



# The Cross-State Licensure Continuum:

## Out-of-State Telehealth Provider Policies

July 2024



Telehealth is generally considered rendered at the location of the patient and typically individual states will require providers delivering care to patients within their borders to have a license issued by the state or some type of in-state approval.

Nevertheless, some states have adopted limited

licensure exemptions as well as alternatives to full in-state licensure for out-of-state telehealth providers. Many states have also adopted interstate licensure compacts that provide an additional means of approval to practice via telehealth across certain state lines. Limited licensure exceptions vary widely (both between states and different professions), as do alternative telehealth license/registration processes and interstate compact structures. This fact sheet serves to simplify understanding around the types of potential licensure policies that may apply to telehealth providers, while also highlighting the complexities inherent to practicing telehealth across state lines. Please note that some policies may not specifically reference telehealth but nevertheless can still impact utilization of telehealth across state lines. In addition, these laws are constantly changing and some policies may not yet be fully implemented. Because of this, it is important to note that the information in this factsheet is based upon [CCHP's Policy Finder](#) as of July 18, 2024, with states having been updated on various dates between May and July 2024. For specific state policies and additional details, please review [CCHP's Cross-State Licensing web page](#), [Out-of-State Telehealth Provider Policies Trend Map](#) and [Licensure Compacts page](#). Also see CCHP's Out-of-State Telehealth Provider Policies Chart at the end of this fact sheet, which organizes out-of-state telehealth provider policies by state into three main categories: Limited Licensure Exceptions, Telehealth License/Registration Processes, as well as Interstate Licensure Compacts. Given the many policy nuances, CCHP always suggests confirming applicability and related requirements directly with State Licensure Boards.

## Limited Licensure Exceptions

Limited exceptions to full in-state licensure have become a popular way for states to allow an out-of-state provider to deliver telehealth services to their residents, however they are often very narrow and limited to specific circumstances and/or provider types. For instance, even if CCHP has found that a state has a limited licensure exception, it is still possible that the exception doesn't apply to all provider types or patients. One common exception found throughout some state licensure requirements doesn't actually apply directly to patients at all, rather it only exempts providers consulting with other providers that may not be licensed in the same state (this is the only exception found for [Hawaii](#), [Iowa](#), [New Jersey](#), and [Puerto Rico](#)). The provider consultation exemption language is also often found in conjunction with an established telehealth registration process. Other exceptions often focus around continuity of care allowances, such as licensure exceptions for already established provider-patient relationships like in [South Carolina](#), [Virginia](#), and [Washington](#). Exceptions also may be allowed for infrequent interactions, such as telehealth services occurring less than 10 days a year or involving less than 10 patients a year, as in the case of [Alabama](#), or in instances of emergency, such as in the [District of Columbia](#). Additionally, there are exceptions specific to specialized care, such as mental health services ([Colorado](#), for example) or treatment related to life-threatening diseases, like in [California](#). There are also state laws that don't specifically address telehealth but potentially may apply, such as policies related to practicing in contiguous states (i.e. [Pennsylvania](#)) or expedited licensure/reciprocity agreements (i.e. [recently implemented](#) licensure by reciprocity processes for [District of Columbia](#), [Maryland](#), and [Virginia](#) physicians).

In total, 36 states currently have limited licensure exceptions. However, they vary widely and must be reviewed carefully to ensure applicability and compliance. In addition, 14 states have adopted both limited licensure exceptions in addition to a telehealth registration process.

## STATE EXAMPLE:



**CALIFORNIA** has historically been one of the states with the least allowances for out-of-state providers, only having an exception for provider consultations until last year, when the state adopted an [allowance](#) for out-of-state physicians treating patients with life-threatening diseases. In addition, California passed [AB 232](#) in 2023 which authorizes the California Board of Behavioral Sciences to approve a 30-day temporary practice allowance to out-of-state licensees equivalently licensed in another state or U.S. territory, subject to certain requirements.



## Telehealth License/Registration Process

Overall, 20 states currently have some kind of telehealth registration process, including [Arizona](#) and [Florida](#), though the term “registration process” may go by a different name and requirements do vary. Whether called a telemedicine license, registration, certification, permit or waiver, these policies are also often specific to certain providers and have varying requirements and fees similar to the licensure process. Generally, registration processes seek to ensure board oversight and jurisdiction over out-of-state providers operating in the state, while including additional limitations on their practice, such as prohibiting them from opening an office and providing in-person care in the state. In addition, as mentioned in the limited exceptions section, there are also processes that don’t specifically address telehealth but potentially may apply, such as the issuance of temporary licenses in certain situations. Note that although enacted legislation may permit state boards to issue special licenses or registrations to out-of-state providers, that does not necessarily mean boards have implemented the allowance.

### STATE EXAMPLE:

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In 2019, **FLORIDA** enacted an [Out-of-State Telehealth Provider Registration](#) process that allows providers not licensed and located in Florida to register with the [Florida Department of Health](#) to provide telehealth services to Florida patients. Certain requirements and limitations apply, such as a registered health care professional may not open an office or provide in-person health care services to patients in the state. In addition to its registration process, Florida law notes that a license/registration is not required if the services are in response to an emergency medical condition or in consultation with a Florida health care professional.





## Compacts

Interstate licensure compacts are also a very popular way for states to adopt exceptions to full in-state licensure for purposes of out-of-state telehealth providers. In fact, as of July 2024, only 5 jurisdictions are not a current member of any compact that CCHP is tracking. In addition, of the 11 jurisdictions with neither limited licensure exceptions nor registration processes, 9 are members of at least one compact. CCHP is tracking 12 compacts, although not all are yet active.

Each compact structure varies and is specific to different provider types, but generally compacts seek to allow providers to meet only one approval process (through the Compact) to participate in multiple states (Compact member states), as long as they hold a license in good standing in their home state. Note that the [Interstate Medical Licensure Compact](#) (IMLC), in particular, operates a bit differently from the others, in that it focuses more on streamlining and expediting licensure approval with each state. Regardless of structure, compacts are also a key component to out-of-state telehealth provider policies. Some states, however, may have more hesitation than others in becoming members due to the fact that the same statutory language used to legislatively enact a compact must be adopted across each member state, limiting the ability for specific states to amend compact language to meet their particular policy goals.

## Limitations to the Limitations

Even if a state is listed as having a limited licensure exception, registration process or being a member of a compact, given the nuances of such policies and the presence of additional policies that may apply to the care (such as policies related to [consent](#) and/or [prescribing](#)), it is always best for providers to check with both the appropriate board in their state and the state the patient will be located in at the time of the visit to ensure full

## CCHP TRACKED COMPACTS



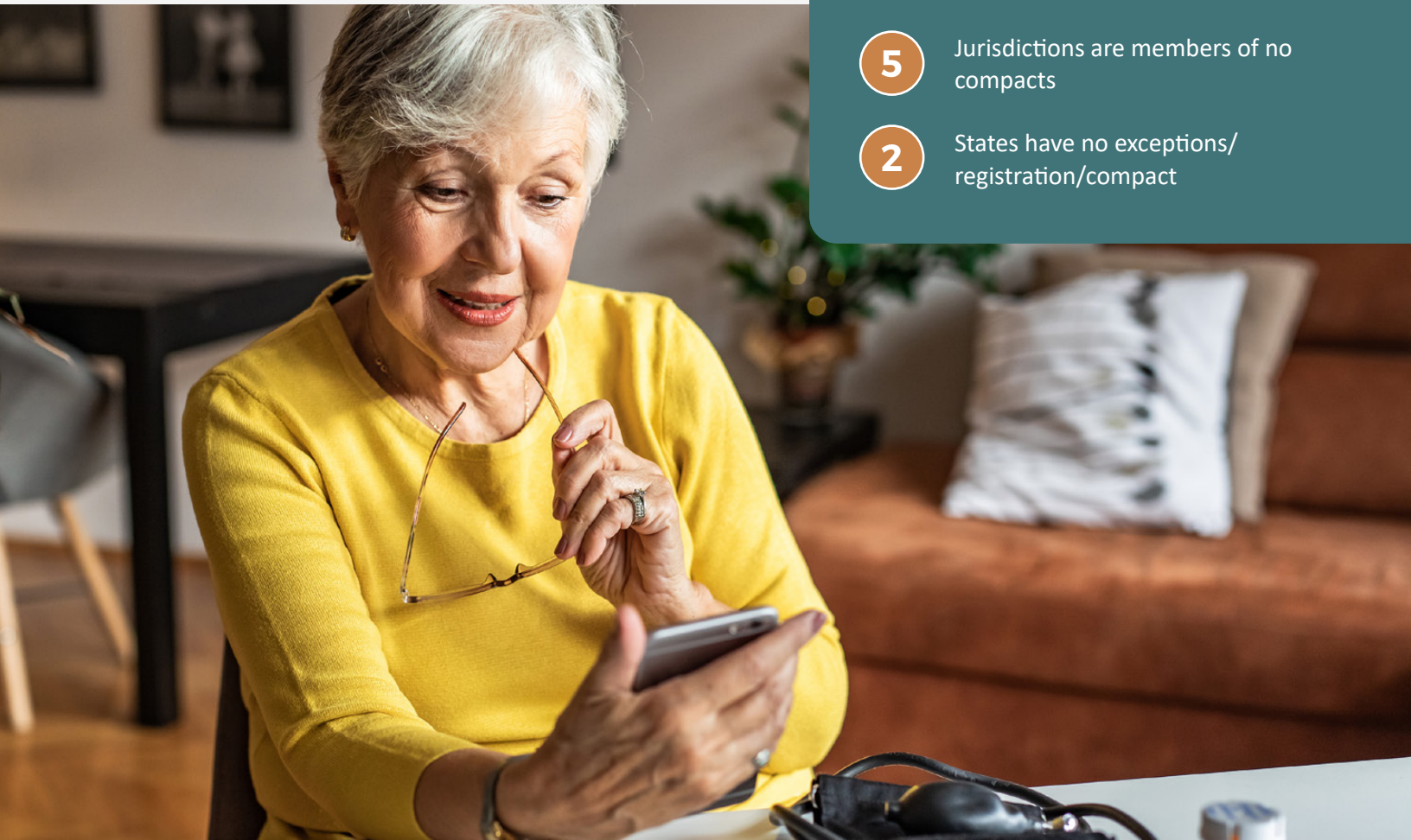
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1. [Advanced Practice Registered Nurses Compact](#)
2. [Audiology and Speech-Language Pathology Interstate Compact](#)
3. [Counseling Compact](#)
4. [Dietitians Compact](#)
5. [Emergency Medical Services Personnel Licensure Interstate Compact](#)
6. [Interstate Medical Licensure Compact](#)
7. [Nurses Licensure Compact](#)
8. [Occupational Therapy Licensure Compact](#)
9. [Physician Assistant Licensure Compact](#)
10. [Physical Therapy Compact](#)
11. [Psychology Interjurisdictional Compact](#)
12. [Social Work Licensure Compact](#)





compliance. It is also important to note that compliance with state licensure and practice requirements doesn't necessarily guarantee insurer coverage of services provided. Payer policies for out-of-state providers also vary widely and may include additional locational limitations. CCHP tracks [Medicaid policies for out-of-state providers](#), and as it pertains to [Medicare](#), there is generally just a requirement to comply with state laws. When it comes to private payers, providers should check always with individual insurers directly, as their rules vary more widely. Note that when it comes to providers and/or patients being located outside of the country, additional policies and restrictions may apply. [Medicare](#), as well as some Medicaid programs, generally prohibit payment for services furnished outside of the U.S.. Additionally, when a patient is located in another country at the time of the visit, technically that country's laws would then apply.



## LATEST LICENSURE NUMBERS



(as of 7/18/24)

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- 36** Jurisdictions have limited licensure exceptions
- 20** Jurisdictions have telehealth registration processes
- 14** States have both limited exceptions and a telehealth registration process
- 11** States don't have specific exceptions/registration (9 are members of compacts)
- 5** Jurisdictions are members of no compacts
- 2** States have no exceptions/registration/compact



# The Cross-State Licensure Continuum Chart:

## Out-of-State Telehealth Provider Policies

July 2024



CCHP has attempted to organize out-of-state telehealth provider policies by state into three main categories as a starting point in understanding the primary types of licensure policies that may allow

out-of-state telehealth provider practice: Limited Licensure Exceptions, Telehealth License/Registration Processes, as well as Interstate Licensure Compacts. Limited Licensure Exceptions capture any kind of exception, no matter how limited or specific, including provider-to-provider consultation exceptions as well as broader allowances related to established relationships, infrequent interactions, and/or certain types of care. In addition, Telehealth License/Registration processes, as well as Compacts, may not always be active, but some type of authority or process was found to exist in state policy. These types of nuances help to demonstrate the complexities in trying to assess and categorize such policies, which is why CCHP always encourages readers to review each state law closely to understand additional details and determine particular requirements. This chart is not meant to be definitive. CCHP does not maintain a list of exceptions particular to types of providers and advises providers to contact the board that regulates their profession in both their own state and the state where the patient will be located at the time of the visit to ensure compliance. **This information is based on the latest updates to [CCHP's Policy Finder](#) as of July 18, 2024, with state updates made between May and July 2024.** These laws are constantly changing and some policies may not yet be fully implemented. For more information on state licensure policies, please review [CCHP's Cross-State Licensing page](#), [Out-of-State Telehealth Provider Policies Trend Map](#) and [Licensure Compacts page](#).

STATE	LIMITED LICENSURE EXCEPTIONS	TELEHEALTH LICENSE/ REGISTRATION PROCESS	INTERSTATE LICENSURE COMPACTS												
			APRN	ASLP-IC	CC	DC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW	
ALABAMA	✓			✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓
ALASKA	✓														
ARIZONA	✓	✓			✓				✓	✓	✓		✓	✓	
ARKANSAS	✓			✓	✓					✓	✓		✓	✓	
CALIFORNIA	✓														
COLORADO	✓			✓	✓			✓	✓	✓	✓		✓	✓	
CONNECTICUT		✓			✓				✓	✓			✓	✓	✓
DELAWARE	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	
DISTRICT OF COLUMBIA	✓								✓				✓	✓	
FLORIDA	✓	✓		✓	✓				✓	✓			✓		
GEORGIA	✓	✓		✓	✓			✓	✓	✓	✓		✓	✓	✓
HAWAII	✓								✓						
IDAHO	✓	✓		✓				✓	✓	✓			✓		
ILLINOIS	✓								✓				✓		
INDIANA				✓	✓			✓	✓	✓	✓		✓	✓	
IOWA	✓			✓	✓			✓	✓	✓	✓		✓		
KANSAS		✓		✓	✓			✓	✓	✓			✓	✓	✓
KENTUCKY	✓			✓	✓				✓	✓	✓		✓	✓	✓
LOUISIANA	✓	✓		✓	✓			✓	✓	✓			✓		
MAINE		✓		✓	✓				✓	✓	✓	✓	✓	✓	✓
MARYLAND	✓			✓	✓				✓	✓	✓		✓	✓	
MASSACHUSETTS															
MICHIGAN	✓								✓				✓		

STATE	LIMITED LICENSURE EXCEPTIONS	TELEHEALTH LICENSE/REGISTRATION PROCESS	INTERSTATE LICENSURE COMPACTS											
			APRN	ASLP-IC	CC	DC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW
MINNESOTA	✓	✓		✓	✓				✓	✓	✓	✓	✓	✓
MISSISSIPPI	✓			✓	✓			✓	✓	✓			✓	
MISSOURI	✓			✓	✓			✓	✓	✓			✓	✓
MONTANA				✓	✓				✓	✓	✓		✓	
NEBRASKA				✓	✓			✓	✓	✓			✓	✓
NEVADA	✓	✓						✓	✓				✓	
NEW HAMPSHIRE	✓	✓		✓	✓				✓	✓	✓		✓	✓
NEW JERSEY	✓								✓	✓			✓	✓
NEW MEXICO	✓	✓								✓				
NEW YORK														
NORTH CAROLINA				✓	✓					✓	✓		✓	✓
NORTH DAKOTA			✓	✓	✓			✓	✓	✓			✓	✓
OHIO				✓	✓				✓	✓	✓		✓	✓
OKLAHOMA		✓		✓	✓			✓	✓	✓		✓	✓	✓
OREGON	✓	✓											✓	
PENNSYLVANIA	✓							✓	✓	✓			✓	✓
PUERTO RICO	✓													
RHODE ISLAND	✓								✓	✓			✓	
SOUTH CAROLINA	✓	✓		✓	✓			✓		✓	✓		✓	✓
SOUTH DAKOTA			✓	✓	✓			✓	✓	✓			✓	✓
TENNESSEE		✓		✓	✓			✓	✓	✓			✓	✓



STATE	LIMITED LICENSURE EXCEPTIONS	TELEHEALTH LICENSE/ REGISTRATION PROCESS	INTERSTATE LICENSURE COMPACTS												
			APRN	ASLP-IC	CC	DC	EMS	IMLC	NLC	OT	PA	PSY	PTC	SW	
TEXAS								✓	✓	✓			✓	✓	
UTAH	✓		✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓
VERMONT	✓	✓		✓	✓				✓	✓	✓		✓	✓	✓
VIRGIN ISLANDS		✓								✓					
VIRGINIA	✓			✓	✓			✓		✓	✓	✓	✓	✓	
WASHINGTON	✓			✓	✓				✓	✓	✓	✓	✓	✓	✓
WEST VIRGINIA	✓	✓		✓	✓			✓	✓	✓	✓		✓	✓	
WISCONSIN				✓	✓				✓	✓	✓	✓	✓	✓	
WYOMING	✓			✓	✓			✓	✓	✓	✓		✓		

**KEY**

- ✓ = Limited Licensure Exceptions and/or Telehealth License/Registration Process and/or Compact Exists
- APRN = Advanced Practice Nurse Compact
- ASLP-IC = Audiology and Speech-Language Pathology Interstate Compact
- CC = Counseling Compact
- DC = Dietitians Compact
- EMS = Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)
- IMLC = Interstate Medical Licensure Compact
- NLC = Nurses Licensure Compact
- OT = Occupational Therapy Compact
- PA = Physician Assistant Compact
- PSY = Psychology Interjurisdictional Compact (PSYPACT)
- PTC = Physical Therapy Compact
- SW = Social Work Licensure Compact



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