency.</p> <p>All health care professionals and assisting personnel executing the alternative-standards-of-care-plans in good faith are hereby declared to be “Emergency Management Workers.” (EO) Any requirement for a license to practice any professional, mechanical, or other skill shall not apply to any authorized emergency management worker who shall, in the course of performing their duties, and</p>		COVID-19	<p><b>Inactive</b> -The renewed emergency waiver expired on <a href="#">October 31, 2021</a>.</p> <p>On <a href="#">August 13, 2021</a>, the Governor issued a new State of Emergency which included the reinstatement of Interstate and other licensing flexibilities.</p> <p>The Governor ended the original State of Emergency on July 6.</p>



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				shall possess the same privileges they would ordinarily possess if performing their duties in their own state.			
Alaska	<a href="#">DOI Bulletin 20-07</a>  <a href="#">Courtesy License Application</a>		Puts in place HB 29 which expands telehealth to all covered services provided by a provider. Carriers should waive cost-sharing for utilization of telehealth.	Courtesy licenses for emergency situations are offered in the following health care programs: State Medical board; license type: physician/osteopathic physician. Restricted to physicians who come to the state to provide emergency medical or mental health care if the patients do not pay or give a fee or other remuneration and the services are provided as part of an organized response to a disaster emergency.		COVID-19	<b>Inactive</b> - Alaska's Department of Health and Social Services (DHSS) will continue to operate its COVID-19 response under the same guidance and direction it had previously provided, which includes all prior waived or suspended statutes and regulations. However, <a href="#">4/30 Public Health Order</a> , which lifted the PHE, has <u>no interstate licensing waivers included</u> .  Alaska offers <a href="#">Emergency Courtesy Licenses</a> for physicians licensed in other jurisdictions, which are valid for 6 months, and can be renewed for 6 months "if the board has determined the urgent situation still exists." ( <a href="#">Article</a> ). ( <a href="#">State Medical Board guidance</a> ).
Arizona	<a href="#">Governor Executive Order</a>	Prohibits a regulatory	Requires coverage for telemedicine for all services	Allows Arizona Department of Health Services to waive		COVID-19	<b>Inactive</b> -The Public Health Emergency ended on <a href="#">March</a>



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	<a href="#">Executive Order</a>  <a href="#">Executive Order 2020-15</a>	board from requiring a medical professional who is authorized to write prescriptions to conduct an in-person examination of a patient prior to the issuance of a prescription	provided through telehealth if the health services were provided in-person; requires payment parity for in-person and telemedicine; expands scope of telemedicine providers; and requires phone and/or video calls. Patient's home is considered an approved location to receive telemedicine services	licensing requirements to provide healthcare officials with assistance in delivering services during times of heightened demand			<a href="#">30, 2022. Senate Bill 1309</a> provides an extension of temporary professional licenses for more than 2,000 critical health care workers through Jan 1, 2023.  On May 5, Gov. Ducey issued <a href="#">EO 2021-13</a> , rescinding prior telemedicine-related executive orders, and referencing the comprehensive <a href="#">HB 2454</a> . This bill was signed on June 5, 2021 and permanently allows health care providers licensed in another jurisdiction and in good standing/not subject to past disciplinary action to practice telemedicine with AZ patients. Licensees must register with the act in compliance with AZ laws including scope of practice and liability insurance, among others.



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Arkansas	<a href="#">Emergency Temporary Application</a>  <a href="#">Executive Order 20-05</a>	Governor is waiving the requirement for in-person/face to face meetings to establish relationships		Emergency temporary licenses to <i>Arkansas medical residents</i> who have completed at least one year of postgraduate training and have the written recommendation of their program director		COVID-19	<p><b>Inactive</b> -The Governor reinstated the emergency order on <a href="#">July 29, 2021</a>. The reinstated emergency order expired on September 27, 2021.</p> <p>The original state emergency declaration expired on May 30, 2021.</p> <p>Re: Telehealth- Executive Order, House Bill 1063 amended the Telemedicine Act to also allow a healthcare professional licensed in Arkansas to establish a professional relationship with a patient using any appropriate technology, including the telephone, so long as the healthcare professional has access to a patient’s health record. Similar to the Executive Order, the amended Act also is limited to diagnosing patients, treating patients, and, if appropriate, prescribing non-controlled drugs.</p>



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							<p>Because the bill contained an emergency clause, HB1063 went into effect as Act 829 on April 21, 2021. Thus, Arkansans will continue to have more access to telemedicine.</p> <p>Re: Licensure- immediately terminated at the cessation of the public health emergency.</p>
California	<p><a href="#">Governor Executive Order</a></p> <p><a href="#">DMHC APL20-009</a></p> <p><a href="#">Emergency Telehealth Guidance</a></p> <p><a href="#">EMSA Guidance</a></p> <p><a href="#">Temporary License Application</a></p> <p><a href="#">Executive Order N-43-20</a></p>		<p>Health plans shall reimburse providers at the same rate, whether a service is provided in-person or through telehealth, if the service is the same regardless of the modality of delivery, as determined by the provider’s description of the service on the claim. Reimbursement should be the same for a service rendered via telephone as they would if the service is rendered via video. Requires Medi-Cal managed care plans to allow members to obtain health care via telehealth when medically appropriate.</p>	<p>A medical facility, telehealth agency, or staffing agency which desires to utilize medical professionals with out-of-state certifications or licenses during the state of emergency shall submit a temporary license application to EMS authority</p> <p>Any out-of-state personnel, including, but not limited to, medical personnel, entering California to assist in preparation for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as</p>		COVID-19	<p><b>Active</b> - Public Health State of Emergency is <a href="#">Active</a> until June 30, 2022.</p> <p><a href="#">EO N-17-21</a> rescinded some flexibilities, but out-of-state providers will continue to be accepted (and increased telehealth access and reimbursement will continue) through June 30, 2022. In sum, licensing flexibilities are active for the duration of the emergency.</p> <p>The Governor released a <a href="#">plan</a> to rescind EO provisions in three</p>



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			Executive order expands protections to medical providers as they amplify the use of video chats and similar applications to provide routine and non-emergency medical appointments in an effort to minimize patient exposure. The order relaxes certain state privacy and security laws for medical providers so they can provide telehealth services without the risk of being penalized.	prescribed in Government Code section 179.5.			<p>tranches, with roughly a third terminated immediately, another third terminated on March 31, and the remaining third terminated on June 30. Provisions allowing out-of-state provider services in CA are still in place.</p> <p>Public Health State of Emergency is <a href="#">Active</a> until <a href="#">March 31, 2022 as per EO N-21-21</a>. <a href="#">EO N-17-21</a> rescinding some flexibilities but did not note any changes regarding licensing flexibilities.</p> <p><a href="#">EMS Authority's</a> ability to accept out-of-state personnel, as well as increased telehealth access and reimbursement, will be active for the duration of the emergency.</p>
Colorado	<a href="#">Department of Regulatory Agencies, Division of</a>	DOI Emergency Regulation 20-E-05 and 20-E-11 state the following:	DOI Regulation 20-E-05 mandated carriers to reimburse providers for telehealth services using audio or video. Required	Under Department of Reg. Affairs Guidance, a physician or physician in training may temporarily practice without a Colorado license or a physician		COVID-19	<b>Inactive</b> - Colorado's State of Emergency was lifted on July 8, 2021 per <a href="#">7/8 announcement</a>



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	<a href="#">Insurance Policy Directive</a>  <a href="#">DPO Emergency Licensure</a>  <a href="#">Dept. Reg Press Release</a>  <a href="#">CO Dept. of Reg. Affairs Guidance</a>  <a href="#">DOI Emergency Regulation 20-E-05 – April</a>  <a href="#">DOI Emergency Regulation 20-E-11 – August</a>  <a href="#">DOI Emergency Regulation 20-E-9</a>  <a href="#">SB20-212</a>  <a href="#">Updated August 2020 Telehealth FAQs on COVID-</a>	<p>“Carriers shall not require a covered person have a previously established patient/provider relationship with a specific provider in order for that covered person to receive medically necessary health care services via telehealth from that provider.”</p>	<p>reimbursement for telehealth at rates not lower than in-person and in compliance with CO’s MHP laws. Prohibits limits on technologies to telehealth, additional certification/location/training requirements. This was replaced by Regulation 20-E-11 in August 2020 after the PHE declaration was extended on July 6, 2020.</p> <p>Emergency Regulation 20-E-09 directed carriers to provide coverage for in-network telehealth services for COVID-19-related testing and treatment at no cost share for the covered person, including co-pays, deductibles, and coinsurance.</p> <p>SB20-212 was passed by the Colorado Legislature and signed by Governor Jared Polis on July 6, 2020. The law will facilitate access to telehealth services by restricting what limitations can be put into place by</p>	<p>training license if the physician is licensed and lawfully practicing medicine in another state or territory of the US without restrictions or conditions.</p> <p>Out of state doctors provide free services during medical emergency: existing law allows a physician who is not currently licensed in Colorado to provide medical care in connection with an emergency so long as such services are gratuitous.</p> <p>The Medical Practice Act also allows for a physician licensed and lawfully practicing medicine in another state or territory without restrictions to provide occasional services in Colorado.</p> <p>DORA will waive licensing requirements and rules in order to allow for late renewals, reinstatements for the emergency period, and reactivations for the emergency period of the volunteer nurses and other qualified licensed providers</p>			





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	<a href="#">19 and Insurance</a>		<p>health insurance companies. Specifically, the law prohibits health plans from imposing specific requirements on HIPAA compliant technologies to deliver services, requiring an individual to have an existing relationship with a provider before receiving services, and imposing additional certification, location, or training requirements on providers as a condition for reimbursement.</p> <p>Extensions of <a href="#">Executive Order 2020 020</a> ordering the temporary suspension of certain statutes to expand telehealth services expired on July 27, 2020. Current state law is now in effect.</p>	from out of state, so as to support measures to reduce or prevent the spread of COVID-19.			
Connecticut	<a href="#">Department of Health Order</a>  <a href="#">Executive Order 7E</a>  <a href="#">Executive Order 7G</a>		<p>Carriers were required to waive cost-sharing on telehealth visits and list each carrier’s telehealth service link.</p> <p>Executive Order 7F authorized the Dept. of Social Services to</p>	<a href="#">DPH Order</a> (issued on December 22, 2021) suspends for period of 60 days the requirement of licensure, certification or registration for health care professionals appropriately licensed, certified or registered in		COVID-19	<b>Inactive</b> - The <a href="#">Governor’s authority</a> to issue emergency orders related to the COVID-19 pandemic expired on April. 15, 2022. However, a House joint resolution extended the



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	<p><a href="#">CT HB 6001</a></p> <p><a href="#">Executive Order 7HHH</a></p>		<p>waive requirements necessary to expand Medicaid coverage of telehealth services, to include audio-only.</p> <p>Executive Order 7G expanded access to telemedicine services to include phone, waives telehealth services for a provider-licensed facility.</p> <p><a href="#">CT HB 6001</a>, signed into law July 31, extended Gov. Lamont’s emergency orders regarding telemedicine until March 15, 2021. This included expanding the type of health care professionals that can provide telehealth services, allowing for audio-only telehealth modalities, and prohibiting insurers from reducing reimbursement for telemedicine services.</p>	<p>another state or territory of the US and DC, for certain health care professionals. This will not extend past Feb. 15 if the PHE is not extended. <a href="#">Press release</a>   <a href="#">Memo</a></p> <p>DOH Order (issued on March 23, 2020) outlined a “temporary suspension for a period of 60 consecutive days, of the requirements of licensure, certification or registration” to allow persons who are appropriately licensed, certified or registered in another state or territory of the U.S. or D.C. to render temporary assistance in Connecticut within the scope of the profession for which a provider is licensed.</p> <p>Executive Order 7G suspends licensure/certification/registration requirements for applicable telehealth providers enrolled in Medicaid or in-network in fully-insured commercial plans, in accordance with orders issued by Commissioner of the Dept.</p>			<p>state PHE through June 30, 2022.</p> <p>Licensure flexibilities were reinstated through Feb. 15, 2022 per December 2021 <a href="#">DPH order</a> (see Licensure Language column), and again through April 15 per subsequent <a href="#">February DPH order</a>. The Governor had signed into law <a href="#">House Bill 5047</a>, which would temporarily extend licensure flexibilities until April 15, 2022.</p> <p>Passed <a href="#">House Bill No. 6470</a>, which requires the CT medical assistance program to provide coverage for audio-only telehealth and requires the Commissioner to provide Medicaid reimbursement for services delivered via telehealth at parity.</p> <p>On May 10, Governor Lamont signed <a href="#">HB 5596</a>, which allows for physicians</p>



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				<p>of Public Health. Section 5(b) of EO 7G allows a clinician licensed in another state to treat someone in CT through telehealth without getting a license in CT. Unless otherwise specified/modified, this order will remain in effect for the duration of the PHE.</p> <p>Licensure by endorsement - existing state law (<a href="#">CT Gen. Statute § 20-12</a>) provides that the Dept. of Public Health may establish a process of accepting an applicant’s license from another state and may issue that applicant a license to practice medicine in the state without examination, if certain conditions are met.</p> <p>EO 7HHH extended the suspension of the requirements for licensure for physicians and PAs for six months (through January 14, 2021) unless earlier modified or terminated.</p>			<p>licensed out of state to provide services via telemedicine to CT residents for two years. Out-of-state physicians can provide services via telemedicine to Connecticut residents until June 30, 2023 per <a href="#">CT HB 6672</a>.</p> <p>Expands telehealth provider definition, per <a href="#">HB 5596</a>.</p> <p><a href="#">EO 7G</a> declares Connecticut under public health and civil preparedness emergency.</p>
<b>Delaware</b>	<a href="#">Insurance Commissioner</a>	Any in-person requirement	Prohibits carriers from excluding a service for	Any out of state healthcare provider who would be	The Delaware Board of Medical	COVID-19	<b>Inactive</b> - The governor issued a new state of



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	<a href="#">Bulletin to Insurers</a>  <a href="#">Governor Executive Order</a>  <a href="#">Medical Board Regulation 19</a>	<p>prior to telemedicine services under Title 24 is waived.</p> <p>Requirements that the patient must be present in Delaware at the time telemedicine services are provided are suspended, so long as the patient is a Delaware resident.</p>	<p>coverage solely because the service is provided through telemedicine services. If an in-network provider is not available, the carrier must provide access to an out-of-network provider at the in-network cost-sharing reimbursement level</p>	<p>permitted to provide telemedicine services to a Delaware resident if they hold an active license in another jurisdiction.</p>	<p>Licensure and Discipline's Regulation 19 regarding restrictions on the use of telemedicine is suspended.</p>		<p>emergency on <a href="#">August 10, 2021</a>. It has been extended a third time since the new declaration to <a href="#">June 25, 2022</a>. However, <i>licensure waivers have expired</i> - no change to licensure status below.</p> <p>Out-of-state telemedicine privileges rescinded, with the exception of mental health care providers, per <a href="#">HB 348</a>.</p> <p>The original State of Emergency expired on <a href="#">July 13, 2021</a>.</p>
Florida	<a href="#">Department of Health Declaration of Public Health Emergency</a>  <a href="#">Executive Order</a>		<p>Expands state employee health benefits to include telehealth at no additional cost, add telehealth employees to the employee pharmacy benefits plan, and ensure state employee access to telehealth through state's contracted HMO plans and PPO organization plan without cost-sharing</p>	<p>Waive licensure requirements for out-of-state health care professionals who render services in Florida related to COVID-19 Health care professionals, advanced life support professionals, and basic life support professionals holding a valid, unrestricted, and unencumbered license in any state, territory and/or</p>		COVID-19	<p><b>Inactive</b> - Public health emergency expired on <a href="#">June 26, 2021</a></p> <p>While temporary licensure waivers are inactive, out-of-state professionals can provide telemedicine services to Florida residents if they are registered with</p>



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				district may render such services in Florida during a period not to exceed 30 days, suspending licensing and registration renewal requirements for existing professional licenses.			the Medical Board per Florida Law <a href="#">§ 2019-137</a> .
Georgia	<a href="#">Georgia Composite Medicine Board</a>			The Georgia Composite Medical Board is authorized to grant temporary licenses to physicians who apply for a temporary medical license and are currently licensed as a physician in good standing by equivalent boards in other states to assist with the needs of this public health emergency		COVID-19	<p><b>Inactive</b> - According to <a href="#">EO 03.21.22.01</a>, licensing waivers were scheduled to expire April 15, 2022 with the state of emergency. Georgia also issues telemedicine licenses for out-of-state physicians.</p> <p>Public Health Emergency was <a href="#">renewed</a> a number of times, most recently through April 15, 2022.</p> <p>Licensing waivers initially expired October 20, 2021, according <a href="#">EO 9.20.21.02</a>, but were reinstated with the reinstatement of the PHE.</p>
Hawaii	<a href="#">Updated Executive Order</a>			Allow out-of-state physicians, osteopathic physicians, and physician assistants... to practice in Hawaii without a		COVID-19	<p><b>Inactive</b> - COVID-19 emergency was renewed as of <a href="#">1/26/22 proclamation</a>, and expired on March 25,</p>



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				license; provided that they have never had their license revoked or suspended and are hired by a state or county agency or facility, or by a hospital, including related clinics and rehabilitation hospitals, nursing home, hospice, pharmacy, or clinical laboratory.			<p>2022. This proclamation had allowed out of state physicians, osteopathic physicians, and PAs to practice within the state when it was active.</p> <p>Passed <a href="#">Senate Bill No. 970</a>, which authorizes the establishment of a physician-patient relationships via a telehealth interaction if the physician is licensed to practice in the state.</p> <p>Initial Public Health Emergency declaration had expired <a href="#">December 31, 2021</a> before being renewed.</p>
Idaho	<a href="#">Idaho Board of Nursing Comments</a>  <a href="#">Board of Medicine Proclamation</a>  <a href="#">Governor Proclamation</a>	Proclamation suspends telehealth regulations relating to the establishment of provider-patient relationships and issuance of		During the public health state of emergency, MDs, Dos, and Pas holding a license in good standing from another state or country are permitted to treat patients in Idaho without an Idaho license until the public health emergency is over. Out-of-state practitioners treating Idaho patients are encouraged		COVID-19	<p><b>Inactive</b> - Public Health Emergency ended on <a href="#">April 15, 2022</a> (per <a href="#">4/23 proclamation</a>). Once the PHE lifted, all out-of-state providers had to be fully licensed in Idaho to continue practicing in person or via telemedicine.</p>



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		Rx orders via telehealth		<p>to notify the Board of their intent to practice in Idaho.</p> <p>Provide temporary licenses to nurses from non-compact states and waive fees, temporary licenses to previously licensed retired/non-practicing Idaho nurses for both in-person or telehealth services</p>			This follows the state of emergency being reinstated on January 7, 2022 after initially expiring on April 24, 2021.
Illinois	<a href="#">IDFPR Guidance</a>  <a href="#">Out-of-State Practice Permit</a>  <a href="#">HFS Emergency Amended Telehealth Rules</a>  <a href="#">Executive Order 2020-09</a>		<p>Executive order expands “telehealth services” to include all health care, psychiatry, mental health treatment, substance use disorder treatment, and related services provided to a patient regardless of the patient’s location via electronic or telephonic methods including FaceTime, Facebook Messenger, Google Hangouts, or Skype</p> <p>Amended rules require the same rate paid for telehealth and face-to-face services, reimbursement for telehealth that do not meet the current definition of telehealth,</p>	<p>Out-of-state physicians, nurses, physician assistants, pharmacists, and respiratory care therapists may practice in Illinois if they are licensed in another state and are in good standing. These licensees must be operating under the authority of IEMA/IDPH or at a long-term care facility, hospital or FQHC, and must meet the standard of care mandated by the respective health care acts. They must provide contact information and dates of arrival and departure on forms provided by IDFPR. This temporary practice approval expires on September 30, 2020.</p>		COVID-19	<p><b>Active</b> - Disaster declaration extended through June 25, 2022 (including telehealth flexibilities), <a href="#">EO 2022-13</a>.</p> <p>Out-of-state provider flexibilities are active for <u>established patients</u>. Telehealth flexibilities were also reinstated and active.</p> <p>Actions by the Illinois Dept. of Financial and Professional Regulation (IDFPR) for licensed professionals engaged in disaster response (<a href="#">EO 2020-23</a>) is re-issued in its entirety through June 26, 2021. This is the waiver that</p>



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			reimbursement for distant site providers, reimbursement for telehealth services delivered to a patient that is located at an originating site, originating site eligibility, telehealth services delivery eligibility, telehealth services payment parity with in-person delivery, distant site and originating site provider documentation requirements, and physician or other licensed health care professional presence requirements.				allows IDFPR to take actions to increase the number of licensed professionals responding to the disaster, including issuing variances to allow for out-of-state licensees to practice within Illinois.
Indiana	<a href="#">Emergency Declaration</a> <a href="#">Executive Order 20-05</a> <a href="#">Executive Order 20-13</a>	Waives in-person medical evaluation of patients for any schedule II-V controlled substance as long as the prescription is issued for a legitimate medical purpose, the telemedicine	Mental health professionals are permitted to practice telemedicine	Suspension of the requirement that a health care provider holds an Indiana license if he or she: (1) has an equivalent license from another state, and (2) is not suspended or barred from practice in that State or any State.	Executive order waives the prohibition against audio-only telehealth services and allows for physical, speech and occupational therapists to provide telemedicine services and allows for	COVID-19	<b>Active</b> - PHE from EO 22-01 was rescinded on March 3, 2022, <a href="#">EO 22-09</a> . However, on March 21, 2022, Indiana’s Professional Licensing Agency issued a <a href="#">bulletin</a> clarifying that the recently signed <a href="#">HB 1003</a> extends the out-of-state health care registry through the <b>duration of the federal PHE</b>





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		communication is conducted using an audio-visual, real-time, two-way interactive communication system.			physical, speech and occupational therapists to be telehealth provided when using secure videoconferencing, interactive store-and-forward technology or remote patient monitoring.		Licensure flexibilities were set to expire March 31, 2022 per <a href="#">EO 22-09</a> . According to the <a href="#">IPLA</a> , "The State of Indiana has created a registry of individuals who do not hold a valid license to practice in Indiana but can be mobilized to help fight COVID-19 by issuing temporary permits to practice. Any individual who utilizes the registry may work initially for 90 days (extendable in 30-day increments) or until the public health emergency is over. Once the emergency is over, their license will expire, and all existing application procedures must be followed such as taking the appropriate licensure exam and passing a criminal background check. This registry will be open to: Out-of-state healthcare practitioners; retired healthcare professionals; and recent graduates of accredited



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							medical, registered nursing, pharmacy, physician assistant, and respiratory care programs.”
Iowa	<a href="#">Proclamation of Disaster Emergency</a>  <a href="#">Board of Medicine Emergency Proclamation</a>			<p>A physician may practice medicine/telemedicine in Iowa without an Iowa medical license on a temporary basis to aid in the emergency, if a physician holds at least one active medical license in another US jurisdiction, without restrictions or conditions.</p> <p>Suspension of administrative rules which prohibit the practice of medicine and surgery, osteopathic medicine and surgery, nursing, respiratory care, and practice as a physician assistant, by a licensee whose license is inactive or lapsed.</p> <p>Suspension of regulatory provisions that require a minimum number of hours of field experience if the higher education institution providing practitioner preparation program determines that the</p>	Temporarily suspended preconditions, limitations, or restrictions on telemedicine to enhance telehealth delivery including lifting restrictions on residential and outpatient substance use disorder treatment and for face-to-face visitations	COVID-19	<p><b>Inactive</b> - PHE expired on <a href="#">February 15, 2022</a>. Licensure flexibilities expire with this, however the <a href="#">Iowa Board of Medicine announced</a> it is authorizing a grace period to avoid disruptions in staffing and patient care. <b>Physicians had 90 days (through May 17, 2022)</b> to obtain licensure in Iowa to comply with normal licensure requirements.</p> <p>Governor Reynolds noted that workforce provisions are best addressed outside of emergency executive powers. Iowa will be working with stakeholders to address workforce issues through more permanent solutions like legislation, rule changes, and grant programs. (<a href="#">Press release</a>).</p>



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				student has completed sufficient field experience to determine that the student should be recommended for licensure.			
<b>Kansas</b>	<a href="#">Executive Order</a>  <a href="#">Updated KSBHA Guidance</a>  <a href="#">Emergency Temporary License Application</a>			Allows out-of-state physicians to use telemedicine with patients without having a Kansas license (meeting certain requirements). The Board is also accepting applications for temporary licensure, available to all health care professions regulated by the board. Temporary licenses will cancel in 90 days if not renewed. All license fees will be waived.	Temporarily expands telemedicine	COVID-19	<p><b>Active</b> - Gov. Kelly signed <a href="#">H.R. 2477</a>, which extends provisions in Executive Orders <a href="#">22-01</a> and <a href="#">22-02</a> (including flexibilities for out-of-state providers) until January 20, 2023.</p> <p><a href="#">H.R. 2066</a> also allows out-of-state providers to practice in Kansas.</p> <p>Previous State of Disaster Emergency expired <a href="#">June 15, 2021</a> after lawmakers cancelled a meeting to consider an extension.</p>
<b>Kentucky</b>	<a href="#">Kentucky Board of Medical Licensure Instructions for Registration of Health Practitioners in Response to Emergency</a>			Medical and Osteopathic physicians not already licensed to practice in the Commonwealth of Kentucky may register to practice within Kentucky during the state of emergency.		COVID-19	<p><b>Inactive</b> - State Emergency Declaration ended on March 22, 2022 when Kentucky's legislature overrode <a href="#">SJR 150</a>. The one-month grace period for out-of-state telemedicine expired on April 21, 2022.</p>



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							Most emergency restrictions were lifted June 11.
<b>Louisiana</b>	<p>Alluded in <a href="#">Governor Declaration of Emergency</a></p> <p><a href="#">DOH LAC</a></p> <p><a href="#">DOI Emergency Rule</a></p> <p><a href="#">Emergency Temporary Application</a></p> <p><a href="#">LSBME OOS Telemedicine Permits</a></p>		<p>Medicaid can temporarily cover services through audio without video.</p> <p>Requires insurers to provide mental health with parity via telemedicine. Waives telemedicine coverage limitations on providers via telemedicine. Requires an evaluation in differences in cost-sharing responsibilities for insureds seeking in and out of network care.</p>	<p>The Louisiana State Board of Medical Examiners has an emergency temporary permit application for licensed out-of-state medical professionals seeking a temporary, voluntary license for an emergency event in the state of Louisiana. LSBME has a list of approved out-of-state telemedicine permits, implying it is allowed.</p> <p>The <a href="#">Louisiana Health Emergency Powers Act</a> is referenced, to provide for the temporary appointment, licensing or credentialing of health care providers who are willing to assist in responding to the public health emergency</p>	Waives limitations on use of audio-only for telemedicine services.	COVID-19	<p><b>Inactive</b> - Emergency declaration <a href="#">expired</a> March 16, 2022, <a href="#">18 JBE 2022</a>. Section 6A: extends state licensure for 90 days after the PHE ends (as per 3/14 <a href="#">statement</a> by Gov. Edwards). These temporary licenses expired on June 14, 2022.</p>
<b>Maine</b>	<p><a href="#">Supplemental Order for Telemedicine</a></p> <p><a href="#">Executive Order</a></p>		<p>Prohibits carriers from refusing to pay claims submitted for telemedicine. Requires carriers to provide parity in coverage for clinically appropriate telehealth of medically necessary services either by audio or video.</p>	<p>Allow expedited licensure at no cost of qualified physicians and physician assistants licensed in other jurisdictions to provide assistance for the duration of the emergency.</p>		COVID-19	<p><b>Inactive</b> - state of emergency <a href="#">expired June 30, 2021</a> per <a href="#">6/11 Proclamation</a>.</p>



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			Requires payment of in-network rates for telehealth				
Maryland	<a href="#">Governor Executive Order</a>		Passed SB 1080 which allows the Governor to establish or waive telehealth protocols for COVID-19, including authorizing health care professionals licensed out-of-state to provide telehealth to patients in the State, and order the Department of Health to reimburse synchronous and asynchronous telehealth services provided to a patient, without regard to whether the patient is at a clinical site, if the service is covered by Medicaid, provided by a participating Medicaid provider, and authorized under the health care provider's scope of practice.	<p>Jan 2022 - Under the new emergency proclamation (see current state of emergency waivers), <a href="#">Order 22-01-04-01</a> allows any person who holds a valid, unexpired license as a health care practitioner that is issued by another state to, at a health care facility, engage in the activities authorized under such license without first obtaining a license or practice letter from the applicable Maryland licensing agency or board if certain criteria are met.</p> <p>Health care practitioners that hold licenses, certifications, or other permits issued by other states and that demonstrate the meeting of qualifications for professional, mechanical, or other skills, be deemed licensed, certified, or permitted in Maryland to render aid during the state of emergency</p>	A health care practitioner may engage in activities that are not authorized by their license at a health care facility in Maryland if doing so is necessary to allow the health care facility to meet required staffing ratios or otherwise ensure the continued and safe delivery of health care services	COVID-19	<p><b>Inactive</b> - The Governor rescinded the <a href="#">public health emergency</a>, which expired on Feb. 3, 2022. Out of state waivers that were reinstated with the PHE renewal on 1/4/22 <a href="#">expired on 2/3/22</a>.</p> <p>The Original Emergency Order- <a href="#">expired July 1, 2021</a> per <a href="#">3/16/20 EO</a>.</p> <p>Legally expire until Aug 15, which is when out-of-state waivers are set to expire per Board of Physicians <a href="#">guidance</a>. During the 45-day grace period, <a href="#">certain rules</a> and regulations will continue to be relaxed, telehealth and licensure flexibilities are NOT included as part of this.</p>
Massachusetts	<a href="#">Order to Expand Access</a>	Carriers shall not impose	All Commercial Health Insurers, BCBSMA, and	Board of Medicine has established an Emergency	Carriers cannot impose specific	COVID-19	<b>Inactive</b> - state of emergency was lifted on



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	<a href="#">to Telehealth Services</a>  <a href="#">Board of Registration in Nursing</a>  <a href="#">Governor Executive Order to Support Expedited Licensing of Health Care</a>  <a href="#">DOI Bulletin 2020-10</a>	prior authorization requirements on medically necessary treatment deliver via telehealth related to COVID-19 at in-network providers	<p>carriers are required to allow in-network providers to deliver clinically appropriate, medically-necessary covered services via telehealth, without cost-sharing</p> <p>Clarifies elements of prior bulletin prohibiting prior approvals for in-network COVID-19 testing via telehealth</p>	<p>Temporary License Application for out-of-state physicians to assist in meeting the increased demand for physician services in Massachusetts. To qualify, a physician must hold an active full, unlimited and unrestricted medical license in good standing in another U.S. state/territory/district. Expedite processing of reciprocal license applications for nurses licensed in another jurisdiction to be processed in one business day.</p> <p>Licenses of physicians who have retired within the last year, allows providers in good standing licensed in other states to obtain emergency licenses to practice in person or through telemedicine</p>	requirements on the technologies used to deliver telehealth services, including any limitations of audio-only or live video technologies Expands telehealth by facilitating telehealth services across state lines		June 15, 2021, ending the temporary license waiver.
Michigan	<a href="#">Executive Order</a>			The order also empowers LARA to ensure an adequate supply of care providers during the emergency by granting the department additional flexibility in its decisions about licensing, registration, and workflow.		COVID-19	<p><b>Inactive</b> - Out-of-state practice privileges rescinded per <a href="#">EO 2020-150</a>.</p> <p>State of Emergency ended <a href="#">Oct 12, 2020</a>.</p>



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Minnesota	<a href="#">Emergency Executive Order</a>  <a href="#">Governor's Press Release</a>			<p>Authorizes out-of-state mental health providers to provide telehealth services to Minnesota patients</p> <p>The Minnesota health-related licensing boards and Emergency Medical Services Regulatory Board must have authority to appropriately modify licensing and continuing education requirements given the present constraints on the licensing and continuing educations process.</p>		COVID-19	<p><b>Inactive</b> - As of <a href="#">May 6, 2021</a>, out-of-state telehealth registration applications will no longer be processed. However, out-of-state providers can provide telemedicine to patients in Minnesota if they are registered with the Medical Board per Minnesota State Statute § 147.032.</p> <p>Peacetime emergency expired on <a href="#">July 14, 2021</a></p>
Mississippi	<a href="#">Mississippi State Board of Medical Licensure Proclamation</a>  <a href="#">Supplemental Proclamation</a>	Until action is taken by the Governor to lift the declared emergency., the Board of Medical Licensure encourages all physicians to utilize telemedicine and will not enforce any statute, rule or		<p>Supplemental Proclamation waives any and all Mississippi licensing requirements for out of state physicians whose specialty services are determined to be necessary by MSDH, provided the out of state physicians holds an unrestricted license to practice medicine in the State in which practices.</p> <p>Out-of-state physicians may utilize telemedicine when treating patients in Mississippi</p>		COVID-19	<p><b>Inactive</b> - No longer active-waivers expired January 31, 2021 for out-of-state physicians currently holding an emergency license, per <a href="#">10/26 Proclamation</a>.</p> <p>State of Emergency expired on <a href="#">November 20, 2021</a>.</p>



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		regulation that would require physicians to personally examine patients prior to the issuance of a prescription or order the administration of medication, including controlled substances		without the necessity of securing a license to practice medicine in the state, provided the out of state physician holds an unrestricted license to practice medicine in the state which they practice.			
<b>Missouri</b>	<a href="#">Executive Order DCI Bulletin 20-07</a>	No longer require patients have an established relationship (with thorough exam and questionnaire) with a provider prior to using telehealth	Insurers are required to cover telehealth services with parity of in-person services	Waive the need for health care providers to be fully licensed in MO to practice telemedicine or telehealth		COVID-19	<b>Inactive - COVID-19 emergency</b> expired December 31, 2021 as per <a href="#">EO 21-09</a> . Licensure waivers expired alongside state of emergency ending
<b>Montana</b>	<a href="#">Board of Medicine Guidance</a>			The Montana Department of Labor and Industry may provide interstate licensure recognition whenever a state of emergency or disaster is in	Health care practitioners shall be allowed to perform health care	COVID-19	<b>Inactive - Rescinded - Gov</b> lifted Montana's state of emergency on <a href="#">June 30, 2021, per EO 2021-10</a> .





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	<a href="#">Executive Order on Telehealth</a>			effect by registering professionals who possess an active, unrestricted license in another state.	services using all modes of telehealth, including video and audio, audio-only, or other electronic media to treat the residents of the state of Montana for all medically appropriate services.		
Nebraska	<a href="#">DOI Telehealth Notice</a>  <a href="#">Executive Order 20-10</a>		Providers are not required to obtain a patient’s signature on a written agreement prior to providing telehealth services. Insurance claims for telehealth will not be denied solely on the basis of a lack of a signed written statement.	Out-of-state providers who work in Nebraska pursuant to executive order 20-10, Coronavirus, additional healthcare workforce capacity is authorize to use telehealth under the same statutory provisions that permit Nebraska health care providers to use telehealth.		COVID-19	<b>Inactive</b> – State of emergency was rescinded on <a href="#">June 30, 2021</a> . Waivers expired July 30, 2021.
Nevada	<a href="#">DOI Guidance</a>  <a href="#">Emergency Directive 011</a>		Mandates reimbursement for out-of-network telehealth as the same as in-network and supports expanded telehealth services	Professional licensing boards regulating providers of medical services shall temporarily waive certain licensing requirements to allow the practice of currently unlicensed			<b>Inactive</b> – State of Emergency expired on <a href="#">May 20, 2022</a> .  Nevada passed <a href="#">Senate Bill No. 5</a> in June 2021, which includes the delivery of



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				<p>skilled medical professionals during the crisis.</p> <p>The waiver and exemption shall apply to qualified providers who currently hold a valid license in good standing, providers whose licenses currently stand suspended for licensing fee delinquencies, and providers whose licenses currently stand suspended for failure to meet continuing medical education requirements or providers who have retired.</p>			<p>telehealth services through audio-only interactions; allows providers to establish a patient relationship through telehealth; requires the state to establish a data dashboard that allows analysis of data relating to access to telehealth ; and requires a third-party payer who is not an industrial insurer to cover services provided through telehealth, except for services provided through audio-only interaction.</p>
<b>New Hampshire</b>	<p><a href="#">Governor Declaration of State Emergency</a></p> <p><a href="#">Executive Order 15</a></p> <p><a href="#">Executive Order 18</a></p>		<p>All carriers should cover, without any cost-sharing, medically necessary treatment delivered via telehealth related to COVID-19 by in-network providers. There shall be no restriction on eligible originating sites for telehealth services.</p>	<p>Any out-of-state personnel, including medical personnel, entering New Hampshire to assist in preparing for, responding to, mitigating the effects of, and recovering from COVID-19 shall be permitted to provide services in the same manner as prescribed in RSA 21-P:41 and any other applicable statutory authority with respect to licensing for the duration of this emergency</p>		COVID-19	<p><b>Inactive</b> – NH State of Emergency <a href="#">expired June 11, 2021</a>.</p> <p><a href="#">HB 1623</a>, signed on July 21 by Governor Chris Sununu, <a href="#">amends the state’s definition of telemedicine</a> to include new modalities, including audio-only phones, and requires Medicaid and private payers to reimburse for telehealth services on the</p>



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							same basis that it reimburses for in-person care.
New Jersey	<a href="#">AG Guidance</a>  <a href="#">Temp License Application</a>  <a href="#">DOI Bulletin</a>		Requires carriers to review their telemedicine networks to ensure adequacy, allow out-of-network telehealth providers if there is no in-network available, cover without cost-sharing, update telemedicine policies to include phone-only services; ensure payment parity for telehealth providers, prohibits prior authorization for telehealth services, and provide for COVID-19 and the delivery of services through telemedicine	<p>New Jersey will waive a host of regulatory requirements for healthcare professionals licensed in other jurisdictions to become licensed in New Jersey and offer services to New Jersey residents, including telemedicine and telehealth services. The waivers will apply during the public health emergency related to COVID-19. Under accelerated temporary-licensure-by-reciprocity process, criminal history background checks, licensing fees, and submission of proof of a sufficient amount of medical malpractice insurance (where applicable) are waived. Prohibits same-state licensure for telehealth.</p> <p>Licenses extended through the Temporary Emergency Reciprocity Licensure Program for out-of-state licensed health care practitioners were scheduled to expire on Feb 28,</p>		COVID-19	<p><b>Active</b> - PHE and waivers from EO 281 were rescinded on March 7, 2022 as per <a href="#">EO 292</a>.</p> <p>However, Gov. Murphy signed <a href="#">S. 4139</a> in January 2022, which <b>extended temporary authorization to practice for licensed, out-of-state providers until June 30, 2022 + 60-day grace period</b> after conclusion of federal PHE.</p> <p>Jan 2022 - <a href="#">Bill S2559</a> provides that any health care provider who engages in telehealth must be validly licensed, certified or registered pursuant to Title 45 of the New Jersey Statutes. Healthcare providers who are relying on a Temporary License must be aware of related developments and should take appropriate steps to</p>



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				2021 but was extended through June 30, 2021 so long as the Public Health emergency remains in place.			avoid any continuity-of-care issues once the TERL program ends. ( <a href="#">JD Supra</a> )  PHE expired on June 4, 2021 per <a href="#">EO 244</a> , so the waivers are now inactive.
<b>New Mexico</b>	<a href="#">Governor Executive Order</a>  <a href="#">Office of Superintendent of Insurance Bulletin</a>  <a href="#">Governor Press Release</a>  <a href="#">NMMB Guidance</a>		<p>Telemedicine must be reimbursed at the same level with the same visit limitations and include behavioral health services. Requires no cost sharing or prior authorization on related services.</p> <p>Governor Press release requires Medicaid MCOs to reimburse for telehealth (audio and video) for doctors, behavioral health providers, and other health professionals; prohibits prior authorization for COVID testing</p> <p>Use of electronic means (internet, texting, phone, email) to assess and provide reasonable care during emergency will not be considered unethical or a</p>	The Department of Health and Department of Homeland Security and Emergency Management shall credential out-of-state professionals who can render aid and necessary services during the pendency of this order		COVID-19	<p><b>Inactive</b> – Public Health Emergency has been extended to <a href="#">June 29, 2022</a>. However, <b>licensure flexibilities are inactive</b>. Temporary licenses issued in June 2020 or after were active until July 1, 2021 per <a href="#">Federal Emergency Licensure FAQs</a>.</p> <p>On April 6, Governor Grisham signed <a href="#">SB 279</a> into law, which creates a process that allows physicians licensed in other jurisdictions to provide services via telemedicine to NM residents. The bill states: “The [Medical] board shall issue a licensed physician a telemedicine license to allow the practice</p>



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			violation of Medical Board rules.				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.”
<b>New York</b>	<a href="#">Governor Directive</a>  <a href="#">Executive Order Continuing Temporary Suspension and Modification of Laws Department of Health Medicaid Program Special Addition Newsletter</a>  <a href="#">Executive Order No 202-10</a>		Require insurance companies to waive co-pays for telehealth visits for Medicaid beneficiaries	<p>Governor temporarily suspends regulations through April 17 to allow physicians, registered nurse practitioner, and physician assistants licensed and in current good standing in any state in the United States to practice medicine in New York</p> <p>Governor expands scope of practice for APRNs, Pas, NPs, emergency medical services personnel, certified labs, and certified pharmacy techs</p>	No co-pay for Medicaid covered beneficiaries for COVID-19 testing Department of Health Medicaid program issued an exemption for all telehealth services from Medicaid copayments regardless of whether services are related to COVID-19	COVID-19	<p><b>Active</b> – Disaster declaration has been extended through June 14, 2022, as per <a href="#">No. 11.6</a>.</p> <p>On Sept. 27, 2021, Gov. Hochul declared a state emergency and suspended licensing barriers according to <a href="#">EO 4</a>. <a href="#">EO 4.1 extends this until June 29, 2022</a>.</p> <p>Re: audio-only telehealth- July 12, 2021, Gov. Cuomo signed <a href="#">SB 8416</a>, which added audio-only forms of telehealth (telephone) to the state’s definition of telehealth and telemedicine.</p>
<b>North Carolina</b>	<a href="#">Governor Declaration of Emergency</a>		Asks Department of Insurance to work with insurers to identify burdens for testing	Temporarily waives North Carolina licensure requirements for health care		COVID-19	<b>Active</b> - PHE Extended until July 15, 2022, as per <a href="#">EO</a>



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			and access to drugs and telehealth services	and behavioral health care personnel who are licensed in another state, territory or the District of Columbia to provide health care services within the Emergency Area			<a href="#">256</a> . Includes mental health licensure flexibility  Licensure waivers <a href="#">expires 30 days</a> after the end of COVID-19 emergency
<b>North Dakota</b>	<a href="#">Governor Executive Order</a>  <a href="#">Executive Order</a>  <a href="#">Executive Order</a>		Requires virtual check-ins and e-visit for established patients per CMS guidance. Prohibits telehealth to be subject to cost sharing and prohibits restrictions on technologies for telehealth delivery  Executive Order mandates health insurers offering telehealth services to expand services including for office visits; physical, occupational, and speech therapy, behavioral health and SUD treatment, diabetes, education, and nutrition counseling.	References North Dakota Century Code that if a person holds a license, certificate, or other permit issued by any state or political subdivision evidencing the meeting of qualifications for professional, mechanical, or other skills, the person may render aid involving that skill in this state to meet and emergency or disaster, and this state shall give due recognition to the license.		COVID-19	<b>Inactive</b> – North Dakota state of emergency was lifted on <a href="#">April 30, 2021</a> . <a href="#">EO 2021-09</a> rescinded prior COVID executive orders.
<b>Ohio</b>	<a href="#">Governor Emergency Orders</a>  <a href="#">Ohio Medical Board</a>	A physician may prescribe a non-controlled substance to a new patient on whom the physician has	Expands telehealth options for Medicaid, including redefining patient site, practitioner site, the definition of telehealth to include asynchronous telehealth	Physicians not licensed in Ohio may <u>not</u> practice medicine in Ohio without first obtaining a telemedicine certificate, which permits the holder to engage in the practice of medicine in Ohio.	Ensure that every person in Ohio has access to behavioral health care via telehealth services by	Mental Health coverage in COVID-19 emergency	<b>Inactive</b> – Ohio has no waivers for <a href="#">license reciprocity</a> . The Ohio State of Emergency ended on June 18, 2021.



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	<a href="#">Telemedicine Guidance</a>  <a href="#">Ohio Department of Medicaid Emergency Actions</a>	never conducted a physical examination and who is at a location remote from the physician if the physician can verify the patient's identity and location, interacts with the patient to complete a medical evaluation.		The Medical Board has received ODH Telehealth FAQs (May 2020) Board of Med 4/20 Meeting Summary Ohio Rev. Code § 4731.36 Med Board Telemedicine Guidance Article re: EO 2020- 29D EO 2020-29D Article re: Permanent Medicaid changes OMB Newsletter (re: No license reciprocity) Article re: Reversing waivers 16 many inquiries regarding temporary licensure during the state emergency. Please be aware, Ohio law does not currently offer emergency or temporary licensure for out-of-state physicians. Unless an exemption applies (Ohio Revised Code <a href="#">4731.36</a> ), physicians must hold an active Ohio license to practice medicine in the state of Ohio.	landline or cell phone (EO)		
Oklahoma	<a href="#">Governor's Amended Executive Order</a>	Waives part of Oklahoma state law requiring an existing doctor-patient relationship before		Any medical professional who holds a license, certificate, or other permit issued by any state that is a party to the Emergency Management Compact evidencing the meeting of qualifications for		COVID-19	<a href="#">Active - Emergency rules</a> active as of August 2021 state that out-of-state providers can obtain a temporary critical needs license which will expire no later than Sept. 14, 2022.



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		telemedicine consultations can be conducted		the practice of certain medical services, as more particularly described below, as deemed licensed to practice in Oklahoma so long as this Order shall be in effect			On May 3, 2021, Gov. Stitt signed <a href="#">EO 2021-11</a> to withdraw and rescind the COVID-19 State of Emergency, effective, <a href="#">May 4, 2021</a> .
Oregon	<a href="#">Oregon Medical Board</a>  <a href="#">DCBS/OHA Joint Guidance on Telehealth</a>		Guidance directs health plans to cover telehealth services by in-network providers to replace in-person visits where possible (includes all modes of telemedicine); examine reimbursement rates for and network adequacy requirements for telehealth services to ensure adequate networks; advise consumers about telemedicine services available, ensure telehealth for behavioral health services, eliminate barriers like removing provider location services	During a state of emergency, the Oregon Medical Board (OMB) allows physicians and physician assistants licensed in another state to provide medical care in Oregon under special provisions. Out-of-state health care professionals who wish to provide care in Oregon during this time must complete an authorization application		COVID-19	<b>Inactive</b> - Oregon State of Emergency <a href="#">expired</a> on April 1, 2022 despite <a href="#">EO 21-36</a> stating it would expire on June 30, 2022.
Pennsylvania	<a href="#">Issuance of Temporary Licenses Request for Suspension</a>			Governor Wolf suspended temporary license requirements for practitioners in other states to provide services to Pennsylvanians for the duration of the coronavirus emergency. Applies to	Health care professionals licensed under any of the Department of State's Bureau of Professional and	COVID-19	<b>Active</b> - On March 30, 2022, Act 14 of 2022 was signed into law, which extended active suspensions of licensure requirements until June 30, 2022. Professional licensure waivers issued





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	<a href="#">Expansion of Telemedicine Services Providers Press Release</a>			physicians, osteopaths, nurses, and nurse-midwives. Also suspended several administrative requirements like continuing education requirements which would create delays in issuing temporary licenses.	Occupational Affairs (BPOA) licensing boards can provide services to patients via telemedicine		<p>under COVID disaster declaration began to expire May 23, 2022, and the remaining (including licensed health care practitioners providing telemedicine services) will expire June 30, 2022. <a href="#">More info</a></p> <p>Licensing waivers were initially set to expire <a href="#">March 31, 2022</a>, per <a href="#">Act 21 of 2021</a> and <a href="#">HB 854</a>.</p> <p>Disaster Emergency ended on <a href="#">June 10, 2021</a></p> <p>Temporary emergency licenses initially expired June 30, 2021, but were reinstated.</p>
<b>Rhode Island</b>	<a href="#">Emergency Declaration</a>  <a href="#">Tweet: re RIDOH statement</a>  <a href="#">Article from RIDOH</a>	Patient location requirement for telemedicine is suspended, patients may receive telemedicine services at any location.	OHIC FAQ expands telemedicine to phone only, and expands reimbursement rates for telemedicine Suspends general laws to the extent that it allows agreements between health care providers and insurance carriers that limit either the	<p>As of March 18, out-of-state licensed professionals may obtain a temporary 90-day license from RIDOH so that they may temporarily practice in Rhode Island.</p> <p>Board of Medical Licensure will not take action against</p>	Prohibition against audio-only telephone conversation and limitations on video conferencing are suspended to expand the	COVID-19	<p><b>Active</b> - Telehealth/licensure flexibilities active until end of Rhode Island State of Emergency, for established patients only. PHE currently scheduled to expire July 7, 2022, per <a href="#">EO 22-27</a></p>



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	<a href="#">OHIC FAQ</a>		scope of covered telemedicine services or the reimbursement of those services. All such clinically appropriate, medically necessary telemedicine services delivered by in-network providers shall be reimbursed at rates not lower than services delivered through traditional (in-person) methods. No insurance carrier shall impose any specific requirements on the technologies used to deliver telemedicine services.	physicians not licensed to practice in RI who, during the state of emergency, use telemedicine to deliver care to their established RI patients.	availability of telemedicine.		<p><a href="#">EO 22-04</a> extends EO 21-120 which increases hospital capacity and flexibility.</p> <p>Those providing telehealth services to patients in RI who wish to continue doing so must apply for a full RI license or the patient must obtain treatment from a provider who hold an active RI license.</p>
South Carolina	<a href="#">South Carolina Medical Board</a>  <a href="#">Out of State Licensing</a>			The South Carolina Board of Medical Examiners is temporarily waiving South Carolina licensing requirements for physicians, physician assistants, and respiratory care practitioners licensed and in good standing in another state and whose services are determined to be necessary. The Board has indicated that this means South Carolina will permit these categories of out-of-state practitioners to treat South Carolina residents, in		COVID-19	<b>Inactive</b> - state's emergency declaration expired <a href="#">June 6, 2021</a> , per <a href="#">EO 2021-25</a> .



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				<p>person or through telehealth technologies, to screen or treat patients for coronavirus.</p> <p>South Carolina will issue emergency nursing and medical license to combat the COVID-19 pandemic. The state medical board can expedite temporary licensure for out-of-state physicians, physician assistants and respiratory care practitioners within 24 hours</p>			
South Dakota	<a href="#">Executive Order 2020-07</a>	Suspends regulatory provisions which limit or restrict the provision of telehealth services which require face-to-face treatment, interviews and sessions with providers		Grants full recognition to the licenses held by a professional by a compact member state, in accordance with EMAC should those facilities require additional professionals to meet patient demand during the COVID-19 emergency, whether in-person or by remote means		COVID-19	<b>Inactive</b> - South Dakota's State of Emergency expired June 30, 2021, per <a href="#">EO 2020-34</a> . Section 4 of EO 2020-34 expanded <a href="#">2020-07</a> , Sections 1 to 4 related to telemedicine and medical licensure until June 30, 2021.
Tennessee	<a href="#">Governor Executive Order</a>  <a href="#">Governor Executive Order</a>		Urges health carriers to provide coverage for medical necessary covered services via telemedicine. Urges carriers not to impose prior	Out of state health care professionals authorized pursuant to this Order to temporarily practice in Tennessee are permitted to		COVID-19	<b>Inactive</b> - State of Emergency was not renewed after <a href="#">EO 90</a> , and expired November 19,



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			authorization requirements on medically necessary COVID-19 treatment by in-network providers via telemedicine	engage in telemedicine with respect to Tennessee patients if scope of practice is applicable.  The provisions of Tennessee Code Annotated, Section 68-11-201(20) are suspended to the extent necessary to allow health care professionals who would otherwise be subject to licensing requirements to provide localized treatment of patients in temporary residences.			2021. Waivers for out-of-state providers also expired.  Section 1 initially allowed out-of-state providers to practice in TN.
Texas	<a href="#">Governor Directive</a>  <a href="#">Texas Medical Board</a>  <a href="#">Texas Department of Insurance Emergency Rules</a>	TMB temporarily suspended Texas Occupation Code 111.005 (a)-(b) and Title 22, Chapter 174.6 (a)(2)-(3) of the Texas Administrative Code. Telemedicine, including the use of telephone only, may be used to	Pay provider working in telemedicine the same as if they were in-person for 120 days	Fast-tracks temporary licensing of out-of-state medical professionals (physicians, physician assistants, nurses and retired medical personnel) to provide in-person and telemedicine services		COVID-19	<b>Active</b> - Emergency Declaration is set to expire on <a href="#">June 21, 2022</a> . Waivers will expire 30 days after the PHE ends.  Passed <a href="#">Senate Bill No. 40</a> , which allows health professionals to provide telehealth services and allows licensed dyslexia therapists to provide telehealth services in educational centers.



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		establish a physician-patient relationship. This expanded use of telemedicine may be used for diagnosis, treatment, ordering of tests, and prescribing for all conditions. The standard of care must be met in all instances					<p>Other waivers are active <a href="#">30 days</a> after the end of Texas state of emergency. <a href="#">PHE has been extended</a> as per the <a href="#">August proclamation</a>.</p> <p>Emergency Visiting Practitioner Temporary Permit is valid for no more than thirty (30) days from the date the physician is licensed or until the emergency or disaster declaration has been withdrawn or ended, whichever is longer.</p>
Utah	<a href="#">DOPL Guidance</a>  <a href="#">Emergency License Application</a>  <a href="#">Executive Order 2020-07</a>			A physician who is licensed and lawfully practicing medicine in another U.S. state or territory without restrictions or conditions may practice in Utah for the duration of the declared emergency by obtaining a DOPL Time-Limiting Emergency License which expire upon the earlier of 180 days, 30 days from the end of the declared emergency, or	A medical provider that offers telehealth services does not have to comply with HIPAA or HITECH as long as the provider informs the patient the telehealth service does not comply with	COVID-19	<p><b>Inactive</b> - PHE ended on June 1, 2021 through <a href="#">HB 294 Pandemic Emergency Powers Amendments</a>. State's licensing waiver persisted longer, but as of April 21, 2022, Utah DOPL is no longer listing emergency, out-of-state licenses and instead offers limited, pro bono interstate telemedicine.</p>



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				upon 10 days' notice from DOPL. All fees are waived.	those federal acts, gives the patient an opportunity to decline the use of the telehealth service, and take reasonable care to ensure security and privacy of telehealth service		
Vermont	<a href="#">Dept. of Health Guidance</a>  <a href="#">Med Board Guidance</a>  <a href="#">DFR Emergency Rule</a>	Prohibits insurers from requiring provider to have an existing relationship with a patient to provide and be reimbursed for telemedicine	Requires coverage parity for telehealth and audio-only telephone services, coverage for telemedicine consultations, allows insurers to require providers to use telemedicine when appropriate, provides that insurers are not required to reimburse a distant health provider if it has insufficient information to render an opinion. Requires insurers to cover telephone triage services and store and forward services without cost-sharing; allows insurers to process and reimburse	Special provisions have been passed to facilitate practice in Vermont by healthcare professionals who are not licensed in Vermont. There are two different paths available, "deemed" and "emergency," both which are expedited and free. MDs, physician assistants, and podiatrists who meet all the criteria below can be deemed to be licensed to practice in Vermont to provide remote services by telemedicine and/or as part of the staff of a licensed facility in Vermont. To be deemed licensed, you must be licensed		COVID-19	<b>Active</b> - Although Vermont <a href="#">State of Emergency expired</a> on June 15, 2021, on March 29, 2021, Gov. Scott signed <a href="#">S.117</a> which extends pandemic-related waivers until March 31, 2022; including reimbursement parity for audio-only telephone and allowing healthcare professionals licensed in other jurisdictions, as well as professionals with inactive licenses, to practice in VT as a volunteer member of the Medical Reserve Corps or as part of the staff of a



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			telephone triage services retroactively to 3.13.20; requires insurers to permit providers to use any non-public facing remote communication product to communicate with patients; requires insurers to follow federal and state mental health parity laws; and prohibits insurers from denying/limiting coverage or reimbursement based solely on the location of the patient or provider.	in at least one US jurisdiction and in good standing.			licensed facility or federally qualified health center  On March 23, 2022, <a href="#">H. 654</a> was signed into law, which <b>extends pandemic era license waivers through June 30, 2023</b> , including allowing physicians licensed in other jurisdictions to practice telemedicine in VT so long as they are registered with the Office of Professional Regulation or Board of Medical Practice.
Virginia	<a href="#">Board of Medicine Guidance</a>  <a href="#">Temporary Waiver for Inactive Licensees</a>  <a href="#">Executive Order 57</a>	During the COVID-19 emergency, professionals licensed in other states can provide telemedicine services to Virginia residents with whom they have an established practitioner-patient		A license issued to a health care practitioner by another state, and in good standing with such state, shall be deemed to be an active license issued by the Commonwealth to provide health care or professional services as a health care practitioner of the same type for which such license is issued in another state, provided such health care practitioner is engaged by a hospital, licensed nursing facility, or dialysis facility in the Commonwealth for the		COVID-19	<b>Inactive</b> - PHE, which includes licensure flexibility, expired March 22, 2022 as per <a href="#">EO 16</a> .  Previously, Gov. Northam's emergency declaration expired on <a href="#">June 30, 2021</a> .



ALLIANCE for  
CONNECTED CARE

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		<p>relationship. Establishing a new relationship with a Virginia resident requires a license from the Virginia Board of Medicine.</p>		<p>purpose of assisting that facility with response operations. Hospitals, licensed nursing facilities, and dialysis facilities must submit to the applicable licensing authority each out-of-state health care practitioner’s name, license type, state of license, and license identification number within a reasonable time of the practitioner arriving in the Commonwealth.</p> <p>Nurse practitioners with two or more years of clinical experience may practice in the category which they are certified and licensed.</p> <p>Interns, residents, fellows, and senior fourth year medical students may practice in a hospital.</p> <p>Health care practitioners with an active license issued by another state may provide continuity of care to their current patients who are</p>			





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				<p>Virginia residents through telehealth services.</p> <p>The Board of Medicine will waive regulations related to fees, and continuing education for the reinstatement or reactivation of licensure for those who have had an active license within the past four years.</p>			
Washington	<p><a href="#">Washington Medical Commission Announcement</a></p> <p><a href="#">Telemedicine Proclamation by the Governor</a></p> <p><a href="#">Office of the Insurance Commissioner Order</a></p>		<p>Proclamation requires providers to be paid at the same rate when providing services via telemedicine as for in-person services.</p> <p>Prohibits reimbursing in-network providers for telemedicine claims for medically necessary covered services at a rate lower than the contracted rate, denying a telemedicine claim for a medically necessary covered service due to an existing provider contract term that denies reimbursement, and establishing requirements for the payment of telemedicine</p>	<p>All volunteers are registered in the volunteer health practitioner system and verified to be in good standing in all states where they are licensed may practice in Washington without obtaining a Washington license once activated and assigned by the Department of Health</p>		COVID-19	<p><b>Active</b> - Active throughout the currently ongoing COVID-19 emergency, per <a href="#">Proclamation 20-05</a> (citing RCW § 70.15.050 “While an emergency declaration is in effect, a volunteer health practitioner, registered with a registration system... and licensed and in good standing in the state upon which the practitioner's registration is based, may practice in this state to the extent authorized by this chapter as if the practitioner were licensed in this state.”)</p>



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			<p>services that are inconsistent with emergency orders.</p> <p>Insurance Order expands coverage for providing telehealth including telephone and video chat tools such as Facetime, Facebook Messenger video chat, Google Hangout, GoToMeeting</p>				
Washington D.C.	<a href="#">Administrative Order to Waive Licensure Requirements for Healthcare Providers</a>  <a href="#">Medicaid Director Transmittal</a>			<p>This Administrative Order is to set forth requirements under which licensure, registration, or certifications requirements, permits and/or fees shall be waived for healthcare practitioners appointed as temporary agents of the District of Columbia, in order to respond to the COVID-19 public health emergency</p>	<p>Telehealth services provided within the home as the originating site is reimbursable under Medicaid</p>	COVID-19	<p><b>Inactive</b> - The Mayor established a new Public Health Emergency according to <a href="#">EO 2022-008</a>, in effect through January 26, authorizing DC Health to modify procedures, deadlines and standards related to COVID-19 as necessary. This does not appear to apply to licensure flexibilities.</p> <p>The waiver allowing telehealth for existing patients and to patients at licensed health care facilities is inactive, it expired May 20, 2021 per <a href="#">Mayor's Order 2021-069</a></p>



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							The Public Health Emergency expired on February 15, 2022 according to <a href="#">EO 2022-029</a> .
West Virginia	<a href="#">Executive Order</a>			The following statutory regulations are to be suspended for the duration of the State of Emergency: Requirement that medical licenses are only valid two years; requirement that an educational permit is only valid one year; requirement from physician assistant licensure, reinstatement of licenses, written authorizations from the board, collaboration limits, and collaborative agreements, requirement that physicians biennially furnish proof of 32 hours of CME prior to renewal; procedures for applications for licensure by any out-of-state medical practitioners under the Interstate Medical Licensure Compact		COVID-19	<b>Inactive</b> - The Governor ended the PHE on Feb. 17, 2022 via <a href="#">EO 1-22</a> . Licensure flexibilities expired with the end of the state PHE.  In addition to the emergency waivers, <a href="#">WV HB 2024</a> , which was signed into law on May 20, 2021, allows health care practitioners licensed and in good standing in another jurisdiction to pay a fee to become registered with the appropriate medical board (allopathic or osteopathic) and become an “interstate telehealth practitioner” and practice medicine with West Virginia patients. West Virginia holds jurisdictional authority, but the registrant has the responsibility to report any restrictions placed on their



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							license in other jurisdictions to WV boards.
Wisconsin	<a href="#">Department of Health Services Announcement</a>  <a href="#">Executive Order</a>		Allows Medicaid coverage for telehealth services for all originating sites	A physician providing telemedicine in the diagnosis and treatment of a patient who is located in this state must have a valid and current license issued by this state, another state or Canada.		COVID-19	<p><b>Inactive</b> - Waivers rescinded with the expiration of EO 105 on April 5, 2021.</p> <p><a href="#">AB 148</a>: out-of-state practice until Jan 1, 2022.</p> <p>Public Health Emergency ended on March 31, 2021.</p>
Wyoming	<a href="#">Board of Medicine Guidance</a>  <a href="#">Emergency Licensure Application</a>			Physicians and PAs not licensed in Wyoming may qualify to work here during the declared public health emergency through the “consultation exemption.” If approved to do so, the physician or physician assistant is considered to be “consulting” with the State Health Officer. The exemption from licensure, if approved, will be valid until the earlier of the end of the Public Health Emergency or the termination by the State Health Officer of the “consultation.” Current, full and unrestricted licensure in at least one U.S. jurisdiction or county is required. The		COVID-19	<p><b>Inactive</b> - The Governor signed <a href="#">EO 2022-03</a>, rescinding the PHE effective March 14, 2022.</p> <p><a href="#">EO 2022-02</a> allows nurses and nursing assistants licensed in other jurisdictions to provide nursing care in Wyoming in order to address staffing shortages for 60 days.</p>



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				<p>exemption is not automatic, requires approval of the Board of Medicine and the State Health Officer, and does not apply to all physicians and physician assistants.</p>			